

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R	2					2																	
		L	2					2																	
	DORSALIS	R	2					2																	
	PEDIS	L	2					2																	
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1					3																	
EDEMA			0					0																	
HEART SOUNDS (Clear, Regular, No Ribs, No Murmurs)			2					2																	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR					NSR																	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST		/					/																	
	BSC		/					/																	
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		3																						
	LEFT		2																						
	SUPINE																								
	HOB 30 DEGREES		5					/																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMMA OP132-26)																									
PAIN	PAIN FREE		/					/																	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FEMMA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2					2																	
BOWEL SOUNDS (active all quads)			/					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 Incision ABD SKIN STRIPS		/					/																	
	#2 C Thigh Incision OTA		/					/																	
	#3 (L) VARD W-D Dressing CDE		/					/																	
	Old chest tube site		/					/																	
INVASIVE LINES	SITE								DATE INSERTED																

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 Neg. Notes X

No Change from Previous Assessment

DATE:

TIME		DATE:																			
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
A. BEST EYE-OPENING RESPONSE																					
(4) Opens Spontaneously (2) To Pain																					
(3) To Voice (1) Does Not Open																					
B. BEST VERBAL RESPONSE																					
(5) Oriented (2) Garbled																					
(4) Confused (1) No Response																					
(3) Inappropriate Verbal Response																					
C. BEST MOTOR RESPONSE																					
(6) Obeys Commands (3) Flexion to Pain																					
(5) Localizes to Pain (2) Extension to Pain																					
(4) Withdraw to Pain (1) No Response																					
GLASCOW COMA SCALE (A+B+C)																					
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																				
	L																				
MOVEMENT (See Motor Function Scale at Top of Page)	RUE																				
	LUE																				
	RLE																				
	LLE																				
GRIP (S) Strong (W) Weak (-) absent	R																				
	L																				
RESPIRATIONS	REGULAR																				
	IRREGULAR																				
	UNLABORED																				
	LABORED																				
	SHALLOW																				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL																				
	LUL																				
	RLL																				
	LRL																				
	BOTH BASES																				
COUGH	NONE																				
	SPONTANEOUS																				
	PRODUCTIVE																				
	NONPRODUCTIVE																				
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																					
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																					
VENTILATOR	Vt																				
	FI O2																				
	RATE (SIMV/CMV)																				
	PEEP / CPAP																				
	PRESS. SUPPORT																				
OXYGEN DELIVERY DEVICE ETT # _____	NC (l/min)																				
	FM (l/min)																				
	NRBM (l/min)																				
	ETT _____ cm gums																				
ETT CARE / POSITION CHANGE																					
ETT / NT SUCTIONED																					
INCENTIVE SPIROMETRY DONE																					
COUGH / DEEP BREATH																					
INITIALS																					

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	99.8	56	16	134/48	99%												
0300																	
0400																	
0500																	
0600																	
0700																	
0800	98.7	72	16	109/51	97%		73										
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

OBSERVATIONS

Include medication and treatment when indicated

A.M. P.M.

16 Oct 03 0030

-c/o pain (prin med given see MAR) will continue to monitor pt - [redacted] (b)(6)-2

16 Oct 03 0230

-sleeping @ this time @ S/S of resp distress will continue to monitor pt - [redacted] (b)(6)-2

16 Oct 03 0930

pt. resting in bed; NAD; VSS, pt c/o pain gen. if percocet given; assesment completed; pt now resting c eyes closed; will cont to monitor - [redacted] (b)(6)-2

0915

Pt discharged to custody of MPS. MP given d/c instructions (Cpl [redacted] (b)(6)-1) and pt left ambulatory. [redacted] (b)(6)-2 MAR

INTAKE

OUTPUT

Time	INTAKE				OUTPUT				COMMENTS
	PD			Total	UNAP	BM		Total	
0100	/	/	/	/	/	/	/	/	
0200	/	/	/	/	/	/	/	/	
0300	/	/	/	/	/	/	/	/	
0400	/	/	/	/	/	/	/	/	
0500	/	/	/	/	/	/	/	/	
0600	/	/	/	/	/	/	/	/	
0700	/	/	/	/	/	/	/	/	
0800	/	/	/	/	/	/	/	/	
8 HR				8 HR.				8 HR.	
0900	/	/	/	/	/	/	/	/	
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.	

L.R. JKU - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

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**

**SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE**

1. DATE OF PROCEDURE/ADMISSION: 20 Oct 03
 2. ADMITTING/DIAGNOSIS: GSW to Abdomen
 3. PERTINENT LAB, X-RAY, FINDINGS:

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

Pt presented after sustaining a GSW to abd @ 3 feet of eviscerated small bowel

2. ACCOMPANIED BY: FAMILY FRIEND OTHER MP

3. PATIENT EDUCATION:
 Completed and patient prepared for home care. YES NO
 If no, explain:

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Ex Lap w/ Resection 30cm small bowel @ primary anastomosis
Sigmoid Repair x2 - 20 Oct 03
Bilateral chest tubes 10/04/03

Patient states demonstrates understanding of home care needs.
 Printed educational materials provided:

5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
GSW to ABD w/ small bowel / sigmoid resection
PEX - Resolved
ARDS - Resolved

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. ACTIVITY: No lifting > 10lbs for 4 wks
 7. DIET: Regular
 8. MEDICATIONS:

6. NUTRITION CARE - Comments:

Medications have been prescribed for home use.
 See separate list and special instructions or see below.
Pericostat (-2pm qd - 6pm)

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

9. INSTRUCTIONS (To Home Health Providers, Patient, etc):
wet to dry dressing LLP wound (bullet exit site) twice a day
Follow up weekly 21st Oct on Sunday for wound check @ 10 AM

8. EQUIPMENT/SUPPLIES PROVIDED:

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

10. DISCHARGING PROVIDER:
 [Signature] L. Mancusa
 (Printed or Stamped Name)

10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:

PATIENT IDENTIFICATION
 (b)(6)-4

11. COMPLETED BY:
 [Signature] UAGW 16 Oct 03
 (Signature and Title) (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
 [Signature] 16 Oct 03
 (Patient/Responsible Adult's Signature) (Date and Time)

Ventilator Flow Sheet

Date	Time	Mode	V _T	Rate	FiO ₂	PEEP	PIP	MAP	SpO ₂	HR	BP	I:E	RT Init
4 Oct 03	1100	SIMV	700	12	100	10	48	29	97	146	172/78	1:1.1	(b)(6)-2
4 Oct 03	1300	SIMV	700	16	100	10	41	25	77	144	146/72	1:1.1	
4 Oct 03	1500	SIMV	550	16	100	10	31	24	91	143	202/74	1:1.1	
4 Oct 03	1815	SIMV	550	15	100	10	42	26	91	136	150/72	1:1.1	
4 Oct 03	2000	SIMV	550	17	100	10	40	28	90	132	163/70	1:1.5	
4 Oct 03	2230	SIMV	550	17	100	10	44	24	92	115	169/61	1:1.5	
4 Oct 03	2330	SIMV	500	17	100	10	42	28	95	111	142/64	1:1.5	
05 Oct	0130	SIMV	500	17	100	10	39	20	100	109	114/66	1:1.5	
05 Oct	0300	SIMV	550	17	100	10	35	13	100	105	116/67	1:1.5	
05 Oct	0500	SIMV	550	17	100	10	31	20	100	96	117/67	1:1.5	
05 Oct	0700	SIMV	550	17	100	10	32	21	100	91	118/68	1:1.5	
05 Oct	0734				90%								
5 Oct 03	0930	SIMV	600	17	80%	10	33	18	100	92	93/60	1:1.5	(b)(6)-2
5 Oct 03	1130	SIMV	600	17	70%	10	35	20	100%	102	124/60	1:1.5	
5 Oct 03	1330	SIMV	600	17	60%	10	36	20	95%	97	117/60	1:1.5	
5 Oct 03	1530	SIMV	600	17	50%	10	35	20	99%	94	98/51	1:1.5	
6 Oct 03	1930	SIMV	600	17	50%	10	36	22	98	105	119/60	1:1.5	
6 Oct 03	2100	SIMV	600	17	50%	10	31	21	100	105	127/60	1:1.5	(b)(6)-2
6 Oct 03	2330	SIMV	600	17	50%	10	35	22	96	94	114/60	1:1.5	
6 Oct 03	0130	SIMV	600	17	50%	10	32	20	91	111	114/60	1:1.5	
6 Oct 03	0330	SIMV	600	17	50	10	33	22	98	91	112/52	1:1.5	
6 Oct 03	0530	SIMV	600	17	50	10	32	20	97	91	114/60	1:1.5	
6 Oct 03	0730	SIMV	600	17	50	10	25	10	97	100	123/62	1:1.5	
6 Oct 03	0930	SIMV	600	15	40	8	22	5	92	102	105/62	1:1.9	
6 Oct 03	1330	SIMV	600	15	45	8	37	18	94	104	120/70	1:1.9	
6 Oct 03	1530	SIMV	600	15	45	8	35	10	96	93	120/64	1:1.9	
6 Oct 03	1730	SIMV	600	15	45	8	34	17	97	99	114/68	1:1.9	(b)(6)-2
6 Oct 03	1930	SIMV	600	15	45	8	33	12	99	109	100/68	1:1.9	
6 Oct 03	2130	SIMV	600	15	45	8	37	13	98	99	100/64	1:1.9	

(b)(6)-4

Ventilator Flow Sheet

Date	Time	Mode	V _T	Rate	FiO ₂	PEEP	PIP	MAP	SpO ₂	HR	BP	I:E	RT In/it
10/6/03	2330	SimV	600	15	45	8	35	18	99	85	157/77	1:1.9	(b)(6)-2
10/6/03	0130	SimV	600	15	45	8	33	15	100	79	106/62	1:1.9	
10/7/03	0230	SimV	600	15	45	8	31	16	98	80	111/60	1:1.9	
10/7/03	0530	SimV	600	15	45	8	33	18	97	85	104/66	1:1.9	
10/7/03	0730	SimV	600	16	40	8	34	19	97	97	104/64	1:1.7	
10/7/03	0930	SimV	600	16	40	6	24	12	97	87	104/64	1:1.7	
10/7/03	1130	SimV	600	16	40	6	31	16	96	97	105/66	1:1.7	
10/7/03	1530	SimV	600	25	60	6	38	18	96	107	101/65	1:1.7	
10/7/03	1730	SimV	600	25	60	6	37	18	97	100	100/61		
10/7/03	1930	SimV	600	23	45	6	38	18	94	94	100/60	1:1.7	
10/7/03	2135	SimV	600	20	60	6	33	12	96	97	60/55	1:1.5	(b)(6)-2
10/7/03	2335	SimV	600	16	50	8	34	15	99	100	106/63	1:1.5	
10/8/03	0135	SimV	600	16	50	8	39	22	96	99	68/59	1:1.5	
10/8/03	0330	SimV	600	16	50	8	36	20	97	88	106/60	1:1.5	
10/8/03	0530	SimV	600	6	50	8	41	15	96	99	100/60	1:1.5	
10/8/03	0625				40				99	100	100/60		
10/8/03	0730	SimV	600	16	40	8	36	19	97	100	100/60	1:1.5	(b)(6)-2
10/8/03	1130	SimV	600	16	100	8	42	22	100	110	123/71	1:1.5	
10/8/03	1530	SimV	750	16	70	10	41	21	95	104	99/64	1:1.5	
10/8/03	1930	SimV	850	14	60	10	39	22	97	167	111/60	1:1.9	(b)(6)-2
10/8/03	2130	SimV	850	12	60	10	35	20	94	110	106/60	1:1.9	
10/8/03	2330	SimV	850	12	50	10	40	15	96	110	114/61	1:1.8	
10/8/03	0135	SimV	850	12	50	10	42	25	95	110	114/61	1:1.8	
10/8/03	0330	SimV	850	12	50	10	41	26	98	115	106/60	1:1.8	
10/9/03	0730	SimV	850	12	50	10	36	21	100	101	102/61	1:1.8	
10/9/03	1130	SimV	1000	10	40	10	30	10	98	112	157/64	1:2.3	
10/9/03	1330	SimV	1000	10	40	10	42	23	94	128	153/69	1:2.3	
10/9/03	1530	SimV	1000	12	40	10	40	20	98	109	106/60	1:2.1	
10/9/03	1630	A/C	1000	12	40	10	32	18	99	103	103/65	1:2.1	

(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
10/10/03	200	HC		V10		5							
10/10/03	210	AVC	1L	10	40	8	35	24	100	97	104/60	1:21	(b)(6)-2
10/10/03	230	HC	1L	10	40	8	37	14	100	100	105/50	1:18	
10/10/03	245	HC	1L	10	40	8	36	16	100	104	105/50	1:18	
10/10/03	255	HC	1L	10	40	8	36	16	100	104	105/50	1:18	
10/10/03	230	HC	1L	10	40	8	37	14	100	104	105/50	1:19	
10/10/03	0530	HC	1L	10	40	6	38	14	100	100	105/50	1:20	
10/10/03	0730	AC	1000	10	40	6	32	17	99	91	101/60	1:19	
10/10/03	0930	STMV	1000	10	40	5	38	14	100	96	100/70	1:19	
10/10/03	1130	STMV	1000	10	40	5	34	16	99	105	100/70	1:19	

(b)(6)-4

21st COMBAT SUPPORT HOSPITAL**LABORATORY RESULTS FORM**
(Subject to Privacy Act of 1974)LAST, FIRST, MI. FRAGT ⁶⁷⁶⁷⁻⁴ UNIT RANK SSN ^{(b)(6)-(4)} Physician: Mcj ⁶⁷⁶⁷⁻² Ward: EMT STAT Routine Date and Time: 20 Oct 03 0025 Re ⁶⁷⁶⁷⁻² Date and Time: 2 Oct 03 **Chemistry (I-STAT)** **Chemistry (Piccolo Analyzer)** **Hematology**

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	141	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	10.9	4.8-10.8 x10(3)/uL
	K	3.2	3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	4.61	4.2-6.1 x10(6)/uL
	Cl	105	98-108 mmol/L		ALT		10-47 U/L		Hgb	14.9	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	41.2	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	89.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	32.4	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	36.3	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit	317	130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%	21.0	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	2.3	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN	15	7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu	168	73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat	1.2	0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL				
					Na		128-145 mmol/L		Pit verify:		
									Spun Crit		35-60%

Urinalysis

Color	Straw/Yellow	Microbiology		Malana Smear	
Clarity	Clear	Source:		Thin	No Plasmodium Seen
Glucose	Negative	FecLeuk	Negative	Thick	No Plasmodium Seen
Bilirubin	Negative	Gram St			
Ketone	Negative	WetPrep	Negative		
SG	1.010-1.025	KOH	No Fungal Elements	Sed Rate	
Blood	Negative	OccBld	Negative	Sed Rate	1hr = 0-20 mm
pH	5.0-8.0	O&P	No Ova/Parasite	Coagulation	
Protein	Negative-Trace			PT	10-13 seconds
Urobili	Negative			APTT	22.1-33.7 seconds
Nitrite	Negative	Blood Bank		FDP	Negative
Leuko	Negative	ABO/Rh	A/B/A ₂ eg		

Urine Microscopic

WBC	Epi	T&C	Misc. Chemistry		
RBC	Mucus	T&S	Mono	Negative	
Bacteria	Yeast		RPR	Negative	
Casts:		HCG		HIV	Negative
Crystals:		Urine		Meningitis	Negative
Other:		Serum	Negative		

Order: I stat 6, CBC, Creat, Typ and cross 4

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician: Dr. (b)(6)-(2) Ward: OR STAT: Routine Specimen Date and Time: 2 Octe 0400 HR Re: (b)(6)-(2) Date and Time: 2 Octe 0410/06

Chemistry (I-STAT) Chemistry (PicoLo Analyzer) Hematology

Chemistry (I-STAT)				Chemistry (PicoLo Analyzer)				Hematology			
6+	7+	8+	Glu Crea	Chem 12	MetLyte8	BMP	Liver	CBC			Malaria H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	<u>41</u>	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	<u>3.92</u>	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	<u>12.4</u>	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	<u>35.4</u>	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	<u>90.4</u>	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	<u>31.6</u>	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	<u>34.9</u>	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	<u>161</u>	130-400 x10(3)/uL
	SO2		95-99%		Chol		100-200 mg/dL		LY%	<u>19.2</u>	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	<u>0.1</u>	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL				
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Plt verify:		

