

MEDICAL RECORD      PROGRESS NOTES

DATE: 09 OCT 03      NOTES: General Surgery PN

(S) & units overnight, Tube feeds started yesterday PM & AM  
 Moving all 4 Extubates ? persons fully

(C) AFIUSS  
 Lung CTAB C: RAR  
 Abd SI Distended in upper Abd SI transverse SS  
 word CAI Stab in place

(AP) Doing well overall  
 Abd Distention → AAR

(b)(6)-2

DATE: 09 OCT 03      NOTES: Gen Surg

AAR Shows large gastric bubble and diffuse I-lum pattern  
 - NGT to LLS  
 - Hold TF for now

(b)(6)-2

DATE: 09 OCT 03 1330Z      NOTES: Pt. went for ABD X-rays today. NBR for NG insertion to ↓ cont. suction. Approx 500cc of green bile-like fluids drained. Pt. a little more alert today - does not respond appropriately to questions when asked by interpreter. Midline abdominal staples open to air (cont)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (ISSN or Other)
	LAST	FIRST	MI	(b)(6)-2
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. ICW

(b)(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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09 OCT 03 (cont.)	J-tube capped at this time per MD orders. IVF at TKO - cont. on IV ABT. Foley patent, urine cloudy yellow - large amount. Appears comfortable. <del>IVF WNL</del> <span style="float: right;">(b)(6)-2</span> <span style="float: right;">PN</span>
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	<p>Con Surg PN</p> <p>NET placed yesterday for Center Disturb on APR 1000 a-out 51w o/w stable</p> <p>PE/VSS</p> <p>NET 1000 a/24</p> <p>Lungs CTA CV PN</p> <p>Abd (D) BS less distended insert CBT Tube in place</p> <p>(M) - Rectal Sigmoid</p> <p>- OK NET when (D) PN</p> <p>- Hold TF for now</p>
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11 OCT 03	<p>DIC NET:</p> <p>S/O: pt. transferred to Kabul Mil. Hosp. with instructions/meds/supplies provided.</p> <p>A/P: App. for transfer, if fly at this time.</p>
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<b>EMERGENCY CARE AND TREATMENT</b> (Medical Record)		<b>TREATMENT</b> BAF	<b>LOG NUMBER</b>
<b>ARRIVAL</b> DATE: 02 Oct 03 0850 TIME: 0850		<b>TRANSPORTATION TO HOSPITAL</b> <input type="checkbox"/> PRIVATE VEHICLE <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER (Specify)	<b>HISTORY OBTAINED FROM</b> <input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER (Specify) UNCONSCIOUS
<b>PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)</b>		<b>CURRENT MEDS, (r, immunization and other data)</b>	<b>ALLERGIES</b> UNKNOWN
<b>CHIEF COMPLAINT(S) (Include symptom(s), duration)</b> MVA		<b>SEX</b> Male <b>AGE</b> 25	<b>POSSIBLE THIRD PARTY PAYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

VITAL SIGNS	
TIME	0900
BP	
PULSE	106
RESP.	14
TEMP	100.7
WT. (Child)	
CATEGORY (See reverse)	
<input type="checkbox"/> EMERGENT	
<input type="checkbox"/> URGENT	
<input type="checkbox"/> NON-URGENT	
ORDERS	INITS. TIME
W/2	
W/2	
W/2	

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

2mg Ativan 0850 z MVA from Asadabad brought in  
Vec 0850 z Via helicopter. Intubated.  
Lab. blood drawn - Pupils R 8 mm Facial Trauma  
L 4 mm. Noted  
C-Collar on.  
Lt TM probable blood, RT TM non visible.  
Lung sounds clear  
Abd soft  
Good distal pulses  
 Foley draining clear yellow urine.  
Rectal Exam - done quic.  
Dilantin started @ 0910 z 16m in 250 of NS  
0910 z to CT Scan for Head & neck.

<b>ASSESSMENT/DIAGNOSIS</b>	
<b>DISPOSITION (Check all that apply)</b>	
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY
<b>QUARTERS</b>	
<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> 48 Hrs.
<input type="checkbox"/> 72 Hrs.	
<b>MODIFIED DUTY UNTIL:</b>	
DAY	MONTH YEAR
<b>REFERRED TO (Indicate clinic)</b>	
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> TODAY
<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> ROUTINE
<b>ADMIT. TO HOSP. UNIT/SERVICE</b>	
<b>CONDITION UPON RELEASE</b>	
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED
<input type="checkbox"/> DETERIORATED	
<b>TIME OF RELEASE:</b>	

(CONTINUE ON SF 507, IF NEEDED)

<b>PATIENT'S IDENTIFICATION (Mechanical imprint)</b> OR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREAT- MENT RECORD).
# [Redacted]

<b>SIGNATURE OF PROVIDER AND ID STAMP</b>
<b>INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)</b>

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: 11 OCT 03	2. Discharge to: <input type="checkbox"/> Home Other (specify) <i>Kmt</i>	4. Accompanied by: (b)(6)-2
	3. Mode: <input type="checkbox"/> Ambulatory Other (specify) <i>Wttr</i>	

5. Activity:  Limitations (specify)  
*Up to chair, HOB elevated to 30° while in bed*

Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet:  No Dietary Restrictions If special, identify *DS wolyte HN 20cc/hr*

Patient/S.O. communicates understanding of dietary restrictions.

7. Medications:  No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
<i>Cipro</i>	<i>250 mg</i>	<i>per J-tube</i>	<i>2x's daily</i>

Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
<i>Turn every 2 hours</i>		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in \_\_\_\_\_ clinic in \_\_\_\_\_ (time period).

*Kabul Military Hosp.*  
 (b)(3)-1  
*p DIC*

Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):  
*Stable*

11. Signature (Date/Time): (b)(6)-2 <i>MATJ</i>	12. Additional Information:
13. Patient Identification: # (b)(6)-4	

COPY 1 - INPATIENT RECORD COPY

Name: # (b)(6)-4		ICU Flow Sheet											
		Date: 2 Oct 03											
VITAL SIGNS		10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	15:00AM	16:00AM	17:00AM	18:00AM	19:00AM	20:00AM	
HR		106	103	97	106	100							
Rhythm		ST	ST	ST	ST	ST							
NIBP		107/102	113/69	96/56	114/70	97/50							
ABP													
isp													
IO2/FIO2													
SpO2	%												
Temp.													
Intake and Output													
Time		3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake													
IV Fluids													
Oral/NG													
G/J Tube													
Residual													
Total													
Output													
Urine													
Urine total													
NG/OG													
Chest tube													
Total													

710

1830  
710  
1170

1500  
250  
1250

Name:		ICU Flow Sheet											
(b)(6)-4		Date: 10-2-03											
(b)(3)-1		VITAL SIGNS											
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM	
HR	98	100	102	101	100	92	97	90	98	103	99	96	
Rhythm	SR	ST	ST	ST	ST	SR	SR	SR	SR	ST	SR	SR	
NIBP	131/67	114/68	114/67	113/73	110/70	117/74	115/72	114/71	115/66	117/74	112/73	114/72	
ABP													
p	12	14	11	11	10	10	12	19	14	14	12	12	
U2/FIO2	30%vent	30%vent	30%vent	30%vent	30%	30%	30%	30%	30%	30%	30%	30%	
SpO2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Temp.	100.7					99.9				98.5			
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM	
Intake													
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80	
Oral/NG													
G/J Tube													
Residual													
Urine total	80	80	80	80	80	80	80	80	80	80	80	80	
NG/OG	80	160	240	320	400	480	560	640	720	800	880	960	
Output													
Urine	150	185	140	202	110	280	560	120	140	140	140	120	
Urine total	150	335	475	675	785	1065	1625	1745	1885	2025	2165	2285	
NG/OG													
Chest tube													
Total													

960

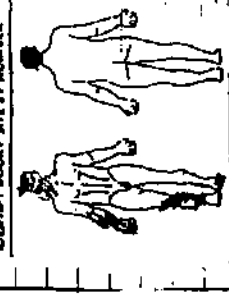
2285  
960  
-1325  
= 2285

-1120

22475

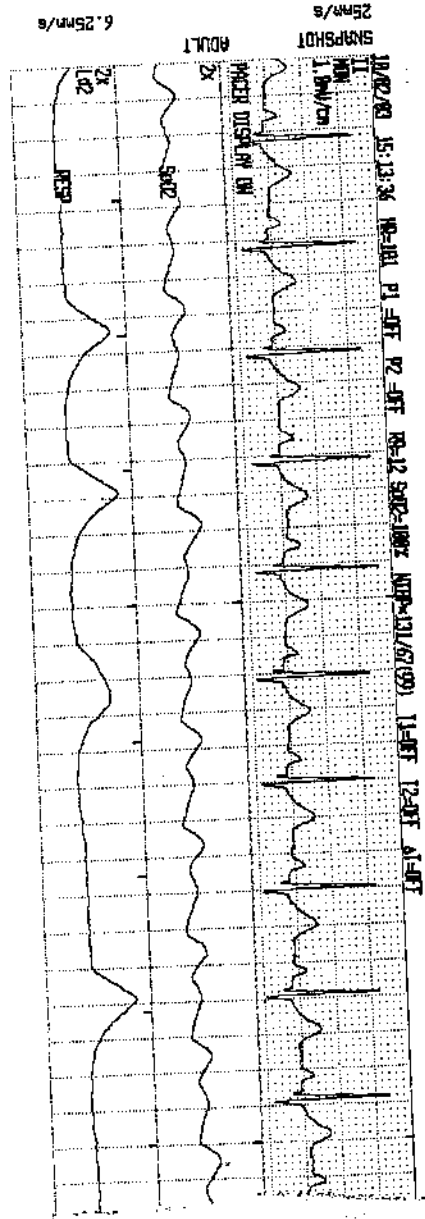
ICU FLOW SHEET

(b)(3)-1

Name	Pl.#	Day shift	Mid-shift	Night shift	Mid-shift																														
Neuro																																			
Eyes open (see scale below)																																			
Verbal response (see scale below)																																			
Motor response (see scale below)																																			
Pupil size																																			
reactive - R / non-reactive - NIR																																			
Hand grasps																																			
Respiratory																																			
Oxygen: delivery system/FIO2																																			
Breath sounds																																			
Chest tube - (location, air leak, crepitus)																																			
Sputum/secretions																																			
Cardiac																																			
Monitor <input checked="" type="checkbox"/> YN Rhythm																																			
Peripheral pulses - upper / lower																																			
Capillary refill - upper / lower																																			
Color: pale/ashen/ jaundiced/ other																																			
GI/GU																																			
Abdomen																																			
Bowel sounds (nycto, normo, hyper)																																			
BM (color, consistency)																																			
NGOG - placement-verified																																			
Diet/appetite																																			
Urine (Foley Y/N, color/sediment)																																			
Invasive lines																																			
Peripheral (location/fluid)																																			
Central (location/fluid)																																			
Arterial line (location)																																			
Pain assessment - pain present Y/N																																			
Dressings - mark location on body																																			
																																			
