PUPIL SIZE **PUPILS**

1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE: 15 SEP 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open	Unwanted Effect						1								1									
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response							1 T								1 ETT									
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response							4								4									
GLASGOW COMA SCALE (A+B+C)							6T								6T									
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R	2+						2+																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L	2+						2+																	
MOVEMENT (See Motor Function Scale at Top of Page) RUE	4						4								4									
MOVEMENT (See Motor Function Scale at Top of Page) LUE	4						4								4									
MOVEMENT (See Motor Function Scale at Top of Page) RLE	0						0								0									
MOVEMENT (See Motor Function Scale at Top of Page) LLE	0						0								0									
GRIP (S) Strong (W) Weak (-) absent R	S						S								S									
GRIP (S) Strong (W) Weak (-) absent L	S						S								S									
RESPIRATIONS REGULAR	✓						✓																	
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED	✓						✓								VENT									
RESPIRATIONS LABORED	✓						✓																	
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL	5						3								5									
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL	5						3								5									
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL	1						3								3									
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL	1						3								3									
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES							1								1									
COUGH NONE	✓						✓								✓									
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear	3																							
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt	700						700								700									
VENTILATOR FiO2	40%						40								40									
VENTILATOR RATE (SIMV/CMV)	12						12								12									
VENTILATOR PEEP / CPAP	5						5								5									
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
OXYGEN DELIVERY DEVICE NRBM (l/min)																								
ETT # 8.0 ETT 23 cm gums	✓						✓								✓									
ETT CARE / POSITION CHANGE							✓	✓	✓		✓	✓	✓											
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS	(b)(6)-2						(b)(6)-2				(b)(6)-2				(b)(6)-2									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	99.9 (M)	107	22	128/68	98%												
0200		111	21	123/55	99%												
0300	102 (A)	120	20	119/54	97%												
0400		128	22	134/52	100%												Tylenol Sup 650mg
	102.5																
0500		128	23	107/54	99%												
	102.2																
0600	101.9	123	21	121/54	100%												
0700	101.4 (A)	117	21	120/59	100%												
0800	101.8 (A)	119	20	123/56	100%												
0900	101.6 (A)	112	20	122/59	100%												
1000	101.6 (A)	113	19	121/56	100%												
1100	101.7 (A)	121	23	109/53	100%												
1200	100.7 (A)	125	20	120/56	100												
1300	101.8 (A)	129	22	121/53	100%												
1400	101.6 (A)	125	21	96/49	98												
1500	101.9	123	20	115/52	97												
1600																	
1700	103.8	134	21	99/37	100												
1800	102.5	136	24	112/47	100												
1900		134	22	121/31	98												
2000	101.6	134	12	119/52	100												
2100	100.6	125	20	111/57	98												
2200	100.2	114	20	112/54	100%												
2300		115	20	108/58	99%												
2400	100.4	119	21	104/49	100%												

NSN 7540-00-634-4123

MEDICAL RECORD			NURSIN [illegible]TES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
15SEP03	0030		Pt agitated and sats ↓ to 85%, Dr [redacted] @ bedside. Fentanyl turned on and 100mcg bolus given @ 2230. Rate set @ 100mcg/hr. Continued agitation but sats ↑ing rebolused @ 2300. ABG drawn and sent to lab. No Vent Ds ō ABG. Generalized edema especially to Abdm. JP drainage serosanguinous, Stube drainage green. OG tube drainage. [redacted] LTAN
	0400		Pt HR ↑ to 120s, temp ↑ to 102°, nonlbred Dr [redacted] pt given 650mg tylenol PR [redacted] LTAN
	0430		IV in RAC d/c'd ō signs of infiltration but d/c'd TR have 18G placed in R wrist and blood drawn [redacted] LTAN
15Sep03	0630		Supine ē soft restraints. Generalized edema. JP & G Tubes to drainage patent ō greenish liquid drainage JP drain patent ō serous drainage. D5 1/2NS ē 20meq KCl @ 125cchr. Versed 2mg/hr & Fentanyl 100mcg/hr. See flowsheet for further assessment [redacted] LCT, RN.
15SEP 03	0745		Desaturation to 88 RR 23 ST 120's Pt suctioned Given Bolus of Versed 2mg, Fentanyl 100mcg & Robinul 2mg IV. SATS ↑ 97-98%. RR 22 ST 120's. Will Continue to monitor. Will notify Physician when in [redacted] LCT, RN.
15Sep03	1100		No Δ's from previous assessment. Dr [redacted] informed of previous desaturations. No new orders [redacted]
15Sep03		1320	Episodes of desaturation to 80's. RR ↑ 20's. ETT ē oral suctioned ō NS. frequently. Thick brown/yellow Secretions. Continues to desat. Dr [redacted] informed. Instructed to ↑ rate from 8 back to 12. Will Continue to monitor. [redacted] LCT, RN
15Sep03		1415	Pt's BP ↓ 96/49 HR 125 RR 21 O2 SAT 98%. Dr [redacted] informed. Saw pt RAN 2 Consecutive BP Checks 98/41 & 99/39 respectively. INSTRUCTED TO WATCH Pt. EVENING SHIFT Nursing Staff informed. [redacted] LCT, RN

	INTAKE								OUTPUT						
	IVF	Versed	Fentanyl	UFB	Tube Feeding	Flush		Total	Urine	J tube	G tube	JP		Total	COMMENTS
0100	125 / 125	2 / 2	2 / 2												
0200	125 / 250	2 / 4	2 / 4						450 / 450			10 / 10			
0300	125 / 375	2 / 6	2 / 6												
0400	125 / 500	2 / 8	2 / 8						350 / 800			10 / 20			
0500	125 / 625	2 / 10	2 / 10												
0600	125 / 750	2 / 12	2 / 12						250 / 1050	100 / 100	250 / 350	5 / 25			
0700	125 / 875	2 / 14	2 / 14	100 / 100					325 / 1375						
0800	125 / 1000	2 / 16	2 / 16						175 / 1550		225 / 575				
8 HR	1000	16	16	100				8 HR. 1132	1550	100	575	25		8 HR 2250	⊖ 1118
0900	125 / 125	2 / 18	2 / 18						175 / 175		175 / 175				
1000	125 / 250	2 / 20	2 / 20						175 / 350						
1100	125 / 375	2 / 22	2 / 22						800 / 1150						30 LASIX IV @ 0025 h
1200	125 / 500	2 / 24	2 / 24	100 / 100					425 / 1575	20 / 20	125 / 300				
1300	125 / 625	2 / 26	2 / 26		10 / 10										
1400	125 / 750	2 / 28	2 / 28	50 / 150	20 / 30				450 / 2025		125 / 425	10 / 10			
1500	125 / 875	2 / 30	2 / 30		20 / 50				200 / 2225						
1600	125 / 1000	2 / 32	2 / 32		20 / 70	30			175 / 2400					2855	
8 HR	1000	16	16	150	70	30		16 HR. 1282	2400	20	425	10		16 HR. 5105	
1700	125 / 125	2 / 2	2 / 2		20 / 20				100 / 2500						
1800	125 / 250	2 / 4	2 / 4		20 / 40				200 / 300		200 / 200				
1900	125 / 375	2 / 6	2 / 6	100 / 100	20 / 60				150 / 450						
2000	125 / 500	2 / 8	2 / 8		20 / 80				150 / 600		75 / 275				
2100	125 / 625	2 / 10	2 / 10		20 / 100				250 / 850			5 / 5			
2200	125 / 750	2 / 12	2 / 12	50 / 150	20 / 120				150 / 1000						
2300	125 / 875	2 / 14	2 / 14		20 / 140				150 / 1150		200 / 575				
2400	125 / 1000	2 / 16	2 / 16	100 / 250	20 / 160	30 / 30			175 / 1325					1905	
8 HR	1000	16	16	250	160	30		24 HR. 1472	1325		575	5		24 HR 1905	7010

MEDCOM - 2020

300 / 1764

← 4246

509-113 NSN 7540-00-634-4122

MEDICAL RECORD | PROGRESS NOTES

DATE	
1930 18 Sep 03	Assumed care of pt, assessment per flowsheet pt c fever 101.2 Dr (b)(6)-2 aware, no orders given. (b)(6)-2
1715	Pt c fever Temp 103.8 a. kepalin applied to groin and armpits. will monitor. (b)(6)-2
1800	Pt c change in status Temp 102.6. ⊖ change in VS or physical status. (b)(6)-2
(1930)	Pt c ~~Foley~~ catheterized x 2 passes. small amt of ~~dark~~ white mucus c blood tinging. Pt tolerated well. continues to be febrile. (b)(6)-2
(2100)	⊖ change in status. assessment unchanged cont c fever. will continue to monitor (b)(6)-2

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)* | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

CRITICAL CARE FLOW SHEET

(b)(6)-2

LOS DATA	
DOA	11SEP03
DOS	11 SEP / 13 SEP
POD	2 / 3

24 HOUR DATA	
24 Hour Balance	-1034
24 Hour Intake	3126
24 Hour Output	4160
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LT AN	ICU #1	16 SEP 03

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)*

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2			2			2				2			2					2				–	
	RADIAL L	2			2			2				2			2					2					
	DORSALIS PEDIS R	2			2			2				2			2					3					
	DORSALIS PEDIS L	2			2			2				2			2					2					
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1			1							1			1					1					
		3			3			3				3			3					3					
		8			8			8				8			8					8					
EDEMA		*			–			Generalized				–			ED					+1					
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		S1S2			S1S2			✓				✓			✓					✓					
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST			ST			ST				ST			ST					ST					
SWAN GANZ CATHETER (Zeroed & calibrated)		0			0										/					/					
ARTERIAL LINE (zeroed & calibrated)		0			0										/					/					
HYGIENE	BED BATH											✓													
	FOLEY CARE											✓													
	ORAL CARE											✓													
MOBILITY	BEDREST	✓			✓			✓				✓			✓					✓					
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE	✓			✓			✓				✓			✓					✓					
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE	Fentanyl gtt			Fentanyl gtt			Fentanyl gtt				Fentanyl gtt			Fentanyl gtt					Fentanyl gtt					
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	2			2			2				2			2					2					
BOWEL SOUNDS (active all quads)		x4			x4			x4				x4			x4					x4					
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓			✓			✓				✓			✓					✓					
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds	✓			✓			✓				✓			✓					✓					
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 tube dressings		✓			✓			✓				✓			✓					✓					
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18G	Lt wrist	14SEP03	Patent D/S/Sx infection/infiltration/1000/1000
PIV 18G	Rt wrist	15SEP03	Patent D/S/Sx infection/infiltration/1000/1000
18G IVP	Lt AC	14SEP03	D/S/S Inf/Infiltration patent 1400/1900
18G IVP	Lt wrist	15SEP03	D/S/S Inf/Infiltration patent 1420/1920

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 16SEP03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4			4			2				2			2					2					
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		ETT			ETT			1 T				1 T			1 ETT					1					
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		4			4			4				4			4					4					
GLASCOW COMA SCALE (A+B+C)		8			8			7T				7T			7					7					
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	3+			3+			2+				2+			2+					2+					
	L	3+			3+			2+				2+			2+					2+					
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	4			4			4				4			1/2					1/2					
	LUE	4			4			4				4			1/2					1/2					
	RLE	0			0			0				0			0					0					
	LLE	0			0			0				0			0					0					
GRIP (S) Strong (W) Weak (-) absent	R	S			S			4				S			/					\					
	L	S			S			4				S			/					\					
RESPIRATIONS	REGULAR	✓			✓			✓				✓			✓					✓					
	IRREGULAR														E					E					
	UNLABORED	E			E			E				E			N					N					
	LABORED	N			N			N							T					T					
	SHALLOW	T			T			T				N													
	RETRACTIONS											T													
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5			5			3				3			5					5					
	LUL	5			5			3				3			5					3					
	RLL	1			1			1/3				1/3			1/3					1/3					
	LLL	1			1			1/3				1/3			1/3					1/3					
	BOTH BASES							1/3				1/3			1/3					1/3					
COUGH	NONE							TO SUCTION				--			✓					✓					
	SPONTANEOUS	✓			✓																				
	PRODUCTIVE				✓																				
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear								5				--								/					
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin								3				--								/					
VENTILATOR	Vt	700			700			700			700	700	700		700					700					
	FiO2	40%			40%			40%			40%	40%	40%		40%					40%					
	RATE (SIMV/CMV)	12			12			12			11	10	10		8					12					
	PEEP / CPAP	5			5			5			5	5	5		5					5					
	PRESS. SUPPORT							0			0	0	0		0					0					
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT # 8.0	NRBM (l/min)																								
	ETT 23 cm gums	✓			✓			✓							✓					✓					
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED			✓		✓		✓	✓		✓		✓	✓		✓					✓					
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS		(b)(6)-2																		(b)(6)-2					

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		117	20	112/56	100%												
0200	101'	130	21	129/90	97%												
0300	102.4	120	22	107/55	100%												
0400	103'	126	23	118/56	100%												
0500	103.2	128	19	102/49	99%												
0600	103'	144	25	110/56	95%												
0700	101 (A)	131	18	115/56	100												
0800	101.5 (A)	129	22	116/58	100												
0900	101.7 (A)	134	29	118/60	100												
1000	102.3 (A)	125	19	111/56	100	RATE OF 11 on Vent											
1100	102.3 (A)	139	22	121/42	97%	VENT RR 10											
1200	103.6 (A)	144	22	102/40	100%												
1300	103.2 (A)	135	22	113/51	100%	Vent RR 9											
1400	102.2 (A)	123	18	104/56	100%	VENT RR 8											
1500	101.7 (A)	120	18	115/55	98%	VENT RR 6											
1600	101.3 (A)	125	21	108/55	99%												
1700	100.4 (A)	114	18	102/51	99%	VENT to 12											
1800	99.4 (A)	100	16	113/59	100%												
1900	99.7 (A)	102	15	116/56	100%												
2000	99.2 (A)	120	26	115/54	100%												
2100	100.4 (A)	120	24	112/55	100%												
2130	101 (A)																
2200	101.5 A	125	20	124/61	86%	9 to 100%											
2300	102.3 A	131	23		100%												
2400	100.4 (A)	119	18	109/56	100%												

	INTAKE									OUTPUT						
	IVF	IVPB	Mix Fluid	Add	Feed	Vented			Total	Urine	G-tube	SP			Total	COMMENTS
0100	125 125		20 20	75 75	2 2	2 2										
0200	125 250		20 40	50 125	2 4	2 4				325 325	175 175					
0300	125 375		20 60	75 200	2 6	2 6										
0400	125 500		20 80		2 8	2 8				250 575						
0500	125 625		20 100		2 10	2 10										
0600	125 750		20 120		2 12	2 12				225 800	350 525					
0700	125 875	20	20 140		2 14	2 14				150 950	175 700					
0800	125 1000	100 100	20 160		2 16	2 16				125 1075						
8 HR	1000	100	160		16	16			8 HR 1292	1075	700	0			8 HR 1775	-483
0900	125 125		20 20		2 2	2 2			1292	125 125						
1000	75 200		20 40		2 4	2 4				175 300						
1100	75 275		20 60		2 6	2 6				100 400						
1200	75 350	100 100	20 80		2 8	2 8				150 550						
1300	75 425		20 100		2 10	2 10				175 725	275 275					
1400	75 500	50 150	20 120		2 12	2 12				150 875	50 325	15 15				
1500	75 575	3	20 140		2 14	2 14				100 975	200 525					
1600	75 650		20 160		2 16	2 16				75 1050	75 600					
8 HR	650	150	160		16	16			16 HR. 2884	1050	60	15			16 HR. 2900	+616
1700	75 75		20 20		2 2	2 2				50 50	25 25					
1800	75 150		20 40		2 4	2 4				200 250	120 150					
1900	75 225		20 60		2 6	2 6				50 300	50 200					
2000	75 300		20 80		2 8	2 8				100 400	50 250	10 10				
2100	75 375		20 100		2 10	2 10										
2200	75 450	50 50	20 120		2 12	2 12										
2300	75 525		20 140		2 14	2 14			310							5 4160 3126 1034
2400	75 600		20 160		2 16	2 16			842	375 775	225 475				1260	
8 HR	600	50	160		16	16			24 HR. 3126	775	475	10			24 HR 4160	-1034