Urinalysis			Misc. Chemistry			Malaria Smear		
Color		Straw/Yellow	Mono		Negative	Thin		No Plasmodium Seen
Clarity		Clear	RPR		Negative	Thick		No Plasmodium Seen
Glucose		Negative	HIV		Negative			
Bilirubin		Negative	Meningitis		Negative			
Ketone		Negative	DOA		Negative			

Sed Rate			Coagulation					
SG		1.010-1.025	CK-MB		< 4.3 ng/mL	PT		10-13 seconds
Blood		Negative	Troponin I		< 0.19 ng/mL	APTT		22.1-33.7 seconds
pH		5.0-8.0	Myoglobin		< 107 ng/mL	FDP		Negative

Urine Microscopic			Microbiology			Blood Bank		
Protein		Negative-Trace	Source:			D-Dimer		Negative
Urobili		Negative	FecLeuk		Negative	Fibrinogen		200-400 mg/dL
Nitrite		Negative	Gram Stain					
Leuko		Negative	WetPrep		Negative			
WBC		Epi	KOH		No Fungal Elements			
RBC		Mucus	OccBld		Negative			
Bacteria		Yeast	O&P		No Ova/Parasite			

HCG			Blood Bank					
Casts:		Spermatozoa	Urine		Negative	ABO/Rh		
Crystals:		Amorph Sed	Serum		Negative	T&C		
Other:						T&S		

CPL

2-P-11 (continued)
 FiO2 100% Temp 101.8

21st COMBAT SUPPORT HOSPITAL					LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)						
LA (b)(6)-4			UNIT ICU		DOB	RANK	SSN				
Physician: (b)(6)-2		Ward:	<input checked="" type="checkbox"/> STAT Routine	Specimen Date and Time: 10/03 1930		Reported by: (b)(6)-2		Date and Time: 10/03/03 1930			
Chemistry (I-STAT)			Chemistry (Piccolo Analyzer)			Hematology					
6+ 7+ 8+ Glu Crea			Chem 12 MetLyte8 BMP Liver			CBC Malana H/H					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	135	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
	K	3.7	3.3-4.7 mmol/L		ALP		28-84 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.26	7.35-7.45		AMY		14-97 U/L		Hct		35.0-60.0%
	PCO2	50.4	35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl
	PO2	87	80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2	38	18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3	35	22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL
	sO2	93%	95-99%		Chol		100-200 mg/dL		LY%		15.0-55.0%
	BEecf	9	(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa	1.05	0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct	25%	35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb	10	12.0-18.0 g/dL		TProtein		8.4-8.1 g/dL				
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Pit verify:		
Urinalysis			Misc. Chemistry			Spun Crit		35-60%			
	Color		Straw/Yellow		Mono		Negative	Malana Smear			
	Clarity		Clear		RPR		Negative	Thin		No Plasmodium Seen	
	Glucose		Negative		HIV		Negative	Thick		No Plasmodium Seen	
	Bilirubin		Negative		Meningitis		Negative				
	Ketone		Negative		DOA		Negative				
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL	Sed Rate			
	Blood		Negative		Troponin I		< 0.19 ng/mL	Sed Rate		1hr = 0-20 mm	
	pH		5.0-8.0		Myoglobin		< 107 ng/mL	Coagulation			
	Protein		Negative-Trace	Microbiology				PT		10-13 seconds	
	Urobili		Negative	Source:				APTT		33.1 22.1-33.7 seconds	
	Nitrite		Negative	FacLeuk			Negative	FDP		Negative	
	Leuko		Negative	Gram Stain				D-Dimer		Negative	
Urine Microscopic			WetPrep				Negative	Fibrinogen		200-400 mg/dL	
	WBC		Epi	KOH			No Fungal Elements	Blood Bank			
	RBC		Mucus	OccBld			Negative	ABO/Rh			
	Bacteria		Yeast	O&P			No Ova/Parasite	T&C			
	Casts:		Spermatozoa	HCG				T&S			
	Crystals:		Amorph Sed	Urine			Negative				
	Other:			Serum			Negative				
	Other:										

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST, FIRST MI. <small>(b)(6)-4</small>		UNIT ICU	DOB	RANK	SSN
Physician: <small>(b)(6)-2</small>	Ward: ICU	<input checked="" type="checkbox"/> STAT Routine	Specimen Date and Time: 10/5/03 0750		Reported by: <small>(b)(6)-2</small>
					Date and Time: 5 Oct 03 0917

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L	<input checked="" type="checkbox"/>	ALB	1.9	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP	49	26-84 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	42	10-47 U/L		Hgb		12.0-18.0 g/dL
	pH		7.35-7.45		AMY	78	14-97 U/L		Hct		35.0-60.0%
	PCO2		35-45 mmHg	<input checked="" type="checkbox"/>	AST	56	11-38 U/L		MCV		80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	0.2	0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	10	7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca	7.9	8.0-10.3 mg/dL		Pit		130-400 x10(3)/uL
	sO2		95-99%		Chol	151	100-200 mg/dL		LY%		15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	97	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.9	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	142	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	3.5	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	6.0	6.4-8.1 g/dL		Pit verify:		
	Lactate		0.90-1.70 mmol/L		Na	137	128-145 mmol/L		Spun Crit		35-60%
Urinalysis				Misc. Chemistry				Malaria Smear			
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen
	Glucose		Negative		HIV		Negative				
	Bilirubin		Negative		Meningitis		Negative				
	Ketone		Negative		DOA		Negative				
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL		Sed Rate		
	Blood		Negative		Troponin I		< 0.19 ng/mL		Sed Rate		1hr = 0-20 mm
	pH		5.0-8.0		Myoglobin		< 107 ng/mL		Coagulation		
	Protein		Negative-Trace		Microbiology				PT		10-13 seconds
	Urobili		Negative		Source:				APTT		22.1-33.7 seconds
	Nitrite		Negative		FecLeuk		Negative		FDP		Negative
	Leuko		Negative		Gram Stain				D-Dimer		Negative
	Urine Microscopic				WetPrep		Negative		Fibrinogen		200-400 mg/dL
	WBC		Epi		KOH		No Fungal Elements		Blood Bank		
	RBC		Mucus		OccBld		Negative		ABO/Rh		
	Bacteria		Yeast		O&P		No Ova/Parasite		T&C		
	Casts:		Spermatozoa		HCG				T&S		
	Crystals:		Amorph Sed		Urine		Negative				
	Other:				Serum		Negative				
	Other:										

LIVER PANEL, MEDCOM - 2229

Critical value on report to 2-2

(b)(6)-2

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST NAME: (b)(6)-4 UNIT: 1CU DOB: RANK: SSN:
 Phys: (b)(6)-2 Ward: ABC STAT: Routine Specimen Date and Time: 6 Oct 03 Report: (b)(6)-2 Date and Time: 6 Oct 03 0530

Chemistry (-STAT) ABC				Chemistry (Piccolo Analyzer)			Hematology				
6+	7+	8+	Glu	Crea	Chem 12	Meliyte8	BMP	Liver	CBC	Malaria	H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	144	128-145 mmol/L		ALB	2.0	3.3-5.5 g/dL		WBC	10.1	4.8-10.8 x10(3)/uL
	K	3.9	3.3-4.7 mmol/L		ALP	45	26-84 U/L		RBC	2.73	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	30	10-47 U/L		Hgb	8.3	12.0-18.0 g/dL
X	pH	7.504	7.35-7.45		AMY	74	14-97 U/L		Hct	24.9	35.0-50.0%
X	PCO2	45.6	35-45 mmHg		AST	46	11-38 U/L		MCV	91.0	80.0-99.0 fl
X	PO2	169	80-90 mmHg		Tbil	0.4	0.2-1.6 mg/dL		MCH	30.3	27.0-31.0 pg
	TCO2	37	18-33 mmol/L		BUN	14	7-22 mg/dL		MCHC	33.3	33.0-37.0 g/dL
X	HCO3	36	22-28 mmol/L		Ca	8.4	8.0-10.3 mg/dL		Pit	231	130-400 x10(3)/uL
X	SO2	100	95-99%		Chol	167	100-200 mg/dL		LY%	8.9	15.0-55.0%
X	BEecf	13	(-2) - (+3)		CK		30-170 U/L		LY#	0.09	0.7-4.3 x10(3)/uL
X	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa	1.02	0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.7	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	131	73-118 mg/dL		Atyp Ly		Immature cells
X	Hct	32	35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
X	Hgb	7	12.0-18.0 g/dL		TProtein	5.9	6.4-8.1 g/dL		Pit verify:		
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%

Urinalysis		Misc. Chemistry		Microbiology		Coagulation	
Color	Straw/Yellow	Mono	Negative	Source:		PT	10-13 seconds
Clarity	Clear	RPR	Negative	FecLeuk	Negative	APTT	22.1-33.7 seconds
Glucose	Negative	HIV	Negative	Gram Stain		FDP	Negative
Bilirubin	Negative	Meningitis	Negative	WetPrep	Negative	D-Dimer	Negative
Ketone	Negative	DOA	Negative	KOH	No Fungal Elements	Fibrinogen	200-400 mg/dL
SG	1.010-1.025	CK-MB	< 4.3 ng/mL	OccBld	Negative	Blood Bank	
Blood	Negative	Troponin I	< 0.19 ng/mL	O&P	No Ova/Parasite	ABO/Rh	
pH	5.0-8.0	Myoglobin	< 107 ng/mL	HGG		T&C	
Protein	Negative-Trace	Microbiology		Urine	Negative	T&S	
Urobili	Negative	Microbiology		Serum	Negative		
Nitrite	Negative	Microbiology					
Leuko	Negative	Microbiology					
Urine Microscopic		Microbiology					
WBC	Epi	Microbiology					
RBC	Mucus	Microbiology					
Bacteria	Yeast	Microbiology					
Casts:	Spermatozoa	Microbiology					
Crystals:	Amorph Sed	Microbiology					
Other:		Microbiology					
Other:		Microbiology					

ABG 98% 50%

C.C. Chem 12

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. Iragi # 01614 UNIT ILU RANK SSN

Physician: Ward: STAT Date and Time: Rep ⁰¹⁶¹² Date and Time: facte 061542

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology				
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB	2.9	3.3-5.5 g/dL		WBC	10.8	4.8-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L		ALP	46	26-84 U/L		RBC	3.15	4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT	27	10-47 U/L		Hgb	10.1	12.0-18.0 g/dL	
	pH		7.35-7.45		AMY	205	14-97 U/L		Hct	29.0	35.0-60.0%	
	PCO2		35-45 mmHg		AST	47	11-38 U/L		MCV	91.9	80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil	0.3	0.2-1.8 mg/dL		MCH	32.1	27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	11	7-22 mg/dL		MCHC	34.9	33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca	8.4	8.0-10.3 mg/dL		Plt	390	130-400 x10(3)/uL	
	sO2		95-99%		Chol	156	100-200 mg/dL		LY%	17.6	15.0-55.0%	
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.9	0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono	
	BUN		7-22 mg/dL		Creat	0.7	0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu	107	73-118 mg/dL		Atyp Ly		Imm	
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein	6.5	6.4-8.1 g/dL		Plt verify:			
					Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis				Microbiology				Malana Smear				
	Color		Straw/Yellow		Source:				Thin		No Plasmodium Seen	
	Clarity		Clear		FecLeuk		Negative		Thick		No Plasmodium Seen	
	Glucose		Negative		Gram St							
	Bilirubin		Negative		WetPrep		Negative					
	Ketone		Negative		KOH		No Fungal Elements		Sed Rate			
	SG		1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm	
	Blood		Negative		O&P		No Ova/Parasite		Coagulation			
	pH		5.0-8.0						PT		10-13 seconds	
	Protein		Negative-Trace		Blood Bank					APTT		22.1-33.7 seconds
	Urobili		Negative		ABO/Rh				FDP		Negative	
	Nitrite		Negative		T&C				Misc. Chemistry			
	Leuko		Negative		T&S				Mono		Negative	
Urine Microscopic				HCG				Misc. Chemistry				
	WBC		Epi		Urine		Negative		RPR		Negative	
	RBC		Mucus		Serum				HIV		Negative	
	Bacteria		Yeast						Meningitis		Negative	
	Casts:											
	Crystals:											
	Other:											

AB6, CRO, CHEM 12 T=99 RA

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, M ^{(b)(6)-4} _____ UNIT _____ RANK N/A SSN _____

Physician: ^{(b)(6)-2} _____ Ward: TCU STAT Routine Date and Time: 11 OCT 03 0455 Reported by: ^{(b)(6)-2} _____ Date and Time: 11 Oct 03 0535 ^{(b)(6)-2}

Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)			Hematology				
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L		ALB	2.4	3.3-5.5 g/dL		WBC	12.8	4.8-10.8 x10(3)/uL
	K	3.7	3.3-4.7 mmol/L		ALP	73	26-84 U/L		RBC	2.95	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	62	10-47 U/L		Hgb	11.0	12.0-18.0 g/dL
	pH	7.524	7.35-7.45		AMY	87	14-97 U/L		Hct	26.6	35.0-60.0%
	PCO2	32.8	35-45 mmHg		AST	122	11-38 U/L		MCV	90.3	80.0-99.0 fl
	PO2	220	80-90 mmHg		Tbil	0.8	0.2-1.6 mg/dL		MCH	37.3	27.0-31.0 pg
	TCO2	28	18-33 mmol/L		BUN	6	7-22 mg/dL		MCHC	41.3	33.0-37.0 g/dL
	HCO3	27	22-28 mmol/L		Ca	8.6	8.0-10.3 mg/dL		Pit	237	130-400 x10(3)/uL
	sO2	100	95-99%		Chol	185	100-200 mg/dL		LY%	14.8	15.0-55.0%
	BEecf	4	(-2) - (+3)		CK		30-170 U/L		LY#	1.9	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa	1.09	0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.7	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	106	73-118 mg/dL		Atyp Ly		Imm
	Hct	29	35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb	10	12.0-18.0 g/dL		TProtein	6.6	5.4-8.1 g/dL				
					Na		128-145 mmol/L		Pit verify:		

Urinalysis

Color	Straw/Yellow										
Clarity	Clear			Source:							
Glucose	Negative			FecLeuk		Negative					
Bilirubin	Negative			Gram St							
Ketone	Negative			WetPrep		Negative					
SG	1.010-1.025			KOH		No Fungal Elements					
Blood	Negative			OccBld		Negative					
pH	5.0-8.0			O&P		No Ova/Parasite					
Protein	Negative-Trace										
Urobili	Negative										
Nitrite	Negative										
Leuko	Negative										

Urine Microscopic			Blood Bank			Sed Rate			Coagulation		
WBC		Epi	ABO/Rh			Sed Rate		1hr = 0-20 mm	PT		10-13 seconds
RBC		Mucus	T&C			APTT		22.1-33.7 seconds	FDP		Negative
Bacteria		Yeast	T&S			Misc. Chemistry			Mono		Negative
Casts:						RPR		Negative	HIV		Negative
Crystals:						HIV		Negative	Meningitis		Negative
			Urine		Negative						
			Serur								

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI <i>DA</i> (b)(6)-(4)	UNIT <i>ICU</i>	DOB	RANK	SSN
Physician: <i>DA</i>	Ward:	STAT Routine	Specimen Date and Time: <i>10/7/03 0925</i>	Reported by: <i>(b)(6)-(2)</i>
			Date and Time: <i>10/7/03</i>	