<p>GLASGOW COMA SCALE</p> <table border="1"> <tr> <td>Eye opening</td> <td>spontaneous</td> <td>4</td> <td>Verbal response</td> <td>oriented</td> <td>5</td> </tr> <tr> <td></td> <td>to voice</td> <td>3</td> <td></td> <td>confused</td> <td>4</td> </tr> <tr> <td></td> <td>to pain</td> <td>2</td> <td></td> <td>inappropriate words</td> <td>3</td> </tr> <tr> <td></td> <td>none</td> <td>1</td> <td></td> <td>incomprehensible words</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>none</td> <td>1</td> </tr> </table>						Eye opening	spontaneous	4	Verbal response	oriented	5		to voice	3		confused	4		to pain	2		inappropriate words	3		none	1		incomprehensible words	2					none	1
Eye opening	spontaneous	4	Verbal response	oriented	5																														
	to voice	3		confused	4																														
	to pain	2		inappropriate words	3																														
	none	1		incomprehensible words	2																														
				none	1																														
<p>Motor response obeys commands 6</p> <p>localized pain 5 withdraws to pain 4 flexion to pain 3 extension to pain 2 none 1</p>																																			
<p>Number/clock-wise starting with the head</p> <p>Visitors present - Y/N Name of family member to contact: _____ Town: _____</p> <p>Nurse's Signature: _____ Date/Time: _____</p> <p>Natal Time: _____</p>																																			

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**PROTOCOL**  
SYSTEMS, INC.







CPAPS  
30/20/5  
10

Name: (b)(6)-4		CU Flow Sheet											
Date: 3 Oct 03													
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
HR	100	100	90	92	84	87	89	100	100	101	114	96	
Rhythm	SR	SR	SR	ST	SR	SR	SR	SR	ST	ST	ST	SR	
NIBP	115/76	124/81	113/74	109/69	119/80	119/74	112/70	127/81	119/79	115/71	119/75	128/79	
ABP													
Res:	12	12	10	10	12	12	18	12	20	21	22	21	
O2/ O2	30	30	30	30	30	30	30	4LNC	3L	3LNC	3LNC	3LNC	
SpO2	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	92%	98%	
Temp:	99.4				98.8				99.5(ax)				
					Intake and Output								
Time:	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
Intake:													
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80	
Oral/NG		1000											
G/J Tube													
Residual													
Total	80	1160	1240	1320	1400	1480	1560	1640	1720	1800	1880	1960	
Output:													
Urine:	110	488	120	490	100	100	120	50	50	80	90	35	
Urine total	110	157	278	758	858	958	1078	1128	1178	1258	1348	1383	
NG/C/G									800			130	
Chest tube													
Total:													

2280 out  
323

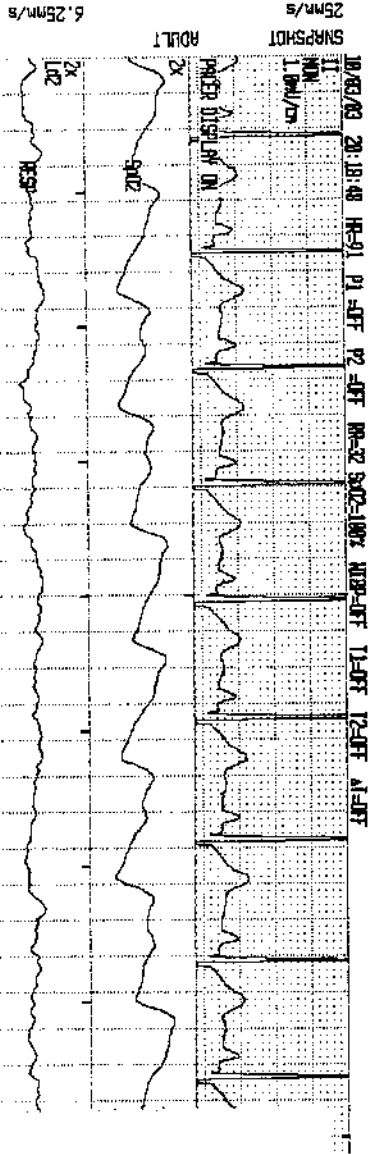
7.5611  
2280

No. in:		ICU Flow Sheet											
(b)(6)-4		(b)(3)-1										Date:	
		VITAL SIGNS											
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM	
HR	103	101	76	114	92	102	86	86	87	81	76	83	
Rhythm	ST	ST	SR	ST	SR	SR	SR	SR	SR	SR	SR	SR	
NIBP	120/79	154/90	130/77	124/74	136/75	117/74	118/76	121/77	121/77	121/77	127/79	127/81	
ABP													
Resp	24	24	22	30	35	28	30	30	20	22	32	32	
O2 FiO2	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	
SpO2	99%	98%	98%	97%	100%	100%	100%	100%	100%	100%	99%	100%	
Temp.	97.4		97.4		97.8		97.4				97.8		
		Intake and Output											
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM	
Intake													
IV Fluids	80	80	80	90	80	80	80	80	80	80	80	80	
Oral/NG													
G/J Tube													
Residual													
Hourly total				(b)(6)-2									
Total	80	180	240	240	240	240	240	240	240	240	240	240	
Output													
Urine	70	90	320	140	250	160	230	240	140	110	120	120	
Urine total													
NG/OG													
Chest tube													
Total	70	160	380	520	770	930	1160	1400	1540	1650	1770	1840	

7  
1840  
960  
-880  
323  
1203

1770  
-323  
1447

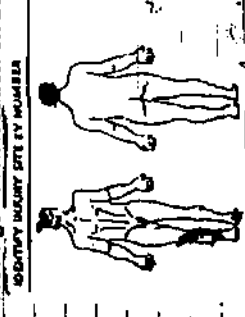
**PROTOCOL**  
SYSTEMS, INC.



ICU FLOW SHEET

(b)(3)-1

Name	Pt. #	Day shift	Mid-shift	Night shift	Mid-shift
Neuro					
Eyes open (see scale below)		1	1	1	
Verbal response (see scale below)		1	1	1	
Motor response (see scale below)		5	5	5	
Pupil size		L4/R5	L4/R5	L4/R5	L/R
reactive - R / non-reactive - NR		L5/R5	L5/R5	L5/R5	L/R
Hand grasps		L5/R-	L5/R-	L5/R-	L/R
Respiratory					
Oxygen: delivery system/FIO2		30% vent	3LNC	3LNC	
Breath sounds		crackles	crackles	crackles	
Chest tube - (location, air leak, crepitus)		NA	NA	NA	
Sputum/secretions		thick tan bloody	thick yellow	thick yellow	
Cardiac					
Monitor (Y/N) Rhythm		ST Op	ST Op	ST	
Peripheral pulses - upper / lower		4+ / 4+	4+ / 4+	4+ / 4+	
Capillary refill - upper / lower		<3	<3	<3	
Color: pale/ashen/ruddy/other		pale	pale	pale	
GI/GU					
Abdomen		soft flat	soft flat	soft flat	
Bowel sounds (hypo, normo, hyper)		normo	normo	normo	
BM (color, consistency)					
NG/OG - placement-verified		verified	verified	verified	
Diet/appetite		NPO	NPO	NPO	
Urine: (Foley Y/N, color/sediment)		clear yellow	clear yellow	clear yellow	
Invasive lines					
Peripheral (location/fluid)		L ARM PAC D5 25% NS 20cc			
Central (location/fluid)		NA	NA	NA	
Arterial line (location)		NA	NA	NA	
Pain assessment - pain present Y/N		Y	Y	Y	
Dressings - mark location on body					



Number clock-wise starting with the head

Visitors present (b)(6)-2

Nurse's Signature (b)(6)-2

Member to contact: [blank]

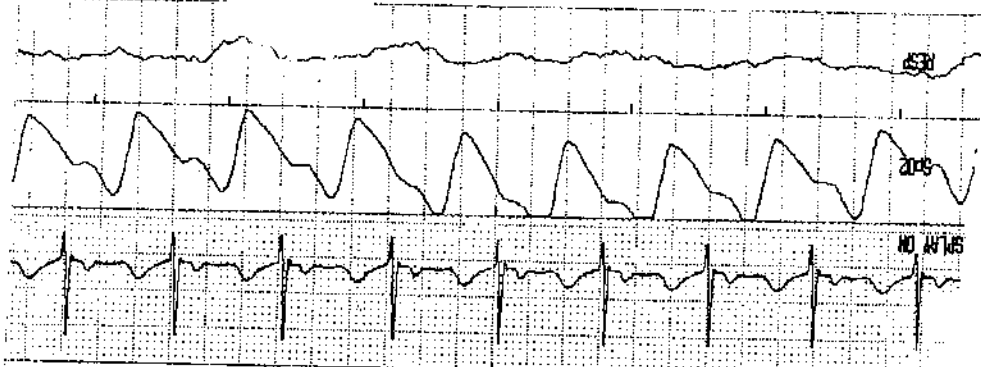
Date/Time: 3 Oct 05 03:00

Town: [blank]