NSN 7540-00-634-4123

MEDICAL RECORD — DATE	HOUR A.M.	HOUR P.M.	NURSING NOTES (Sign all notes) — OBSERVATIONS Include medication and treatment when indicated
16SEP03	0010		Pt remains sedated ī 2mg/hr versed and 100 mcg Fentanyl for pain. Scleral edema ↑D. Incision midline open to air staples present & drainage. Heparin given SQ to ⓓ upper arm. Pt remains restrained — (b)(6)-2 — LUNN
	0350		~~Tylenol 650mg given per NGT, ensure tube infused followed by 60cc H20. IS completed ī pt ISx~~ (b)(6)-2 (b)(6)-2 LUNN
	0400		Temp continues to ↑, noted @ 0200 and @ 0350 brownish mucus and bloody tinge suctioned also wet washcloth placed in axilla, pt medicated and fan placed in pt — (b)(6)-2 — LUNN
9/16/03	0700		Pt ī Periodic episodes of desats into 80's, suctioned 4X's. SAT fluctuating between 90-100% — (b)(6)-2 — LUT, AN
9/16/03	0900		Dr (b)(6)-2 informed of temp spikes desats, ⊖ Unasyn in pharmacy — (b)(6)-2 — LUT, AN
9/16/03	1100		T 103°(A). Tepid bath given. Lines removed from Patient. Temp 102.1 (A) Wire sent to micro. — (b)(6)-2 — LUT, AN
9/16/03		1245	Medicated ī Tylenol 650mg PR Supp (b)(6)-2 LUT, AN
16SEP03		1600	Pt ABG drawn. Pt has desated for Brief time requiring manuel vent. ī bag. MD informed ī (b)(6)-2
		1700	Pt vent setting returned to 12 bpm (b)(6)-2
		2000	Pt dsg D'd as it has soaked through (b)(6)-2
		2130	Pt desated to mid 70's requiring several minutes of manuel ventelation ī bag value ~~Bag~~ Pt temp 101 @ this time O2 SAT back to 100%, (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(6)-2

LOS DATA	
DOA	11
DOS	11SEP03 / 13SEP03
POD	6/4

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

(b)(6)-2

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LITAN	ICU #1	17SEP03

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)*

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	**RADIAL** R	2			2			2																	
	L	2			2			2																	
	DORSALIS PEDIS R	2			2			2																	
	L	2			2			2																	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3 8			1 3 8			1 3 8																	
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		SSR			SSR			✓																	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST			ST			ST																	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	**BED BATH**																								
	FOLEY CARE																								
	ORAL CARE	✓			✓			✓																	
MOBILITY	**BEDREST**				✓																				
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	**RIGHT**																								
	LEFT																								
	SUPINE	✓			✓			✓																	
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	**PAIN FREE**	Pain			Pain			Pain																	
	PAIN SCALE (1-10)	9/10			9/10			9/10																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended		2			2			2																	
								✓																	
BOWEL SOUNDS (active all quads)		X4			X4			✓																	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph		✓			✓			✓																	
FOLEY CATHETER PATENT		✓			✓			✓																	
VOIDING CLEAR, YELLOW URINE q.s.		✓																							
SKIN INTEGRITY	**No Breakdown**							✓																	
	Surgical Wounds	✓			✓			✓																	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Ø tube 6 tube Jdrain 4x4		✓			✓			✓																	
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18g	(B) bicep	16SEP03/2300	Patent @ Site c infection / inflammation @ 0700
PIV 18g #2	(A) forearm	16SEP03/2300	Patent @ Site c infection / inflammation @ 0700

PUPIL SIZE

1 mm	= Equal
2 mm	R Reactive
3 mm	NR NonReactive
4 mm	L > R Left Larger
5 mm	R > L Right Larger

PUPILS

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE: 17SEP03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open	4			4			2																	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response	ETT			ETT			1 T																	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response	4			4			4																	
GLASCOW COMA SCALE (A+B+C)							9T																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R	2+			2+			2+																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L	2+			2+			2+																	
MOVEMENT (See Motor Function Scale at Top of Page) RUE	4			4			4																	
MOVEMENT (See Motor Function Scale at Top of Page) LUE	4			4			4																	
MOVEMENT (See Motor Function Scale at Top of Page) RLE	0			0			0																	
MOVEMENT (See Motor Function Scale at Top of Page) LLE	0			0			0																	
GRIP (S) Strong (W) Weak (-) absent R	S			S			W																	
GRIP (S) Strong (W) Weak (-) absent L	S			S			W																	
RESPIRATIONS REGULAR																								
RESPIRATIONS IRREGULAR	V			V			V																	
RESPIRATIONS UNLABORED	E			E			E																	
RESPIRATIONS LABORED	N			N			N																	
RESPIRATIONS SHALLOW	T			T			T																	
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL	5			5			5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL	5			5			5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL	1			1			5/1																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL	1			1			5/1																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES							6/1																	
COUGH NONE	✓			✓																				
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt	700			700			700																	
VENTILATOR FIO2	40%			40%			40%																	
VENTILATOR RATE (SIMV/CMV)	12			12			12																	
VENTILATOR PEEP / CPAP	5			5			5																	
VENTILATOR PRESS. SUPPORT							0																	
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT # 8.0 NRBM (l/min)																								
ETT 23 cm gums							✓																	
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED		✓		✓			✓																	
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS	(b)(6)-2			(b)(6)-2			(b)(6)-2																	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	101.5 (w)	116	18	109/53	100%												
0200	101.9	128	19	117/52	98%												
0300	102.2	127	19	109/62	99%												
0400	101.9	119	18	103/53	100%												
0500	102.5	122	18	113/42	100%												
0600	102.6	123	18	107/54	100%												
0700	102.4 (A)	133	19	113/51	100%												
0800	102.1 (A)	122	18	116/55	100%												
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES (Sign all notes)			
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS — Include medication and treatment when indicated
17 Sep 03	0015		Temp ↑. ice pack to groin and axillae also wet washcloth to neck. IV's d/c'd in ⓞ bicep and ⓡ wrist: 18g placed in ~~ⓞ bicep and~~ ⓡ bicep and ⓖ forearm. Betadine placed to midline incision staples because redness around staples. (b)(6)-2
	0200		Pt suctioned; yellow thick sputum. pt spontaneously coughs (b)(6)-2
	0400		Pt suctioned, lung CTA ⓑ ↓ suctioning remain diminished in bases oral care complete (b)(6)-2
17 Sep 03		0620	NAD noted. D5NS c 20 mEq KCl @ 75cc/hr. VERSED 2mg/h + Fentanyl @ 100mcg/hr. J-Tube Patent infusing VIVONEX @ 20cc/hr. G Tube c Moderate amt of green liquid drainage. JP Patent c minimal amt. of Serous fluid. See flowsheet for further assessment will continue to monitor & prepare for 1000 hrs transfer to civilian facility — (b)(6)-2

	INTAKE							OUTPUT					
	IVF	IVPB	J tube Feed	Feed	Versed	Flush	Total	Urine	G tube	JP	Total	COMMENTS
0100	75 / 75		20 / 20	2 / 2	2 / 2							
0200	75 / 150		20 / 40	2 / 4	2 / 4	30 / 30		250 / 250	100 / 100			
0300	75 / 225		20 / 60	2 / 6	2 / 6							
0400	75 / 300		20 / 80	2 / 8	2 / 8			225 / 475	100 / 200			
0500	75 / 375		20 / 100	2 / 10	2 / 10							
0600	75 / 450		20 / 120	2 / 12	2 / 12			175 / 650	50 / 250	3 / 3		
0700	75 / 525	50 / 50	20 / 140	2 / 14	2 / 14			100 / 750				
0800	75 / 600		20 / 160	2 / 16	2 / 16			100 / 850	175 / 175			
8 HR	600	50	160	16	16	30	(b)(6)-2 8 HR. 872 842	850	175	3	8 HR 1028	(b)(6)-2 1900
0900						30 / 30						
1000												
1100												
1200												
1300												
1400												
1500												
1600												
8 HR							16 HR.				16 HR.	
1700												
1800												
1900												
2000												
2100												
2200												
2300												
2400												
8 HR							24 HR.				24 HR	

MEDIC[illegible]CORD - PATIENT RELEASE / DISCH[illegible]NSTRUCTIONS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 11 Sept 01

2. ADMITTING/DIAGNOSIS: Gunshot wound Left Flank

3. PERTINENT LAB, X-RAY, FINDINGS:
L1 Lumbar Spine fracture.
Dx
Lumbar Fracture, Left Renal laceration
Repair of duodenum & IVC
Appendectomy

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Exploratory laparotomy - repair of IVC, Duodenum. Found to have left renal laceration w/ Left ureter. Through & through injury to liver. Bogota bag placed. Pt. taken back to OR 2 days later for re-exploration. G-tube, J-tube, JP drain placed. Abdomen closed. Pt. on tube feed - Vivonex 2 cal. Pt. on logroll procedure for spine fracture.

5. ~~FINAL DIAGNOSIS AND CONDITION AT DISCHARGE~~:

6. ACTIVITY: Bedrest / Logroll

7. DIET: NPO / Tube Feeds

8. MEDICATIONS:
☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
Versed 5mg in syringe
Fentanyl 50ug in syringe
MSO4 5mg in syringe
Levaquin 500mg IV QD

9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
Pt. intubated - on versed & fentanyl drips. Vivonex tube feeds. G-tube & drainage. JP & S-S suction
logroll only - spine fracture

10. DISCHARGING PROVIDER:
(b)(6)-2
(b)(6)(2)

PATIENT IDENTIFICATION
(b)(6)-4

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☐ OTHER _____
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☐ OTHER _____

3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☐ YES ☐ NO
If no, explain: _____
Patient ☐ states ☐ demonstrates understanding of home care needs.
Printed educational materials provided:

4. Clinical outcomes met and post-discharge/release referrals made.
☐ YES ☐ NO If no, explain: _____

5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain: _____

6. NUTRITION CARE - Comments:

7. MEDICATIONS:
Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☐ NO
Patient states understanding of prescribed medications. ☐ YES ☐ NO

8. EQUIPMENT/SUPPLIES PROVIDED:

9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:

10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:

11. COMPLETED BY:
(Signature and Title) *(Date and Time)*

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA GURNEY BY CPT (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ (b)(6)-2

3. DATE 11 SEPT 07 TIME PATIENT ARRIVED IN SUITE 0100

4. PATIENT IN ROOM TIME 0100 NUMBER R #1

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☒ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: EMERGENT PROCEDURE

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

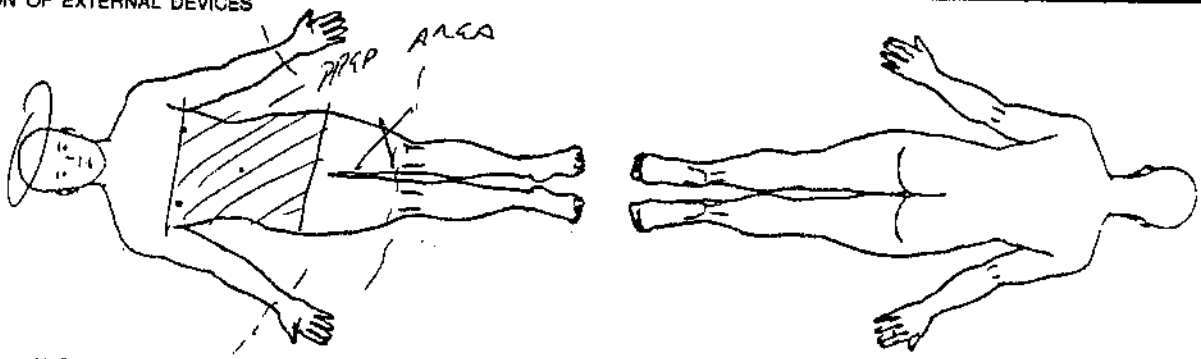
COMMENTS: all bony areas padded

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP
COMMENTS: No Blood or Nicks

PREP SOLUTION *(Specify)* BETA / BETA
SITE: Nipples To Pubis BY WHOM: MAJ (b)(6)-2
SITE: BY WHOM:
COMMENTS: No Pooling or Reacted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ═══ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No		C	C		
Needle Sharp	☒ Yes ☐ No		C	C	(b)(6)-2	
Instrument	☒ Yes ☐ No		C	C		(b)(6)-2
Other	☐ Yes ☐ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO 35/95

☒ ESU NO: POC 000474
GROUND PAD: BRAND Valleylab
LOT NO: 07W11

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
None					

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S): N.S.

OTHER ORDERS None	TIME	CARRIED OUT BY
(b)(6)-2		
PHYSICIAN'S SIGNATURE		

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)*

18. DRESSING/IMMOBILIZATION *(Specify)*: BOLTA BAC & WET CAPS COVERED BY ZOOM DRESS. SIDE WOUND GAUZE DRESS

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1. 16 FR Foley	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

SURGEONS = MAJ (b)(6)-2, LTC (b)(6)-2

WC = 4

ESU pad SITE clean & Dry Pre & Post-op

20. OPERATION(S) PERFORMED

EXP LAP

21. PATIENT TRANSFERRED TO PACU	TIME 0450	METHOD LITTER
22. REGISTERED NURSE SIGNATURE (b)(6)-2		

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-813/40449

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: letter BY: Cpt (b)(6)-2

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY (b)(6)-2 RN

3. DATE: 13 Sept 03 TIME PATIENT ARRIVED IN SUITE:

4. PATIENT IN ROOM: TIME: NUMBER: B

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: Intubated

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	May (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) #1 #2

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arms on bil armboards < 90°. Safety strap over thighs

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

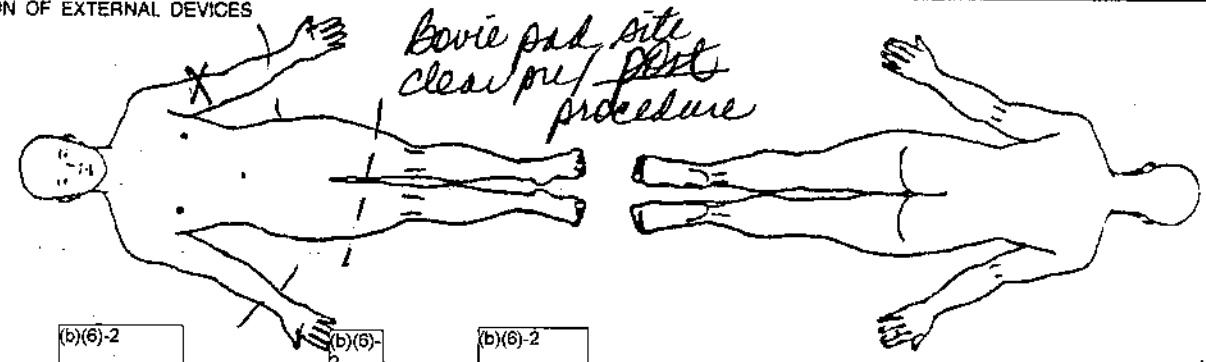
PREP SOLUTION (Specify): Betadine scrub/sol