Chemistry (+STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malana	H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	<i>2.2 #</i>	3.3-5.5 g/dL		WBC	<i>7.9</i>	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP	<i>44</i>	26-84 U/L		RBC	<i>2.60 #</i>	4.2-6.1 x10(6)/uL
	Cl		96-108 mmol/L		ALT	<i>29</i>	10-47 U/L		Hgb	<i>8.4 #</i>	12.0-18.0 g/dL
	pH		7.35-7.45		AMY	<i>120 #</i>	14-97 U/L		Hct	<i>24.0 #</i>	35.0-60.0%
	PCO2		35-45 mmHg		AST	<i>38</i>	11-38 U/L		MCV	<i>92.2</i>	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	<i>0.4</i>	0.2-1.6 mg/dL		MCH	<i>32.3 #</i>	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	<i>15</i>	7-22 mg/dL		MCHC	<i>35.1</i>	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca	<i>8.2</i>	8.0-10.3 mg/dL		Plt	<i>297</i>	130-400 x10(3)/uL
	sO2		95-99%		Chol	<i>218 #</i>	100-200 mg/dL		LY%	<i>23.3</i>	15.0-55.0%
	BEecf		(-2) - (+3)		CK	<i>'</i>	30-170 U/L		LY#	<i>1.8</i>	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	<i>0.6</i>	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	<i>103</i>	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	<i>5.8 #</i>	8.4-8.1 g/dL		Plt verify:		
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%
	Urinalysis				Misc. Chemistry				Malaria Smear		
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen
	Glucose		Negative		HIV		Negative		Sed Rate		
	Billirubin		Negative		Meningitis		Negative		Sed Rate		1hr = 0-20 mm
	Ketone		Negative		DOA		Negative		Coagulation		
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL		PT		10-13 seconds
	Blood		Negative		Troponin I		< 0.19 ng/mL		APTT		22.1-33.7 seconds
	pH		5.0-8.0		Myoglobin		< 107 ng/mL		FDP		Negative
	Protein		Negative-Trace		Microbiology				D-Dimer		Negative
	Urobili		Negative		Source:				Fibrinogen		200-400 mg/dL
	Nitrite		Negative		FecLeuk		Negative		Blood Bank		
	Leuko		Negative		Gram Stain				ABO/Rh		
	Urine Microscopic				WetPrep		Negative		T&C		
	WBC		Epi		KOH		No Fungal Elements		T&S		
	RBC		Mucus		OccBld		Negative				
	Bacteria		Yeast		O&P		No Ova/Parasite				
	Casts:		Spermatozoa		HCG						
	Crystals:		Amorph Sed		Urine		Negative				
	Other:				Serum		Negative				
	Other:										

CBC Chem 12

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI (b)(6)-4 UNIT III RANK N/A SSN
 Physician: ICU STAT Routine Date and Time: 12 OCT 03 0530 Reported by: (b)(6)-3 Date and Time: 12 Oct 03

Chemistry (STAT) **Chemistry (Piccolo Analyzer)** **Hematology**

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	2.1	3.3-5.5 g/dL		WBC	3.0	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP	70	26-84 U/L		RBC	3.19	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	54	10-47 U/L		Hgb	10.0	12.0-18.0 g/dL
	pH		7.35-7.45		AMY	106	14-97 U/L		Hct	25.5	35.0-60.0%
	PCO2		35-45 mmHg		AST	53	11-38 U/L		MCV	90.1	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	0.6	0.2-1.8 mg/dL		MCH	31.2	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	12	7-22 mg/dL		MCHC	34.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca	8.1	8.0-10.3 mg/dL		Plt	250	130-400 x10(3)/uL
	SO2		95-99%		Chol	131	100-200 mg/dL		LY%	21.7	15.0-55.0%
	BEecf		(-2) - (+3)		CK	0.2	30-170 U/L		LY#	1.7	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.5	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	102	73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	6.2	6.4-8.1 g/dL		Plt verify:		
					Na		128-145 mmol/L		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

Microbiology

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

Malaria Smear

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

Sed Rate

Sed Rate	1hr = 0-20 mm
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Coagulation

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

Blood Bank

ABO/Rh	
T&C	
T&S	

Misc. Chemistry

Mono	Negative
RPR	Negative
HIV	Negative
Meningitis	Negative

Urine Microscopic

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

HCG

Urine	Negative
Serum	Negative

Other:

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
10 Oct 03	1805	P.M.
REQUESTED		
RESULTS		
Na 134		
K 3.9		
TCO2 29		
ica 1.08		
Het 29%		
Hb 10		
HCO3 28		
BEef 6		
SO2 100%		
PH 7.527		
PO2 311		
PO2 194		

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

DATE

LAB ID NO.

1983 SaO2 100% PO2 40%

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

DATE

LAB ID NO.

15304

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

STAT

LAB ID NO.

100042

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
10 Oct 03	1430	P.M.
REQUESTED		
RESULTS		
Na 134		
K 4.0		
TCO2 32		
ica 1.07		
Het 28		
Hb 10		
PH 7.584		
PCO2 31.9		
PO2 208		
HCO3 31		
BEef 9		
SO2 160		

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

DATE

LAB ID NO.

10 Oct 03

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

STAT

LAB ID NO.

100042

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMA
FORM 147 (24) 201-43-505

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMA
FORM 147 (24) 201-43-505

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMA
FORM 147 (24) 201-43-505

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

DATE

LAB ID NO.

11 Oct 03

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

STAT

LAB ID NO.

ABG - RA Temp 99.4

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
11 Oct 03	0145	
REQUESTED		
RESULTS		
Na - 135		
K - 3.7		
TCO2 - 28		
pH - 7.530		
PO2 - 32.4		
PO2 - 227		
HCO3 - 27		
BEef - 5		
SO2 - 100%		

MEDCOM - 2236

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMA
FORM 147 (24) 201-43-505

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
090603	0400	
REQUESTED		
RESULTS		
WBC 12.2		
RBC 2.92		
Hgb 9.3		
Hct 26.5		
MCV 90.7		
MCH 31.7		
MCHC 35.0		
PH 35.4		
L% 12.8		
L# 1.6		
ALB 2.3	CHL 14.7	
ALP 40	CREO 8	
ALT 22	GLU 114	
AMY 113	TP 6.1	
AST 28		
TBIL 0.6		
BUN 10		
CA 8.4		

REMARKS CBC, Chem 12

557-107

MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR (41 CFR) 201-45-505

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
090603	1450	
REQUESTED		
RESULTS		
Na-134		
K-4.5		
iCa-2.9		
TCO2-1.10		
CPT Temp		
PH-7.532		
PO2-33.8		
PO2-175		
HCO3-28		
BEect-6		
SO2-100		

(b)(6)-4

FCU

MD DATE 90603

LAB ID NO. B10001

URGENCY: ROUTINE, TODAY, PRE-OP STAT

PATIENT STATUS: BED, OUTPATIENT, AMB, DOM

SPECIMEN SOURCE: NP, DOOM

MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR (41 CFR) 201-45-505

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
090603	1450	
REQUESTED		
RESULTS		
Na-134		
K-4.5		
iCa-2.9		
TCO2-1.10		
CPT Temp		
PH-7.532		
PO2-33.8		
PO2-175		
HCO3-28		
BEect-6		
SO2-100		

REMARKS XRB, FiO2-60%, T 100.6 ax

(b)(6)-4

CU

MD DATE 90603

LAB ID NO.

URGENCY: ROUTINE, TODAY, PRE-OP STAT

PATIENT STATUS: BED, OUTPATIENT, AMB, DOM

SPECIMEN SOURCE: NP, DOOM

MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR (41 CFR) 201-45-505

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-4

REPORTED BY: (b)(6)-2

MD DATE: 05/03/03

TECH: 90603

LAB ID NO.

critical value on Hgb report to CPT (b)(6)-2 FCU

PATIENT'S MED. RECORD

URGENCY: ROUTINE, TODAY, PRE-OP STAT

PATIENT STATUS: BED, OUTPATIENT, AMB, DOM

SPECIMEN SOURCE: (Specify) A-line

REMARKS ABG Temp 101, 02 102 50%

PATIENT'S IDENTIFICATION

DATE: 090603

TIME: 0500

REQUESTED: (b)(6)-4

RESULTS

Na 134

K 4.5

TCO2 30

iCa 2.9

Hgb 9.3

Hct 24.6

PH 7.532

PO2 100%

PO2 33.8

PO2 175

BEect 6

SO2 100%

PH 7.493

PO2 33.8

PO2 175

557-107

MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR (41 CFR) 201-45-505

RD NO.

AL CARE

(b)(6)-4

FiO₂: 40% Temp: 100.7

MISC		SPECIMEN/LAB RPT. NO.	
URGENCY	PATIENT STATUS		
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> BED <input type="checkbox"/> AMB		
TODAY <input type="checkbox"/>	OUTPATIENT <input type="checkbox"/>		
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> NP <input type="checkbox"/> DOM		
STAT <input type="checkbox"/>	SPECIMEN SOURCE (Specify)		
TECH		LAB ID NO.	

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUISITION NO. (b)(6)-2

PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD DATE 10 Oct 67

REMARKS

TEST(S)	DATE	TIME	A.M.	P.M.	RESULTS
SPECIMEN TAKEN	10-10-67	1251			ABG
REQUESTED					
					Na-136
					K-3.9
					Ca-1.05
					TCO ₂ -29
					HCO ₃ -28
					Bleef-6
					SO ₂ -100
					@ pt temp
					PH-7.550
					Po ₂ -32.2
					PO ₂ -200

MISCELLANEOUS 557-107
STANDARD FORM 501 (Rev. 3-77)
Prescribed by GSA/FCM
FPMR (41 CFR) 101-11.6

PATIENT'S MED RECORD

TEST(S) ICU
 SPECIMEN TAKEN
 DATE 7 Oct 03 TIME 1915 A.M. P.M.
 REQUESTED

RESULTS
 Na- 140
 K- 3.4
 TC02-31
 iCa-1.09
 Hct-25
 Hb-9
 @pt temp
 Ph-7.520
 Pco2-37.4
 Po2-138
 Hco3-30
 BEctf-8
 So2-99%

Enter in above space
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 SIGNATURE
 MD DATE
 LAB ID NO.

MISC
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM
 SPECIMEN SOURCE (Specify)
 Blood

TEST(S)
 SPECIMEN TAKEN
 DATE 7 Oct 03 TIME 1800 A.M. P.M.
 REQUESTED
 ABG

RESULTS
 Na 139
 K 3.4
 TC02 31
 iCa 1.06
 Hct 25%
 Hb 9
 Hco3 30
 BEctf 8
 So2 99%
 Ph 7.525
 Pco2 37.0
 Po2 134
 Patient Temp - 100.7
 FE02 97
 (u)

REMARKS
 T-100.7
 SpO2 97%
 SpO2 97%
 183816

Enter in above space
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE
 REPORTED BY
 MD DATE
 LAB ID NO.
 PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM
 SPECIMEN SOURCE (Specify)
 Blood
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 PATIENT'S MED. RECORD

MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Prescribed by GSAT/KMP
 NDAK (41 CFR) 201-45-505

MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Prescribed by GSAT/KMP
 NDAK (41 CFR) 201-45-505

RELATION
 DEPART
 PATIENT'S
 Enter in above space
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE
 REPORTED BY
 MD DATE
 LAB ID NO.
 PATIENT'S MED. RECORD
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM
 SPECIMEN SOURCE (Specify)
 R'S ID NUMBER
 (Other)
 ID NO.

REMARKS
 50% O2 @ 10 L
 1-11
 7-401
 0-48.3
 0-130
 0-30
 Sect-5
 02-99%

TEST(S)
 SPECIMEN TAKEN
 DATE 03 00 10 TIME 00 10 A.M. P.M.
 REQUESTED

RESULTS
 -140
 -3.3
 0--31
 P 1.11
 7.401
 0-48.3
 0-130
 0-30
 Sect-5
 02-99%

557-107
 MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Prescribed by GSAT/KMP
 NDAK (41 CFR) 201-45-505

TEST(S)
SPECIMEN TAKEN

MI

DATE: 10/19/03 TIME: 2:50 A.M. P.M.

REQUESTED

RESULTS

Na - 138
K - 4.2
TCO2 - 31
iCa - 1.09
Act - 26
Hb - 9
HCO3 - 29
BElect - 6
SO2 - 97%
at pt. temp.
ph - 7.453
PCO2 - 42.7
PO2 - 96

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

LAB ID NO.

557-107

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

LAB ID NO.

TEST(S)
SPECIMEN TAKEN

DATE: 10/09/03 TIME: 1:53 A.M. P.M.

REQUESTED

RESULTS

Na - 144
K - 3.9
TCO2 - 38
iCa - 1.08
HCO3 - 36
DElect - 12
SO2 - 100
PH - 7.415
PCO2 - 57.1
PO2 - 190

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

LAB ID NO.

REMARKS

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

LAB ID NO.

557-107

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

LAB ID NO.

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77)

Prescribed by GSAT/CNCR

FORM 441 FEB 2011-45-505

MISCELLANEOUS

STANDARD FORM 557 (Rev. 3-77)

Prescribed by GSAT/CNCR

FORM 441 FEB 2011-45-505

HEMATOLOGY

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

SPECIMEN SOURCE

VEIN

OTHER (Specify)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

LAB ID NO.

HOSPITAL OR MEL

SPONSOR'S NAME

PATIENT'S IDENTI

REMARKS: CBC

TEST(S)	RESULTS
WBC	15.6
HEMOGLOBIN	8.8
HEMATOCRIT	26.7
MCV	97.2
MCH	30.6
MCHC	33.2
RDW	23.9
PLATELETS	115
PT	11.5
PTT	14.5
APTT	32.8
FIBRINOGEN	9.4
D-DIMER	1.5

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-78)

Prescribed by GSAT/CNCR

FORM 441 FEB 2011-45-505

TEST(S) SPECIMEN TAKEN	
DATE 7 Oct 03	TIME 1430 P.M.
REQUESTED ABG	
RESULTS	
Na- 145.143	
K- 3.4	
iCa- 1.09	
TCO2- 36	
HCO3- 35	
DEct- 13	
SO2- 99	
@ pt temp	
PH- 7.520	
PCO2- 43.5	
PO2- 116	
MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by: SSA/KCAR FORM 141 (21) 201-45-505	

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-4

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: T-101 SA02949 F O2 600%

REPORTED BY: (b)(6)-2

MD DATE: 7 Oct 03

LAB ID NO.: Blood

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: (Specify)

TEST(S) SPECIMEN TAKEN	
DATE 7 Oct 03	TIME 0505 P.M.
REQUESTED	
RESULTS	
Na 144	
K 3.7	
TCO2 39	
iCa 1.11	
Hct 20%	
(Hb 7) Cu.	
PH 7.420	
PCO2 57.5	
PO2 129	
HCO3 37	
BEct 13	
SO2 60%	
MISCELLANEOUS STANDARD FORM 557 (Rev. 3-77) Prescribed by: SSA/KCAR	

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: 7 Oct 03

REPORTED BY: (b)(6)-2

MD DATE: 7 Oct 03

LAB ID NO.: blood

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: (Specify)

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-4

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-4

REPORTED BY: (b)(6)-2

MD DATE: 6 Oct 03

LAB ID NO.: A-line

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: (Specify)

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-4

REPORTED BY: (b)(6)-2

MD DATE: 6 Oct 03

LAB ID NO.: A-line

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: (Specify)

REMARKS: ABG TV-800 FIO2-600% T-100.8

TEST(S) SPECIMEN TAKEN	RESULTS
DATE 8 Oct 03	Na- 138
TIME 1950 P.M.	K- 4.1
REQUESTED	TCO2- 34
	iCa- 1.07
	PH- 7.520
	PCO2- 38.1
	PO2- 134
	HCO3- 33
	BEct- 10
	SO2- 99%
	e PT temp
	PCO2- 40.2
	PO2- 142

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by: SSA/KCAR
FORM 141 (21) 201-45-505

TEST(S) SPECIMEN TAKEN
 DATE 5 Oct 03 TIME 1630 P.M.
 REQUESTED ABG
 RESULTS
 Na 139
 K 3.3
 TCO₂ 41
 iCa 1.05
 Het 22
 Hb 7
 pH 7.509
 PCO₂ 50.2
 PO₂ 209
 HCO₃ 40
 DEcf 17
 SO₂ 100

REMARKS
 Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE
 REPORTED BY
 MD DATE 10/5/03
 TECH 50478
 LAB ID NO. Blood
 MISCELLANEOUS 557-107

TEST(S) SPECIMEN TAKEN
 DATE 5 Oct 03 TIME 1200 P.M.
 REQUESTED ABG
 RESULTS
 Na 137
 K 3.4
 TCO₂ 42
 iCa 1.00
 Act 24
 Hb 8
 pH 7.400
 PCO₂ 64.9
 PO₂ 165
 HCO₃ 40
 BEcf 15
 SO₂ 99

TEST(S) SPECIMEN TAKEN
 DATE 5 Oct 03 TIME 1200 P.M.
 REQUESTED ABG
 RESULTS
 Na 137
 K 3.4
 TCO₂ 42
 iCa 1.00
 Act 24
 Hb 8
 pH 7.400
 PCO₂ 64.9
 PO₂ 165
 HCO₃ 40
 BEcf 15
 SO₂ 99

MISCELLANEOUS 557-107
 STANDARD FORM 557 (Rev. 3-77)

MISCELLANEOUS 557-107
 STANDARD FORM 557 (Rev. 3-77)

MISCELLANEOUS 557-107
 STANDARD FORM 557 (Rev. 3-77)

MISCELLANEOUS 557-107
 STANDARD FORM 557 (Rev. 3-77)

RELATIONSHIP
 DEPART./SERV.
 PATIENT'S IDEA

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE
 REPORTED BY
 MD DATE 10/5/03
 TECH 5589
 LAB ID NO.