RESPIRATORY PROGRESS NOTE

NURSING PROGRESS NOTE

0300Z See assessment & vital signs, & Dis orders  
 Pupils unequal & sluggish & reaction C. collar  
 Diminished on O<sub>2</sub> mask (O<sub>2</sub> leg. Face mask multiple  
 abrasions & on legs Flap intact (b)(6)(2) (b)(7)(C)  
 D<sub>030</sub> R<sub>04</sub> to C-7 from J<sub>04</sub> well (b)(6)(2) (b)(7)(C)  
 D<sub>030</sub> Extrubated placed to 3LNC S<sub>0402</sub> 95-100 P<sub>02</sub> -  
 J<sub>04</sub> well (b)(6)(2) (b)(7)(C)



10:47:07 12:58:39 HR=99 P1=OFF P2=OFF RR=48 SpO2=100% MIBP=OFF 11=OFF 12=OFF A1=OFF

Name: (b)(6)-4		ICU Flow Sheet											
		Date: 4 Oct 03											
		VITAL SIGNS											
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
HR	85	112	89	76	86	89	85	95	87	76	84	75	
Rhythm	RSR	<del>RSR</del>	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR	RSR	
NIBP	117/119	138/97	119/79	130/85	137/90	124/106	131/71	121/88	138/82	127/71	116/71	114/69	
ABP													
Res:	20	22	24	24	24	20	22	24	24	22	20	24	
O2A/O2	2LNC	2LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	3LNC	
SPO2	100%	97%	98%	94%	98%	97%	96%	97%	98%	99%	97%	100%	
Temp:	97.4AY				101.9AY		101.6AX		101.4AY		103.4AY	98.5AR	
Intake and Output													
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
Intake:													
IV Fluids	80	80	80	80	80	80	80	80	80	80	80	80	
Oral/NG													
G/I Tube													
Residual													
Total:	80	160	240	320	400	480	560	640	720	800	880	1060	
Output:													
Urine:	38	50	50	26	70	60	25	20	50	60	70	22	
Urine total	38	88	138	164	234	294	319	339	389	449	519	541	
NG/C/G													
Chest tube													
Total:													

1252A

Name: (b)(6)-4 ICU Flow Sheet Date: 4 Oct 03

		VITAL SIGNS											
Time		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR		69	76	82	77	70	69	103	69	73	78	71	67
Rhythm		SR	SR	SR	SR	SR	SV	ST	SC	SR	SR	SR	SR
NIET		116/71	111/66	113/66	119/61	109/65	113/65	123/64	109/64	108/60	107/60	107/58	
ABF													
Resp		16	16	18	20	16	14	28	18	16	18	18	24
O2/FIO2		3LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC
SpO2		100%	99%	99%	99%	100%	100%	98%	98%	97%	98%	96%	97%
Temp.			98.6m								97.3ax		

		Intake and Output											
Time		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Inflate													
IV Fluids		80	80	80	80	80/100	80/100	100	100	100	100	100/100	100/100
Oral NG		30	30	30	30	30	30	60	60	60	60	60	60
G/S Tube													
Residual					10					20			
Hourly total		110	110	110	110	210	210	370	160	160	160	260	260
Tot.		110	226	330	440	650	860	7020	1180	1340	1500	1760	2020

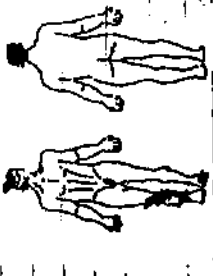
		Output											
Time		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Urine		240	160	100	60	25	25	55	100	100	70	80	50
Urine total		240	400	500	540	565	590	645	745	845	915	995	1045
NG/G													
Chest tube													
Tot.		240	400	500	540	565	590	645	745	845	915	995	1045

26800 in  
1045 out  
24° - 3080 in  
15360 out  
+ 1494



ICU FLOW SHEET

(b)(3)-1

Name	Pt.#	Day shift	Mid-shift	Night shift	Mid-shift
<b>Neuro</b>					
Eyes open (see scale below)		1	1	1	
Verbal response (see scale below)		1	1	5	
Motor response (see scale below)		5	5	5	
Pupil size		L4/R5	L4/R5	L4/R5	L/R
reactive - R / non-reactive - NR		L4/R NR	L4/R NR	L4/R NR	L/R
Hand grasps		L5/R6	L5/R6	L5/R6	L/R
<b>Respiratory</b>					
Oxygen: delivery system/FiO2		RA ZNC	3LNC	2LNC	low
Breath sounds		scattered crackles	crackles	↓	
Chest tube - (location, air leak, crepitus)		NA	NA		
Sputum/secretions		None	thick yellow		
<b>Cardiac</b>					
Monitor Y/N Rhythm		RSR	RSR	OP	OP
Peripheral pulses - upper/ lower		OP	OP	OP	OP
Capillary refill - upper / lower		<3	<3	<3	<3
Color : pale/ashen/faucial/other		pale	pale	pale	
<b>GI/GU</b>					
Abdomen		soft flat	soft flat	soft flat	
Bowel sounds (hypo, normo, hyper)		hypo	hypo	hypo	
BM (color, consistency)		none	none	none	
NG/OG - placement-verified		verified	verified	verified	
Diet/appetite		NPO	NPO	NPO	
Urine: (Foley Y/N, color/sediment)		clear yellow	clear yellow	clear yellow	
Invasive lines:					
Peripheral (location/fluid)		RAC D5/1/25/40/10/10	same	same	
Central (location/fluid)		NA	NA	NA	
Arterial line (location)		NA	NA	NA	
Pain assessment - pain present Y/N		See MAR			
Dressings- mark location on body					
					
<b>Glasgow Coma Scale</b>					
Eye opening	spontaneous	4	to voice	3	confused
Verbal response			inappropriate words	3	
Motor response			obeys commands	6	
flexion to pain	4	extension to pain	2	none	1
localized pain	5	withdraws to pain	4	flexion to pain	3
					none
<b>Number clock-wise starting with the head</b>					
Visitors present Y/N	Name of family member to contact:				
Nurse's Signatur	(b)(6)-2				
Date/Time	Date/Time				
(b)(6)-2	(b)(6)-2				

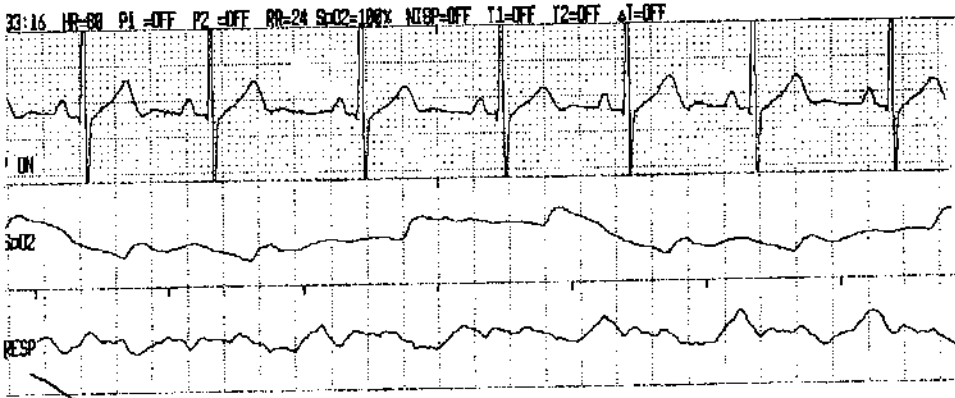


Name: ALIAN Date/Time: 4 Oct 03 03:30  
 Town: Town  
 Date/Time: 4 Oct 03 14:30 - 02:30  
 MEDCOM - 3429

RESPIRATORY PROGRESS NOTE

NURSING PROGRESS NOTE

0300 SpO2 approx 94% 15 sheet 3 O2's prepared  
 motor Pupils remain unequal Right more reactive  
 10 rapid sluggish Moro OULE & movement on  
 0920 nasal trumpet placed to O2 range SpO2 good  
 amt thick yellow/ tan secretions to well CP740



Name: (b)(6)-4		(b)(6)-1 ICU Flow Sheet											
		Date: 6 Oct 03											
		VITAL SIGNS											
Time		3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR		86	68										
Rhythm		SR	SR										
NIBP		124/71	117/78										
ABP													
Res		24	24										
O2% O2		24 N/c	24 N/c										
SpO2		95 %	96 %										
Temp		97.3 (ax)											
		Intake and Output											
Time		3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake													
IV Fluids		100	(b)(6)-2 10										
Oral NG		60	80										
G/J Tube													
Residual		10											
Total													
Output													
Urin		70	70										
Urin total		70	140										
NG/J/G													
Ches tube													
Total													

Name: (b)(6)-4 # (b)(6)-4		ICU Flow Sheet											
		Date: 5 Oct 03											
		VITAL SIGNS											
Time		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR													
Rhythm													
NIBP													
ABP													
Resp													
O2/FIO2													
SpO2	%		%	%	%	%	%	%	%	%	%	%	%
Temp.													
		Intake and Output											
Time		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake													
IV fluids													
Oral/NG													
G/J Tube													
Residual													
Hourly total													
Total													
Output													
Urine													
Urine total													
NG/OG													
Chest tube													
Totals													

(b)(3)-1

Name	Pt. # (b)(6)-4	Day shift	03.20.22	Mid-shift		Night shift		Mid-shift
Neuro								
Eyes open (see scale below)								
Verbal response (see scale below)								
Motor response (see scale below)								
Pupil size								
reactive - R / non-reactive - NR								
Hand grasps								
Respiratory								
Oxygen: delivery system/FIO2								
Breath sounds								
Chest tube - (location, air leak, crepitus)								
Sputum/secretions								
Cardiac								
Monitor (Y/N) Rhythm								
Peripheral pulses - upper / lower								
Capillary refill - upper / lower								
Color: pale/as her/jaundice/other								
GI/GU								
Abdomen								
Bowel sounds (hypo, norm, hyper)								
BM (color, consistency)								
NG/OG - placement verified								
Diet/appetite								
Urine: (Foley Y/N, color/sediment)								
Invasive lines								
Peripheral (location/fluid)								
Central (location/fluid)								
Arterial line (location)								
Pain assessment - pain present (Y/N)								
Drawings - mark location on body								
		<p>SOBRY NURSERY SITE BY NURSICA</p>						
<p>Number clock-wise starting with the head</p>		<p>Eye opening spontaneous 4 Verbal response oriented 5</p> <p>to voice 3</p> <p>to pain 2</p> <p>none 1</p> <p>Motor response obeys commands 6</p> <p>flexion to pain 4 extension to pain 3</p> <p>localized pain 5</p>						
<p>Visitors present: Y/N Name of family member to contact</p>		<p>Town:</p>						
<p>Nurse's Signature (b)(6)-2</p>		<p>Date/Time 5 Oct 03 @ 0830Z</p>						

NURSING PROGRESS NOTE

04107 R transferred to (see) via roller report  
given to SST 01/16/72  
MAY 1972

MEDICAL RECORD

INTRAOPERA

DOCUMENT

For use of this form, see AR 40-86, the prop

gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY [Signature] (b)(6)-2

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

3. DATE 7 Oct 03 TIME PATIENT ARRIVED IN SUITE 0575

4. PATIENT IN ROOM TIME 0575 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

- CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

Table with columns for Assigned Scrub, Relief Scrub, Assigned Circulator, and Relief Circulator. Includes handwritten signatures and (b)(6)-2 redactions.