SITE: abd BY WHOM: Spc

SITE: Scrotum BY WHOM: (b)(6)-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad (b)(6)-2 -- Safety S (b)(6)-2 === Tourniquet (b)(6)-2

(b)(6)-2

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☐ Yes ☐ No		C	C
Needle Sharp	☐ Yes ☐ No			
Instrument	☐ Yes ☐ No			
Other	☐ Yes ☐ No			

SCRUB: Spc (b)(6)-2 CIRCULATOR: May (b)(6)-2

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☐ ESU NO: Valleylab 00430

GROUND PAD: BRAND: Valleylab

LOT NO: 70011, exp 2005-04

☐ ESU NO:

GROUND PAD: BRAND:

LOT NO:

☐ BIPOLAR NO:

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
0 NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIG (b)(6)-2 not a c

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☑ NO ☐	NAME appendix (3) descended	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* 4x8s paktape

17. TUBES, DRAINS/PACKING NA YES ☑ NO ☐

	1.	2.	3.
TYPE/SIZE	JP drain x 2	abd	
SITE	RR #16F x 1		

18. ADDITIONAL INFORMATION
18F x 1

Surgeon - (b)(6)-2 / (b)(6)-2 / (b)(6)-2 / (b)(6)-2

20. OPERATION(S) PERFORMED
Wound ~~Exp~~ Lap, Remove Bogata Bag, Washout Abd, Closure Wd, ~~Exp~~ Cysto, Placement J tube

21. PATIENT TRANSFERRED TO SICU #1 TIME 1525 METHOD bed

22. REGISTERED NURSE S (b)(6)-2 May RN

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1998-404-613/40449

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
9/11	0600	SIMV	700	12	70	5	24	10	100	65	127/67	1:2.3	(b)(6)-2
9/11	0800	SIMV	700	12	70	5	23	11	100	77	120/68	1:2.3	
9/11	1000	SIMV	700	12	70	5	23	10	100	75	109/61	1:2.3	
9/11	1200	SIMV	700	12	50	5	23	10	100	91	114/65	1:2.3	
9/11	1400	SIMV	700	12	50	5	22	10	100	108	117/66	1:2.3	
9/11	1600	SIMV	700	12	40	5	23	11	100	96	120/61	1:2.3	
9/11	1800	SIMV	700	12	40	5	25	11	100	111	118/61	1:2.3	
9/11	2000	SIMV	700	12	40	5	22	11	100	114	119/64	1:2.3	
9/11	2200	SIMV	700	12	35	5	23	9	100	103	114/68	1:2.3	
9/12	2400	SIMV	700	12	35	5	24	10	99	005	121/74	1:2.5	
9/12	0200	SIMV	700	12	35	5	23	9	100	89	132/78	1:2.3	
9/12	0400	SIMV	700	12	35	5	25	11	100	82	144/73	1:2.3	
9/12	0600	SIMV	700	12	35	5	30	12	100	98	157/73	1:2.3	
9/12	0800	SIMV	700	12	40	5	26	12	100%	85	128/61	1:2.3	
9/12	1000	SIMV	700	12	40	5	26	11	100%	94	115/72	1:2.3	
9/12	1200	SIMV	700	12	40	5	26	11	100%	96	126/76	1:2.3	
9/12	1400	SIMV	700	12	40	5	26	11	100%	101	128/66	1:2.3	
9/12	1600	SIMV	700	12	40	5	26	12	100%	102	132/70	1:2.3	
9/12	1800	SIMV	700	12	40	5	26	11	100%	95	134/61	1:2.3	
9/12	2000	SIMV	700	12	40	5	26	10	100	106	118/68	1:2.3	
9/12	2200	SIMV	700	12	40	5	26	11	100%	89	134/73	1:2.3	
9/12	2400	SIMV	700	12	40	5	27	10	100%	91	142/66	1:2.3	
9/13	0200	SIMV	700	12	40	5	30	12	100%	88	151/69	1:2.3	
9/13	0400	SIMV	700	12	40	5	24	12	100	96	143/66	1:2.3	
9/13	0600	SIMV	700	12	40	5	28	10	100	106	140/67	1:2.3	
9/13	0800	SIMV	700	12	40	5	26	11	100	99	130/66	1:2.3	
9/13	1000	SIMV	700	12	40	5	27	12	100	101	133/64	1:2.3	
9/13	1200	SIMV	700	12	40	5	25	11	100	140	129/78	1:2.3	
9/13	1800	SIMV	700	12	40	5	27	11	100	92	101/62	1:2.3	

(b)(6)-4

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init	Suction Time	Suction Int
9/13	2000	SIMV	700	12	40	5	27	12	100	94	151/74	1:2.3	(b)(6)-2		
9/13	2200	SIMV	700	12	40	5	27	12	100	107	143/65	1:2.3			
9/14	2400	SIMV	700	12	40	5	26	11	100	110	141/53	1:2.3			
9/14	0200	SIMV	700	12	40	5	25	10	100	135	114/106	1:2.3			
9/14	0400	SIMV	700	12	40	5	27	12	100	121	115/81	1:2.3			
9/14	0600	SIMV	700	12	40	5	25	12	100	132	128/71	1:2.3			
9/14	0800	SIMV	700	12	40	5	26	12	100	131	132/61	1:2.3			
9/14	0936	SIMV		↓10											
9/14	1003	SIMV	700	↓8	40	5	16	8	100	129	124/71	1:2.3			
9/14	1102			↓6											
9/14	1200	SIMV	700	6	40	5	26	12	100	140	116/62	1:2.3			
9/14	1300	SIMV	700	6	40	5	28	12	100	135					
9/14	1400	SIMV	700	12	40	5	27	14	100	143	138/55	1:2.3			
9/14	1620	SIMV	700	12	40	5	12	9	100	120	134/[illegible]	1:2.3			
9/14	1700	SIMV	700	12	40	5	21	12	100	115	126/60	1:2.3		1700	(b)(6)-2
9/14	2000	SIMV	700	12	40	5	21	12	100	110	127/72	1:2.3		1900	
9/14	2200	SIMV	700	12	40	5	22	12	100	111	122/68	1:2.3		2100	
9/14	2400	SIMV	700	12	40	5	26	9	100	101	119/69	1:2.3		0315	
9/15	0200	SIMV	700	12	40	5	24	6	99	110	123/[illegible]	1:2			
9/15	0400	SIMV	700	12	40	5	25	11	93	159	112/51	1:2			
9/15	0600	SIMV	700	12	40	5	23	13	100	115	121/54	1:2.1			
9/15	0800	SIMV	700	12	40	5	24	11	99	121	139/69	1:2.1			
9/15	1000	SIMV	700	12	40	5	18	10	100	115	121/52	1:2.1			
9/15	1030	SIMV	700	11	40	5									
9/15	1115	SIMV	700	10	40	5									
9/15	1215	SIMV	700	9	40	5									
9/15	1230	SIMV	700	9	40	5	23	12	100	123	117/53	1:23			
9/15	1315	SIMV	700	8	40	5									
9/15	1345	SIMV	700	12	40	5									

(b)(6)-4

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
9/15	1400	SIMV	700	12	40	5	21	13	99	125	94/69	1:2.1	(b)(6)-2
9/15	1600	SIMV	700	12	40	5	22	12	97	131	113/68	1:2.1	
9/15	1800	SIMV	700	12	40	5	22	13	100	135	97/60	1:2.1	
9/15	2000	SIMV	700	12	40	5	23	12	100	126	119/72	1:2.1	
9/15	2400	SIMV	700	12	40	5	20	11	100	114	114/59	1:2.1	
9/16	2400	SIMV	700	12	40	5	17	9	98	119	104/64	1:2.1	
9/16	0200	SIMV	700	12	40	5	22	7	100	126	120/58	1:2.1	
9/16	0400	SIMV	700	12	40	5	18	11	100	129	119/57	1:2.1	
9/16	0600	SIMV	700	12	40	5	43	15	95	146	99/49	1:2.1	
9/16	0800	SIMV	700	12	40	5	20	12	100	121	126/61	1:2.1	
9/16	0925	SIMV	700	11	40	5							(b)(6)-2
9/16	1010	SIMV	700	10	40	5							
9/16	1020	SIMV	700	10	40	5	21	10	100	133	114/58	1:2.1	(b)(6)-2
9/16	1235	SIMV	700	9	40	5							
9/16	1315	SIMV	700	8	40	5							
9/16	1350	SIMV	700	8	40	5	11	4	100	125	112/59	1:2.1	
9/16	1600	SIMV	700		40	5	18	5	100	118	103/59	1:2.1	
9/16	1830	SIMV	700	12	40	5	19	6	100	101	114/68	1:1.9	
9/16	2000	SIMV	700	12	40	5	24	12	100	110		1:1.9	
9/16	2200	SIMV	700	12	40	5	28	14	100	125		1:1.9	
9/17	0000	SIMV	700	12	40	5	19	10	100	117	117/61	1:1.9	
9/17	0200	SIMV	700	12	40	5	18	11	100	123	119/52	1:1.9	
9/17	0425	SIMV	700	12	40	5	22	7	100	123	108/53	1:1.9	

(b)(6)-4

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-4		CIV	(b)(6)-4

Physician:	Ward:			Date and Time:	Reported by:	Date and Time:
May (b)(6)-2	EMT	X	STAT	1080P .2340	(b)(6)-2	1Sep2350
			Routine			

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	141	128-145 mmol/L
	K	2.9	3.3-4.7 mmol/L
	Cl	104	98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	14	7-22 mg/dL
	Glu	213 *	73-118 mg/dL
	Creat	1.7 +	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			
Other:	Type: ~~Cross~~, I-Stat to Dry Disc, UA		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh	B	POS
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	18.5 *	4.8-10.8 x10(3)/uL
	RBC	4.76	4.2-6.1 x10(6)/uL
	Hgb	15.2	12.0-18.0 g/dL
	Hct	45.5	35.0-60.0%
	MCV	95.6	80.0-99.0 fl
	MCH	31.9	27.0-31.0 pg
	MCHC	33.4	33.0-37.0 g/dL
	Plt	323	130-400 x10(3)/uL
	LY%	26.5	15.0-55.0%
	LY#	4.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

RBC Morph:		
Plt verify:		
Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

FiO2 80% - imp: 94.0

ABG & CBC

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 | UNIT | RANK | SSN

Physician: (b)(6)-2 | Ward: ICU | X STAT / Routine | Date and Time: 0510 11 Sep 03 | Reported by: (b)(6)-2 | Date and Time: 1180ct03

X Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.326	7.35-7.45
	PCO2	37.0	35-45 mmHg
	PO2	298	80-90 mmHg
	TCO2	20	18-33 mmol/L
	HCO3	19	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	-7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			

Other:

X Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh		
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	5.6	4.8-10.8 x10(3)/uL
	RBC	4.00	4.2-6.1 x10(6)/uL
	Hgb	12.4	12.0-18.0 g/dL
	Hct	37.7	35.0-60.0%
	MCV	94.2	80.0-99.0 fl
	MCH	30.9	27.0-31.0 pg
	MCHC	32.9	33.0-37.0 g/dL
	Plt	89	130-400 x10(3)/uL
	LY%	7.3	15.0-55.0%
	LY#	1.1	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

, FIRST, MI (b)(6)-4 | UNIT | DOB | RANK | SSN

sician: | Ward: OR | STAT / Routine | Specimen Date and Time: | Reported by: (b)(6)-2 | Date and Time: 11 Sep 0315

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.309	7.35-7.45
	PCO2	30.3	35-45 mmHg
	PO2	335	80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3	15	22-28 mmol/L
	sO2	100	95-99%
	BEecf	-11	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

Urine		Negative
Se		ve

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	14.3	4.8-10.8 x10(3)/uL
	RBC	2.71	4.2-6.1 x10(6)/uL
	Hgb	8.9	12.0-18.0 g/dL
	Hct	25.5	35.0-60.0%
	MCV	94.0	80.0-99.0 fl
	MCH	32.8	27.0-31.0 pg
	MCHC	34.9	33.0-37.0 g/dL
	Plt	115	130-400 x10(3)/uL
	LY%	10.9	15.0-55.0%
	LY#	1.6	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

RBC Morph:

Plt verify:

Spun Crit | | 35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-2 | UNIT: ICU #1 | RANK | SSN: (b)(6)-2

Physician: (b)(6)-2 | Ward: | STAT / Routine | Date and Time: 11 Sep 03 1200 | Reported to: (b)(6)-2 | Date and Time: 11 Sep 03 1220 HR

Chemistry (i-STAT) 2nd 23 HR

X	TEST	RESULT	REF. RANGE
	Na	141	128-145 mmol/L
	K	4.9	3.3-4.7 mmol/L
	Cl	113	98-108 mmol/L
	pH	7.306	7.35-7.45
	PCO2	41.9	35-45 mmHg
	PO2	232	80-90 mmHg
	TCO2	23	18-33 mmol/L
	HCO3	21	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	-5	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	17	7-22 mg/dL
	Glu	157	73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Other: RBC, ABG, [illegible]

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB	3.4	3.3-5.5 g/dL
	ALP	78	26-84 U/L
	ALT	73	10-47 U/L
	AMY	40	14-97 U/L
	AST	45 ↑	11-38 U/L
	Tbil	0.6	0.2-1.6 mg/dL
	BUN	7 14	7-22 mg/dL
	Ca	9.1 7.2	8.0-10.3 mg/dL
	Chol	135	100-200 mg/dL
	CK		30-170 U/L
	CL	106	98-108 mmol/L
	TCO2	20	18-33 mmol/L
	Creat	0.8 0.8	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	88 157	73-118 mg/dL
	K	5.0	3.3-4.7 mmol/L
	TProtein	6.9	6.4-8.1 g/dL
	Na	138	128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	12.7	4.8-10.8 x10(3)/uL
	RBC	4.32	4.2-6.1 x10(6)/uL
	Hgb	13.4	12.0-18.0 g/dL
	Hct	40.7	35.0-60.0%
	MCV	94.0	80.0-99.0 fl
	MCH	31.0	27.0-31.0 pg
	MCHC	33.0	33.0-37.0 g/dL
	Plt	145	130-400 x10(3)/uL
	LY%	7.6	15.0-55.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Imm	
RBC Morph:			
Plt verify:			
Spun Crit		35-60%	

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

IVF- FIO2 50% TV 700 Rate [illegible]

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST (b)(6)-4 | UNIT: ICU 1 | RANK | SSN -

Physician: | Ward: | STAT / Routine | Date and Time: 11 Sep 1240 | Reported by: (b)(6)-2 | Date and Time: 11Septe 1306

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	141	128-145 mmol/L
	K	5.0	3.3-4.7 mmol/L
	Cl	112	98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	17	7-22 mg/dL
	Glu	163	73-118 mg/dL
	Creat	1.1	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	15	7-22 mg/dL
	Ca	7.1	8.0-10.3 mg/dL
	Chol	HEM	100-200 mg/dL
	CK		30-170 U/L
	CL	106	98-108 mmol/L
	TCO2	20	18-33 mmol/L
	Creat	1.1	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	159	73-118 mg/dL
	K	5.0	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na	138	128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

RBC Morph:		
Plt verify:		
Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

Don't Issue

ABG, CBC, PA-7 TEMP 98.4

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-2	ICU 1		

Physician:	Ward:		Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU 1	STAT / Routine	12Sep03 0500	(b)(6)-2	12Sep 0515

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.462	7.35-7.45
	PCO2	34.1	35-45 mmHg
	PO2	186	80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3	26	22-28 mmol/L
	sO2	100	95-99%
	BEecf	2	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	18	7-22 mg/dL
	Ca	7.6	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL	105	98-108 mmol/L
	TCO2	23	18-33 mmol/L
	Creat	0.9	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	128	73-118 mg/dL
	K	4.2	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na	136	128-145 mmol/L