Urgency: ROUTINE TODAY PRE-OP STAT STAT
 Patient Status: BED OUTPATIENT NP AMB DOM
 Specimen Source: BLOOD OTHER (Specify)

Urgency: ROUTINE TODAY PRE-OP STAT STAT
 Patient Status: BED OUTPATIENT NP AMB DOM
 Specimen Source: BLOOD OTHER (Specify)

TEST(S) SPECIMEN TAKEN

DATE	TIME	REQUESTED	RESULTS
10/5/03	0835	GLUCOSE	139
		UREA N	9
		CREATININE	
		URIC ACID	
		SODIUM	137
		POTASSIUM	3.3
		CHLORIDE	97
		CO ₂	
		PHOSPHATE	
		CALCIUM	
		TOTAL PROTEIN	
		ALBUMIN	
		GLOBULIN	
		ALZELINE	
		PHOSPHATASE	
		ACID	
		PHOSPHATASE	
		SGOT	
		LDH	
		CPK	
		BILIRUBIN (TOTAL)	
		BILIRUBIN (DIRECT)	
		CHOLESTEROL	
		TRIGLYCERIDES	
		AMYLASE	
		LIPASE	
		PROFILE (Specify)	

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
5 Oct 03	0500	P.M.
REQUESTED		
ABG		
RESULTS		
Na 136		
K 3.7		
Ca _v 4.3		
ica 6.0		
U _t 24%		
H _b 8 C.U.		
HCO ₂ 41		
BEef 15		
SO ₂ 100%		
patient Temp 98.8		
F _{o2} 1.0		
PH - 7.345		
PCO ₂ 73.1		
PO ₂ 226		

Enter in above space

REQUIRING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY: (b)(6)-2

MO DATE: 5 Oct 03

REMARKS: Fcu

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED AMB OUTPATIENT DOM

SPECIMEN SOURCE (Specify)

LAB ID NO. 557-107

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
5 Oct 03	0500	P.M.
RESULTS	REQUESTED	(X)
2.94	RBC COUNT	
9.4	HEMOGLOBIN	
26.5	HEMATOCRIT	
90.1	MCV	
31.9	MCH	
35.4	MCHC	
9.1	WBC COUNT	
	IMMATURE NEUTROBANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
181	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	P CONTROL	
	T PATIENT	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
5.1		4%
0.5		4#

Enter in above space

REQUIRING PHYSICIAN'S SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY: (b)(6)-2

MO DATE: 5 Oct 03

REMARKS: CBC

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED AMB OUTPATIENT DOM

SPECIMEN SOURCE (Specify)

LAB ID NO. 549-107

PATIENT'S MED. RECORD

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICAR
FIRM (41 CFR) 201-45-505

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-76)
Prescribed by GSA/ICAR
FIRM (41 CFR) 201-45-505

NOTES

DATE

MEDICAL RECORD

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	DATE	TIME
10/4/03	08:50 P.M.		
RESULTS	REQUESTED		(X)
96	GLUCOSE		
8	UREA N.		
0.7	CREATININE		
	URIC ACID		
136	SODIUM		
3.5	POTASSIUM		
103	CHLORIDE		
26	PCO ₂		
	PHOSPHATE		
	CALCIUM		
	TOTAL PROTEIN		
	ALBUMIN		
	GLOBULIN		
	ALKALINE PHOSPHATASE		
	ACID PHOSPHATASE		
	SGOT		
	LDH		
787	CPK		
	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
	CHOLESTEROL		
	TRIGLYCERIDES		
	AMYLASE		
	LIPASE		
	PROFILE (Specify)		

REMARKS: PA-7 / METULYTED

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. [Signature]

REPORTED BY: [Signature]

MD DATE: 4/04/03

TECH: 406103

LAB. ID. NO.:

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: BLOOD OTHER (Specify)

TEST(S) SPECIMEN TAKEN

DATE: 10/4/03 TIME: 12:18 P.M.

RESULTS:

Na 135
K 3.1
TCO₂ 32
iCa 1.10
PH 7.297
PCO₂ 42.1
PO₂ 118
HCO₃ 30
BEect 4
sO₂ 98%

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: BLOOD OTHER (Specify)

REMARKS: ABLE

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. [Signature]

REPORTED BY: [Signature]

MD DATE: 4/04/03

TECH: 406103

LAB. ID. NO.:

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: BLOOD OTHER (Specify)

CHEMISTRY I
STANDARD FORM 548 (Rev. 8-77)
PRESCRIBED BY GSA HCLMD
FIRM# 4

648-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)

557-107

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. [Signature]

REPORTED BY: [Signature]

MD DATE: 4/04/03

TECH: 406103

LAB. ID. NO.:

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

HEMATOLOGY

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

INTAINED AT

HOSPITAL OR SPONSOR'S PATIENT'S ID

REMARKS: WBC CBC

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. [Signature]

REPORTED BY: [Signature]

MD DATE: 4/04/03

TECH: 406103

LAB. ID. NO.:

HEMATOLOGY

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

INTAINED AT

TEST(S) SPECIMEN TAKEN

DATE: 10/4/03 TIME: 08:50 P.M.

RESULTS:

3.17 RBC COUNT

10.0 HEMOGLOBIN

28.5 HEMATOCRIT

10.1 MCV

31.6 MCH

15.5 MCHC

9.7 WBC COUNT

WBC DIFF AND BLOOD CELL MORPH

IMMATURE NEUTRO-BANDS

NEUTROSEGS

LYMPHS

EOSINOPHILS

BASOPHILS

MONOCYTES

PLATELETS

RBC

SED. RATE

PLATELET COUNT

RETICULOCYTE COUNT

CLOTTING TIME

BLEEDING TIME

P. CONTROL

T. CONTROL

PATIENT CONTROL

PATIENT CONTROL

% ACTIVITY

RATIO

SIGMA TEST

LE BNC

HEMATOLOGY

URGENT: ROUTINE: TODAY: PRE-OP: STATE:

PATIENT STATUS: BED AMB OUTPATIENT NP DON OTHER (Specify)

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

INTAINED AT

WARD NO.

DICAL CARE

TEST(S) SPECIMEN TAKEN		DATE		TIME		A.M. P.M.	
ABG		10/03		18:02			
RESULTS							
Na - 135							
K - 3.6							
TCO ₂ - 36							
iCa - 1.04							
HCT - 29							
HGB - 10							
pH - 7.219							
PCO ₂ - 85.4							
PO ₂ - 170							
MISCELLANEOUS 557-107							

REMARKS	ENTER IN ABOVE SPACE
ABG	
100%	
T=101.5	
1814	

EMERGENCY	IDENTIFICATION	TREATING FACILITY	WARD NO.	DATE
REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

TEST(S) SPECIMEN TAKEN		DATE		TIME		A.M. P.M.	
ABG		10/03		18:31			
RESULTS							
Na - 135							
K - 3.3							
TCO ₂ - 33							
iCa - 1.06							
@17 kmf							
pH - 7.255							
PCO ₂ - 70.9							
PO ₂ - 107							
HCO ₃ - 31							
Bleed - 4							
SO ₂ - 96							
MISCELLANEOUS 557-107							

REMARKS	ENTER IN ABOVE SPACE
ABG	
100%	
T=101.7	

REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

DATE	TIME	A.M.	P.M.

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD	DATE	LAB ID NO.
			40ct03	
TECH			1341	

REMARKS
ABG
100% O ₂
T=101.5

EMERGENCY	IDENTIFICATION	TREATING FACILITY	WARD NO.	DATE
REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

REMARKS	ENTER IN ABOVE SPACE
ABG	
100%	
T=101.5	

REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

DATE	TIME	A.M.	P.M.

DATE

TEST(S) SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.
ABG	09/03	13:35		
RESULTS				
Na	135			
K	3.2			
TCO ₂	31			
iCa	1.04			
pH	7.376			
PCO ₂	50.8			
PO ₂	79			
HCO ₃	29			
Bleed	4			
SO ₂	94%			

REMARKS
ABG
100%
T=101.5

EMERGENCY	IDENTIFICATION	TREATING FACILITY	WARD NO.	DATE
REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

REMARKS	ENTER IN ABOVE SPACE
ABG	
100%	
T=101.5	

REPORTED BY	LAB ID NO.	PATIENT STATUS	URGENCY	MISC

DATE	TIME	A.M.	P.M.

DATE

LABS

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

TEST(S)
SPECIMEN TAKEN

DATE	TIME	A.M.	P.M.
30 Oct 03	0525		
RESULTS			
3.85	RBC COUNT		(X)
11.5	HEMOGLOBIN		
34.9	HEMATOCRIT		
90.6	MCV		
29.8	MCH		
32.9	MCHC		
9.925	WBC COUNT		
	IMMATURE		
	NEUTROBANDS		
	NEUTROSEGS		
	LYMPHS		
	EOSINOPHILS		
	BASOPHILS		
	MONOCYTES		
	PLATELETS		
	RBC		
	SED. RATE		
185	PLATELET COUNT		
	RETICULOCTE COUNT		
	CLOTTING TIME		
	BLEEDING TIME		
	CONTROL		
	PATIENT		
	CONTROL		
	PATIENT		
	% ACTIVITY		
	RATIO		
	SICKLING TEST		
7.9			
0.8			

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-70)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45 505

REMARKS (b)(6)-2

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MOD DATE 18 Oct 03

LAB. ID. NO.

PATIENT'S MED. RECORD

HEMATOLOGY URGENCY

PATIENT STATUS

PRE-OP TODAY STAT

SPECIMEN SOURCE

VENIN OTHER (Specify)

CAP

URGENT ROUTINE

INPATIENT OUTPATIENT

DOM

AMB

TEST(S)
SPECIMEN TAKEN

DATE	TIME	A.M.	P.M.
30 Oct 03	0525		
RESULTS			
117	GLUCOSE		
1	UREA N.		
0.9	CREATININE		
	URIC ACID		
122	SODIUM		
3.7	POTASSIUM		
104	CHLORIDE		
23	CO ₂		
917	CALCIUM CK		
	PHOSPHATE		
	TOTAL PROTEIN		
	ALBUMIN		
	GLOBULIN		
	ALKALINE PHOSPHATASE		
	ACID PHOSPHATASE		
	SGOT		
	LDH		
	CPK		
	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
	CHOLESTEROL		
	TRIGLYCERIDES		
	AMYLASE		
	UPASE		
	PROFILE (Specify)		

CHEMISTRY I 546-107
STANDARD 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-45 505

REMARKS (b)(6)-2

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MOD DATE 03 Oct 03

LAB. ID. NO.

PATIENT'S MED. RECORD

CHEM I URGENCY

PATIENT STATUS

PRE-OP TODAY STAT

SPECIMEN SOURCE

BLOOD OTHER (Specify)

URGENT ROUTINE

INPATIENT OUTPATIENT

DOM

AMB

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

SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR

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.

TEST(S)
SPECIMEN TAKEN
DATE 4 Oct TIME 2:21 A.M.
P.M.
REQUESTED
RESULTS
Na 134
K 3.7
TCO2 36
ica 1.03
Het 25
Hb 9
HCO3 34
BEef 7
SaO2 95%
pH 7.252
PCO2 77.7
PO2 96
Temp 101.6
pO2 100

REMARKS
100%
101.6
Enc. 2185 HC

Enter in above space. PATIENT IDENTIFICATION—TREATING FACILITY—WARD
NATURE REPORTED BY
DATE 10 OCT 03
LAB ID NO.

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 DOM
 AMB

SPECIMEN SOURCE (Specify)

TEST(S)
SPECIMEN TAKEN
DATE 4 Oct 03 TIME 0153 A.M.
P.M.
REQUESTED
RESULTS
Na 135
K 3.2
TCO2 29
ica 1.15
Het 20%
Hb 7
HCO3 28
BEef 4
SaO2 85%
pH 7.439
PCO2 41.2
PO2 52
pO2 100%
Temp 100.7°F

Cal. report to CRT variables

REMARKS
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
DATE 4 Oct 03
LAB ID NO.

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 DOM
 AMB

SPECIMEN SOURCE (Specify)

(b)(6)-4

MISC
SPECIMEN/LAB RPT. NO.

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICAB
FORM 141 (7-81) 201-45-505

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICAB
FORM 141 (7-81) 201-45-505

PATIENT'S MED. RECORD

PATIENT'S MED. RECORD

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

DATE

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
2 Oct	1200	
RESULTS	REQUESTED	(X)
128	GLUCOSE	
13	UREA N.	
0.7	CREATININE	
	URIC ACID	
138	SODIUM	
4.0	POTASSIUM	
107	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS: I stat 6/ce

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

REPORTED BY: (b)(6)-2

MD DATE: 2 Oct 03

TECH: Doct 03

LAB. ID. NO.: 546-107

TEST(S): (b)(6)-4

HEMATOLOGY

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM AMB

SPECIMEN SOURCE: BLOOD OTHER (Specify)

LAB. ID. NO.: 549-107

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
2 Oct 03	1200	
RESULTS	REQUESTED	(X)
4.48	RBC COUNT	
14.0	HEMOGLOBIN	
39.9	HEMATOCRIT	
89.1	MCV	
31.2	MCH	
35.0	MCHC	
3.9	WBC COUNT	
	IMMATURE NEUTROBANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
234	SICKLING TEST	
16.1	LE-PRP	
0.6	LYA	

REMARKS: CBC

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

REPORTED BY: (b)(6)-2

MD DATE: 2 Oct 03

TECH: Doct 03

LAB. ID. NO.: 549-107

HEMATOLOGY

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM AMB

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

LAB. ID. NO.: 549-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRM # 41-CFR# 201-45-505

HEMATOLOGY
STANDARD FORM 548 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRM # 41-CFR# 201-45-505

REMARKS: (b)(6)-4

HEMATOLOGY

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM AMB

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

LAB. ID. NO.: 549-107

REMARKS: CBC

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M. / P.M.	(X)
	RBC COUNT	2 Oct 03	1200		
	HEMOGLOBIN				
	HEMATOCRIT				
	MCV				
	MCH				
	MCHC				
	WBC COUNT				
	IMMATURE NEUTROBANDS				
	NEUTROSEGS				
	LYMPHS				
	EOSINOPHILS				
	BASOPHILS				
	MONOCYTES				
	PLATELETS				
	RBC				
	SED. RATE				
	PLATELET COUNT				
	RETICULOCYTE COUNT				
	CLOTTING TIME				
	BLEEDING TIME				
	CONTROL				
	PATIENT				
	% ACTIVITY				
	RATIO				
	SICKLING TEST				
	LE-PRP				
	LYA				

MEDICAL RECORD

~~PROGRESS NOTES~~

TEST(S)
SPECIMEN TAKEN

DATE: 14 Oct TIME: 0650 P.M.

REQUESTED

RESULTS

WBC - 10.7
RSC - 3.38
Hgb - 10.7
Hct - 30.5
MCV - 90.3
MCH - 31.7
MCHC - 35.1
PLT - 353
LYE - 14.3
LPH - 1.5

TEST(S)
SPECIMEN TAKEN

DATE: 14 Oct TIME: 0600 A.M.

RESULTS	REQUESTED	(X)
10.7	GLUCOSE	
9	UREA N.	
0.8	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO ₂	
	PHOSPHATE	
8.9	CALCIUM	
7.8	TOTAL PROTEIN	
5.6	ALBUMIN	
	GLOBULIN	
104	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
0.8	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
141	CHOLESTEROL	
	TRIGLYCERIDES	
118	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
91	ALT	
53	AST	

Urgency: ROUTINE TODAY PRE-OP STAT

Patient Status: BED OUTPATIENT DOOM AMB

Specimen Source: (Specify)

REMARKS: chem 12

ICU

TECH: 14 Oct 07

LAB ID NO.:

PATIENT'S MED. RECORD

MISCELLANEOUS: STANDARD FORM 557 (Rev. 2-77) Prescribed by GSA/ICMR. FORM (41 CFR) 201-45-505

CHEMISTRY I: STANDARD 546 (Rev. 8-77) Prescribed by GSA/ICMR. FORM (41 CFR) 201-45-505

RELATIONSHIP TO SPONSOR: _____

SPONSOR'S NAME: LAST: _____ FIRST: _____ MI: _____

SPONSOR'S ID NUMBER (ISSN 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

(b)(6)-2

(b)(6)-4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: [Signature] REPORTED BY: [Signature] MD DATE: 12 Oct 03

URINALYSIS

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP AMB DOM

SPECIMEN SOURCE: ROUTINE OTHER (Specify)

LAB ID NO.