7. POSITION AND POSITIONAL AIDS (Specify)

- SUPINE  LITHOTOMY  PRONE  KRASKE LATERAL:  LEFT SIDE UP  RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

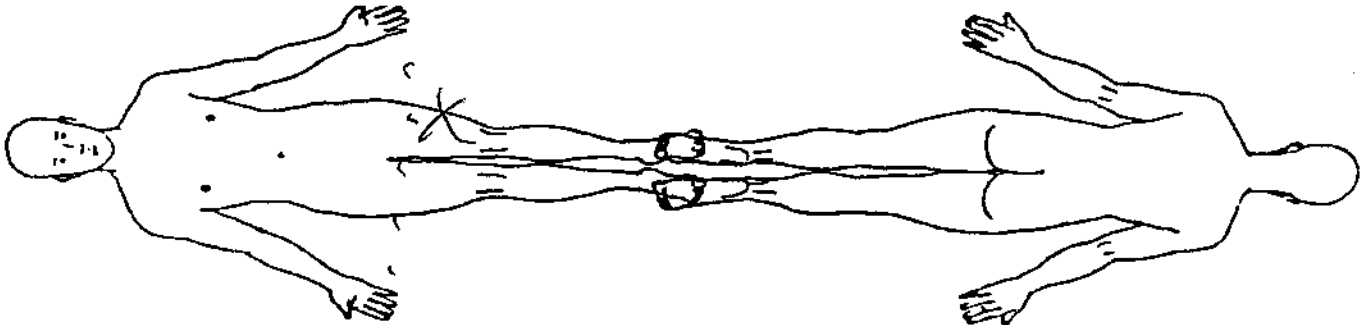
- HAIR REMOVAL:  YES  NO. DONE BY:  OR  NURSING UNIT. METHOD:  DEPILATORY  RAZOR  CLIP

PREP SOLUTION (Specify) Betadine Scrub + Sol. SITE: ABD. BY WHOM: [Signature] (b)(6)-2

COMMENTS:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

Table for surgical counts including columns for Other, First Closing Count, Final Closing Count, SCRUB, and CIRCULATOR. Includes handwritten counts and signatures.

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

Handwritten initials and a redacted box (b)(6)-4.

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

ESU NO: 52355. GROUND PAD: BRAND Verleylab. LOT NO: \_\_\_\_\_

13. PROSTHESIS, IMPLANTS  YES  NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S):

*None*

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)

*4x1, TAPE*

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1.	2.	3.
	<i>16 Fr Red</i>		
	<i>16 Fr Yellow</i>		
SITE	<i>1 for J Tubes</i>		

19. ADDITIONAL INFORMATION

*10*

20. OPERATION(S) PERFORMED

*placement J-jointing Tube*

21. PATIENT TRANSFERRED TO

*ICU*

TIME *0635*

METHOD *Cart*

22. REGISTERED

(b)(6)-2

TITLE

*886*

*MD*







# DADE BEHRING

## MicroScan®

### Pos Breakpoint Combo Panel Type 20 Worksheet

m03-640

ISOLATE NO: 1 DATE: 10-7 TECH: (b)(6)-2

### MICROCOCCACEAE

# (b)(6)-4

C	G	TFG
---	---	-----

≤0.25	≤0.25	≤2
1		4
2		16

Ox-S Ox-CNS Va

≤4/2	Aug
	GmS
	SIS

≤0.25	≤0.25	≤0.03	≤0.03
	2	0.12	0.12
			2

Am Am<sup>h</sup>-L P P<sup>h</sup>-L

≤8/4	16/8	16
≤4	8	
≤2	4	
≤1	16	

≤8	16
≤8	16
≤8	32
≤8	32
≤8	16

Cf	≤1	2
Cfz	≤2	4
Cft	≤2	4
Cax	≤2	4
Cpe	≤4	8

Cp	≤2	4
Gat	≤0.5	2
Lvx	≤0.5	4
Mxt <sup>h</sup>	≤32	64
Nxn	≤4	8

Ofi	≤2	4
Cd	≤1	2
E	≤1	2
Fd	≤4	8
Gm	≤4	8

Lzd<sup>h</sup> RH Syn Te Imp

### STREPTOCOCCACEAE

C	G	TFG
---	---	-----

	4
	16

Ox Va-E Va<sup>h</sup>-T

	Aug <sup>1,5</sup>
≤500	GmS-E
	≤1000
	SIS-E

25	≤0.25	≤0.25	≤0.03	≤0.03	≤0.03
2	2	2	0.12	0.12	0.12
4	4	4	2	2	2
8	8	8	8	8	8
		>8			>8

Am-E Am-D Am<sup>h</sup>-B P-E P-D P<sup>h</sup>-B

	A/S <sup>1,5</sup>
	P/T <sup>5</sup>
	Azi <sup>17</sup>
≤8	C-E
	C <sup>h</sup> -T


Cf <sup>1</sup>	≤1	2
Cfz <sup>1,4</sup>	≤2	4
Cax <sup>1,4</sup>		
Cpe <sup>1,4</sup>	≤4	8

Cp-E	≤2	4
Gat <sup>h</sup>	≤0.5	4
Mdf		
Nxn-E	≤32	64

Ofi-E	≤2	4
Cd <sup>h</sup> -T	≤2	4
E-E	≤1	2
E <sup>17</sup> -T	≤1	2
Fd-E	≤4	8
Gm		

Lzd<sup>h</sup>-T RH-E Syn-A/E Te-E Imp<sup>1</sup>

S	= Susceptible
I	= Intermediate
R	= Resistant
N	= Not Reported/Not Applicable
	= No Interpretation Available

Abbr.  
 S = *S. aureus*  
 L = *Listeria*  
 CNS = Staphylococci other than *S. aureus*  
 E = Enterococci  
 T = Streptococci  
 A = Group A Strep  
 B = β-hemolytic streptococci  
 D = Group D *Streptococcus/S. bovis*

Micrococcaceae									
CV	NOV	VP	BE	PGT	LAC	NACL	RBS	BAC	
MS	PGR	OPT	PYR	URE	TRE	SOR	INU	PRV	
NIT	IDX	PHO	ARG	MAN	MNS	ARA	RAF	HEM	
7	1	3	1	6	5	4	0	4	

Streptococcaceae

Identification  
 SEE OTHER SIDE FOR IMPORTANT INTERPRETATION EXCEPTIONS

DADE BEHRING

MicroScan®

Pos Breakpoint Combo Panel Type 20 Worksheet

mo3-646

ISOLATE NO: (2)

DATE: 10-7

TECH: (b)(6)-2

MICROCOCCACEAE

#(b)(6)-4

Table with 3 columns: C, G, TFG

Table with 2 columns: Ox-S, Ox-CNS Va

Ox-S Ox-CNS Va

Table with 4 columns: Am, Am^L, P, P^L

Am Am^L P P^L

Table with 2 columns: Aug, GmS, SsS

Table with 2 columns: A/S, P/T, Azi, C

Table with 2 columns: GI, Ctz, CR, Cax, Cpe

Table with 2 columns: Cp, Gat, Lvx, Mxd, Nxn

Table with 2 columns: Ofi, Cd, E, Fd, Gm

Table with 2 columns: Lzd, Rif, Syn, Te, Imp

STREPTOCOCCACEAE

Table with 3 columns: C, G, TFG

Table with 2 columns: Dx, Va-E, Va^T

Dx Va-E Va^T

Table with 6 columns: Am-E, Am-D, Am^B, P-E, P-D, P^B

Am-E Am-D Am^B P-E P-D P^B

Table with 2 columns: Aug^1.5, GmS-E, SIS-E

Table with 2 columns: A/S^1.5, P/T^5, Azi^17, C-E, C^4-T

Table with 2 columns: Cr^1, Cr^2, Cr^1.4, Cax^1.4, Cpe^1.4

Table with 2 columns: Cp-E, Gat^2, Lvx, Mxd, Nxn-E

Table with 2 columns: Ofi-B, Cd^4-T, E-E, E17-T, Fd-E, Gm

Table with 2 columns: Lzd-E, Rif-E, Syn-AE, Te-E, Imp^1

Legend for susceptibility: S = Susceptible, I = Intermediate, R = Resistant, N = Not Reported/Not Applicable, = No Interpretation Available

- Abbr. S = S. aureus, L = Listeria, CNS = Staphylococci other than S. aureus, E = Enterococci, T = Streptococci, A = Group A Strep, B = B-hemolytic streptococci, D = Group D Streptococcus/S. bovis

Staph. aureus

Micrococccaceae table with columns: CV, MS, NIT, NGV, PGR, IDX, VP, OPT, PHO, BE, PYR, ARG, PGT, URE, MAN, LAC, TRE, MNS, NAEL, SOR, ARA, RBS, INU, BAC, PRV, HEM

Identification SEE OTHER SIDE FOR IMPORTANT INTERPRETATION EXCEPTIONS

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
10-2-93	1100	
REQUESTED		
RESULTS		
pH	7.372	
PCO <sub>2</sub>	33.4	
PO <sub>2</sub>	123	
BE	-6	
HCO <sub>3</sub>	19	
i <sub>u</sub>	20	
SrO <sub>2</sub>	99	
L <sub>2</sub> 2.73		

REMARKS  
ABG: Smv 14 700 +5 H10

Enter in above space  
REQUESTING PHYSICIAN'S SIGNATURE  
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REPORTED BY  
MID DATE  
LAB ID NO.