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	11.3	4.8-10.8 x10(3)/uL
	RBC	3.16	4.2-6.1 x10(6)/uL
	Hgb	10.5	12.0-18.0 g/dL
	Hct	29.8	35.0-60.0%
	MCV	94.2	80.0-99.0 fl
	MCH	33.2	27.0-31.0 pg
	MCHC	35.3	33.0-37.0 g/dL
	Plt	126	130-400 x10(3)/uL
	LY%	14.2	15.0-55.0%
	LY#	1.6	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

RBC Morph:

Plt verify:

Spun Crit — 35-60%

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Other:

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

98.4 og CBC, ABG, + STAT 6, Creat
40%

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI (b)(6)-4 | UNIT | RANK | SSN -

Physician (b)(6)-2 | Ward: ICU | STAT / Routine | Date and Time: 13 Sep 03 0515 | Reported by: (b)(6)-2 | Date and Time: 13 Sep 03 0530

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	140	128-145 mmol/L
	K	3.4	3.3-4.7 mmol/L
	Cl	105	98-108 mmol/L
	pH	7.455	7.35-7.45
	PCO2	40.7	35-45 mmHg
	PO2	218	80-90 mmHg
	TCO2	30	18-33 mmol/L
	HCO3	29	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	5	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	19	7-22 mg/dL
	Glu	101	73-118 mg/dL
	Creat	1.0	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative
	Urine Microscopic		
	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Other

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	9.5	4.8-10.8 x10(3)/uL
	RBC	2.68	4.2-6.1 x10(6)/uL
	Hgb	8.4	12.0-18.0 g/dL
	Hct	25.0	35.0-60.0%
	MCV	93.2	80.0-99.0 fl
	MCH	31.4	27.0-31.0 pg
	MCHC	33.7	33.0-37.0 g/dL
	Plt	135	130-400 x10(3)/uL
	LY%	12.0	15.0-55.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

	RBC Morph:	
	Plt verify:	
	Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-2	ICU 1		

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2		X Routine	1400/13 Sept 10	(b)(6)-2	13 Sept 2010

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		
	Other		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

	RBC Morph:		
	Plt verify:		
	Spun Crit		35-60%

Malaria Smear

	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate X 2 Dup (b)(6)-2

	Sed Rate	>140mm	1hr = 0-20 mm

Coagulation

	PT		10-13 seconds
	APTT		22.1-33.7 seconds
	FDP		Negative

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative

CSR

ABG 60 4 60% FiO2

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIR(b)(6)-4 | UNIT | RANK | SSN

Physician: ICU | STAT / Routine | Date and Time: 14Sep03 | Reported by: (b)(6)-2 | Date and Time: 14 Sep 03

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	136	128-145 mmol/L
	K	3.4	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.699	7.35-7.45
	PCO2	21.8	35-45 mmHg
	PO2	87	80-90 mmHg
	TCO2	27	18-33 mmol/L
	HCO3	27	22-28 mmol/L
	sO2	99	95-99%
	BEecf	7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	0.85	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct	20	35.0-60.0%
	Hgb	7	12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

	RBC Morph:	
	Plt verify:	
	Spun Crit	35-60%

Malaria Smear

	Thin	No Plasmodium Seen
	Thick	No Plasmodium Seen

Sed Rate

	Sed Rate	1hr = 0-20 mm

Coagulation

	PT	10-13 seconds
	APTT	22.1-33.7 seconds
	FDP	Negative

Misc. Chemistry

	Mono	Negative
	RPR	Negative
	HIV	Negative
	Meningitis	Negative

Venous ABC Fio2 @ 40%, Temp 100.8 (A)

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST (b)(6)-4 | UNIT | RANK | SSN

Physician: (b)(6)-2 | Ward: | STAT / Routine | Date and Time: 1600 03 120 | Reported by: (b)(6)-2 | Date and Time: 14 Jan 09

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	138	128-145 mmol/L
	K	3.5	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
(2)	pH	7.366	7.35-7.45
(2)	PCO2	51.5	35-45 mmHg
(2)	PO2	37	80-90 mmHg
	TCO2	31	18-33 mmol/L
	HCO3	29	22-28 mmol/L
	sO2	69 @	95-99%
	BEecf	4	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.12	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct	19	35.0-60.0%
	Hgb	6	12.0-18.0 g/dL

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			
Other:			

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh		
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, M: (b)(6)-4 | UNIT: ICU 1 | RANK | SSN

Physician: (b)(6)-2 | Ward: | STAT / Routine | Date and Time: 14Sep 1945 | Reported by: (b)(6)-2 | Date and Time: 14Sep03 0250

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		
	Other		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	7.0	4.8-10.8 x10(3)/uL
	RBC	2.44	4.2-6.1 x10(6)/uL
	Hgb	7.8	12.0-16.0 g/dL
	Hct	22.8	35.0-60.0%
	MCV	93.7	80.0-99.0 fl
	MCH	32.0	27.0-31.0 pg
	MCHC	34.2	33.0-37.0 g/dL
	Plt	161	130-400 x10(3)/uL
	LY%	12.9	15.0-55.0%
	LY#	0.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm

	RBC Morph:	
	Plt verify:	
	Spun Crit	35-60%

Malaria Smear

	Thin	No Plasmodium Seen
	Thick	No Plasmodium Seen

Sed Rate

	Sed Rate	1hr = 0-20 mm

Coagulation

	PT	10-13 seconds
	APTT	22.1-33.7 seconds
	FDP	Negative

Misc. Chemistry

	Mono	Negative
	RPR	Negative
	HIV	Negative
	Meningitis	Negative

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, (b)(6)-4 | UNIT | RANK | SSN

(b)(6)-2 | Ward: ICU1 | STAT / Routine | Date and Time: 14 SEP / 0515 | Reported by: (b)(6)-2 | Date and Time: 14SEP13 0539

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	139	128-145 mmol/L
	K	3.5	3.3-4.7 mmol/L
	Cl	105	98-108 mmol/L
	pH	7.373	7.35-7.45
	PCO2	45.2	35-45 mmHg
	PO2	170	80-90 mmHg
	TCO2	28	18-33 mmol/L
	HCO3	26	22-28 mmol/L
	sO2	100	95-99%
	BEecf	1	(-2) - (+3)
	AGap	11	8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	16	7-22 mg/dL
	Glu	124	73-118 mg/dL
	Creat	1.0	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh		
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	7.4	4.8-10.8 x10(3)/uL
	RBC	2.38	4.2-6.1 x10(6)/uL
	Hgb	7.8	12.0-18.0 g/dL
	Hct	22.5	35.0-60.0%
	MCV	94.5	80.0-99.0 fl
	MCH	32.8	27.0-31.0 pg
	MCHC	34.6	33.0-37.0 g/dL
	Plt	164	130-400 x10(3)/uL
	LY%	12.2	15.0-55.0%
	LY#	0.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

Other: ABG, PA-Tube T- [illegible] 40%

FiO2 40% Temp 100.1

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI	UNIT	DOB	RANK	SSN
(b)(6)-4				

Physici(b)(6)-2	Ward: ICU1	STAT / Routine	Specimen Date and Time: 14 Sep 03 2302	Reported by: (b)(6)-	Date and Time: 14Sep03 2317

Chemistry (i-STAT) — 6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	136	128-145 mmol/L
	K	3.7	3.3-4.7 mmol/L
	Cl	101	98-108 mmol/L
	pH	7.407	7.35-7.45
	PCO2	49.9	35-45 mmHg
	PO2	222	80-90 mmHg
	TCO2	33	18-33 mmol/L
	HCO3	31	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.12	0.11-1.23 mmol/L
	BUN	9	7-22 mg/dL
	Glu	112	73-118 mg/dL
	Creat	1.1	0.6-1.2 mg/dL
	Hct	21	35.0-60.0%
	Hgb	7	12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		Spermatozoa
	Crystals:		Amorph Sed
	Other:		
	Other		

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

HCG

	Urine		Negative

Hematology — CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-16.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

	RBC Morph:		
	Plt verify:		
	Spun Crit		35-60%

Malaria Smear

	Thin		No Plasmodium See
	Thick		No Plasmodium See

Sed Rate

	Sed Rate		1hr = 0-20 mm

Coagulation

	PT		10-13 seconds
	APTT		22.1-33.7 seconds
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	DOB	RANK	SSN
(b)(6)-4				

Physician:	Ward:			Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU 1	X	STAT	15 Sep 03	(b)(6)-2	15Sep0345
			Routine			

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	135	128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.327	7.35-7.45
	PCO2	60.7	35-45 mmHg
	PO2	97	80-90 mmHg
	TCO2	33	18-33 mmol/L
	HCO3	31	22-28 mmol/L
	sO2	96	95-99%
	BEecf	6	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.8	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL	98	98-108 mmol/L
	TCO2	24	18-33 mmol/L
	Creat	1.0	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	112	73-118 mg/dL
	K	4.1	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

Urine		Negative
Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	6.8	4.8-10.8 x10(3)/uL
	RBC	2.34	4.2-6.1 x10(6)/uL
	Hgb	7.6	12.0-18.0 g/dL
	Hct	22.2	35.0-60.0%
	MCV	95.0	80.0-99.0 fl
	MCH	32.4	27.0-31.0 pg
	MCHC	34.1	33.0-37.0 g/dL
	Plt	207	130-400 x10(3)/uL
	LY%	14.6	15.0-55.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

RBC Morph:		
Plt verify:		
Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium See
Thick		No Plasmodium See

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 | UNIT | DOB | RANK | SSN

Physician: (b)(6)-2 | Ward: ICU | STAT / Routine | Specimen Date and Time: 16SEP03 0500 0530 | (b)(6)-2 | Date and Time: 16 SEP 03

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L
	K	4.1	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.419	7.35-7.45
	PCO2	53.2	35-45 mmHg
	PO2	141	80-90 mmHg
	TCO2	35	18-33 mmol/L
	HCO3	34	22-28 mmol/L
	sO2	99	95-99%
	BEecf	10	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.08	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.9	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL	97	98-108 mmol/L
	TCO2	26	18-33 mmol/L
	Creat	0.9	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	125	73-118 mg/dL
	K	4.5	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na	128	128-145 mmol/L

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

Urine		Negative
Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	8.8	4.8-10.8 x10(3)/uL
	RBC	2.36 *	4.2-6.1 x10(6)/uL
	Hgb	7.8 *	12.0-18.0 g/dL
	Hct	22.4 *	35.0-60.0%
	MCV	94.7	80.0-99.0 fl
	MCH	33.0 *	27.0-31.0 pg
	MCHC	34.9	33.0-37.0 g/dL
	Plt	272	130-400 x10(3)/uL
	LY%	11.7 *	15.0-55.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

RBC Morph:		
Plt verify:		
Spun Crit		35-60%

Malaria Smear

Thin		No Plasmodium See
Thick		No Plasmodium See

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

QNS Request repeat Draw.

21st COMBAT SUPPORT HOSPITAL — LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)

LAST FIRST MI: (b)(6)-4 | UNIT: FCU #1 | DOB | RANK | SSN

Physician: (b)(6)-2 | Ward: | STAT / Routine | Specimen Date and Time: | Re(b)(6)-2 | Date and Time: 1635 Hrs 11 Feb

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.440	7.35-7.45
	PCO2	46.2	35-45 mmHg
	PO2	72	80-90 mmHg
	TCO2	32	18-33 mmol/L
	HCO3	31	22-28 mmol/L
	sO2	93	95-99%
	BEecf	7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		Spermatozoa
	Crystals:		Amorph Sed
	Other:		
	Other:		

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

HCG

	Urine		Negative
	Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

	RBC Morph:	
	Plt verify:	
	Spun Crit	35-60%

Malaria Smear

	Thin	No Plasmodium See
	Thick	No Plasmodium See

Sed Rate

	Sed Rate	1hr = 0-20 mm

Coagulation

	PT	10-13 seconds
	APTT	22.1-33.7 seconds
	FDP	Negative
	D-Dimer	Negative
	Fibrinogen	200-400 mg/dL

Blood Bank

	ABO/Rh	
	T&C	
	T&S	

4.01

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 | UNIT | DOB | RANK | SSN

Physician: (b)(6)-2 | Ward: CU# | X STAT / Routine | Specimen Date and Time: 17SEP13 0520 | Reported by: (b)(6)-2 | Date and Time: 17SEP13 0558

Chemistry (I-STAT)

6+ (7+) 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L
	K	4.1	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.419	7.35-7.45
	PCO2	50.9	35-45 mmHg
	PO2	191	80-90 mmHg
	TCO2	34	18-33 mmol/L
	HCO3	32	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	8	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.11	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat	1.2	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		Spermatozoa
	Crystals:		Amorph Sed
	Other:		
	Other:		

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	13	7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL	97	98-108 mmol/L
	TCO2	24	18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	113	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

HCG

	Urine		Negative
			Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	13.0	4.8-10.8 x10(3)/uL
	RBC	2.38	4.2-6.1 x10(6)/uL
	Hgb	7.7	12.0-18.0 g/dL
	Hct	22.8	35.0-60.0%
	MCV	95.5	80.0-99.0 fl
	MCH	32.2	27.0-31.0 pg
	MCHC	33.7	33.0-37.0 g/dL
	Plt	266	130-400 x10(3)/uL
	LY%	21.3	15.0-55.0%
	LY#	2.8	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

03 001926 Q

PRBC's 2456472 -#3 -#1

4825749 -#4

1262955 -#2

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHESIA — CONTINUOUS/REPEAT — SPECIFY UNITS - MG/MCG/KG; "I" = CONSTANT INFUSION

DRUG	(Units)													TOTALS
Propofol	(mg)	80												80mg
Ketamine	(mg)	100												100mg
Fentanyl	(mcg)													
Succ / Vec	(mg)	100	5		5						25 25	50		100mg / 10mg
Phenylephrine	(mcg)		100	100 100					5				5	600mcg
Ephedrine	(mg)		10					100 100 100						10mg
VOLAT AGENT	% del													
Iso	% e.t.	1.5	1.0	.8	1.2	.6	.6	.6	.20	.6	.4	1.0	1.0	
AIR	L/Min													
N2O	L/Min			.6	.6									
O2	L/Min	8	1	.6	.6	1	1	1	1	1	1	1	1	

TOTAL EBL: 850

TOTAL URINE: 600

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS: ① ② ③ ④ ⑥ ⑤

FLUIDS SUMMARY

CRYSTALLOID: 4,000

COLLOID: 1000

BLOOD: 4 Units PRBC's

FLUIDS

LINE site		
LR 14G	Warmed	#4 ... 400 ... 700
Hetastarch 6%	Warmed	
PRBC	Warmed	#1 Unit → #2 Unit ... 500cc #3 ... (1000) ... #9 1100
LR 3L 16	Warmed	#5 ... #3 ... #4

LOSSES		
EST BLOOD LOSS		100 ... 10/250 ... 600 ... 1000 #7 ... 1,400 ... #8
URINE		(red in color) 400 ... 20/500 ... 30/800 ... 100/500 ... 10/600

PHYS STATUS: 1 2 3 ④ 5 E

BODY WEIGHT: 70 KG

HEMATOCRIT: 10/32

INITIAL DATA:

BP: 145/85

HR: 92

EQUIP CHECK OK? Y N

PATIENT RECHECK OK for PROCEDURE? Yes

TIME: 0045

TIME ➔ 0115 30 X 0200 X 30 X 0300 X 30 X 0400

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T—T; ANES. X-X; PROC. ⊙-⊘

Grid scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VT - ml	710	720	680	690	690	690	690	650	690	710	690	670
f - breaths/min	10	10	8	8	8	8	8	8	8	8	10	10
Peak inf pres / PEEP	7	26	24	23	24	26	25	24	25	25	24	24
MODE - S(pon), A(ssist), C(on)	S	C	C	C	C	C	C	C	C	C	C	C
ET CO2 (torr)		39	36	30	29	30	28	29	28	29	26	27
FIO2 (Frac or %)	1.0	1.0	.57	.59	.60	.6	.80	.80	.82	.82	.82	.82
SpO2 (%)	100		100	100	100	100	100	100	100	100	100	100
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR
TEMP-site												
N-M Block (T/4)	4/4	0/4	0/4	0/4	0/4	0/4	0/4	2/4	0/4	0/4	0/4	

Monitors: BP/Auto Cuff; BP/oth; ART line; Steth- PC/ES; Gas analyzer

Pressure points checked and padded

Warming blkt — Warm sheets applied

Conv warmer — Room warmed

with letters & symbols, under REMARKS — EVENTS Position ➔ Ω

PROCEDURES and CPT Codes: Ex-lap

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA - RSI c CP - eyes taped prior to DL

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

DL x1 (Miller 2) grade 1 view ETT 8.0 placed, ⊕BBS, secured @ 22cm @ teeth

SURGEON

PROCEDURE

REMARKS

Code drugs with numbers, events with letters

① Pt identified, chart reviewed, all pt questions answered via interpreter.