REMARKS: VA

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.	RESULTS	ROUTINE	COLOR	SPECIFIC GRAVITY	UROBILINOGEN	GLUCOSE	PROTEIN	pH	MICROSCOPIC	WBC	RBC	EPITH CELLS	CASTS	BACTERIA	CRYSTALS	MUCUS	NITRITE	HEMOGLOBIN	BENCE-JONNES PROTEIN	HEMOSIDERIN	HCG
		10/12/03	0920			Yellow		1.019				Trace	6-8		0-5	5-10	occ		light		Trace		1-2/HP	clear		

URINALYSIS 960-107
Standard for 10 years and laboratory
General Services Administration (HSA) #1 CFR 201-45.505
Compliance on National Research (HSA) #1 CFR 201-45.505

(b)(6)-4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: [Signature] REPORTED BY: [Signature] MD DATE: 13 Oct 03

MISC

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP AMB DOM

SPECIMEN SOURCE (Specify): Blood

LAB ID NO.

REMARKS: CBC, Chem 12

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.	RESULTS
		13 Oct 03	0900			AB - 2.3*
						ALP - 97*
						ATI - 74*
						AMY - 140*
						AST - 64*
						TDIL - 0.7
						BUN - 7
						Ca - 8.9
						CHOL - 159
						CRP - 4.0
						Gluc - 104
						TP - 6.8
						WBC - 9.0 WY 6-167
						RBC - 3.34 WY 4-15
						Hgb - 6.7 WY 3-5.3
						Hct - 20.3
						Wet - 32.1
						MCV - 35.4
						PIV - 3.34

MISCELLANEOUS 537-107
Standard for 10 years and laboratory
General Services Administration (HSA) #1 CFR 201-45.505
Compliance on National Research (HSA) #1 CFR 201-45.505

PREANESTHETIC SUMMARY

OPERATION PROPOSED <p align="center" style="font-size: 24px;">EX LAF</p>	AGE <p align="center" style="font-size: 24px;">24 yr</p>	WEIGHT (LBS.) <p align="center" style="font-size: 24px;">170 APPROX</p>	SPECIAL INFORMATION
	PHYSICAL STATUS <p align="center" style="font-size: 24px;">1 2 3 4 5 6 7</p>		

URINALYSIS NORMAL ABNORMAL AND WHY? <p align="center" style="font-size: 24px;">Ø</p>	HEMATOLOGY HGB RBC HCT OTHER <p align="center" style="font-size: 24px;">HCT-39</p>	BLOOD CHEMISTRY <p align="center" style="font-size: 24px;">K 3-1</p>
---	---	---

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) <p align="center" style="font-size: 24px;">Ø</p>	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT) <p align="center" style="font-size: 24px;">Ø</p>	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) <p align="center" style="font-size: 24px;">Ø</p>	OTHER SYSTEMS (ALLERGIES) <p align="center" style="font-size: 24px;">NKDA</p> <p align="center" style="font-size: 24px;">Ø</p>
--	--	--	---

PREVIOUS ANESTHETICS AND COMPLICATIONS <p align="center" style="font-size: 24px;">Ø</p>	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS <p align="center" style="font-size: 24px;">Ø</p>
--	---

PREOPERATIVE DIAGNOSIS <p align="center" style="font-size: 24px;">GSW ABD</p>	PREMEDICATION <p align="center" style="font-size: 24px;">NONE</p>
--	--

SIGNATURE OF EVALUATING PHYSICIAN <p align="center" style="font-size: 24px;">[Signature]</p>	DATE <p align="center" style="font-size: 24px;">10/2/02</p>
---	--

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

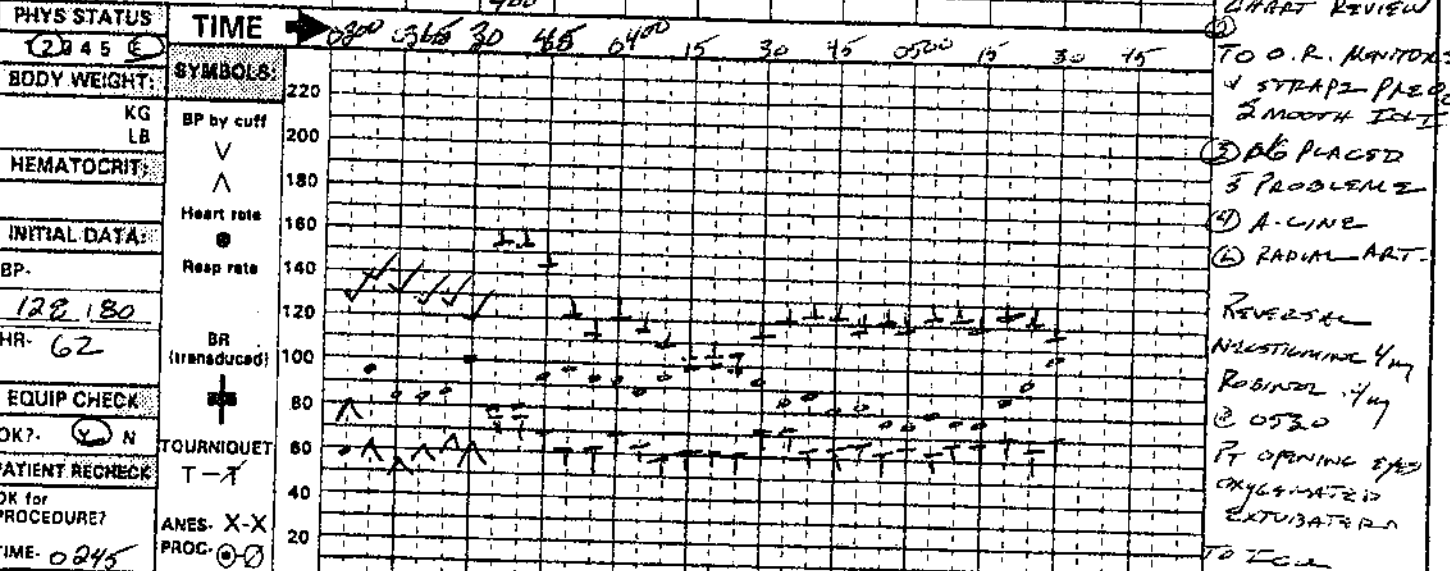
ONASIN 3pm Pre op.

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION	DRUG (Units)										TOTALS	TOTAL EBL
	FENTANYL (CC)	2		111	1		1		5	5		
Propofol (mg)	120									1	1	
SUX (mg)	50											300 cc
VEC (mg)	1	5			1		1					TOTAL URINE
VERSED (mg)				3								
VOLAT AGENT	% del	1.0	1.5	1.5	1.0	1.0	1.0	1.0	1.0	X		
AIR	L/Min											
N2O	L/Min											
O2	L/Min	8	2	1	1	1	1	1	1	1	8	

FLUIDS	EST BLOOD LOSS	URINE	REMARKS
LINE site			
18g @ AC			Warmed
18g @ AC			Warmed
18g @ AC			Warmed
18g @ AC			Warmed
LOSSES	200	400	



VENTIL	VT ml	1 - breaths/min	Peak Inf Press / PEEP	MODE - Spon, A/assist, C/oni		
	620	600	620	660	620	620
	10	10	10	10	10	10
	24	24	26	24	26	26
	C	C	C	C	C	C

PROCEDURES and CPT Codes: EX Lap / ICR 6 REANESTHESIA

PATIENT IDENTIFICATION: (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA SCCA 2 HME

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
RST 2 CRICOID, DLX 1 C 2 MIL: TRAUMATIC BRBS @ ET CO2, 24HR C/P.

PROCEDURE LOCATION: T-1
DATE: 19/2/02
PAGE 1 OF

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2 _____
	DATE REQUESTED 9 Oct 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE Respiratory distress Sip Ex cap
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) N/A	SIGNATURE OF VERIFIER (b)(6)-2 _____
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT <u>N/A</u> GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 09 Oct 03 TIME VERIFIED 1439

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
PATIENT NO.		ANTIBODY SCREEN	CROSSMATCH	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR	RECIPIENT	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2		
ABO O	ABO AB	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE _____		
Rh neg	Rh neg	REMARKS:		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
(b)(6)-2		AMOUNT GIVEN	TIME DATE COMPLETED	INTERRUPTED
		1 unit ML	230 90003	
AT (Hour) 2:16 PM	ON (Date) 9 October	REACTION	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
IDENTIFICATION		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.		
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.		DESCRIPTION		
1st VERIFIER (Signature) (b)(6)-2		<input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____		
2nd VERIFIER (Signature) (b)(6)-2		OTHER DIFFICULTIES (Equipment, clots, etc.)		
PRE-TRANSFUSION		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
TEMP. 100° @	PULSE 94	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2		
BP 117/56		-SOC, 9/10/03		
DATE OF TRANSFUSION 09 Oct 03	TIME STARTED 2020	SEX M	WARD ICU	

PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45,505
 518-122

ICAL RECORD COPY

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2 _____ DIAGNOSIS OR OPERATIVE PROCEDURE Splenop resp. distress
	DATE REQUESTED 9 Oct 03 DATE AND HOUR REQUIRED ASAP	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) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) N/A	SIGNATURE OF VERIFIER (b)(6)-2 _____ PR
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN N/A HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 09 Oct 03 TIME VERIFIED 1439

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 _____	TRANSFUSION NO. _____	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH N/P Comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 _____
DONOR ABO O Rh Neg	RECIPIENT ABO AB Rh Neg	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE _____ REMARKS:		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (b)(6)-2 _____ AT (Hour) 1725 ON (Date) 9 Oct 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) MAJ. AN (b)(6)-2 _____ 2nd VERIFIER (Signature) V (b)(6)-2 _____		POST-TRANSFUSION DATA AMOUNT GIVEN TIME DATE COMPLETED INTERRUPTED N 400 ML 2000 9 Oct 03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED BP 121/64 P 95 R 12 T997 (AK)	
TEMP. 100.7 PULSE 111 BP 118/63 DATE OF TRANSFUSION 9 Oct 03 TIME STARTED 1730		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 <input type="checkbox"/> URTIARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____ OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 _____ MAJ. AN	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.) (b)(6)-4 _____		SEX M	WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45.505
 518-122

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

(P) CXR

AGE | SEX | SSN (Sponsor)

WARD/CLINIC

ICU

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

REQUESTED BY (Print)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

4 Oct 03

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

"S/P Intubation"

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

1st post intubation film

- Large (R) pneumothorax
mediastinal air / Neck subq emphyse

post chest tube placement

- Rt pleural tube tip in apex

- RUL atelectasis

⊖ pneumothorax

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

PCXR

AGE SEX SSN (Sponsor)

WARD/CLINIC

ICU

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

REQUESTED BY (Print)

F Dye

TELEPHONE/PAGE NO.

570 2122

DATE REQUESTED

10/4/03

(b)(6)-2

REQUESTOR

ULTA

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

SIP EX LAP/Sm Bowel repair / APPY / LRG Bowel Repair
↓ O2 SATS

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- Hypoinflated lungs
- Atelectasis RUL
- Bilateral U opacities / c/w effusions and/or atelectasis
- also perihilar densities - c/w pulm edema
- need better inspiratory effort for better quality film.

PATIENT'S IDENTIFICATION (For typed or written entries give: Last, Middle, Medical Facility)

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

(b)(6)-2

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

Portable AP CXR

AGE SEX SSN (Sponsor)
23 M

WARD/CLINIC

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

TELEPHONE/PAGE NO.

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

SIGNATURE OF REQUESTOR
(b)(6)-2

DATE REQUESTED

4 Oct 03

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

SP (R) pneumo

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

ET - tube 4cm above carad
NG tip in distal esophagus
RT pleural tube tip in apt R chest
= clearing of RUC atelectasis
since last film
Bilateral lower lobe densities
atelectasis / possibly small effusions
↓ next subd. emphysema

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

65

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

POXR

AGE | SEX | SSN (Sponsor)

WARD/CLINIC

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

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

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR
C

DATE REQUESTED

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

s/p Bilat CT / intubation

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

New @ placed tube
RT tube is stable
persistent lower lobe opacities

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

(b)(6)-2

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

CXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	M		ICU	
FILM NO.				PREGNANT
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REQUISITION NO.				TELEPHONE/PAGE NO.
(b)(6)-2				
SPECIFIC REASON(S) FOR REQUEST <i>(Complaints and findings)</i>			DATE REQUESTED	
(b)(6)-2			6 Oct 03	

DATE OF EXAMINATION <i>(Month, day, year)</i>	DATE OF REPORT <i>(Month, day, year)</i>	DATE OF TRANSCRIPTION <i>(Month, day, year)</i>

RADIOLOGIC REPORT

ET tube.
 L + R pleural tubes } stable position
 distal tip of OG tube in esophagus
 ⊖ pH
 patchy densities both lungs L > R
 ⊖ effusions

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS	(b)(6)-2
LOCATION OF RADIOLOGIC FACILITY	
SIGNATURE	

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

CXR

AGE SEX SSN (Sponsor)

24 M

WARD/CLINIC

ICU

REGISTER NO.

PREGNANT
 YES NO

TELEPHONE/PAGE NO.

REQUESTED BY (Print)

(b)(6)-2

SIGNATURE OF REQUESTOR

(b)(6)-2

Cpt SW

DATE REQUESTED

7 Oct 03

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

Vent (ETT) placement

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

Tubes + lines stable

↑ opacity R lower hemi thorax
Prob combination of RLL atelectasis
and a R effusion

L lung unchanged mostly clear

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

(b)(6)-2

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
CXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
83	M		ICU	
FILM NO.			PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REQUESTED BY (Print)			TELEPHONE/PAGE NO.	
(b)(6)-2				
SIGNATURE OF REQUESTOR			DATE REQUESTED	
(b)(6)-2			7 00 03	

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
S/p ex lap, Appy, Intubated

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

RADIOLOGIC REPORT

Diffuse patchy densities
slightly ↑ since yesterday
tube/lins stable
⊖ ptx

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

(b)(6)-2

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

Ⓟ CXR

AGE SEX SSN (Sponsor)

38 M

WARD/CLINIC

ICU

REGISTER NO.

FILM NO.

PREGNANT

YES NO

TELEPHONE/PAGE NO.

REQUESTED BY (Print)

(b)(6)-2

SIGNATURE OF REQUESTOR

(b)(6)-2

SPE, 9/24/03

DATE REQUESTED

10 OCT 03

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

S/p Intubation

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

ET tip 4cm above carina
⊖ PH
R lung opacities resolved
lungs much clearer
pleural tabs stable

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

(P) CXR

AGE | SEX | SSN (Sponsor)
M | N/A

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

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

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR
(b)(6)-2

DATE REQUESTED
11 OCT 03

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

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

⊕ bilat pneumothoraces
lungs otherwise clear
tubes lines stable

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED <i>PORTABLE CXR @ 1200kvs</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <i>ICU</i>	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	R(b)(6)-2				TELEPHONE/PAGE NO. (b)(3)-1
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings) <i>(B) CT'S (CHEST TUBES) S/P small & large bowel loops in</i>				DATE REQUESTED <i>10/11/03</i>	
DATE OF EXAMINATION (Month, day, year)			DATE OF REPORT (Month, day, year)		DATE OF TRANSCRIPTION (Month, day, year)

(b)(6)-2

REF REQUESTOR
LITAN

RADIOLOGIC REPORT

*Resolution of bilateral phts
lungs clear
pleural base positions stable*

(b)(6)-2

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

(b)(8)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED STAT UPRIGHT CXR	AGE	SEX	SSN (Sponsor)	WARD/CLINIC ICU	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO. (b)(3)-1	
REQUESTOR (b)(6)-2 ICU				DATE REQUESTED 10/11/03	

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

**ⓑ CHEST TUBES
S/P EXTUBATION**

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

RADIOLOGIC REPORT

— ET tube removed
— ⊕ RT pneumonia
— lung very much clearer
⊕ motion artifact
rest tubes & lines unchanged

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

(b)(6)-2

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

(P) CXR

AGE SEX SSN (Sponsor)

M —

WARD/CLINIC

ICU

REGISTER NO.

FILM NO.

PREGNANT

YES NO

TELEPHONE/PAGE NO.

REQUESTED BY (Print)

(b)(6)-2

DATE REQUESTED

SIGNATURE OF REQUESTOR

(b)(6)-2

SAC, 9/22/72

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

S/p Intubation @ RCT

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

Tubes stable / hyperinflated lungs but mostly clear
asymmetric elevation @ R hemi D
⊖ PH.