MISC  
URGENCY  
 ROUTINE  
 TODAY  
 PRE-OP  
 STAT

PATIENT STATUS  
 BED  
 OUTPATIENT  
 NP  
 DOM

SPECIMEN/LAB RPT. NO.

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
10-2-93		
RESULTS	REQUESTED	(K)
4.79	RBC COUNT	
14.0	HEMOGLOBIN	
41.5	HEMATOCRIT	
86.7	MCV	
39.7	MCH	
33.7	MCHC	
9.6	WBC COUNT	
	IMMATURE	
	NEUTRO-	
	BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET	
	COUNT	
	RETICULOCYTE	
	COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
	PATIENT	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS  
CPC

Enter in above space  
REQUESTING PHYSICIAN'S SIGNATURE  
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REPORTED BY  
MID DATE  
LAB ID NO.

HEMATOLOGY  
URGENCY  
 ROUTINE  
 TODAY  
 PRE-OP  
 STAT

PATIENT STATUS  
 BED  
 OUTPATIENT  
 NP  
 DOM

SPECIMEN SOURCE  
 VEIN  
 CAP  
 OTHER (Specify)

MISCELLANEOUS  
STANDARD FORM 545 (Rev. 3-77)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-45-505

557-107

PATIENT'S MED. RECORD

HEMATOLOGY  
STANDARD FORM 549 (Rev. 7-78)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-45-505

549-107

PATIENT'S MED. RECORD

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

<input type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITOLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNHEMATOLOGY (SF 556)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> SEROLOGY (SF 551)	<input type="checkbox"/> MICROBIOLOGY II (SF 554)
<input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> MISCELLANEOUS (SF 557)
	<input type="checkbox"/> ASSORTED FORMS

### LABORATORY REPORT DISPLAY

TESTS I			TESTS II		
SPECIMEN TAKEN			SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.	DATE	TIME	A.M. P.M.
10/03			10/03	0922	A.M.
RESULTS	REQUESTED	(X)	RESULTS	REQUESTED	(X)
4.80	RBC COUNT		Yellow	ROUTINE	
14.3	HEMOGLOBIN		LOZU	COLOR	
42.2	HEMATOCRIT		0.2	SPECIFIC GRAVITY	
87.8	MCV		Trace	UROBILINOGEN	
29.7	MCH		Neg	OCCULT BLOOD	
33.8	MCHC		Neg	BILE	
9.7	WBC COUNT		Neg	KETONES	
	IMMATURE WBC'S		Neg	GLUCOSE	
	NEUTROPHILS		Neg	PROTEIN	
	LYMPHS		5.0	pH	
	EOSINOPHILS			MICROSCOPIC	
	BASOPHILS		0 seen	WBC	
	MONOCYTES		5-10/hpf	RBC	
	PLATELETS		0-2/hpf	EPITH CELLS	
	RBC			WBC	
	SED. RATE			RBC	
155	PLATELET COUNT			HYALINE	
	RETICULOCYTE COUNT			GRANULAR	
	CLOTTING TIME			BACTERIA	
	BLEEDING TIME			CRYSTALS	
	CONTROL PATIENT			MUCUS	
	CONTROL PATIENT			NITRITE	
	% ACTIVITY			RENCE-JONES PROTEIN	
	RATIO			HEMOSIDERIN	
	PACKING TEST			HCG	
9.3	SPED LVS				
0.9	LVS				

HEMATOLOGY		URINALYSIS	
<input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	<input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> SPECIMEN SOURCE <input type="checkbox"/> CAP	<input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	<input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> SPECIMEN SOURCE <input type="checkbox"/> CAP

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressing table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

- FORMS DISPLAYED ON THIS SHEET ARE (Check one)
- |  |   |
|--|---|
| MOUNTED ON STRIPS 1 THROUGH 7:<br><input type="checkbox"/> CHEMISTRY I (SF 546)<br><input type="checkbox"/> CHEMISTRY II (SF 547)<br><input type="checkbox"/> CHEMISTRY III (SF 548)<br><input type="checkbox"/> HEMATOLOGY (SF 549)<br><input type="checkbox"/> URINALYSIS (SF 550)<br><input type="checkbox"/> SEROLOGY (SF 551)<br><input type="checkbox"/> SPINAL FLUID (SF 555) | MOUNTED ON STRIPS 3, 5, AND 7:<br><input type="checkbox"/> PARASITOLOGY (SF 552)<br><input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)<br><input type="checkbox"/> ASSORTED FORMS<br><input type="checkbox"/> OTHER (Specify) |
| MOUNTED ON STRIPS 1, 4, AND 7:   |   |
| <input type="checkbox"/> MICROBIOLOGY I (SF 553)<br><input type="checkbox"/> MICROBIOLOGY II (SF 554)<br><input type="checkbox"/> MISCELLANEOUS (SF 557)   | <input type="checkbox"/> ASSORTED FORMS   |

General Services Administration and Interagency Committee on Medical Records  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	A.M.	P.M.
10/20/03			
RESULTS	REQUESTED		
116	GLUCOSE		
10	UREA N.		
0.8	CREATININE		
	URIC ACID		
139	SODIUM		
4.3	POTASSIUM		
105	CHLORIDE		
17	CO <sub>2</sub>		
	PHOSPHATE		
	CALCIUM		
6.5	TOTAL PROTEIN		
3.8	ALBUMIN		
	GLOBULIN		
113 H	ALKALINE PHOSPHATASE		
49 H	ACID PHOSPHATASE		
	SGOT		
	LDH		
1020 H	CPK		
0.1	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
73 L	CHOLESTEROL		
	TRIGLYCERIDES		
271 H	AMYLASE		
	LIPASE		
	PROFILE (Specify)		
34	ACT		

REMARKS  
Medicine & Anesthesia, UHHS

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
SIGNATURE  
REPORTED BY  
MO. DATE  
TECH  
LAB. ID. NO.

EMERGENCY  
CHEM 1  
URGENCY  
ROUTINE  
TODAY  
PRE-OP  
STAT  
SPECIMEN SOURCE  
BLOOD  
OTHER (Specify)

PATIENT STATUS  
BED  
OUTPATIENT  
NP  
DOM  
AMB

#A27

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	A.M.	P.M.
RESULTS			
pH 7.384			
PO <sub>2</sub> 36.6			
PO <sub>2</sub> 337			
BE -3			
HCO <sub>3</sub> 22			
TCO <sub>2</sub> 23			
SAO <sub>2</sub> 100%			
Na 143			
K 4.2			
Ca 1.19			
Hct 39			
Hb 13			

REMARKS  
ABG (0900Z) SMV 14 700 45 100%

Enter in above space. PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE  
DELEGATOR'S SIGNATURE  
M.D. DATE  
LAB ID NO.

MISC  
URGENCY  
ROUTINE  
TODAY  
PRE-OP  
STAT

PATIENT STATUS  
BED  
OUTPATIENT  
NP  
DOM

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO.

#  
(b)(6)-4

2

CHEMISTRY I  
STANDARD FORM 546 (Rev. 3-77)  
PRESCRIBED BY GSA ICMR  
FIRM (41 CFR) 201-45,505

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

(b)(6)-4

Enter in above space  
 REQUESTING PHYSICIAN'S SIGNATURE  
 (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 REPORTED BY (b)(6)-2

MD DATE 3 Oct  
 TECH (b)(6)-4

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

MISC

URGENCY  ROUTINE  AMB  BED  OUTPATIENT  NP  DOM

STAT  PRE-OP  SPECIMEN SOURCE (Specify)

557-107

MISCELLANEOUS  
 STANDARD FORM 557 REV. 3-77  
 PREPARED BY QUALITY  
 MANAGEMENT (FORM 557-107)

DATE TIME A.M. P.M.  
 10-20-88 017

RESULTS REQUESTED

ABV

7.11 pH  
 40 PCO<sub>2</sub>  
 25 HCO<sub>3</sub>  
 98% SaO<sub>2</sub>

1 BE  
 25 PCO<sub>2</sub>

LABORATORY

PS 10  
 30%

(b)(6)-4

Enter in above space  
 REQUESTING PHYSICIAN'S SIGNATURE  
 (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 REPORTED BY (b)(6)-2

MD DATE 2 Sept  
 TECH 15502

LAB. ID. NO.