② Pt to OR, ASA monitors applied, Pt induced & intubated s difficulty

③ Pt tolerated procedure start well

④ Unasyn 3g IV infused.

ALINE STARTED @ 0150

⑥ Entry out of sequence: NGT placed, moderate amount of yellowish drainage returned by suction.

⑤ cbc sent - results are: H/H 8.9/25.5 Two units PRBC's sent for

⑦ Surgeon stated bleeding is under control at present.

⑧ 2nd two units PRBC's infusing.

⑨ Pt ABG sent, results ...

RECOVERY AT

PACU ICU (Specify)

OTHER

CONDITION:

RESP. SpO2. BP. HR.

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0030	0105	0445
	Ready	Begin	End
PROC	0110	0125	0420

MEDCOM - 2059

0409 PT-16.0 INR-1.77

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
X-lap	19	70 Kg	MPTT, teeth bloody, shirt, Neck-Floor

PHYSICAL STATUS: 1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL	HGB ..... RBC ..... HCT	
ABNORMAL AND WHY?	OTHER	

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP ..... PULSE ..... ECG (IF PERTINENT)	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
Ø	Pt T;S in ER PT T+C for 2 Units	Ø	NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
None	

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Unable to move bilateral LE GSW to @ flank	Ø

SIGNATURE OF EVALUATING PHYSICIAN: (b)(6)-2 CPT, CRNA — DATE: 11 Sept 03

V/S - 90 RR-20 145/85

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

O2 sat 100% on NRb

(b)(6)-4 EPW

*U.S. Government Printing Office: 1994 — 300-892/10029

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS (CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION)

DRUG	(Units)
	( )
	( )
	( )
	( )
	( )
	( )

VOLAT AGENT	% del	
	Iso % e.t.	.6 X
AIR	L/Min	
N2O	L/Min	
O2	L/Min	1

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (11) (12) (13)

FLUIDS

LINE site		
	☐ Warmed	
	☐ Warmed	
LL	☐ Warmed	#9
LL	☐ Warmed	#8

LOSSES

EST BLOOD LOSS	
URINE	600

PHYS STATUS 1 2 3 4 5 6

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA:

BP- see page #1

HR-

EQUIP CHECK

OK? - Y / N

PATIENT RECHECK

OK for PROCEDURE?

TIME-

TIME 0415 30 X 0600 X 30 X 0630 X 30 X 0700

SYMBOLS:

- BP by cuff: V ^
- Heart rate: ●
- Resp rate:
- BR (transduced): +
- TOURNIQUET: T—T
- ANES- X-X
- PROC- ⊕-⊘

220 200 180 160 140 120 100 80 60 40 20

VENTIL

VT - ml	690	690
f - breaths/min	8	8
Peak Inf pres / PEEP	26	26
MODE - S(pon), A(assist), C(on)	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	26	26
BP/oth	FIO2 (Frac or %)	.83	.83
ART line	SpO2 (%)	100	100
Steth- PC/ES	ECG	NSR	NSR
Gas analyzer	TEMP-site	—	—
	N-M Block (T/4)	0/4	0/4
Pressure points checked and padded		✓	✓
Warming blkt			
Conv warmer			

Mark with letters & symbols, explain under REMARKS — EVENTS Position →

TOTALS	TOTAL EBL
	TOTAL URINE

FLUIDS - SUMMARY

CRYSTALLOID-

COLLOID- see page #1

BLOOD-

REMARKS

Code drugs with numbers, events with letters

(12) Pt transported to ICU via Ambu ventilated FiO2. Report given

CPT (b)(6)-2 W/S stable

(13) Vent setting - 12, 700, Peep 5, FiO2 .6

RECOVERY AT 0455

PACU (ICU) (Specify)

OTHER

CONDITION: Stable

RESP- 12 SpO2- 100

BP- 132/86 HR- 75

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES			
PROC	Ready	Begin	End

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

See page #1

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

(b)(6)-4

SURGEONS:

PROCEDURE LOCATION:

DATE:

19/75
ASA 2
NKDA

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS
CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION

DRUG (Units)	1300	x	1330	x	1400	x	1430	x	1500	x	1530	x	TOTALS
Versed (mg)	2mg From ICU												2/0
Fentanyl (mcg)	250	100	100	100	50								500/0
Vec (mg)	5				5								10/0
MSO4 (mg)		3 2	3 2										
Ephedrine (mg)		5	5	5	5 5 5								
( )													
VOLAT AGENT Iso % del / % a.t.	/	1.2	1.0	1.0	1.0	1.0	1.0	1.0					
AIR L/Min													
N2O L/Min													
O2 L/Min	10	2	2	2	2	2	2	2					

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTAL EBL: min

TOTAL URINE: 100

FLUIDS

LINE site								
(L) Warmed	200	300	400	500	600	700		
(R) Warmed		250	400	500	600	700		
Warmed								
Warmed								

FLUIDS SUMMARY
CRYSTALLOID LR 1400
COLLOID Ø
BLOOD Ø

LOSSES
EST BLOOD LOSS: minimal
URINE: 75, 100

REMARKS
Code drugs with numbers, events with letters
(1) To OR intubated [illegible]
(2) + Zantac 50mg [illegible]
(3) ABD closure
(4) To ICU VSS. Report given

PHYS STATUS: 1 (2) 3 4 5 E
BODY WEIGHT: 75 KG (25 LB struck)
HEMATOCRIT: 25
INITIAL DATA: BP 118/56; HR 120
EQUIP CHECK OK? (Y) N
PATIENT RECHECK OK for PROCEDURE? Y TIME 1430

TIME: 1300, x, 1330, x, 1400, x, 1430, x, 1500, x, 1530, x

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

(Grid scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20 — BP plotted ~120/100, HR ~100, resp ~60)

VENTIL.

VT - ml	690	690	740	690	670	680	670	650
f - breaths/min	10	8	8	8	8	8	7	8
Peak Inf pres / PEEP	26	28	24	23	23	25	26	25
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff	X ET CO2 (torr)	30	32	29	31	32	30	31	31
BP/oth	X FIO2 (Frac or %)	.89	.87	.89	.88	.88	.89	.88	.89
X ART line	X SpO2 (%)	100	100	100	100	100	100	100	100
Steth- PC/ES	X ECG	ST	ST	ST	ST	SR	ST	ST	SR
Gas analyzer	TEMP-site	Axillary							
	N-M Block (T/4)	4/4	0/4	0/4	0/4	0/4	4/4 0/4	0/4	0/4
Warming blkt									
Conv warmer									

Mark with letters & symbols, explain under REMARKS
EVENTS Position: (1) (2) (3) (4)

RECOVERY AT 1515
PACU (ICU) ____ (Specify)
OTHER T= 95.2
CONDITION: STABLE
RESP. 12 SpO2 100
BP. 132/70 HR. 92

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1300	1500	1520
	Ready	**Begin**	**End**
PROC	1305	1310	1505

PROCEDURES and CPT Codes: ABD washout & closure, G-tube placed, APPY, J-tube placed, cystoscopy

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: From ICU intubated BS= (B) ETCO2 x4 Tube secure

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Eyes taped

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
(b)(6)-4
(b)(6)-4
IRAQI

SURGEONS:

PROCEDURE LOCATION:

DATE: [illegible] 2005

MEDCOM - 2062

See D Hx

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (Lbs.)	SPECIAL INFORMATION
I&D WASHOUT & Closure		75	
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ABNORMAL AND WHY?	HGB ... RBC ... HCT ... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ... PULSE ... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
	Duo Unasyn @ 1800 ZANTAC @ 1400
PREOPERATIVE DIAGNOSIS	PREMEDICATION

(b)(6)-2

DATE 8/8/9

POSTAN

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [X] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 9/10/03

DATE AND HOUR REQUIRED 2358 9/10/03

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

ABD GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER (b)(6)-2

DATE VERIFIED 9/11/03

TIME VERIFIED 0046

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	comp

PREVIOUS RECORD CHECK:

[ ] RECORD [redacted] [ ] NO RECORD (b)(6)-2

(b)(6)-2

DONOR

ABO O

Rh POS

RECIPIENT

ABO B

Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPO[redacted]T REC (b)(6)-2 DATE 11 Sept 03

REMARKS:
Due to the critical condition of below named patient, the requesting physician named above request the immediate release of this product for the transfusion without complete testing and is accepting full responsibility for the administration of the transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* ON *(Date)*

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)* (b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE 106 BP 93/62

DATE OF TRANSFUSION 9/11/03

TIME STARTED 0120

POST-TRANSFUSION DATA

AMOUNT GIVEN 367 ML

TIME/DATE COMPLETED/INTERRUPTED 9/11/03

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE PULSE 105 BLOOD PRESSURE 91/51

If reaction is suspected---IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

[X] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER *(For typed or written entries give: Name---Last, first, middle; grade; rank; medical facility)* (b)(6)-4

SEX M

WARD EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2064

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*
_____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [X] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 9/10/03

DATE AND HOUR REQUIRED: 2358 9/10/03

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: Maj (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: ABD GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: (b)(6)-2

DATE VERIFIED: 9/10/03

TIME VERIFIED: 0046

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

(b)(6)-2

DATE: 9/10/03

DONOR	RECIPIENT
ABO O	ABO B
Rh POS	Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: due to the critical condition of below named patient, the requesting physician named above request the immediate release of the product for the transfusion without complete testing and is accepting full responsibility for the administration of the transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* | ON *(Date)*

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: (b)(6)-2 CIT, CMT

2nd VERIFIER *(Signature)*: (b)(6)-2 CRM

PRE-TRANSFUSION
TEMP. 98 | PULSE 104 | BP 72/52

DATE OF TRANSFUSION: 9/10/03 | TIME STARTED: 0030

POST-TRANSFUSION DATA

AMOUNT GIVEN: 200 ML

TIME/DATE COMPLETED/INTERRUPTED: 0140 9/11/03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	98	105	93/56

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
[X] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 CRM

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M | WARD: 2 MT

Name/Rank
FMP/SSN
OOB
unit

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2065

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 9/11/03

DATE AND HOUR REQUIRED: 0300

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW FLANK

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER: (b)(6)-2

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 9/10/03

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	COMP

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

(b)(6)-2

DONOR: ABO O Rh POS

RECIPIENT: ABO AB Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPON (b)(6)-2 10 Sept 03

REMARKS: Due to the critical condition of the below-named patient, the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)-2

AT *(Hour)* 0308 ON *(Date)* 11 Sept 2003

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: (b)(6)-2 CPT, LLNL

2nd VERIFIER *(Signature)*: (b)(6)-2 RN

PRE-TRANSFUSION
TEMP. 98 PULSE 77 BP 104/69

DATE OF TRANSFUSION: 9/11/03

TIME STARTED: 0330

POST-TRANSFUSION DATA

AMOUNT GIVEN: 457 ML

TIME/DATE COMPLETED/INTERRUPTED: 9/11/03 0345

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98	76	107/87

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 RN

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

Name/Rank: (b)(6)-4

FMP/SSN

DOB

Unit

SEX: MALE WARD: O.R.

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2066

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] ~~RED~~ BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 9/11/03

DATE AND HOUR REQUIRED 0300

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* NONE

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER (b)(6)-2

DATE VERIFIED 9/10/03

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO B

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
not performed	comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

(b)(6)-2 [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUES[redacted]

DATE 11 Sept 03

REMARKS: Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this blood product without complete testing and is taking full responsibility for the transfusion with administration of this item.

SECTION III – RECORD OF TRANSFUSION

(b)(6)-2

AT *(Hour)* 0325

ON *(Date)* 11 Sept 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* (b)(6)-2 CPT, CLNA

2nd VERIFIER *(Signature)* (b)(6)-2 CPT, CLNA

PRE-TRANSFUSION

TEMP. _____ PULSE 76 BP 107/86

DATE OF TRANSFUSION 9/11/03

TIME STARTED 0345

POST-TRANSFUSION DATA

AMOUNT GIVEN 270 ML

TIME/DATE ~~COMPLETED~~/INTERRUPTED 0400

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED		79	161/58

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 CPT, CLNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, rate; hospital or medical facility)

MALE

WARD OR

(b)(6)-4

NSN 7540-01-185-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

PORTABLE CXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
			ICU # 1	

FILM NO.

PREGNANT ☐ YES ☒ NO

REQUESTED BY (Print) DR (b)(6)-2

TELEPHONE/PAGE NO. (b)(3)-1

(b)(6)-2

F REQUESTOR 1LT, A

DATE REQUESTED 9/16/03

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

INTUBATED
FEBRILE ↑ 104
J-TUBE
G-TUBE
LUMBAR SPINE FX

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- ET tip 3cm above carina
- mottled airspace but no evidence of pneumonia
RLL streaky atelectasis

(b)(6)-2

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 519-R (R-93)

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 11 Sept 03 — TIME OF ORDER: 0430 HOURS — LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU
2. Dx - GSW Abd s/p Ex lap / Duodenal Repair / IVC repair / Lumbar Spine Fx
3. Condition - stable
4. vitals Q1°
5. Activity - bedrest
6. Allergies - NKDA

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

7. IVF LR at 150 cc/hr
8. Diet - NPO
9. Foley to gravity
10. NGT to suction ~~(...)~~ - low intermittent suction
11. I+O
12. Labs - CBC, PA-7, ABG on arrival

NURSING UNIT

(b)(6)-2

C 11 Sep 03

PATIENT IDENTIFICATION Powers

DATE OF ORDER — TIME OF ORDER

13. Vent settings - SIMV [redacted] HOURS
R = 12 TV = 700 [redacted]
FiO2 - 100% PEEP = 5

(b)(6)(2)

(b)(6)(2)

14. Meds
Versed 1-2mg IV q 15 minutes PRN agitation
Vecuronium 4mg IV Q1° for train of I

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER

MSO4 1-2mg IV Q15 min HOURS PRN pain
Unasyn 3.0gm IV Q6°
Zantac 50mg IV Q8°

15. Call HO for UOP < 30cc/hr
16. Bed Flat - Strict log roll only

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

MAJ ... C

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 2069

[redacted] (b)(6)(2)

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: 0630 HOURS

LIST TIME ORDER NOTED AND SIGN

Versed prn to Versed gtt
1-4 mg/hr
V.O. Dr (b)(6)-2 (b)(6)-2 MD
(b)(6)-2
(b)(6)-2

Monitor 0630 11 Sep 03

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: 0920 HOURS

1) Bolus 2 mg Vec IV Now. Recheck Train of Four (TOF) in 5 min. Give additional 1 mg Bolus Vec IV until barely 1/4 twitches

(b)(6)-2 CRNA

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 Sept 03 TIME OF ORDER: 0945 HOURS

1) CXR, ABG, PA-? at 1300 hrs

(b)(6)-2 MD

Monitor 1000 11 Sep 03

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: 1420 HOURS

Vecuronium bolus 2mg now - then 1 gtt to 6-8 mg/hr
V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2
24° Chart de (b)(6)-2 (b)(6)-2

Monitor 1420 11 Sep 03

2220 11 Sep 03

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH [illegible] SED.