(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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

Portable STAT CXR

AGE | SEX | SSN (Sponsor)

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

REQUESTED BY (Print)

(b)(6)-2

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

(b)(6)-2

OF REQUESTOR

ICU, A

DATE REQUESTED

10/12/05

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

ⓐ CHEST TUBES
S/P EXP LAP

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

med hypo inflation
pleural tubes stable
⊖ pneumothorax
lungs clear/heart & z of

(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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
STAT Portable CXR

AGE SEX SSN (Sponsor)

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT
 YES NO

REQUESTED BY (Print)

EXT. PHONE/PAGE NO.
b(3)-1

b(6)-2

b(6)-2

REQUESTOR

DATE REQUESTED

10/12/03

ICU, M.

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

S/P @ CHEST TUBE REMOVAL

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

*S/P Bilat chest tube removed
⊖ PHX
lungs clear*

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		M	—	—	
(P) CXR	FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)	SIGNATURE OF REQUESTOR (b)(6)-2				DATE REQUESTED
	S/P CT (B) removal				14 OCT 03

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

RADIOLOGIC REPORT

Lordose view
 small amt L base atelectasis
 ⊖ phx.

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

(b)(6)-2

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED ACUTE ABD SERIES	AGE	SEX	SSN (Sponsor)	WARD/CLINIC ICU	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO. (b)(3)-1	
OF REQUESTOR (b)(6)-2 1LT, A				DATE REQUESTED 10/5/03	

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
R/O OBSTRUCTION

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

RADIOLOGIC REPORT

Chest clear lungs

- ⊖ obstruction
- ⊖ clear

(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

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
[b)(6)-4]			02 OCT 03	0545 HOURS	

NURSING UNIT	ROOM NO.	BED NO.	(1) Admit to ICU (2) Service Gen Surg (3) Diagnosis: s/p Ex lap / small bowel resection Appendectomy / large bowel repair (4) Condition: stable (5) IVE 100cc/hr of NS LR (6) Diet: NPO
			[b)(6)-2] / [b)(6)-2]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			↓ ↓	↓ ↓	HOURS
NURSING UNIT	ROOM NO.	BED NO.	(7) NG tube low intermittent suction (8) Foley to gravity (9) Vitals Q 4HR Q 11° (10) Morphine 2-4mg IV Q 1° PRN pain (11) Unasyn 3gram IV Q 6° hr (12) wet to dry (LL) open wound and (13) high BFD starting this evening		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			↓ ↓	↓ ↓	HOURS
NURSING UNIT	ROOM NO.	BED NO.	(14) CBC (15) CBC/chem 7 today @ 1200 (16) F/O recording (17) activity: Bed rest (18) Incentive Spirometer exercise		
			[b)(6)-2]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			02 OCT 03	0613	HOURS
NURSING UNIT	ROOM NO.	BED NO.	(19) D/O Unasyn order (20) Levoguard 500mg IV Q 11° (21) Flagyl 500mg IV Q 12°		
			[b)(6)-2]		

DA FORM 1 APR 79 4256
 REPLAC [b)(6)-2] JUL 77, WHICH MAY BE USED.

Note
 20 Oct 03 07:20

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
			Oct 03	12:55 HOURS	
(b)(6)-4			MT 1 L below now		
			(b)(6)-2	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.	MTW		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2 Oct 03	12:42 HOURS	
			Olc Levamisole Olc Pity 1 Vasep 2.05 - R Q6		
			(b)(6)-2	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.	MTW		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Chart ✓ 0030 30 Oct 03					
			(b)(6)-2	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

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			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			2 Oct 03	1720 HOURS	
			⓪ TL NS fluid bolus now		} 2 Oct 03 1720
			VO: (b)(6)-2 / (b)(6)-2		
					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
			(b)(6)-2		

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2 Oct 03	2045 HOURS	
			⓪ General 25mg / Phenylen 12.5mg IV Q40		} 2 Oct 03 2045
			⓪ PRN Breakthrough pain		
			⓪ CBC, PA-7 in AM		(b)(6)-2
					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
			(b)(6)-2		

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Chart ✓ 03 Oct 03 0130			3 Oct 03	0925 HOURS	
			⓪ R/F to OSAS =		} 3 Oct 03 0925
			✓ 2mg KCl at 1500		
					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
			(b)(6)-2		

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			3 Oct 03	2007 HOURS	
			VO DR (b)(6)-2 / (b)(6)-2		} 3 Oct 03 2007
			⓪ Tylenol 650mg PO Q4-6 PRN		
					(b)(6)-2
					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
			(b)(6)-2		

NURSING UNIT	ROOM NO.	BED NO.			
			(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			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-2		10/4/03	1100 HOURS	
(b)(6)-2 400005 1105			① Vent SIMV 12 TV 700 FID 100 Rate 12 PEEP 10		
			② Portable CXR s/p Intubate		
NURSING UNIT	ROOM	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			/		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			4 Oct 03	1430 HOURS	
(b)(6)-2 1370 400005			① Zentac 50mg IV qd → 1445 ② Heparin 10,000 u IV → 1445 now		
			③ Heparin drip 1000u/hr PT/ATT in 4 hrs		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			4 Oct 03	1505 HOURS	
(b)(6)-2 1370 400005			① Levit 20mg IV now ↑ vent rate to 16 + ↓ TV to 350		
			② ABG Titrate vasopressor Vecurium		
NURSING UNIT	ROOM NO.	BED NO.			

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
(b)(6)-2			4 Oct. 03	1547 HOURS	noted 4 Oct 03 (b)(6)-2 1550
			① ↑ Vec. to 5mg/hr		
			② Vec. bolus 5mg x T		
			③ ↑ fentanyl 1gt to 150 mc/hr		
			④ fentanyl 1gt bolus 150 mc x T		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU			/ (b)(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			4 Oct. 03	1650 HOURS	
			① ↑ vesal 9gt to 5mg/hr		
			② vesal 5mg IV x T		
			③ Vec. bolus 5mg x T		
			④ ↑ vesal 9gt to 5mg/hr (Mph)		
			⑤ ↓ PEEP to 5 cm H ₂ O		
			⑥ ↑ TV to 580		(b)(6)-2
			⑦ ↓ RR to 15		(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU			/ (b)(6)-2		

done from left
4 Oct 03
1700

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			4 Oct. 03	1700 HOURS	
			① Albuterol nebs Q40		
			② ↑ PEEP to 7 (VO H ₂ O)		(b)(6)-2
			③ ↓ PEEP to 5, ↑ TV to 750 (")		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU			/ (b)(6)-2		

1700
4 Oct 03

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-2			4 Oct 03	1825 HOURS	
			① ↑ rate to 17		
			② TV to 550		(b)(6)-2
			③ PEEP to 10		
			④ change ABG		
			⑤ Cx in Am		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU			/ (b)(6)-2		

1700
4 Oct 03

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		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		4 Oct 03	1840 HOURS	
		<input checked="" type="checkbox"/> D/C 2009 <input checked="" type="checkbox"/> Trigeminal sensory TV PB <input checked="" type="checkbox"/> 26 hours <input checked="" type="checkbox"/> D/C IV Heparin p thin bag <input checked="" type="checkbox"/> 30 minutes prior to Heparin D/C stat Laxers		
NURSING UNIT	ROOM NO. (b)(6)-2			
PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
		φ	φ HOURS	
		80 kg SQ B1 (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	FACILITY	
PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
		4 Oct 03	1930 HOURS	
		<input checked="" type="checkbox"/> Port CVP now, please! 20		
NURSING UNIT	ROOM NO.	BED NO.	FACILITY	
PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
(b)(6)-4		4 Oct 03	2009 HOURS	
		<input checked="" type="checkbox"/> Salu-Medrol 500mg IV PB x1 now		
NURSING UNIT	ROOM NO.	BED NO.	FACILITY	

4 Oct 03
1930

(b)(6)-2

(b)(6)-2

(b)(6)-2

4 Oct 03
2114

(b)(6)-2

1930

(b)(6)-2

4 Oct 03
2030

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
(b)(6)-4	(b)(6)-2		4 Oct 03	2058 HOURS	
			① Lasix 80mg IV now		(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-2		4 Oct 03	2109 HOURS	
			① versel 2mg IV q 1 st pm agitation		

NURSING UNIT	ROOM NO.	BED NO.
240 / Fred park		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-2		4 Oct 03	0730 HOURS	
			① Lasix 20mg IV q 2 nd		
			② W/ven FID & keep sat > 95%		
			③ Lwin probe con - id		
			④ CXR Portable		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	(b)(6)-2		5 Oct 03	1015 HOURS	
			① T till volume to 100		
			② AB6 @ 1200		

NURSING UNIT	ROOM NO.	BED NO.
240 Chart ✓	0100	0100

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
(b)(6)-4			5 Oct 03	1820 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

① Kel 100mg in / L NS
 Run over 10hrs (100 u/h)
 ② Hold maintenance IV when
 morning problems

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			5 Oct 03	2500 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

① CBC Chem-12 in AM
 ② CXR in AM
 ③ ABG in AM

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24' Chart ✓ 6 Oct 03 0100			6 Oct 03	0807 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

① ↓ vent. rate to 15
 ② DIC Vecuronium 100µg
 ③ ↓ FiO₂ to 40%

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			6 Oct 03	1050 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

① PEEP to 8

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
240 Chart ✓ 295 6 Oct 03			6 Oct 03	1050 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

① PEEP to 8

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1967 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
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div> <div style="border: 1px solid black; padding: 2px;">(b)(6)-2</div> <div style="border: 1px solid black; padding: 2px;">NURSING UNIT</div> <div style="border: 1px solid black; padding: 2px;">ROOM NO.</div> <div style="border: 1px solid black; padding: 2px;">BED NO.</div>	6 Oct 03	1400 HOURS	(1) Vecuronium @ 5mg/1h (2) ARB @ 500mg
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div> <div style="border: 1px solid black; padding: 2px;">(b)(6)-2</div> <div style="border: 1px solid black; padding: 2px;">NURSING UNIT</div> <div style="border: 1px solid black; padding: 2px;">ROOM NO.</div> <div style="border: 1px solid black; padding: 2px;">BED NO.</div>	6 Oct 03	1445 HOURS	(1) CBC - next blood drawn
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div> <div style="border: 1px solid black; padding: 2px;">(b)(6)-2</div> <div style="border: 1px solid black; padding: 2px;">NURSING UNIT</div> <div style="border: 1px solid black; padding: 2px;">ROOM NO.</div> <div style="border: 1px solid black; padding: 2px;">BED NO.</div>	6 Oct 03	1819 HOURS	Versed 2mg IV PRN
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div> <div style="border: 1px solid black; padding: 2px;">(b)(6)-2</div> <div style="border: 1px solid black; padding: 2px;">NURSING UNIT</div> <div style="border: 1px solid black; padding: 2px;">ROOM NO.</div> <div style="border: 1px solid black; padding: 2px;">BED NO.</div>	24 Oct 03	2215 HOURS	[Signature]

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		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		7 Oct 03	0735 HOURS	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> Wrote to Dr. [unclear] </div>		① ↑ vent. rate to 16		
		② Dic Vecuronium		
		③ Albuterol MDI now		
		④ Pantoyl 150 in IV, Tit. to 200 µg/hr		
		⑤ ↓ maintenance IVF to 50cc/hr		
NURSING UNIT	ROOM NO.			
ICU			(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		7 Oct 03	0920 HOURS	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> Wrote to Dr. [unclear] </div>		① CBC Chem-12 now and QAM		
		② CXR in AM and QD		
		③ ↓ PEEP to 6 cm H ₂ O		
NURSING UNIT	ROOM NO.			
ICU			(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		7 Oct 03	1335 HOURS	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> Wrote to Dr. [unclear] </div>		① Ativan drip titrated to light sedation		
		② ABG 1430		
		③ ↑ Rate to 25		
NURSING UNIT	ROOM NO.	BED NO.		
ICU		(b)(6)-2		1426

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		7 Oct 03	1515 HOURS	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> Wrote to Dr. [unclear] </div>		① ABG ② 1800		
		(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.		
ICU			(b)(6)-2	(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, 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
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div>			7 Oct. 03	1817 HOURS	
					① ↓ vent. rate to 28
					② ↓ fio ₂ to 50%
					③ ABG in 1 hr
NURSING UNIT ROOM NO. BED NO.					

7 Oct 03
1815

(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			7 Oct. 03	2137 HOURS	
					When Ativan runs out:
					prn agitation: propofol 100mc/kg/hr -
					titrate to effect.
NURSING UNIT ROOM NO. BED NO.					

7 Oct 03
2145

(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			7 Oct 03	2300 HOURS	
					① Vecuronium drip - titrate
					per paralysis.
NURSING UNIT ROOM NO. BED NO.					

(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ROOM NO. BED NO.					

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, 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
<div style="border: 1px solid black; padding: 5px; width: 100px; height: 60px; margin-bottom: 5px;">(b)(6)-4</div>			<div style="font-size: 2em;">↓</div> 10/2/03	2320 HOURS	
			✓ Vent - TV 600 - SIMU 16 - PEEP 8 - Wear PFD, & keep sat > 92		<div style="border: 1px solid black; padding: 5px; width: 50px; height: 50px; margin: 0 auto;"> noted 0830 8 Oct 03 </div>
			✓ (2) Vecuronium drip - start @ 4mg/h titrate for Paralysis		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			✓ (2) Vecuronium 10mg IV done		<div style="border: 1px solid black; padding: 5px; width: 50px; height: 50px; margin: 0 auto;"> noted 0830 8 Oct 03 </div>
			✓ (2) LR 100cc lvs done		
			✓ (2) P/Ls Propofol done		
			✓ (2) Vecur @ 4mg/h done		
			✓ (2) Pentamp @ 100mg/h done		
			✓ (2) ABG @ 2400		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			10/8/03	1445 HOURS	
			✓ D TV to 750		<div style="border: 1px solid black; padding: 5px; width: 50px; height: 50px; margin: 0 auto;"> noted 8 Oct 03 1545 </div>
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

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
			80203	1400 HOURS	
<div style="border: 1px solid black; width: 100px; height: 50px; margin-bottom: 5px;">(b)(6)-2</div>			<input checked="" type="checkbox"/> Vivonex @ 10cc/hr via NG tube Dietary has vivonex		
			<input checked="" type="checkbox"/> Vent		
			IMV 16 PEEP 10 Sighs on TV 600		

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			<input checked="" type="checkbox"/> FIO ₂ to maintain Sats > 92%		
			<input checked="" type="checkbox"/> Fentanyl / Versed to maintain light sedation		
			<input checked="" type="checkbox"/> 16 Lovonex to 30mg SQ BID		
			<input checked="" type="checkbox"/> Albuterol and mucosyst Neb- q4		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			<input checked="" type="checkbox"/> CXR Portable ASAP		
			S/p bronch / central line placement		
			<input checked="" type="checkbox"/> HOB @ 30 degrees all times		
			<input checked="" type="checkbox"/> check residual q4 (w/ tube) if > 20cc stop vivonex		
			<input checked="" type="checkbox"/> D ₁₅ 1L with 100mg Kel		
			Run over 10hr		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			<input checked="" type="checkbox"/> Kel 100mg in 250cc NS run over 10hrs.		
			<input checked="" type="checkbox"/> P Maintenance IV to DENS @ 20cc/hr @ 125cc/hr		
			<input checked="" type="checkbox"/> ABG QAM @ labs		
NURSING UNIT	ROOM NO.	BED NO.			

240 chart / 0115 920ctes
 DA FORM 4256 REPLACES MEDCOM - 2284

(b)(6)-2
 (b)(6)-2
 MAY BE

(b)(6)-2
 2
 15131

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

8 Oct 03

TIME OF ORDER

1800

HOURS

LIST TIME ORDER NOTED AND SIGN

- ① PTV to 800, ↓ Rate to 14
- ② ABG @ 2000

(b)(6)-2

1875
8000

NURSING UNIT

ROOM NO.

BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER

8 Oct 03

TIME OF ORDER

2015

HOURS

- VO DR (b)(6)-2 / (b)(6)-2
- ① ↓ F.O₂ to 50%
- ② ↓ Rate to 12
- ③ PTV 850

800
2015

NURSING UNIT

ROOM NO.

BED NO.

(b)(6)-2

(b)(6)-2

240 C. Pant V 90 Oct 03 2015

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER

0900 9 Oct 03

TIME OF ORDER

HOURS

- ① PTV to 950
- ② F.O₂ to 40%
- ③ P.U. V. to 20cc/min

2015
91300
91300

NURSING UNIT

ROOM NO.

BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER

9 Oct 03

TIME OF ORDER

0930

HOURS

- ① PTV to 1000
- ② ↓ P.U. to 10

2015
91300
91300

(b)(6)-2

NURSING UNIT

ROOM NO.

BED NO.

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
(b)(6)-4			9 Oct 03	1420 HOURS	
			(1) 2.5mg Neostigmine / Oxyg Polymol & V -date (2) delivered to 4mg 1hr (3) & Fenitanyl to 700mg 1hr (4) Vent AC15		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
9 Oct 03 1450 (b)(6)-2			9 Oct 03	TV 1000 PBD 60 PBBP 70	
			(3) D/c Vecuronium (4) ABL @ 1445		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
9 Oct 03 1445 (b)(6)-2			9 Oct 03	1430 HOURS	
			(1) CR & liter tubes - done (2) Type & cross 2 units PRBC (2) Transfuse 2 units PRBC each over 3 hrs. (4) 2 PBD ₂ to 50		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			9 Oct 03	1500 HOURS	
			(1) & Vent Rate to 12 (2) & PIR to 40		
NURSING UNIT	ROOM NO.	BED NO.			

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
(b)(6)-4	(b)(6)-2	(b)(6)-2	900803	2000 HOURS	
			① ↓ AC to 10		
			② ↓ PEEP to 8		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4	(b)(6)-2	(b)(6)-2	900803	2200 HOURS	
			① ↓ PEEP to 6		
			② 0200		
			10/10/03		
NURSING UNIT	ROOM NO.	BED NO.			May give Unnaed 2m EV (prn)
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4	(b)(6)-2	(b)(6)-2	900803	2330	
			① Vent to SIMV done		
			② Proposal for extubation		
			③ Unnaed the EV done		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4	(b)(6)-2	(b)(6)-2			
			Propose RATE 20-50mcg/kg/min		
			INFUSION RATE @ 60-120cc/hr		
			(10mg/ml 100ml BOTTLE)		
NURSING UNIT	ROOM NO.	BED NO.			

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 ↓ 10/10/03	TIME OF ORDER 0800	HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT		ROOM NO.	Dent SIMU xxx Rate - 10 DEEP - 5 PLO 40 TV 1000		
(b)(6)-2		(b)(6)-2			

PATIENT IDENTIFICATION (b)(6)-4		DATE OF ORDER 10/028/03	TIME OF ORDER 1400	HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT		ROOM NO.	D/c Verbal D/c Gentamicin D/c Propofol D/c NB tube D/c Urovis Change chart date drawn PRN Dent mark 905		
(b)(6)-2		(b)(6)-2			

PATIENT IDENTIFICATION (b)(6)-4		DATE OF ORDER 10/10/03	TIME OF ORDER 1430	HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT		ROOM NO.	BED NO.	D ABG 1430	
(b)(6)-2		(b)(6)-2			

PATIENT IDENTIFICATION (b)(6)-4		DATE OF ORDER 10/10/03	TIME OF ORDER 1800	HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT		ROOM NO.	BED NO.	D ABG now D Morphine 2mg	
240 Chart		0300 11 Oct 03	(b)(6)-2	noted 10/10/03 1825	
(b)(6)-2		(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

(b)(6)-2
 10/10/03 2230
 10/10/03 2230

DATE OF ORDER: 10/10/03
 TIME OF ORDER: 2250 HOURS
 LIST TIME ORDER NOTED AND SIGN

- ① Chest tube to water seal
- ② Benadryl 25 IV QNS PRN

(b)(6)-2

NURSING UNIT: 240 Chart ✓
 ROOM NO.: 11 Oct 03
 BED NO.: 0315

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2
 10/11/03 0840
 10/11/03 0840

DATE OF ORDER: 10/11/03
 TIME OF ORDER: 0840 HOURS

- ① Toradol 30mg IV q 6^h x 24hr
- ② Upright CXR — NOW
- ③ Sps & water
- ④ CXR Portable
- ⑤ CT @ 8:30

NURSING UNIT: 240 Chart ✓
 ROOM NO.: 11 Oct 03
 BED NO.: 0315

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2
 10/11/03 1140
 10/11/03 1140

DATE OF ORDER: 10/11/03
 TIME OF ORDER: 1140 HOURS

- ① Clear liquids
- ② Morphine 2mg IV q 1hr

NURSING UNIT: 430
 ROOM NO.: 11 Oct 03
 BED NO.: 1107

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2
 10/11/03 1850
 10/11/03 1850

DATE OF ORDER: 10/11/03
 TIME OF ORDER: 1850 HOURS

- ① Up in chair & toilet
- ② D/c Abbs
- ③ PR 500cc
- ④ IV @ 9:40
- ⑤ 4/6 q1

NURSING UNIT: 240 Chart ✓
 ROOM NO.: 12 Oct 03
 BED NO.: 0430

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
(b)(6)-4			10/12/03	0900 HOURS	
<p>ICU</p> <p>1012/03</p> <p>1012/03</p>			<p>1) D/c Foley</p> <p>2) CPT to water seal</p> <p>3) Dulcobox supp 1 PR now</p>		
NURSING UNIT	ROOM	BED NO.	(b)(6)-2		
ICU					
(b)(6)-4			10/13/03	0900 HOURS	
<p>ICU</p> <p>1013/03</p>			<p>1) Ambulate a step</p> <p>2) Portable O₂ S/O CT removal</p> <p>3) Reg diet</p>		
NURSING UNIT	ROOM	BED NO.	(b)(6)-2		
ICU					
(b)(6)-4			10/14/03	1028 HOURS	
<p>ICU</p> <p>1014/03</p>			<p>1) D/c Imipenem</p> <p>2) D/c Central line</p> <p>3) Penicillin Percocet 1/2-1/4 po q 6 prn</p> <p>4) D/c Zantac</p> <p>5) D/c Lasix</p> <p>6) D/c Morphine</p>		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU					
(b)(6)-4					
<p>ICU</p>			<p>7) D/c X-rays</p> <p>8) D/c staples / suture</p> <p>9) Ambulate a step</p>		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
ICU					

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
(b)(6)-4			10/15/03	0930 HOURS	<p>Acute Abdomen No obstruction</p>
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			10/15/03	1025 HOURS	<p>Dysentery (Drug per POD)</p>
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			10/15/03	1310 HOURS	<p>DiC NEBULIZER T 10:00 (b)(6)-2</p> <p>1600 (b)(6)-2 0600</p>
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			10/16/03	0850 HOURS	<p>Discharge to MP's</p>
NURSING UNIT	ROOM NO.	BED NO.			

BLOOD TRANSFUSION FLOW SHEET (VITALS)
Clinical Record - Supplemental Med. DATA

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

REPORT TITLE

CONTINUED POST-ANESTHESIA CARE UNIT FLOW SHEET

OTSG APPROVED

17 Jan 80

Unit #	VITAL SIGNS						PAR SCORE					OTHER			COMMENTS
	Time	B/P	P	R	O ₂ Sat	T Axilla	Act	Resp	Circ	LOC	Skin	PARS	Other	Neuro-Vascular	
	PRE-OP	/													
#1	1730	118/63	111	18		100 ⁷								Extr: L R Upper Lower Pulse: DP PT RAD	
	1735	119/60	110	17		100 ⁷								Bianche Pulse	
	1740	120/60	110	15		100 ⁶								Warm Moves Y N	
	1745	119/64	104	16		101 ⁶								Bianche Pulse	
	1800	112/65	106	14		100 ⁷								Warm Moves Y N	
	1830	128/74	100	15		100 ⁷								Bianche Pulse	
	1900	133/71	102	20		100 ⁶								Warm Moves Y N	
#1	1930	121/66	99	14		99 ⁸								Bianche Pulse	
#2	2000	121/64	95	12		99 ⁷								Warm Moves Y N	
	2020	114/58	93	12		100 ⁶								Bianche Pulse	
	2025	118/60	97	14		100 ⁷								Warm Moves Y N	
	2030	/				m ⁶								Bianche Pulse	
	2035	128/62	95	11		100 ⁷								Warm Moves Y N	
	2050	132/61	98	15		100 ⁶								Bianche Pulse	
	2100	132/61	101	16		100 ⁶								Warm Moves Y N	
	2115	/	106	16		100 ²								Bianche Pulse	
	2130	121/65	101	13		100 ⁴								Warm Moves Y N	
	2200	124/64	98	15		100 ²								Bianche Pulse	
	2230	131/58	108	20		100 ²								Warm Moves Y N	
	2300	126/58	102	16		100 ²								Bianche Pulse	
	/	/												Warm Moves Y N	
	/	/												Bianche Pulse	
	/	/												Warm Moves Y N	
	/	/												Bianche Pulse	
	/	/												Warm Moves Y N	
	/	/												Bianche Pulse	
	/	/												Warm Moves Y N	
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	/	/												Warm Moves Y N	
	/	/												Bianche Pulse	
	/	/												Warm Moves Y N	
	/	/												Bianche Pulse	
	/	/												Warm Moves Y N	

PREPARED BY (Signature and Title)

(b)(6)-2

MAS
AN

DEPARTMENT/SERVICE/CLINIC

(b)(3)-1

CSH ICU

DATE

9 Oct 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
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-107; the procuring agency is the Office of The Surgeon General.

30 Oct 03

VERIFY BY INITIALING:

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	NRI	DATE COMPLETED												
				8	9	10	11	12								
8 Oct 03	(b)(6)-2	HOB 30° at all times	D E N													
8 Oct 03	(b)(6)-2	Check residual O ₂ (N ₆ T) if >200cc stop Vivonex	D E N													
8 Oct 03	(b)(6)-2	ABG 9 AM ± labs	OS ✓													
8 Oct 03	(b)(6)-2	CBC, Chem 12 Q AM	OS ✓													
8 Oct 03	(b)(6)-2	NR QD	OS ✓													
10 Oct 03	(b)(6)-2	Diet - NPO	B ✓ L ✓ D ✓ E ✓ N ✓													
10/11/03	(b)(6)-2	SIPS OF WATER	D ✓ E ✓ N ✓													
10/11/03	(b)(6)-2	DIET: CLEAR LIQUIDS	D ✓ E ✓ N ✓													
11 Oct 03	(b)(6)-2	NPO: FLUSH TLE @ Smtf	D ✓ E ✓ N ✓													

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/p Bx lap app S/p Chest tubes x 2 Resp Failure

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

	8	9	10	11	12	13	14	15
	16	17	18	19	20	21	22	23
	24	25	26	27	28	29	30	31

Vent Settings

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

NOV 13 03

VERIFY BY INITIALIZING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION
DATE COMPLETED

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
7 Oct	(b)(6)-2	VENT SETTINGS: SIMV RR 16 TV 600 FIO ₂ 40% PEEP 6	D E N	7 8 9 10 MCA/SA 7 Oct 03 1400
7 Oct	(b)(6)-2	VENT SETTINGS: SIMV RR 16 Vt 600 FIO ₂ 40% PEEP 8	D E N	Did 8 Oct 03
8 Oct 03	(b)(6)-2	Vent settings: SIMV 14 Peep 10 TV 800 Signs on Fio ₂ to Maintain Sats > 92%	D E N	Did 8 Oct 03
8 Oct	(b)(6)-2	Vent - SIMV 12 Vt 850 FIO ₂ 50% PEEP - 10, Signs on Fio ₂ to Maintain Sats > 92%	D E N	Did 8 Oct 03 1430
9 Oct	(b)(6)-2	Vent: SIMV 10 TV - 1000 FIO ₂ 40 PEEP 8, Maintain Sats > 92%	D E N	Did 10/10/03
10/10	(b)(6)-2	VENT SIMV RR 10 FIO ₂ 40 TV 1000 PEEP 5	D E N	Did 10/10/03

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
S/P EX LUN, APN
S/P CHEST TUBES X2 RESP FAILURE

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:

(b)(6)-4

PAGE NO: _____

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15
E 16 17 18 19 20 21 22 23
N 24 01 02 03 04 05 06 07

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo Oct yr 03

Verify by Initialing		SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Order Date	Clerk Nurse					
7 Oct	(b)(6)-2	ABG @ 1430	7 Oct	1430	1430	(b)(6)-2
7 Oct		↑ rate (vent) to 25	7 Oct	1400	noted	
7 Oct		Ativan 4mg IV	7 Oct	now	1400	
7 Oct		ABG @ 1800	7 Oct	1800	1800	
7 Oct		↓ vent rate to 23, ↓ FiO ₂ to 50%	7 Oct	now	1815	
7 Oct		ABG in 1 hour	7 Oct	1915	1915	
08 Oct		AB 6-0 @ 2400	08 Oct	2400	2400	
7 Oct		Vent TV 600, SIMV 16, Peep 8, FiO ₂ to keep Sat 92%	7 Oct	now	2320	
8 Oct		CXR portable - ASAP sp central line placement	8 Oct	ASAP	done	
8 Oct		ABG @ 2000	8 Oct	2000	2000	
9 Oct		Type and Cross 2 units PRBC	9 Oct	now	1445	
9 Oct		ABG @ 1445	9 Oct	1445	1450	
9 Oct		↓ FiO ₂ to 50%	9 Oct	now	done	
9 Oct		↓ Peep to 6 @ 0200 10/10/03	10 Oct	0200	0800	

(b)(6)-2

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION							
			TIME/DATE COMPLETED							
7 Oct	(b)(6)-2	Tylenol Supp 650mg	7 Oct 1445	7 Oct 1615	7 Oct 1615	7 Oct 1615	7 Oct 1615	7 Oct 1615	7 Oct 1615	7 Oct 1615
		T PR 96° pm T > 101	(b)(6)-2							

MAR RECOPIED 10/12/03

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-207; the proponent agency is the Office of The Surgeon General.

10/10/03

VERIFY BY INITIATING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION DATE COMPLETED

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED											
				12	13	14	15	16							
10/11/03	RECOPIED (b)(6)-2	DIET: CLEAR LIQUIDS	D												
			E												
			N												
10/11/03	RECOPIED (b)(6)-2	VITALS Q 4 ^o	D												
			E												
			N												
10/11/03	RECOPIED (b)(6)-2	UP IN CHAIR Q SHIFT	D												
			E												
			N												
10/8/03	RECOPIED (b)(6)-2	HOB 30° at all TIMES	D												
			E												
			N												
10/8/03	RECOPIED (b)(6)-2	I&O RECORDING Q 1 ^o	D												
			E												
			N												
10/21/03	RECOPIED (b)(6)-2	WET TO DRY LLQ OPEN 04													
		WOUND AND @ THIGH 16													
		BID													
10/12/02	RECOPIED (b)(6)-2	CHEST TUBES TO WATER	D												
		SEAL	E												
			N												
10/07/03	RECOPIED (b)(6)-2	N/O: FLUSH TCC Q SHIFT	D												
			E												
			N												
10/6/03	RECOPIED (b)(6)-2	COC, CHEM 12 Q AM	05												
10/8/03	RECOPIED (b)(6)-2	CXR QD	05												

Done 10/12/03 (b)(6)-2

Done 10/14/03 (b)(6)-2

Done 10/15/03 (b)(6)-2

Done 10/14/03 (b)(6)-2

Done 10/10/03 (b)(6)-2

Done 10/14/03 (b)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: SIP @ CHEST TUBES DIT @ PNEUMO I RESPI FAILURE EX LAP SM BOWEL REPAIR. ANNY LLC BOWEL REPAIR

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)
 For use of this form, see AR 40-407;
 the proponent agency is the Office of The Surgeon General.

No. 107.03

VERIFY BY INITIALIZING

ORDER DATE

CLERK/ NURSE

RECURRING ACTIONS, FREQUENCY, TIME

HR.

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION
 DATE COMPLETED

10/12/03

(b)(6)-2

AMBULATE 9 Shift

D

12 | 13 | 14 | 15

(b)(6)-2

10/12/03

(b)(6)-2

REGULAR DIET

N

D

E

N

ALLERGIES: YES NO

PRIMARY DIAGNOSIS

SIP @ CHEST TUBES
 Ex CAP SM & LKS Bowel resectiv
 HIV

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:

(b)(6)-4

PAGE NO:

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-407;
the procuring agency is the Office of The Surgeon General.