PATIENT'S MED. RECORD

CHEM 1

URGENCY  ROUTINE  AMB  BED  OUTPATIENT  NP  DOM

STAT  PRE-OP  SPECIMEN SOURCE (Specify)  BLOOD  OTHER

546-108

CHEMISTRY I  
 STANDARD FORM 546 REV. 8-77  
 PREPARED BY QUALITY  
 MANAGEMENT (FORM 546-108)

DATE TIME A.M. P.M.  
 10-20-88

RESULTS REQUESTED (R)

175 GLUCOSE  
 9 UREA N  
 0.6 CREATININE  
 URIC ACID  
 136 SODIUM  
 44 POTASSIUM  
 99 CHLORIDE  
 35 CO<sub>2</sub>

PHOSPHATE  
 CALCIUM  
 TOTAL PROTEIN  
 ALBUMIN  
 GLOBULIN  
 ALKALINE PHOSPHATASE  
 ACID PHOSPHATASE  
 SGOT  
 LDH  
 CPK  
 BILIRUBIN (TOTAL)  
 BILIRUBIN (DIRECT)  
 CHOLESTEROL  
 TRIGLYCERIDES  
 AMYLASE  
 LIPASE

PHOSPHATE (Specify)

LABORATORY





LABORATORY REPORT DISPLAY

HEMATOLOGY  
STANDARD FORM 545 (REV. 7-73)  
FPMR (41 CFR) 101-11.605

DATE	4/20/83
TIME	12:55 P.M.
RESULTS	
REQUESTED	(X)
RBC COUNT	4.73
HEMOGLOBIN	13.6
HEMATOCRIT	40.7
MCV	87.9
MCH	29.5
MCHC	35.4
WBC COUNT	7.4
IMMATURE BANDS	
NEUTROPHILS	
LYMPHS	
EOSINOPHILS	
BASOPHILS	
MONOCYTES	
PLATELETS	
RBC	
SED RATE	116
PLATELET COUNT	
RETICULOCYTE COUNT	
CLOTTING TIME	
BLEEDING TIME	
CONTROL	9
PATIENT	7
CONTROL	8
PATIENT	6
CONTROL	5
% ACTIVITY	
RATIO	
SICKING TEST	
LAB	
LAB	

PATIENTS MED. RECORD  
HEMATOLOGY  
URGENCY  ROUTINE  TODAY  PRE-OP  STAT   
 PATIENT STATUS  BED  OUTPATIENT  NP  DOM   
 SPECIMEN SOURCE  VEIN  CAP  OTHER (Specify)

MISCELLANEOUS  
STANDARD FORM 545 (REV. 3-77)  
FPMR (41 CFR) 101-11.605

RESULTS  
A1B-2.9 L  
A1F-68  
A1T-39  
A1G-34  
A1H-44 H  
T8:1-0.7  
Bun-11  
Ca<sup>++</sup>-9.1  
Cl<sub>2</sub>-87 L  
Ca-0.8  
61-153 H  
Tr-6.6

REQUESTED  
DATE 5/04  
TIME 0:55 P.M.

REMARKS  
Chem 12

PATIENTS MED. RECORD  
MISC  
URGENCY  ROUTINE  TODAY  PRE-OP  STAT   
 PATIENT STATUS  BED  OUTPATIENT  NP  DOM   
 SPECIMEN SOURCE (Specify)

LAB. ID. NO. 557-107  
MID DATE 3/22/83  
TECH (b)(6)-2

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

REMARKS  
Aline

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)  
 MOUNTED ON STRIPS 1 THROUGH 7  
 MOUNTED ON STRIPS 1, 4, AND 7  
 OTHER (Specify)

ASSORTED FORMS  
 CHEMISTRY I (SF 546)  
 CHEMISTRY II (SF 547)  
 CHEMISTRY III (SF 548)  
 HEMATOLOGY (SF 549)  
 URINALYSIS (SF 550)  
 SEROLOGY (SF 551)  
 SPINAL FLUID (SF 552)

ASSORTED FORMS  
 PARASITOLOGY (SF 553)  
 IMMUNOHEMATOLOGY (SF 556)  
 ASSORTED FORMS  
 OTHER (Specify)

MICROBIOLOGY I (SF 559)  
 MICROBIOLOGY II (SF 554)  
 MISCELLANEOUS (SF 557)  
 ASSORTED FORMS

#(b)(6)-4

ICU  
Bed 6

Enter in above space  
REQUESTING PHYSICIAN'S SIGNATURE  
(b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
RE (b)(6)-2

REMARKS  
Sputum CES

No pathogens at 72 hours

TEST(S)	
DATE	TIME
4 Oct 03	1400
A.M.	P.M.
SPECIMEN TAKEN	
REQUESTED	
RESULTS	

557-107

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 2-77)  
Revised by 557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 7 Oct 03  
TECH 0830

557-107

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 2-77)  
Revised by 557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 7 Oct 03  
TECH 0830

#(b)(6)-4

ICU  
Bed 6

Enter in above space  
REQUESTING PHYSICIAN'S SIGNATURE  
(b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
RE (b)(6)-2

REMARKS  
Urine Culture

#1) Streptococcus species

#2) Staph aureus

See report for susceptibilities

TEST(S)	
DATE	TIME
4 Oct 03	1315
A.M.	P.M.
SPECIMEN TAKEN	
REQUESTED	
RESULTS	

557-107

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 2-77)  
Revised by 557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 7 Oct 03  
TECH 0840

557-107

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 2-77)  
Revised by 557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 7 Oct 03  
TECH 0840

MISCELLANEOUS  
STANDARD FORM 557 (Rev. 2-77)  
Revised by 557-107

557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 10-7  
TECH 0302

557-107

LAB ID NO. (b)(6)-4

PATIENT'S MED. RECORD

URGENCY  
 AMB  
 BED  
 OUTPATIENT

PATIENT STATUS  
 STAT  
 PRE-OP  
 TODAY  
 NP  
 DOOM

SPECIMEN SOURCE (Specify)

MD DATE 10-7  
TECH 0302

No growth at 72 hours

Blood culture

#(b)(6)-4  
ICU  
Bed 6

TEST(S)	
DATE	TIME
4 Oct 03	1315
A.M.	P.M.
SPECIMEN TAKEN	
REQUESTED	
RESULTS	

TEST(S)	
DATE	TIME
4 Oct 03	1315
A.M.	P.M.
SPECIMEN TAKEN	
REQUESTED	
RESULTS	

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
06 OCT 03	0900z	
RESULTS	REQUESTED	DU
4.50	RBC COUNT	
13.5	HEMOGLOBIN	
39.7	HEMATOCRIT	
88.2	MCV	
29.9	MCH	
33.9	MCHC	
8.0	WBC COUNT	
	IMMATURE NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
224	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL PATIENT	
	CONTROL PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
12.9	LYDOL	
1.0	LYDOL	

Enter in above space  
 REQUESTING PHYSICIAN'S SIGNATURE  
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 0919 216  
 6 OCT 03  
 549-107

REMARKS  
 (b)(6)-4  
 (b)(6)-2  
 1CU1  
 Bed 3  
 HEMATOLOGY  
 URGENCY  
 ROUTINE  
 TODAY  
 PRE-OP  
 STAT  
 PATIENT STATUS  
 BED  
 OUTPATIENT  
 NP  
 DOM  
 SPECIMEN SOURCE  
 VEIN  
 CAP  
 OTHER (Specify)  
 SPECIMEN/LAB. RPT. NO.  
 PATIENTS MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
06 OCT 03	0900z	
RESULTS	REQUESTED	(X)
114	GLUCOSE	
16	UREA N.	
1.0	CREATININE	
	URIC ACID	
138	SODIUM	
44	POTASSIUM	
97L	CHLORIDE	
26	CO <sub>2</sub>	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
1735H	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS  
 (b)(6)-2  
 Metlyte 8  
 (b)(6)-2  
 ADD DATE  
 06 OCT 03  
 0942Z  
 546-106

Enter in above space  
 REQUESTING PHYSICIAN'S SIGNATURE  
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 0919 216  
 6 OCT 03  
 546-106

REMARKS  
 (b)(6)-4  
 1CU1  
 Bed 3  
 CHEM I  
 URGENCY  
 ROUTINE  
 TODAY  
 PRE-OP  
 STAT  
 PATIENT STATUS  
 BED  
 OUTPATIENT  
 NP  
 DOM  
 SPECIMEN SOURCE  
 BLOOD  
 OTHER (Specify)  
 SPECIMEN/LAB. RPT. NO.  
 PATIENTS MED. RECORD

Enter in above space  
 REQUESTING PHYSICIAN'S SIGNATURE  
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 (b)(6)-2  
 (b)(6)-2  
 MD DATE  
 12012  
 4 Oct 2013  
 TECH  
 LAB. ID. NO.

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
06 OCT 03	1245	
RESULTS	REQUESTED	(X)
170H	GLUCOSE	
12	UREA N.	
0.8	CREATININE	
137	URIC ACID	
4.0	SODIUM	
96	POTASSIUM	
23	CHLORIDE	
	CO <sub>2</sub>	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
1316H	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

**MEDICAL RECORD-ANESTHESIA**

PROCEDURE **J-Tube**

DATE **10-7-03** OR NO. **1** PAGE OF **1** SURGEON(S) **[b](6)-2**

ITEM	START	STOP
Anesthesia	<b>0515</b>	<b>0</b>
Procedure	<b>0530</b>	<b>0635</b>

PRE-PROCEDURE	MONITORS AND EQUIPMENT	ANESTHETIC TECHNIQUES	AIRWAY MANAGEMENT	RECOVERY ROOM								
<input type="checkbox"/> Identified <input type="checkbox"/> ID Band <input type="checkbox"/> Questioning <input type="checkbox"/> Permit Signed <input checked="" type="checkbox"/> Chart Review <input type="checkbox"/> NPO Since <b>J.P.M.</b> Pre-anesthetic State: <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Apprehensive <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Unresponsive	<input type="checkbox"/> Sleth <input type="checkbox"/> Etoph <input type="checkbox"/> Precord <input type="checkbox"/> Other <input checked="" type="checkbox"/> Non-invasive B/P <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Analyzer <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Resp Gas Analyzer <input type="checkbox"/> Temp <input type="checkbox"/> EEG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input checked="" type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter	Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Brachial <input type="checkbox"/> Bier Block <input type="checkbox"/> Ankle Bk <input type="checkbox"/> M.A.C. General: <input type="checkbox"/> Pre-O <sub>2</sub> <input type="checkbox"/> L.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Rectal <input type="checkbox"/> Intramuscular	<input type="checkbox"/> Intubation <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Magill's <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Del. use P/line <input type="checkbox"/> Fiber Opt <input type="checkbox"/> Stylet <input checked="" type="checkbox"/> Attempts <b>1</b> <input type="checkbox"/> Blade <b>23/11/1</b> <input checked="" type="checkbox"/> Tube size <b>6.0</b> <input type="checkbox"/> Endobronchial <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> NS <input type="checkbox"/> Uncuffed, leaky at <input type="checkbox"/> cm H <sub>2</sub> O <input checked="" type="checkbox"/> Secured at <b>20</b> <input type="checkbox"/> ET/CO <sub>2</sub> Present <input checked="" type="checkbox"/> Breath Sounded <b>10/1</b> <input checked="" type="checkbox"/> Circuit: <input checked="" type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input checked="" type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Cane <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O <sub>2</sub> Mask	Time: <b>0530</b> <b>0635</b> <input type="checkbox"/> PACU <input type="checkbox"/> SICU <input type="checkbox"/> LAD <input type="checkbox"/> Awake <input type="checkbox"/> Spont Resp <input type="checkbox"/> Oral Airway <input type="checkbox"/> Asleep <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasal Airway <input type="checkbox"/> Stable <input type="checkbox"/> Extubated <input type="checkbox"/> Face Shield O <sub>2</sub> <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated <input type="checkbox"/> T-Piece O <sub>2</sub>								
PATIENT SAFETY				CONTROLLED DRUGS								
<input checked="" type="checkbox"/> Anas. Machine # <input type="checkbox"/> Checked <input type="checkbox"/> Safety Bed On <input type="checkbox"/> Axillary Roll <input type="checkbox"/> Arm Restraints <input checked="" type="checkbox"/> Arms Tucked <input checked="" type="checkbox"/> Pressure points checked and padded <input type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles				<table border="1"> <thead> <tr> <th>Drug</th> <th>Used</th> <th>Destroyed</th> <th>Returned</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Drug	Used	Destroyed	Returned				
Drug	Used	Destroyed	Returned									