MEDCOM - 2070

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11 Sep. 03 TIME OF ORDER: 1441 HOURS

LIST TIME ORDER NOTED AND SIGN

① D/c Morphine

② Fentanyl ~~gtt~~ gtt @ 50 mcg/hr.

X10

Noted 1550

(b)(6)-2 MD

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11 Sep 03 TIME OF ORDER: 1530 HOURS

① 10 mg Ephedrine IVP now

② LR bolus 900 cc now

V.O. Dr. (b)(6)-2 (b)(6)-2 (b)(6)-2

(b)(6)-2

(b)(6)-2 LT (b)(6)-2 MD

12 Sep 03 1200

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11 Sept 03 TIME OF ORDER: 1811 HOURS

Noted 11 Sep 03 0612

① ABG, CBC, CA-7 in AM

(b)(6)-2

(b)(6)-2

24° Chest Tube

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12 Sep 03 TIME OF ORDER: 0145 HOURS

10 mg Ephedrine IVP Now

LR Bolus 400 cc Now

V.O. (b)(6)-2 (b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

12 Sep 03 1200

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
12 Sept 03	0815 HOURS	
1 FEB to 40 %		
(b)(6)-2		
NPO		

Noted 1445 9/12/03 0830 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
12 Sept 03	0915 HOURS	
1 CXR, ABG, PFT in AM		
(b)(6)-2		
NPO		

Noted 1445 9/12/03 1000 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
9/12/03	1405 HOURS	
~~Lactulose~~ ARTIFICIAL TEARS		
ii drops OU PRN		
V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2		
FAMILY PRACTICE	MD 12 Sept 03	

Noted 1445 9/12/03 1435 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
12 Sept 03	1514 HOURS	
1 Aspirin 325 mg PR QD - 1st dose now		
2 Heparin 5000 u SQ BID 1st dose now		
(b)(6)-2		
24° Chest Check 2330 12 Sept 03		

Noted 12 Sept 03 1515 (b)(6)-2

(b)(6)-2

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD · DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	13 Sept 03	1445 HOURS	
1	To ICU-1		
2	Dx-S/P Re-exploration/ wound vac/ G-tube/ J-tube/ JP drain/ Abd closure		
3	Condition-stable		
4	V.S. q 1°		
5	Activity-Bed rest-Log roll only		
6	Allergies-NKDA		
7	IVF D5½NS @ 100cc/hr KCl at 125cc/hr		(b)(6)-2
8	Diet-NPO		
9	Foley to gravity		
10	I+O		
11	J-tube to gravity drain		
12	G-tube to gravity drain		
13	JP to suction		
14	Labs-CBC, BMP, PA-> in AM		
15	Vent Setting: SIMV RR=12 TV=700 PEEP=5 FIO_2=40%		
16	Meds		
	Versed 6mg/hr drip (b)(6)-2 80cc/hr		
	Fentanyl 25mg/hr (b)(6)-2 80cc/hr		
	Artificial tears (Tears) 2 drops q1h OU		
	Aspirin 325mg supp PR QD		
	Heparin 5000u SQ BID		
	Morphine 1-2mg IV q1-2h PRN		
	Vancomycin 1.0gm IV q8°		
	Zantac 50mg IV q8°		

NURSING UNIT	ROOM NO.	BED NO.			
		√ 13 SEP 03	1655 (b)(6)-2	USN	(b)(6)-2

Note 135 110

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
13Sep03	0615 HOURS	(b)(6)-2
① Versed 1-2 mg 915"		
VO MAJ (b)(6)-2	(b)(6)-2	13Sep03 0615

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 14 Sep

TIME OF ORDER: 0300 HOURS

LIST TIME ORDER NOTED AND SIGN

Tylenol 650mg PR now

O.O. MAJ (b)(6)-2 Cler DC (b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | (b)(6)-2

Chart ✓ 9/14/03 0615

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER: 14 Sept 03

TIME OF ORDER: 0922 HOURS

1. Lasix 20mg IV X1 now
2. ↓ Rate to 10 now & slowly wean to rate of 6 - call HO if RR >30
3. ABG 1 hr after rate of 6 is reached
4. wean Fentanyl to off
5. ↓ versed

(b)(6)-2

MAJ MC

NURSING UNIT | ROOM NO. | BED NO.

Noted 9/14/03 0945

PATIENT IDENTIFICATION

(b)(6)-2

(b)(6)-2

MAJ MC

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER: ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

✓ 9/14/03 0130 (b)(6)-2

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
14 Sep 03	1514 HOURS	
① Keep cat r.t.e at 12		
② Portable CXR		
③ Versed qHR @ 2mg/hr		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
14 Sep 03	1625 HOURS	
① Suction ETT / pulmonary toilet q 2°		
② Tylenol 650 mg supp PR now		
③ CBC, DA-7, ABG in AM.		

V.O. Dr (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

V 15 Sep 03 0130 (b)(6)-2 UTAN

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
14 Sep 03	2230 HOURS	
① ABG now and Pa-7		
② Fentanyl 100 mcg bolus now then run gtt @ 100 mcg/hr.		noted 15 Sep 03 0030
③ Repeat Fentanyl bolus of 100 mcg in 30 minutes if pt remains agitated		

V.O. Dr (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
15 Sep 03	0350	
① Tylenol 650 mg PR x1 now		

V.O. Dr (b)(6)-2 (b)(6)-2 UTAN

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

V 9/16/03 0930 (b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
15 Sept 03	1020 HOURS	

1) Vivonex TF 30 cc/hr through J-tube
Flush J-tube c 30 cc water q shift
2) Mix 2 cans TF X1 now slowly increase rate to goal of 6 cans next 4 hrs

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

Started 1045

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
4 hrs	(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
15 Sept 03	1001 HOURS

1) RR to 12
CBC, ABG, PA-7 in AM

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT: Chest | ROOM NO. 9/16/03 | BED NO. 0930

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
16 Sept 03	0910 HOURS

1) RR to 10
CBC, ABG, PA-7 in AM
Switch TF to NS c 20 mEq KCl at 75 cc/hr

Started 9/16/03 0930

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER 16 Sept 03 TIME OF ORDER 1020 HOURS

LIST TIME ORDER NOTED AND SIGN

1) D/C Vancomycin
2) Levaquin 500mg IV QD - PT dose now

noted 9/16/03 1105

(b)(6)-2

NURSING UNIT | ROOM NO. (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 16 Sept 03 TIME OF ORDER 1231 HOURS

1) Tylenol 650mg supp PR X 1 now
2) ↓ r.r. to 8

noted 1116/03 1230

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 16 Sept 03 TIME OF ORDER 1505 HOURS

1) ↓ r.r. to 6
2) ABG (from arterial line) after rate of 6

Noted 1505 16SEP03

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 16 SEP 03 TIME OF ORDER 1700 HOURS

1) ↑ rate to 12
VO Dr (b)(6)-2

(b)(6)-2

Noted 16SEP03 1720

(b)(6)-2

chart 17SEP03 1600

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT / ROOM NO. / BED NO.	17 Sept 03	0920 HOURS	
	(1) Versed 5mg IV at		
	1000 cc		
	(2) Fentanyl 50mg IV at		
	1000 cc		
	(3) D/C drips		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME O	
NURSING UNIT / ROOM NO. / BED NO.			

(b)(6)-2

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
NURSING UNIT / ROOM NO. / BED NO.		HOURS	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
NURSING UNIT / ROOM NO. / BED NO.		HOURS	

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
11Sep 03	(b)(6)-2	Admit to ICU #1		(b)(6)-2
		Dx: GS- ASA 3/p EX LAP, DUODENAL REPAIR/IVC REPAIR LUMBAR EX		(b)(6)-2
11Sep 03		Condition Stable		(b)(6)-2
11Sep 03		CBC, PA-7 ABG ON ARRIVAL	11Sep 0500	0500 (b)(6)-2
11Sept 03		Bolus 2mg Vec IV NOW	NOW	0820 (b)(6)-2
11Sept03		Bechock Train of four (TOF) in Pre	5min	0825 (b)(6)-2
11Sept03		CBC, ABG, PA-7 @ 1200hrs.	1200 11Sept	(b)(6)-2 1200 11Sept
11Sept		Versonium bolus 2mg NOW	NOW	(b)(6)-2 1425 11Sept
11SEP		D/C morphine		(b)(6)-2
11SEPT		10mg Ephedrine IVP NOW	NOW	(b)(6)-2
11SEP		CR Bolus 400cc	NOW	(b)(6)-2
11SEP		ABG, CBC, PA-7 IN AM	12SEP03 0500	12SEP03 0445
12Sep		EPHEDRINE 10mg IVP/ NOW	9/12 NOW	12SEP03 0445
12Sep		LR Bolus 400cc NOW	9/12 NOW	12SEP03 0445
12Sep		CBC, ABG, PA-7 IN AM	9/13 0500	13Sep03 (b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P EX LAP / LUMBAR IVC

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 11	12	13	14	15
11 Sep	(b)(6)-2	Δ Versed prn to	D	[illegible] 11 Sep 03				
		Versed gtt 1-4 mg/hr	E					
			N					

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER SIGNATURE INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 10	11	12	13	14
11Sep03	(b)(6)-2	Vent Settings: SIMV	D	✓	(b)(6)-2			
		Rate=12 TV=700 FiO2=100%	E	✓				
		PEEP=5	N	✓				
		FiO2@60 (b)(6)-2						
12Sep03	(b)(6)-2	Vent Settings: SIMV	D			(b)(6)-2		
		Rate-12 TV=700 FiO2=40%	E					
		PEEP=5 PS=0	N			(b)(6)-2		

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P EXLAP / LUMBAR FX

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER / REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 10 11 12 13 14 15 16 17 18 19 20 21 22
11Sep07	(b)(6)-2	VS q1°	D	/ (b)(6)-2 (b)(6)-2
			E	/
			N	@
11Sep07	(b)(6)-	ACTIVITY BR	D	/
			E	/
			N	@
11Sep07	(b)(6)-2	IV: LR @ 150 cc/HR	D	/
			E	/
			N	@
11Sep07	(b)(6)-2	DIET: NPO	D	/
			E	/ (b)(6)-2
			N	@
11Sep07	(b)(6)-2	FOLEY TO GRAVITY	D	/
			E	/
			N	@
11Sep07	(b)(6)-2	NGT TO LIS	D	X
			E	/
			N	@
11Sep07	(b)(6)-2	F/O	D	/
			E	/
			N	@
11Sep07	(b)(6)-2	UNASYN 3.0Gm IV q6°	06	/
			12	/
			18	/
			24	/
11Sep07	(b)(6)-2	ZANTAC 50mg IV q8°	10	/
			14	/
			22	/
		See Next Page		

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P EX LAP - LUMBAR FX / DUODENAL REPAIR.

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER/ EXPIRATION DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE
11sept03	(b)(6)-2	MSO4 1-2 mg IV q 15 min PRN PAIN I/E	11 Sep 2mg 0815 (b)(6)-2 I; 11 Sep 2mg 0830 I; 11 Sep 2mg 0845 I; 11 Sep 2mg 0900; 11 Sept 8 mg 0915 (b)(6)-; 11 Sep 2mg 1015 E; 1326 11 Sept 2mg; 1430 11 Sept (b)(6)-2
11sept03	(b)(6)-2	Versed 1-2mg IV Q15min prn agitation	Renew Her 11 Sep 03 0630 (b)(6)-2
11Sept	(b)(6)-2	Give additional 1mg bolus rec IV until Barely 1/4 Twitches	1035 1mg (b)(6)-2 11 Sept; 1130 1mg 11 Sept; (b)(6)-2 1mg 11 Sept 1322

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF509 FOR NURSE'S ENTRY

MED L RECORD - MEDICATION ADMINIST ION RECORD

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PR	DATE ADMINISTERED 10	11	12	13	14	15	16	17	18	19	20	21	22	23
11Sep03	(b)(6)-2	CALL MO for UOP < 30 cc/HR	D	/	(b)(6)-2													
			E	/														
			N	@														
11Sep 03		BED FLAT - STRICT LOG ROLL	D	/														
		ONLY	E	/														
			N	@														
11Sep 03		VECURONIUM 1-4 mg IV q1°	D	/														
		FOR TRAIN OF 1	E	/														
			N	/														
11Sep03		Versed gtt 1-4 mg/hr	D	/														
			E	/														
			N	/														
11Sep03		Vecuronium 1 gtt to 6-8 mg/	D	/														
		hr	E	/														
			N	/														
11SEP03		Fentanyl gtt @ 50 mcg/hr	D	/														
			E															
			N	X														
12Sep03		ARTIFICIAL TEARS ou	06	/														
		drops OU QID	12	/														
			18	/														
			24	/														
12SEP03		Aspirin 325 mg supp	15	/														
		PR - QD 1st dose now																
12SEP03		Heparin 5000 u SQ	18	/														
		BID 1st dose now	29	/														
13Sep03		Versed 1-2 mg q 15"	D	/														
			E	/	/	/	/	0										
			N	/	/	/												

MEDCOM FORM 630-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 13	14	15	16	17
13SEP03	(b)(6)-2	Vitals Q1°	D	(b)(6)-2			(b)(6)-2	
			E					
			N					
13SEP03	(b)(6)-2	Activity - Bedrest - log roll only	D					
			E					
			N					
13SEP03		IVF - D5½NS c̄ 20mEq KCl @125cc/hr	D				D/C'd 9/16/03	(b)(6)-2
			E					
			N					
13SEP03	(b)(6)-2	Diet - NPO	D					
			E	(b)(6)-2				
			N					
13SEP03		Foley to gravity	D					
			E					
			N					
13SEP03		I&O	D					
			E					
			N					
13SEP03		J-tube to gravity drain	D			D/C'd 9/15	(b)(6)-2	
			E					
			N					
13SEP03		G-tube to gravity drain	D					
			E					
			N					
13SEP03		JP to bulb suction	D	(b)(6)-2				
			E					
			N					
13SEP03	(b)(6)-2	Vent setting SIMV	D			D'Cd 9/16/03	(b)(6)-2	
		R=12, TV=700, Peep=5	E					
		FiO_2 = 40%	N					
13SEP03		Versed 6mg/hr drip	D			D/C'd 9/14/03	(b)(6)-2	
			E					
			N					
13SEP03		Aspirin (b)(6)-2 325mg	15					
		supp PR QD						