Mo 10 Yr 03

VERIFY BY INITIALIZING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				2	3	4	5	6	7	8	9	10	11	12		
2 Oct	(b)(6)-2	Diet-NPO	B	(b)(6)-2												
			L													
			D													
2 Oct 03		NG → Low intermittent suction	D													
			E													
			N													
2 Oct		Toley to gravity	D													
			E													
			N													
2 Oct		Vitals q 1 ^h Q4 ^o	D													
			E													
			N													
2 Oct		Wet to dry LR open wound and O thigh	04													
			16													
2 Oct		Activity - bedrest	D													
			E													
			N													
2 Oct		I+O recording Q 1 ^h	D													
			E													
			N													
2 Oct		Incentive spirometer	D													
			E													
			N													
4 Oct		Chest PT QID	D													
			E													
			N													

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
S/P Ext Lap/Sm Bowel Repair w/ Resection Apply
Lg Bowel Repair

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO: 1/2

PATIENT IDENTIFICATION:
(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

MAR cont

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AF 40-407; the proponent agency is the Office of The Surgeon General.

NO. 10 Y. 03

VERIFY BY INITIALIZING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED											
				2	3	4	5	6	7	8					
2 Oct	(b)(6)-2	LR 150cc hr	D	(b)(6)-2											
			E												
			N												
2 Oct	(b)(6)-2	Levaquin 500mg IV qd	08												
2 Oct		Flagyl 500mg IV q 12h	06												
2 Oct		Unasyn 3.0g IV q 6h	06												
			12												
			18												
			24												
10/3/03	(b)(6)-2	DSUS 2 20mg Kcl @ 12scr	D												
			E												
			N												
10/3/03	(b)(6)-2	FLUSH H/L TO @ AC @ shift	D												
			E												
			N												
3 Oct	(b)(6)-2	Zosyn 3.375 gm IV PB	06												
			12												
			18												
			24												
4 Oct	(b)(6)-2	Valium at 4mg/hr titrate to effect	D												
			E												
			N												
4 Oct	(b)(6)-2	Versed at 2mg/hr titrate to effect	D												
			E												
			N												

Died 10/3/03
 (b)(6)-2
 D/C 2 Oct 03
 D/C 2/11
 3 Oct 03
 Died 10/3/03
 (b)(6)-2
 Died
 4 Oct 03
 Died 10/3/03
 (b)(6)-2
 Reintubed 10/3/03

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
 s/p Ex Lap/Sm Bowel Repair ^{Reoperation}
 Lf Bowel Repair

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
 (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Verify by Initialing	Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	2 Oct	(b)(6)-2	NS bolus i liter now	2 Oct	1230	1230	(b)(6)-2
	3 Oct		NS i liter fluid bolus now	2 Oct	1720	1720	
	4 Oct		Lasix 20mg IV X1 now	4 Oct	0904	0915	
	4 Oct		Heparin 10,000 u IVP X 1 now	4 Oct	1445	1445	
	4 Oct		Lasix 20mg IVP X1 now	4 Oct	1445	1445	
	4 Oct		Vec bolus 5mg x 1	4 Oct	1550	1550	
	4 Oct		Fentanyl bolus 150µ x 1	4 Oct	1550	1550	
	4 Oct		Vec 5mg IVP now	4 Oct	now	1650	
	4 Oct		Ver sed 5mg IVP now	4 Oct	now	1700	
	4 Oct		Solu-Medrol 50mg IVPB X1 now	4 Oct	2030	2030	
	4 Oct		Lasix 80mg IVP X1 now	4 Oct	2113	2115	
	5 Oct		Lasix 20mg IV	5 Oct	now	0734	
	5 Oct		AB6 @ 1200	5 Oct	1200	1200	
	5 Oct		Kel 100mg in L NS - run over 10hrs (100ml/hr)	5 Oct	1830	8000	
	5 Oct		Hold maintenance IV while running potassium				
	7 Oct		ALBUTEROL MDI NOW	7 Oct	now	0740	
	7 Oct		Fentanyl 150mg IV NOW	7 Oct	now	0745	

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																					
			TIME/DATE COMPLETED																					
2 Oct	(b)(6)-2	Morphine 2-4mg IV	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	
.....		q 1 ^o pm pain	(b)(6)-2																					
2 Oct		Demerol 25mg and Phenergan 12.5mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg	2 Oct 25mg
.....		IV q 4 ^o pm breakthrough pain																						
3 Oct		Acetaminophen 650mg po	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg	3 Oct 650mg
2 Oct		MSO4 2-4mg q 1 ^o pm pain	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg	2 Oct 4mg
.....																								
4 Oct		Ver sed 2-5mg IV q 1 ^o pm	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg	4 Oct 5mg
.....																								

MAR CONT'D

CLINICAL RECORD

Therapeutic Documentation Care Plan - Non-Medication
 For use of this form, see AR 40-407.
 The procuring agency is the Office of The Surgeon General.

10/03

VERIFY BY INITIALING

INITIAL PROPER (COLUMN FOLLOWING EACH COMPLETION)

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
4 Oct	(b)(6)-2	Felbamyl qtt @ 100mg q1hr titrate to effect 20min	P	4 5 6 7 8 9 10 11 12
4 Oct	(b)(6)-2	IVF DS 1/2 NS @ 20mg KCl @ 75cc/hr	D	
4 Oct	(b)(6)-2	Zantac 50mg IVPB Q8	D	
4 Oct	(b)(6)-2	Heparin qtt 1000u/hr	D	
4 Oct	(b)(6)-2	Albuterol nebs std dose Q1h	D	
4 Oct	(b)(6)-2	Midolmen 500mg IVPB Q6	D	
4 Oct	(b)(6)-2	Lorenax 80mg SQ BID	D	
4 Oct	(b)(6)-2	Lorenax 80mg SQ BID	D	

Handwritten notes and initials on the grid:

- 7 D
- 10/1/03
- D/D 2400 4 Oct
- D/D 2400
- D/D 2400

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: SIP Ex Cap, Appy

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

Therapeutic Documentation Care Plan
(NON MEDICATION)

Mo _____ Yr _____

Verify by Initialing	Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Times to be Done	Time Done	Initials
			may give vers during IV P				(b)(6)-2
	10/11/03	(b)(6)-2	TORADOL 30mg IV q6 ^o x 24 h	10/11/03	Now	0900	(b)(6)-2
				10/11/03		1500	
				10/11/03		2100	
				10/12/03		0500	
	10/12/03	(b)(6)-2	DULOAX Suppositories T PR Now	10/12/03	Now	0930	

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																				
			TIME/DATE COMPLETED																				
10/11/03	(b)(6)-2	versed 2mg IV q 1 hrs prn																					
10/11/03	(b)(6)-2	MSO4 24mg W q2 ^o PRN	10 Oct 1815	10 Oct 2045	10 Oct 2250	11 Oct 0050	11 Oct 0258	11 Oct 0538	11 Oct 0800	11 Oct 1000	11 Oct 1245	11 Oct 1500	11 Oct 1745	11 Oct 2000	11 Oct 2245	12 Oct 0000	12 Oct 0245	12 Oct 0500	12 Oct 0745	12 Oct 1000	12 Oct 1245	12 Oct 1500	12 Oct 1745
			4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg	4mg
			(b)(6)-2																				
10/11/03	(b)(6)-2	Benadryl 25IV QHS prn	10 Oct 2300																				
			(b)(6)-2																				
		TORADOL 30mg IV q6																					
10/11/03	(b)(6)-2	MSO4 2-8mg IV q1 ^o	10 Oct 1740	10 Oct 1930	10 Oct 2150	11 Oct 0030	11 Oct 0230	11 Oct 0430	11 Oct 0630	11 Oct 0830	11 Oct 1030	11 Oct 1230	11 Oct 1430	11 Oct 1630	11 Oct 1830	11 Oct 2030	11 Oct 2230	12 Oct 0030	12 Oct 0230	12 Oct 0430	12 Oct 0630	12 Oct 0830	12 Oct 1030
			5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg
			(b)(6)-2																				

* U.S. GPO: 1987-422-250/55257

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-407.

The preponent agency is the Office of The Surgeon General.

No. 35

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	MR	DATE COMPLETED										
				4	5	6	7	8	9					
4 OCT 03	(b)(6)-2	Vent settings: SIMV 12	D											
		TV-700, Rate 12	G											
		Deep 10 FIO2-100	N											
4 OCT		Vent - SIMV	D											
		TV 580 Rate 15	E											
		FIO2 - 100% Peep 5	N											
4 OCT 03		Vent settings: SIMV	D											
		TV-550 PEED-10	E											
		FIO2-100% Rate-17	N											
5 OCT 03		WEAN FIO2 TO Keep	D											
		Sets 7 95%	E											
		0.60	N											
5 OCT 03		Vent Settings SIMV	D											
		RATE 17 TV 600 FIO2	E											
		Peep 10	N											
6 OCT 03		Vent: SIMV RATE 15 TV 600	D											
		FIO2 40% PEED 10	G											
		57.40%	N											
6 OCT 03		Vent Peep TO 8	D											
			E											
			N											
7 OCT 03		VENT ↑ RR to 16	D											
			E											
			N											
7 OCT 03		CBC, CHEM 12 QAM	OST											
7 OCT 03		CXR QD	OST											

rewritten 4/10/03

did 4/10/03

did 10/9/03

did 10/14/03

did 10/20/03

rewritten 8/20/03

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SP EX cap, sm/ly bowel repair

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
32	33	34	35	36	37										

Verify by Initialing _____
THERAPEUTIC DOCUMENTATION CARE PLAN
 (NON-MEDICATION) Mo _____ Yr _____

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
.....					
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.....					
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																		
			TIME/DATE COMPLETED																		
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MAR (CONT.)

CLINICAL RECORD

THE THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-497; the procuring agency is the Office of The Surgeon General.

No. 10 yr. 03

VERIFY BY INITIALIZING

ORDER DATE

CLERK/NURSE

RECURRING ACTIONS, FREQUENCY, TIME

HR

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

DATE COMPLETED

10/6/03	(b)(6)-2	Vecuronium @ 5mg/hr	D
		TITRATE FOR PARALYSIS	E
			N
10/7/03	(b)(6)-2	DS 1/2 NS E ZOMEG KCL	D
		@ 50cc/hr	E
		DS NS E 20mg KCl	N
7 Oct 03	(b)(6)-2	Thiobarbital drip - titrate to light sedation	D
		2mg/hr	E
			N
7 Oct 03	(b)(6)-2	PRN agitation & PROPOFOL	D
		100µg/kg/min - titrate to effect	E
			N
7 Oct 03	(b)(6)-2	Vecuronium drip started	D
		4mg/hr titrate for paralysis	E
		7mg	N
8 Oct 03	(b)(6)-2	Vivonex @ 10cc/hr via	D
		NAT (dietary has vivonex)	E
			N
8 Oct 03	(b)(6)-2	Fentanyl versed to maintain light sedation	D
		200mc	E
			N
8 Oct 03	(b)(6)-2	Lovenox 30mg SQ	12
		BID	24
8 Oct 03	(b)(6)-2	4 maintenance IV to	D
		DS NS E 20cc @ 125cc/hr	E
			N

DATE COMPLETED	7	8	9	10	11	12
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						
(b)(6)-2						

ALLERGIES: YES NO

PRIMARY DIAGNOSIS
SIP EX LAP APPY

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:

(b)(6)-4

PAGE NO: _____

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES
D 8 9 10 11 12 13 14 15
E 16 17 18 19 20 21 22 23
N 24 01 02 03 04 05 06 07

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo Oct yr 83

Verify by Initialing		SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Order Date	Clerk Nurse					
8 Oct	(b)(6)-2	Kel 100mg in 250cc NS run over 10 hrs	8 Oct	Start 1500		(b)(6)-2
9 Oct	(b)(6)-2	LR i liter bolus	9 Oct	now	1430	(b)(6)-2
9 Oct	(b)(6)-2	Transfuse 2 units PRBC each over 3 hrs	#1 9 Oct	ASAP	1730	(b)(6)-2
			#2 9 Oct		2020	(b)(6)-2
9 Oct	(b)(6)-2	2.5mg Neostigmine / 0.4 mg Robumal IV	9 Oct	now	1415	(b)(6)-2
9 Oct	(b)(6)-2	↓versed to 4mg/hr	9 Oct	noted		(b)(6)-2
9 Oct	(b)(6)-2	↓Fentanyl to 100µ/hr	9 Oct	noted		(b)(6)-2
10 Oct	(b)(6)-2	100µ/hr 30mg IV				(b)(6)-2
11 Oct	(b)(6)-2	500 cc LR Bolus X 1 now	11 Oct	1900	1900	(b)(6)-2

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION			
			TIME/DATE COMPLETED			

MAR. RECORDED 10/12/03

20
29
26
30

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)
 For use of this form, see AR 40-407.
 the proponent agency is the Office of The Surgeon General. No. 107. 03

VERIFY BY INITIALIZING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED						
				12	13	14	15	16		
10/8/03	RECORDED (b)(6)-2	↑ IV TO DSUS 2 zones KCL @ 125cc/hr	D							
			E							
			N							
10/4/03	RECORDED (b)(6)-2	ZANTAC 50mg IVPB Q8°	07							
			15							
			23							
10/4/03	RECORDED (b)(6)-2	IMIPENEM 500mg IVPB Q6°	06							
			12							
			18							
			24							
10/8/03	RECORDED (b)(6)-2	LOVENOX 30mg SQ BID	12							
			24							
10/8/03	RECORDED (b)(6)-2	ALBUTEROL NEBS STD. DOSE & MUCOLYST 3cc Q4°	01							
			05							
			09							
			13							
			17							
			21							

Done 10/14/03
(b)(6)-2

Done 10/15/03
(b)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
SIP @ CHEST TUBES DIT @ PNEUMO
EX LAP SM BOWEL REPAIR, APPY LRG
BOWEL REPAIR

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
(b)(6)-4

PAGE NO: _____

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

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: <u>3P Ex Lap/Sm</u> <u>Bowel repair/Append/Ls Bowel repair</u>	ALLERGIES: <u>WKA</u>	ASA <u>2</u> History <u>NO HISTORY</u>
PHYSICIAN: <u>Br (b)(6)-2</u>	AIRWAYS: <u>Time DC'D</u>	Cardiac Rhythm
ANESTHESIA BY: <u>(b)(6)-2</u>	ETT: Nasal Oral Trach	IV#1 <u>Patent</u> Infiltrated
Gen Spinal MAC Axillary Local Bier Epidural Other	OXYGEN: Mask Nasal Face Blow-By Prongs Tent	Site <u>RAE</u> Rate Gauge
	Liter/min: <u>2L</u> <u>Face mask %</u>	IV#2 <u>Patent</u> Infiltrated
		Site <u>Radial</u> Rate Gauge <u>A-Line</u>

Time	VITAL SIGNS					PAR SCORE					COMMENTS	OTHER						
	B/P	P	R	O ₂ SA	Temp	Act	Resp	Circ	LOC	Skin		SARS	Neuro-Vascular	Cap	L	R	Upper	Lower
PRE-OP	/																	
PRE-OP	120/80																	
0555	171/12	144	26	97%	99.5	0	2	1	0	2	5	12L Preoxygen	Blanche					
0600	116/89	117	16	95%	94.5	0	2	1	0	2	5	12L Preoxygen	Blanche					
0605	171/169	130	19	96%		0	2	2	0	2	6	10L	Blanche					
0620	170/169	139	24	99%		0	2	2	0	2	6	10L	Blanche					
0635	173/80	110	22	100	97.2	0	2	2	0	2	6	10L	Blanche					
0650	157/77	109	19	100		0	2	2	0	2	6		Blanche					
0705	149/77	115	24	100		0	2	2	0	2	6		Blanche					
	See 10L FlowSheet					0	2	2	0	2	6		Blanche					
	/												Blanche					
	/												Blanche					
	/												Blanche					
	/												Blanche					

POST ANESTHESIA RECOVERY SCORE

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

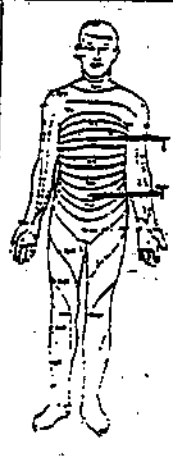
Activity - SAB or Subarachnoid Block
 2--Moves all four extremities with control
 1--Moves both upper extremities

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--A wake and alert; seldom dozes
 1--A wakens when gently stimulated
 0--A wakens 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		
Op-site		
Bandaid		
Sten-strips		
Colloidan		
Pen-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS:	Hemovac	Foley	NGT

PREPARED BY: (b)(6)-2 DEPARTMENT/SERVICE/CLINIC: ICU-2 DATE: 02 Oct 03

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

(b)(6)-4

(Continue on reverse)

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTICS STUDIES

TREATMENT