AGENTS	ELUIDS	MONITORS	VITAL SIGNS	VENT	TOTALS
<input type="checkbox"/> Hal <input type="checkbox"/> Ent <input type="checkbox"/> Iso (%) <input type="checkbox"/> N <sub>2</sub> O <input type="checkbox"/> Air (L/min) Oxygen (L/min) Vecsed ( ) <b>2ml</b> Entanal ( ) <b>2ml</b> Propofol ( ) <b>100</b> Propofol ( ) <b>50</b>	<b>NR</b> <b>100/100</b> <b>3/3</b>	EKG: <b>SR SR SA SR</b> % O <sub>2</sub> Inspired (FIO <sub>2</sub> ): <b>100 100 100 100</b> O <sub>2</sub> Saturation (SaO <sub>2</sub> ): <b>100 100 100 100</b> End Tidal CO <sub>2</sub> : <b>34 32 33</b> Temp: <input type="checkbox"/> C <input type="checkbox"/> F	Baseline Values: <b>124/79</b> B/P: <b>101</b> P: <b>170</b> R:	Tidal Vol. (ml): <b>500 400 50</b> Resp. Rate: <b>12 12</b> Peak Pres. (cm H <sub>2</sub> O): <b>15 15 15</b> PEEP (cm H <sub>2</sub> O): <b>0 0 0</b>	Symbols: X ANESTHESIA O OPERATION V B/PCUFF PRESSURE ↓ ARTERIAL LINE PRESSURE Δ MEAN ARTERIAL PRESSURE ● PULSE O SPONTANEOUS RESP ⊗ ASSISTED RESP ⊙ CONTROLLED RESP † TOURNIQUET

ANESTHESIA PROVIDER(S) **[b](6)-2**

PATIENT'S ID **[b](6)-4** in entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility.

REMARKS **0515 To OR. Monitor O<sub>2</sub> vi a mask.**  
**0615 Extubated forward & deep**  
**0635 To PAR spinal Vent. 1.5 S**

# **[b](6)-4**  
**2540**

**PRE-ANESTHESIA EVALUATION**

AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS		
				B/P	P	R T

PROPOSED PROCEDURE \_\_\_\_\_

PREVIOUS ANESTHESIA/OPERATIONS (if none, check here ) \_\_\_\_\_

CURRENT MEDICATIONS (if none, check here ) \_\_\_\_\_

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (if none, check here ) \_\_\_\_\_

ALLERGIES (if NKDA, check here ) \_\_\_\_\_

AIRWAY/TEETH/HEAD AND NECK	HISTORY FROM <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> POOR HISTORIAN <input type="checkbox"/> CHART <input type="checkbox"/> SIGNIFICANT OTHER <input type="checkbox"/> PATIENT
----------------------------	--

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
<b>RESPIRATORY</b> Asthma            Pneumonia Bronchitis        Productive cough COPD                Recent cold Dyspnea            SOB Orthopnea         Tuberculosis	<input type="checkbox"/>	Tobacco Use: <input type="checkbox"/> No <input type="checkbox"/> Yes ___ Pack/Day for ___ Years	Chest X-ray    Pulmonary Studies
<b>CARDIOVASCULAR</b> Angina             MI Arrhythmia        Murmur CHF                 MVP Exercise Tolerance    Pacemaker Hypertension        Rheumatic fever	<input type="checkbox"/>	S/P	EKG
<b>HEPATO/GASTROINTESTINAL</b> Bowel obstruction    Jaundice Cirrhosis             N&Y Hepatitis              Reflux/heartburn Hiatal hernia         Ulcers	<input type="checkbox"/>	Ethanol Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency _____	
<b>NEURO/MUSCULOSKELETAL</b> Arthritis            Parasthesia Back problems        Syncope CVA/stroke            Seizures DJD                    TIAs Headaches            Weakness Loss of consciousness Neuromuscular disease Paralysis	<input type="checkbox"/>	Closed Head Injury for J-tube Placement.	
<b>RENAL/ENDOCRINE</b> Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain	<input type="checkbox"/>		
<b>OTHER</b> Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history			

PROBLEM LIST/DIAGNOSES	ASA PS	LAB STUDIES
	1	Hgb/Hct/CBC
	2	Electrolytes
	3	Urinalysis
	4	Other
	5	
	E	

Hct 39.7  
Hgb 13.5

PLANNED ANESTHESIA/SPECIAL MONITORS	<p align="center"><b>POST-ANESTHESIA NOTE</b></p>
PRE-ANESTHESIA MEDICATIONS ORDERED	
SIGNATURE OF EVALUATOR(S)	<p>Signed _____ Date _____ Time _____</p>

OPTIONAL FORM 517 BACK

**POST ANESTHESIA CARE UNIT FLOWSHEET**

Time Received From OR: 0630 Procedure: J-tube placement

ASA: \_\_\_\_\_ Allergies: NKA EBL: min

U.O. in OR: 0 Drains: 0

Fluids Received in OR: Type NS Amount 550

Anesthesia: Versed Fentanyl

Time	0630	0645	0700	0715	0730					
Temp	97.6									
HR	78	78	81	87	89					
RR	34	28	28	28	24					
BP	123/69	115/68	113/68	114/64	117/64					
O2 Sat	98	96	95	95	96					
Activity	1	1	1	1	1					
Resp	1	1	2	2	2					
Circ	2	2	2	2	2					
Consc	1	1	1	1	1					
Color	1	1	1	1	1					1
Total	6	6	7	7	7					

Notes:

Transferred to: Jew Via: lites Report to: \_\_\_\_\_

Name: (b)(6)-4 Date: 7 Oct 03

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

EXAMINATION(S) REQUESTED  <b>CXR</b>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		<b>M</b>		<b>EMT</b>	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR				<b>CPT</b>	DATE REQUESTED <b>02 Oct 03</b>

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

**MVA**

DATE OF EXAMINATION (Month, day, year) <b>2 Oct 03</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
---	-----------------------------------	--

RADIOLOGIC REPORT

- ① ETT @ tip @ the carina
- ② NGT curled in region of stomach
- ③ No ptx
- ④ haziness to ② lung - position w layering fluid w atx

(b)(6)-2

**7430L**

**20 Oct 03**

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

#

(b)(6)-4

**ICU**

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE



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

EXAMINATION(S) REQUESTED <b>Head &amp; Neck / Face CT Scan</b>	AGE SEX SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	<b>M</b>	<b>EMT</b>	
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	(b)(6)-2	<b>CPT</b>	TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR			DATE REQUESTED <b>02 Oct 03</b>

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

**MVA**

DATE OF EXAMINATION (Month, day, year) <b>20 Oct 03</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

Head: Acute bleed  $\bar{c}$  blood in (R) ventricle  $\bar{c}$  3 ventricle  
 No extraaxial fluid collections No midline shift  
 Fracture thru post (R) maxillary sinus  $\bar{c}$  AF level  
 Proptosis on (R) with soft tissue swelling  $\bar{c}$  periorbital air

Spine = Images lost 20 to technical problems

Abd  $\bar{c}$  U (No oral) = No images 20 to CT Crew

(b)(6)-2

1045L

30 Oct 03

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

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

**ET + OBE Placement**

DATE OF EXAMINATION (Month, day, year) <b>3 Oct 03 01 2014</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
---	-----------------------------------	--

RADIOLOGIC REPORT

**ETT @ Carina**

**Needs to be partially withdrawn/retracted**

**Lungs OK**

**NOT with tip well beneath**

**the diaphragm**

(b)(6)-2

**0630L  
30 Oct 03**

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

# (b)(6)-4

**ICU6 AFghan male**

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED  Head CT / C-spine Abd CT with oral & IV contrast	AGE	SEX M	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REFLECTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2 CPTAN				DATE REQUESTED

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

Reevaluate post MVA

DATE OF EXAMINATION (Month, day, year) 3 Oct 03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

Bilateral A/F bands in maxilla sinu - fix from posteriorly (R)  
 Resolved pterygoid (R)  
 Head No sig Δ in acute blood (R) lateral ventricle  
 3rd - now seen in 4th Ventricle no sig Δ in size  
 No extraaxial fluid/midline shift  
 Soft tissue swell (R) lateral face  
 Periorbital air (R) similar to prior exam

C-spine ETT & NGT

Abd CT - OK

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

# (b)(6)-4

ICU  
Bed 6

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

### RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED  <b>port CXR</b>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <b>JCW Bed 6</b>	REGISTER NO. (b)(6)-4
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE				DATE REQUESTED <b>4 Oct 03</b>

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

**↑ temp**

DATE OF EXAMINATION (Month, day, year) <b>5 Oct 03 (0603)</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

**cu 30 Oct 0 0120**  
**(Rotated Image)**  
 The ~~HGT~~ tube tip is well  
 beneath the diaphragm  
 The lung volumes are low  
 New Right focal opacities at  
 the base are cu segmental at x  
 a pneumonia is also in the  
 differential