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
13Sep03	(b)(6)-2	To ICU - 1	13Sep03	(b)(6)-2
13Sep03		Condition - stable	13Sep03	
13Sep03		Labs - CBC, ABG, PA-7 in AM	13Sep03	
14Sep		Tylenol 650mg PR now see below	14Sep03AM	(b)(6)-2 (b)(6)- 0300
14Sep		Tylenol 650mg PR now	14Sep	0300 (b)(6)-2
14Sep03		LASIX 20mg IV X 1 NOW	14Sep now	14Sep 0935
14Sep03		↓ rate to 10 NOW & Slowly wean to rate of 6 - Call MO if RR <30	14Sep	(b)(6)- 14Sep 1003 ↓8 14Sep 1102 ↓6
14Sep03		ABG of 1hr after rate of 6 is reached		
14Sep03		Wean Fentanyl to off	9/14/03	9/14/03 0945 (b)(6)
14Sep03		↓ Versed	9/14/03	9/14 0919 ↓ 1013 ↓
14Sep03		Put CVP	9/14/03	9/14 (b)(6)-2 (b)(6)-2
14Sep03		Keep vent rate @ 12	9/14/03	9/14/03 1450
14Sep03		Tylenol 650mg supp PR Now	——	14Sep03 1630 (b)(6)-
14Sep03		CBC, PA-7, ABG in AM	15Sep03 @0500	(b)(6)-2 0430
14SEP03	(b)(6)-2	ABG now + PA7	2300 14SEP03	(b)(6)-2
14SEP03		Fentanyl bolus 100mcg now	2230	(b)(6)-2 (b)(6)-2
14SEP03		Repeat Fentanyl bolus in 30min 100mcg IVP if remains agitated	2300	14SEP03
14SEP03		Tylenol 650mg PR x1 now	0900	15SEP03 (b)(6)-2
15SEP03		LASIX 20mg IV X1 Now	9/15/03	9/15/0
15Sep03		Slowly WEAN RATE TO GOAL of 6 OVER NEXT 4 hrs	(b)(6)-2 9/15 R11	(b)(6)-2 1025 9/15 1030
			R10	9/15 1115
			R9	9/15 1215
			R8	1310
			R7	
			R6	
15Sep	(b)(6)-2	CBC, ABG and PA7 in AM	16SEP03 @0500	(b)(6)-2 0530
16Sep03		↓ RR to 10	9/16/03	9/16 0945 (b)(6) 10 1015 -2

PATIENT IDE ION

(b)(6)-4

S/P re-exploration/washout/G tube

DIAGNOSIS: J-tube / JP drain / ABD closure

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED 13	14	15	16	17
13SEP03	(b)(6)-2	Fentanyl 50mcg/hr	D	(b)(6)-2				
		drip	6					
			2					
13SEP03		Artificial drops	06					
		(tears) 2 drops QID	12					
		OU	18					
			24					
13SEP03		Heparin 5000u SQ	12					
		BID	24					
13SEP03		Unasyn 3.0gm IV	06					
		Q6°	12					
			18					
			24					
13SEP03		Zantac 50mg IV Q8°	06					
			14					
			22					
14Sep03		Versed gtt @ 2mg/hr	D					
			E					
			N					
14Sep03		Suction ETT/Pulmonary	D					
		Toilet q 2° (RT)	E					
		odd hours c NS	N					
14SEP03		Fentanyl 100mcg/hr	D					
		gtt.	E					
			N					
15Sep03		Vitonex TF 20cc/hr	D					
		through J TUBE	E					
			N					

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: s/p re-exploratory washout/4 tube

ALLERGIES: NKDA J-tube/JP drain/ABD closure

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER/ EXPIRATION DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE											
13 / 16	(b)(6)-2	MSO4 1-2mg IV	Date	13 Sep	13 Sep	14 Sep	14 Sep	14 Sep	14 Sep	14 Sep	14 Sep	14 Sep	14 Sep	14 Sep
		q15 min prn	Time	2030	2300	0200	0220	[illegible]	1028	1109	1225	1530	1930	2040
			Amt	2mg	2mg	2mg	2mg	2mg	2mg IV	2mg IV	2mg IV	2mg IV	2mg IV	2mg IV
			(b)(6)-2											
			I/E	I	E	I	E	I	E	E	E	E	E	
9/13 9/16	(b)(6)-2	(b)(6)-2 MSO4 1-2mg IV Q 15 min PRN	9/15 0747	9/15 1130	9/15 1320	9/16 1520	9/17 0045							
			2mg IV	2mg IV	2mg IV	2mg IV	2mg IV							
			(b)(6)-2											
			E	E	E	E	E							

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*

*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

MED[illegible] RECORD - MEDICATION ADMINIST[illegible]ON RECORD

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PR[illegible] COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 15 16 17 18
15Sep03	(b)(6)-2	FLUSH J-TUBE c 30cc	08	(b)(6)-2
		WATER Q SHIFT	16	
			24	
16Sep03	(b)(6)-2	D5NS c 20meq KCl @	D	
		75cc/hr p patient boy	E	
			N	
16Sep03	(b)(6)-2	LEVAQUIN 500mg IV	11	
		QD		
16Sep03	(b)(6)-2	VENT SETTINGS: SIMV	D	Dc'd 9/16/03
		TV 700 RR10 FiO2 40%	E	(b)(6)-2
		PEEP 5	N	
16Sep03	(b)(6)-2	Vent: SIMV TV 700	D	
		RR 8 FiO2 40% PeeP 5	E	
			N	
16Sep03	(b)(6)-2	Vent: SIMV TV 700	D	
		RR12 FiO2 40% PeeP5	E	
			N	

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

Page 2 of 4 pages

(b)(6)-4

MEL... RECORD - MEDICATION ADMINISTRA...ON RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
9/16	(b)(6)-2	CBC, ABG, PA-7 in AM	9/17 0500	0520 (b)(6)-2
9/16		Tylenol 650mg Supp PR X 1 Now	9/16	9/16 1245 (b)(6)-2
9/16		↓ rate to 8	9/16	9/16 9-1223 8 1315 (b)(6)-2
16SEP		↓ rate to 6	9/16	1505 (b)(6)-2
16SEP		ABG 1hour after rate of 6	9/16	1600 (b)(6)-2
16SEP		↑ rate to 12	16SEP	(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: _____

ALLERGIES: _____

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is The Office of The Surgeon General

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date) 17 Jan 80

PROCEDURE: S/P exploration washout Globe Tube Repair and closure (b)(6)-2

PHYSICIAN:

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: (ETT) Nasal Oral Trach — Time DC'D

OXYGEN: 8.0 @ 23 lip/bth
Mask Nasal Prongs Face Tent Blow-By
Liter/min. %

ASA ___ History ___
Cardiac Rhythm ___
IV#1 (Patent) Infiltrated
Site DAC Rate 125 Gauge 16
IV#2 (Patent) Infiltrated
Site DAC Rate 125 Gauge 14

VITAL SIGNS						PAR SCORE						OTHER	
Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAD
PRE-OP	/												Blanche Pulse Warm Moves Y N
1525	119/63	86	31	100%	95²								Blanche Pulse Warm Moves Y N
1530	125/67	87	17	100%									Blanche Pulse Warm Moves Y N
1535	126/64	86	18	100%									Blanche Pulse Warm Moves Y N
1540	109/58	85	13	100%									Blanche Pulse Warm Moves Y N
1600	131/66	84	12	100%					X				Blanche Pulse Warm Moves Y N
1615	119/64	86	14	100%	96³								Blanche Pulse Warm Moves Y N
1630	125/69	85	12	100%									Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N

(PAR score columns handwritten across: "Deleted Paul Ref")

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2—Maintain head lift and open eyes
1—Unable to maintain head lift and open eyes
0—Unable to lift head and open eyes

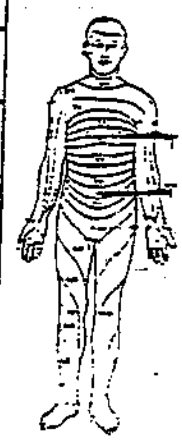
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

Respirations
2—Spontaneous respiration; needs no support
1—Limited effort; needs artificial airway or jaw support
0—Needs ventilator; no spontaneous respiration

Circulation
2—BP 20% preanesthetic level
1—BP 20 - 50% preanesthetic level
0—BP 50% or more preanesthetic level

Level of Consciousness
2—Awake and alert; seldom dozes
1—Awakens when gently stimulated
0—Awakens only when vigorously stimulated

Skin
2—Normal skin color & temperature greater than 96 °
1—Skin is pale, blotchy, dusky &/or temperature 95 - 96 °
0—Cyanotic &/or temperature less than 95 °



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2 ...UTAN

DEPARTMENT/SERVICE/CLINIC: CCU #1

DATE: 13 Aug 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTICS STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev)
1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	1400	OR	EBL	100
			OR	Urine	75
TOTAL		1400	TOTAL		175

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

See assessment in ICU flowsheet. (b)(6)-2 RN

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____Resolved; No.'s_____Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse's Signature:_____

Original given to LT Chewoni.

609496

RECEIPT FOR PRISONER OR DETAINED PERSON

RECEIVED FROM (Unit or A[illegible]nd Station) 101ST CAGE MOSUL IRAQ		TIME	DATE 16 SEP 03
LAST NAME — FIRST N[illegible] — MIDDLE INITIAL [redacted] (b)(6)-4 (b)(6)(4)		SERVICE NUMBER/SSN	GRADE
ORGANIZATION		STATION	
OFFENSE AHA[illegible]n COALITION FORCES			
PERSONAL PR[illegible] 1[illegible]0 (b)(6)-2			
REMARKS Gunshot wound to Lower BACK			
NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL (Typed or Printed) Kareem Saleem		SERVICE NUMBER/SS[illegible]	GRADE
RECEIVING UNIT OR AGENCY AND STATION Al-Zahrawi Hos[illegible]al		SIGNATURE [redacted]	

DD FORM 1 MAR 58 629 [illegible]N OF 1 MAR 52, IS OBSELETE. (b)(6)(4) U.S[illegible]nent Printing Office: 1992 — 311-830/65132

(b)(3)-1 (b)(6)-4 (b)(6)-4

MEDCOM - 2094

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF						2. LOCATION		(State or Country Code.)
1	2	3	4	5	6	7	8	
A	1	4	A	1		I	Z	

3. REGISTER NUMBER							NAME (Last, First, Middle Initial)	4. PAY GRADE		5. SEX
9	10	11	12	13	14	15	Iraqi (b)(6)-4	16	17	18
(b)(6)-4								C	i	M

6. DATE OF BIRTH (Y Y Y Y M M D D)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
(b)(6)-4											X	9	

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
						(b)(6)-4								

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
EPW Iraqi	46	2337	

14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE								
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
			K	7	6									

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA	PREV. ADMISSION	
62	63	64	65	66	67	68	69	70	71	YEAR	NO
											☐

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: 0	ICU	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: B CO, 21st Combat Support Hospital, Mosul, Iraq		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (Y Y Y Y M M D D)							
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
0	1							2	0	0	3	0	5	1	7

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (Y Y Y Y M M D D)							
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
A	6	A	A							2	0	0	3	0	9	1	0

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)							
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122
		A	1	4	A	1		2	0	0	3	0	9	1	0

FOR LOCAL USE

Dx: 86414 86612 86331 8065 86812 8708 5997 86814 89912

Px: 8622(x4) 5061 5581 4671 0820 0881 5122 4719 9904(x4) 4311 4639 5732 5412 9659 5794

Trauma 9

Injury

(b)(6)-2

(b)(6)-2

(b)(6)-2

MD

(b)(6)-2

FAMILY PRACTICE

SIGNATURE OF ADMITTING CLERK

(b)(6)-2

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS V1.00

(b)(3)-1

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

Iraq (b)(6)-4

(b)(6)-4

Reg # (b)(6)-4

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

(b)(6)-2

25. TYPE DISPOSITION: D/C

26. DATE OF DISPOSITION: 16 Oct 03

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

- GSW to ABDOMEN and Evisceration
- GSW to (L) thigh — E985.3 ICD9FY02
- S/P Exploratory Laparotomy — 54.11 ICD9FY02
- S/P Small bowel resection — 45.51 ICD9FY02
- S/P Large Bowel repair — 45.52 ICD9FY02
- S/P appendectomy — 47.09 ICD9FY02

20 Oct 03

- (R) chest Tube - 4 Oct 03 — 38.87 ICD9FY02
- Hypoxia - (Acute) 518 Acute Pulmonary Embolism - 4 Oct 03 — 799.0 ICD9FY02
- Anticoagulation
- 780.6 ICD9FY02 — Fever - 4 Oct 03
- Tachycardia - 4 Oct 03

☐ CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FACILITY

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

(b)(6)-2 FICER (b)(6)-2 MEDICAL RECORDS OFFICER

DA FORM 1 MAY 79 3647-1 EDITION OF 1 AUG 76 IS OBSOLETE.

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

See H&P by Dr.
SF 558

(b)(6)-2

PHYSICAL EXAMINATION

PROGRESS *(Enter date of discharge and final diagnosis)*

(b)(6)-2

MD

DATE	IDENTIFICATION NO.	ORGANIZATION
02/07/03		

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.	WARD NO.

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505 — — —
OCTOBER 1975
USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2 Oct 03 2050	Pt cont. to c/o severe abd pain. HR remains 140's, RR 22-32. Dr. (b)(6)-2 aware of VS, ordered demerol 25mg + phenergan 12.5mg IV @4° prn breakthrough pain. 4mg MSO4 IV given @ 2040. Will continue to monitor pt. (b)(6)-2 MA7 AW
2Oct03 2230	Recvd supine. Performing IS c difficulty. HR 140's, RR 22-25. Assessment completed. IV's to RC's patent. Pulses palpable. AOX3 Des interpreter. Dressings CDI. Continue to monitor. (b)(6)-2 cpt AW
2 Oct 03 0030	Resting quietly. VSS. HR ↓ to 140's ↑ 160's. Demerol / Phenergan given at 2230 for C/o's pain. HR 160's. Post demerol Rest to teens from high 20's & 30's UOP adq. Ø intervention by phys. Cont. to monitor. (b)(6)-2 cpt AW

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
9 Oct 03	Surg Note
0920	S: Pt. stable ∅ sig event overnight
	Pain controlled
	O: 100.? 121/66 127-140 19-31 Sats 100% 5L
	Heart - tachy ∅ murmurs
	Lungs - CTA (B)
	Abd - soft, ND, approp TTP
	minimal BS
	NGT = 205cc
	I/O = 11550/1631
	out put 8h - 1300/750
	9.8 > 11.5/34.9 < 105 133/3.7 104/23 [illegible]/0.9 < 117
	A/P: Pt. POD1 Ex lap/SB resection c̄
	anastomosis/Sigmoid repair x 2
	doing well
	(1) Cont NPO/NGT
	(2) IVF
	(3) Cont dressing change (L) lower
	abd & (L) thigh
	(4) will D/C NGT when bowel fxn returning
	(b)(6)-2
	[illegible signature]

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
4 Oct 03	Surg note
0855	S: Overnight, pt. placed on NRB for ↓ sats
	Currently, pt. comfortably sleeping, no new complaints.
	O: 100^3 132/75 117-134 28-42 Sats 94-95% 100% NRB
	Heart - tachy
	Lungs - rhonchi R > L
	Abd - soft, ND, approp TTP
	hypoactive BS, Incision C/D/I c̄ staples
	NGT = min; LLQ wound - healing slowly
	I/O - 3625/2625; CXR - pulm edema, atelectasis
	9.7 > 10/28.5 < 160; 136 | 107 | 8 / 3.5 | 26 | 0.7 < 96
	A/P: Pt. POD 2 Ex lap / SB resection c̄ anastomosis / sigmoid repair X2
	s/p SBO but ↓ sats probably due to atelectasis / pulm edema. Pt. not compliant c̄ IS.
	1) Cont NGT until return of bowel fxn - advance tube
	2) Lasix for diuresis
	3) OOB to chair / aggressive IS
	4) Cont dressing ∆s LLQ
	5)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST [redacted] FIRST [redacted] | SPONSOR'S ID NUMBER (b)(6)-2

DEPART./SERVICE (b)(6)(2) | HOSPITAL OR MEDICAL FACILITY | RECORDS

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* | REGISTER NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

MEDCOM - 2100

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
50ct03	2115: Pt turned to (R) side. Sub Q emphysema continues to upper sternal area. Lung Sounds to (R) lobes & (L) lobes have inspiratory and exp wheezes and rhonchi. Oral care complete. Chest tube drainage counted and marked [b)(6)-2] (R).
5oct03 2200	Recvd on (R) side. VSS. Assessment completed. Crepitus to (R) sub clavicular area. Vecuronium, Fentanyl, & versed infusing to (R) AC. See assess flowsheet for vent settings & drip rates. VSS. Cont. to monitor. [b)(6)-2] cpt RN
5oct03 2300	Pt placed supine from (R) side. No apparent distress. VSS. Cont to monitor. [b)(6)-2] cpt RN
~~5oct03~~ error 0100	

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
7 Oct 03 1845 (cont)	to command. Pt followed no commands to move extremities. ABG @ 1800: pH 7.53, pCO_2 - 37, pO_2 - 134, HCO_3 - 30, BE-8, SO_2-97%. Dr. (b)(6)-2 notified → F_iO_2 ↓ to 0.50, Rate ↓ to 23. ABG due @ 1915. Cont to suction ETT for ∅ secretions. Ins + Ex wheezing noted in (B) bases and LUL. (b)(6)-2 MAJ AN
7 Oct 03 1930	ABG @ 1915: pH 7.52, PCO_2 - 37.4, PO_2 - 138, HCO_3 - 30. Dr. (b)(6)-2 aware → ↓ F_iO_2 to 0.45, ↓ rate to 23. (b)(6)-2 MAJ AN
7 Oct 03 2200	At 2000, pt became very agitated, bucking vent, thrashing about in bed. HR ↑, SpO_2 ↓ to 88, RR ↑ to 30-40. Dr. (b)(6)-2 notified and came to bedside. Pt seemed to calm down ~~when~~ when disconnected from vent and bagged c ambus. Multiple med boluses were given to calm pt down: total of 25mg versed and 6mg ativan in addition to maintenance doses/drips. Fentanyl drip maintained @ 200μg/hr, versed ↑ to 8mg/hr., F_iO_2 ↑ to 0.60. Unable to given IV med thru (R) wrist saline lock → discontinued. Another saline lock, 18G, was started in (R) wrist above previous site. IV inserted c good flashback, flushed p insertion. (b)(6)-2 MAJ AN
2210	Continues to be agitated c RT @ Bedside bagging ; physician @ bedside, Ativan 1 to 3cc/hr (b)(6)-2
2220	continues to show SIS of agitation, Ativan ↑ to 4cc/hr

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
(b)(6)-4		

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.303(6)(16)

509-114

DATE	NOTES
	will cont to monitor pt (b)(6)-2
2245	Diprivan started for agitation, Ativan 6/E i d (b)(6)-2 (b)(6)-2 epw
	& chest x ray done

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STANDARD FORM 509 (REV. 5-99) BACK

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
4 Oct 03 2130	1st unit PRBCs finished @ 2000. No S/Sx transfusion rxn noted. Second of 2 units started @ 2020, no adverse effects noted c unit #2 thus far. Pt easily arousable, responds appropriately to yes/no questions per interpreter. Denies pain, appears uncomfortable c ETT + bite block. ETT suctioned for small amount of frothy, white secretions, + gag reflex. Vivonex tube feedings cont c 10cc residual x 2 this ~~shift~~ shift; no S/Sx aspiration noted. Unable to hear bowel sounds on auscultation; abd soft, non-distended. LLQ abd dsg Δ'd - small amt blood noted on wound, no purulent discharge noted. Chest tubes x2 (R + L) remain on -20cm H_2O suction each c small amt drainage, mainly serous. Course crackles throughout all lung fields. Pt re-assured thru interpreter. [b)(6)-2] MAT AF
04 Oct 03 2200	report recieved from evening shift nurse, pt resting but slightly agitated, moving arms & hands, IV fluids continue to infuse as ordered, Blood (2 unit) infusing c S/S of side effects, cont suction to B/L chest tubes, will cont to monitor pt [b)(6)-2]
2300	- pt now extremely agitated, unable to calm pt down c assistance of interpreter & 2 other nurses; doctor informed new orders recieved, prn given (see MAR) to sedate pt [b)(6)-2]

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

[b)(6)-4]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
2300 cont	Infusion of Blood transfusing complete S/S of near sole effects will continue to monitor pt (b)(6)-2
10Oct03 0200	Assumed at pram previous nurse pt redacted lying supine, continues suction, NG to @ nare, CT x2 bilateral (b)(6)-2 monitors on 2 IVA pains, NAD
0230	Assessment complete consult DA for 4700 for more infusion. D5NS @ 125 cc/hr to triple lumen central line, Propofol 60ml/hr, Vec, Fentanyl, versed & nimonex running into pt NG to @ nare & FT to continues suction, monitors on TD bracelet to @ wrist b/p ugs to @ UE, soft restraints x2 to UE's L/R bilateral CT's, patent, SO_2 monitor @ hand, A-line @ wrist, midline incision CTA staples CDI, @ lower abd bandage CDI S suturation, foley intact patent attached, tubing, to @ thigh non-pitting generalized edema 2 IVA @ radial d/t taping around wrist & A-line positioning, pulses present normal x3 ext. conducted foley care, will continue to monitor per ICU SOP (b)(6)-2 (b)(6)-2
0430	NG residual assessed 8cc residual fluid (b)(6)-2
0520	CXR performed by radiology

STANDARD FORM 509 (REV. 5-89) BACK

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AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
11 Oct 08	Surgery
1850	Pt has been extubated 24hrs, reporting that he is markedly improved
	VSS Afeb
	L-CTX SS SSS
	CXR this am c loculated PTX, chest tubes re-drained, Pleurevacs D/C'd, repeat xray and
	CV - NSR HR 70-80
	BP stable
	Abd - NABS, soft, incisional tenderness
	Tol clear liquid
	GU - UOP adequate
	Labs - see flow sheet
	A/P S/p GSW Abd - marked improvement last 36hrs.
	1) ↑ activity
	2) Advance diet as tol
	3) Continue CT @ 20cm suction
	4) D/c Abx

(b)(6)-2

RELATIONSHIP TO SPONSOR	SPONS[OR'S NAME] LAST	F[IRST]	[SPON]SOR'S ID NUMBER (or Other)

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
~~13OCT03~~ 2045	Pt awake, IS complete able to take in inspiration to raise 1 ball and 2nd ball halfway. Productive cough when using IS. [redacted]
130ct03	2200- Awake in bed, requesting pill for insomnia, (see MAR) will continue to monitor [redacted]
30Oct03	2230- resting @ this time [redacted]
130ct03	0001- C/O pain to RBD via hand motions pain med. given (see MAR) will continue to monitor pt [redacted]
140CT03 0145	Assumed pt, pt resting supine c NAD, Breathing regular unlabored, PSNS c ZOLL to TLC patent intact, O2 via NC @ 8L feet slightly elevated, MPC BS, interpreter C BS [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.		WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
12/2003	G Surg
	Pt c/o abd distension ⊖ flatus/BM
	Obs Aqb
	L-ctx Sat 99% 2L
	CXR - ∅ PTX CT - ∅ air leak
	CV - NSR, HR 60-70
	BP stable
	B/O adequate UOP CR 0.8
	WBC 8K
	A/P S/p GSW to abd/ARDS
	1) CT ∅ water seal
	2) D/c foley
	3) Dilaudid supp

(b)(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
11 Oct 03 1930	Pt c/o chest/abd pain → 5mg MSO4 IVP given @ this time. This dose appears to keep pain tolerable x ~1.5 hrs. (R) radial A-line d/c'd per MD order. Pressure held to site x 5 minutes & d/c and pressure dsg applied. No S/Sx infection, infiltration, bleeding, or hematoma noted. —— [b)(6)-2] MAJ AN
11 Oct 03 2120	Uses incentive spirometry q 1-2 hrs, able to raise the ball ~10 times, well not C+DB & IS. Does cough mod amt c light yellow/tan, thick secretions on own. Poor po intake, only ~300cc over last 8 hrs. —— [b)(6)-2] MAJ AN
11 Oct 03 2200	Assumed pt. pt sleeping supine c HOB @ 30°, NAD, Bilateral CT to suction per order. D5NS to TKC @ 125cc/hr NC@3L on pt PSO2 99%, monitors on, BVM c BS —— [b)(6)-2] RN
12 Oct 03 0007	pt has high pitched wheezes x2 LL's, RT reassessed this UOP ↓ to 40cc/hr from 95cc/hr @ 2200, full assessment on DA from 4700, generalized edema non-pitting pulses easily palpated x4 extremities, breathing regular, bilateral will continue to monitor, —— [b)(6)-2] RN
12 Oct 03 0500	drsg Δ, pt tolerated c minimal complaint, dressing packed tightly previously minimal drainage, bright red blood c small amt of yellow drainage, pulled skin around edges of bandage —— [b)(6)-2] Glover

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

(b)(6)-4

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
120703	0540 Radiology came to do CXR [b)(6)-2]

STANDARD FORM 509 (REV. 6/1999) **BAC**
USAPA V1.0

N 7540-00-634-4176

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
20 Oct 05	Brief op note
0535	1) Pre-op Dx - GSW Abd / Evisceration of Small Bowel in exit wound @ lower rt
	2) Post-op Dx - GSW Abd / multiple SB enterotomies & 2 cm of transection of Small bowel, Sigmoid Injury X 2
	3) Procedure - Ex Lap / Small bowel resection & primary anastomosis / Sigmoid Repair X 2, Incidental Appendectomy
	4) Surgeon - (b)(6)-2 / (b)(6)-2
	5) Anesthesia - GETA
	6) Findings - 30 cm small bowel resected - 2 enterotomies & 2 transection contained in the 30 cm, two small injuries to the sigmoid colon - minimal contamination.
	7) EBL - 300 cc UOP = 500
	8) Fluids - 5800 cc crys 2.5 5% Alb
	9) Complication - 0
	10) Condition - Stable to ICU

(b)(6)-2

MAT AC

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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
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NSG NS

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)
10/2/03	Prehospital - Received [illegible] s/p GSW to ABD (L)
(0220)	Thigh. PIV 16g (R) AC Patent. 18 [illegible] Foley In Place.
	ABD Dsg In Place. O2 via NRB @ 15 Lpm
(0221)	Arrival - A&Ox3. GCS-15. Lungs CTAB. ABD GSW to (L) RUQ / LLQ. (+) Bowel [illegible]. Ø Exit. (+)
	GSW to (L) Thigh. Ø Exit. Bleeding Controlled.
(0222)	Monitors Placed. VSS. O2 via NRB @ 15 Lpm. PIV
	16g Placed (L) AC. Labs Sent. Type / X-match x IV.
(0226)	X-ray @ Bedside. NS ↑ Bolus x 2 Liters. Foley Patent -
	Draining Amber UA. (+) Pedal Pulse In (L) Foot.
(0235)	Unasyn 3 Gm ↑ IVPB. Tetanus .5 IM.
(0250)	X-ray Complete. VSS. Pt Prepped for OR.

Vitals

(0220)	124/52 - 84 - 28 - 97.6 @ 100%
(0230)	128/60 - 90 - 30 - 100%
(0240)	120/64 - 86 - 30 - 100%
(0250)	128/70 - 90 - 30 - 100%

Meds

(0230)	Unasyn 3 Gm IVP
(0230)	Tetanus .5 cc IM

I & O

IVF's 2000 cc

UA - 520 cc

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY | DEPART./SERVICE | RECORDS MAINTAINED AT

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Civ Iraqi Trauma

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	— Transfer Note —
10/2/03	
0135	Encounter c 1/187 (apparent attack) → 1 fatality + 3 Iraqi WIAs. This pt has:
	(A) LLQ GSW c small bowel evisceration/open area of small bowel
	*(packed c sterile 4x4/saline/[illegible])
	(B) RUQ GSW, no hemodynamic instability (140-150) BP SaO_2 90-92%, but CXR c fragments in RUQ
	(C) (L) lat thigh entrance wound, round in lat thigh muscle
	(Xray copies sent)
	Rx's (1) Toradol 30/Phen 12.5 IV
	(2) Rocephin 1gm IV (no Flagyl here)
	(3) O_2 NC x 2 L
	(4) 21 CSH by 50th AA

HOSPITAL OR MEDICAL FACILITY | STATUS | (b)(6)-2

SPONSOR'S NAME | SSN/ID NO. | (b)(3)-1 | …NSOR MD LTC, MC, FS

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, mi… Date of Birth; Rank/Grade.)* | …STER NO. | WARD NO. 626 FSB

(b)(6)-4

Iraqi Combatant (b)(6)-4

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
4 Oct 03	
1000	Pt intubated c size 7.5 ET tube placed 22cm @ the teeth. Placed on Impact Uni-Vent mode: SIMV V_T: 700 RR: 12 PEEP: 10 FiO_2: 100% —SCT [b(6)-2] 9IV20
04 Oct 03 1420	Notify about CXRay showing ®pneumothorax after noting desaturation. Chest tes tube placed in a sterile fashion (Brizuela/choi) and placement verify by another CXR, pt currently intubated and saturation in 89's %. Concerned for possible PE. pt will be started on Heparin load 10,000 u and then on heparin drip to keep INR > 2.5 [b(6)-2] MD drip, mfp, USN
4 oct. 03 2044	Chest tube insertion, left:
	- Sterile prep of left chest, sterile drape. Local anesthesia c 1% lidocaine @ 5th Ic space, mid-ax. line. Incision at this site, 3cm in length to SQ fat. Pleural penetrated c Kelly clamp, chest tube advanced into pleural space causing egress of bloody fluid and air. Tube secured c suture. CxR pending. [b(6)-2] [b(6)-2]

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CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
4oct03 2100	pt given 10 puffs Alb via inline MDI pt SpO2 91
	BP 164/70 HR 116 Tx given c̄ No adverse Rx —— [redacted] 91120
4 oct. 03 2203	CXR reviewed - chest tube in good position, lung well-expanded.
	[redacted]
0100 05 oct 03	pt given 10 puffs alb 10 puffs via inline [redacted]
	MDI HR 112 BP 118/61 SpO2 92 —— [redacted]
5 Oct 03	
0900	pt given 10 puff albuterol via aerovent spacer
	HR: 93 SpO2: 100% BP: 93/49 —— SGT [redacted] 91W20

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
4 Oct 03 2130 (cont'd)	Ⓛ chest tube c 95cc serosang drainage initially. Vent rate ↑ from 15 - 17 @ 2000. Lasix 80mg IVP given @ 2100. Port CXR done following CT insertion. O_2 sat @ this time are 90-93%, pH - 7.25, PCO_2 - 77.7 and @ PO_2 - 96, HCO_3 - 34, BE 7. HR ↓ to 115 - 120. BP stable, A-line ~ 20mm Hg above cuff BP(sys). Solu-medrol 500mg IVPB given @ 2030. — [b)(6)-2] MS AN
4 Oct 03 2200	Report received assumed care of pt. See flowsheet for complete assessment. Drs [b)(6)-2] in to see pt. Ⓟ subcu emphysema noted Ⓡ lateral neck, ϕ other appreciated. NGT drainage appears coffee ground. Dr [b)(6)-2] notified. ϕ air leaks noted on Chest tube Ⓡ ϕ drainage noted, Ⓛ small serosang. drainage. [b)(6)-2] MS AN

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