(b)(6)-2  
**0615 L**  
**5 Oct 03**

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

**JCW**

LOCATION OF RADIOLOGIC FACILITY

(b)(3)-1

SIGNATURE

(b)(3)-1

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

EXAMINATION(S) REQUESTED  <i>Portable upright CXR</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	25	M	(b)(6)-4	ICU	
	FILM NO.				PREGNANT
					<input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTED BY (Print)				TELEPHONE/PAGE NO.	
(b)(6)-2					
SIGNATURE OF REQUESTOR				DATE REQUESTED	
(b)(6)-2				10/6/03	

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

*RLL opacity on CXR yesterday, schedule for further diagnostic tomorrow*

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
6 Oct 03		

RADIOLOGIC REPORT

*cx yesterday @ 0603 hrs*

- ① Interval removal of NGT
- ② Near complete resolution of the Right basilar consolidation

(b)(6)-2

*1600 L  
6 Oct 03*

*CK*

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>Flat ABD</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <i>ICU</i>	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR <i>Dr. (b)(6)-2</i>				DATE REQUESTED <i>9 OCT 03</i>

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

*Recent J-tube placement*

DATE OF EXAMINATION (Month, day, year) <i>9 Oct 03</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

*Distended gastric bubble  
 (tube) loops / overlies pelvis  
 with tip overlying ascending  
 colon on AP project*

(b)(6)-2

*0545 Z*

*9 Oct 03*

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. (b)(6)-4
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	RE (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 10/10/03

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

Flat plate ABD+upr  
Noileus - j-tube reflux

DATE OF EXAMINATION (Month, day, year) 10 Oct 03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

cx yesterday @ 1004 L  
 Interval resolution of  
 gastric distension  
 Non-specific bowel gas pattern  
 No overwhelming evidence for ileus  
 as queried  
 Lung bases relatively clear

(b)(6)-2

0954 Z

100403

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

(b)(6)-4

ICW Bed  
3

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

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

EXAMINATION(S) REQUESTED  Flat plate AB series	AGE/SEX M	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.			PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTER (b)(6)-2			TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR			DATE REQUESTED

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

flc ileus - j tube reflux

DATE OF EXAMINATION (Month, day, year) 11 Oct 03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

cu yesterday @ 1400 L

No sig change in the last 17 hours

J tube in position. No radiographic findings to suggest ileus.

(b)(6)-2

0230 Z

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

# (b)(6)-4

ICW BED 3

LOCATION OF MEDICAL RECORDS 11 Oct 03
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 # (b)(6)-4			DATE OF ORDER 10/2/03	TIME OF ORDER 1000	LIST TIME ORDER NOTED AND SIGN
			Admit call C/S Cardiac critical ✓ 1/2 per ICU route to neuro's		

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

PATIENT IDENTIFICATION # (b)(6)-4			DATE OF ORDER 10/2/03	TIME OF ORDER 1400	LIST TIME ORDER NOTED AND SIGN
			✓ Vent per protocol mital TV 700 20W 14 @ 5 PEEP 0.4 A02 ✓ ABG at 10:30 ✓ NPO ✓ NGT → U.S.     ✓ Foley → ICU		

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

PATIENT IDENTIFICATION # (b)(6)-4			DATE OF ORDER 10/2/03	TIME OF ORDER 1400	LIST TIME ORDER NOTED AND SIGN
			✓ rest from pain at peds ✓ CT Head/pelvis when able ✓ C/S, net take 8 at 1400 2 man C/S in USAR		

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

PATIENT IDENTIFICATION # (b)(6)-4			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

**DA** FORM 1 APR 79 **4256**

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			↓	HOURS	
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-4</div>			03 Dec 03	head CT abd CT with and w/ IV contrast	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div>
NURSING UNIT	ROOM NO.	BED NO.			
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-4</div>			4/10/03		<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div>
NURSING UNIT	ROOM NO.	BED NO.	- prep transfer to ICU - will transfer to Medicine discussed E.P. - NBT to gravity return to ICU if distention NIV		
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-4</div>			10/2/03	12:13	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div>
NURSING UNIT	ROOM NO.	BED NO.	- Blood C/S x 1 - Cefazolin 800mg PO 2 GH - Unasyn 3 to 2 GH - Motilak 600mg po NBT 24-6 AM T 2/02 - Spun gm stain C/S today		
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-4</div>			12:23		<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-2</div>
NURSING UNIT	ROOM NO.	BED NO.	- Part CXR 9 AM - Ketorolac 12 in am - Keep glucose low - Met life 8 CBC today - Bayib if convulse 15 @ 30 cc/hr & residuals q 4 hr hold - Urine C/S if 200cc at all times - keep HAB 1 30		

**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 ALT PAN MULTIB 20/5/03			10/4/03	2030	should for read 2/20 (1/14/03) from home
NURSING UNIT	ROOM NO.	BED NO.			
ICU		6			
(b)(6)-4			10/5/03	0255	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		6			
(b)(6)-4			10/6/03	0413 (2)	(b)(6)-2 10/5/03 D'SOS MABLAN
NURSING UNIT	ROOM NO.	BED NO.			
ICU		6			
(b)(6)-4			10/6/03	11:00 (2)	(b)(6)-2 10/6/03 0415
NURSING UNIT	ROOM NO.	BED NO.			
ICW		3			

**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			07 OCT 03	0630 @ HOURS	
			① Reburne prep orders Meds Care		(b)(6)-2
			② 5 tube NSE 20 cc/hr x 24 <sup>o</sup> Then 1/2 Strength Tube Feeds @ 20cc/hr Then Per Medication orders		
					556 RW 7 OCT 03
					(b)(6)-2
NURSING UNIT ICW	ROOM NO.	BED NO. 3			Cpt
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-2			09 OCT 03	0350 @ HOURS	
			① Flat AXR - done		(b)(6)-2
					(b)(6)-2
			① Please Place NGT → Low Cont. Suct		(b)(6)-2
NURSING UNIT ICW	ROOM NO.	BED NO. 3			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			10 OCT 03	0235 HOURS	
			① Dulcobar Suppositories T PR this AM		(b)(6)-2
					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			10 Oct 2003	HOURS	
			① D/C Unasyn		
			② D/C Clindamycin		
			③ Begin Cipro 250mg IV Q12		
			④ Change cipro to PO route (by J-tube) when J-tube feeding resumes.		
NURSING UNIT ICW	ROOM NO.	BED NO. 3			(b)(6)-2

DA FORM 4256  
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED



CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. Oct Yr. 63											
VERIFY BY INITIALING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.				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	VS per ICU routine	D														
		changed VS	N														
2 Oct		Vent settings 100, 100, 5	D														
		40% O2, PEEP 5	N														
2 Oct		NPO	D														
			N														
2 Oct		NGT + 1000ml LIS of distended	D														
		NGT to gravity	N														
2 Oct		try to gravity	D														
			N														
4 Oct		Keep HOB ↑ 30° @ all X's	D	/	/												
			N	/	/												
4 Oct		Osmolyte FS @ 30cc/h	D	/	/												
5 Oct		residuals q 4h hold / 100	N	/	/												
		> 120cc, when 100 volume															
7 OCT 03		NS to J tube at 200cc/hr x 24 hrs	D														
			N														
7 OCT 03		1/2 strength tube feeds at 200cc/hr	D														
			N														
9 OCT 03		NG to ↓ cont suction	D														
			N														

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: closed head injury

ADDITIONAL PAGES IN USE:  YES  NO PAGE 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









1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	(State or Country Code.)											
(b)(3)-1						A	F	For use of this form, see AR 40-400; the proponent agency is OTSG											
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15	(b)(6)-4						16	17	18				
(b)(6)-4														M					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION							
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND		muslim				
19 08 01 01						25 Y													
10. LENGTH OF SERVICE				ETS		11. FMP				12. SOCIAL SECURITY NUMBER									
32	33	34			35	36	2 0				(b)(6)-4								
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH / CORPS							
						46				0850Z									
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	K 70 K 70				53 54 55 56 57 58 59 60 61									
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		20. PREV. ADMISSION										
62	63	64 65 66 67 68 69 70				71		YEAR <input type="checkbox"/> NO											
A	F																		
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
72						ICW													
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)											
72						ICW													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
(b)(3)-1 BAGRAM, AFGHANISTAN																			
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)											
73	74	75	76	77	78	79	80	81	82	83	84	85	86						
05								03/01/11											
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)											
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102				
								03/002											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)											
103	104	105	106	107	108	109	110	111	112	113	114	115	116						
				J 5 0 4 8				03/002											
FOR LOCAL USE																			
<p>Inj Trauma Dx 85300 Pr. 4639 8703</p> <p>989 9 34290 9607 8801</p> <p>99289 9604 8838</p> <p>9672</p>																			
AD(b)(6)-2						(b)(6)-2													
(b)(6)-2						CPT (b)(6)-2													

DA

EDITION OF MAY 75

USAPPC V1.00

MEDCOM - 3470

## TRANSFER SUMMARY

(b)(6)-4

HPI: 25 y/o Afghan National female victim of gunshot wounds to the head X 1 and to the left thigh X 2 on 9 October 2003. She was taken to a local hospital in Shkin where her large stellate right sided head laceration was closed with residual CSF leak. She was then transferred to the forward surgical team in salerno, then transferred to BAF hospital.

### Injuries Include:

- 1) Gushot wound to head with fracture of the frontal bone and free floating frontal bone fragments, intra cerebral foreign bodies X 4 likely bullet fragments in the frontal and temporal areas on the right, and a free flowing CSF leak from her wound. She was intubated in salerno and remains intubated and ventilated at this time although from a pulmonary standpoint she could be extubated at any time. Neurologically, prior to intubation she was speaking intelligibly and moving all 4 extremities purpousfully. She does have a dialated right pupil which is minimally reactive possibly due to fracture of the orbit.
- 2) Gushot wounds X 2 to left thigh with femur fracture just below the greater trochanter. Neurovascularly intact distally and the fracture is minimally displaced. There is a posterior long leg splint applied for stabilization, no definitive treatment has been performed at this time.

She has been stable at BAF, has been on Ancef and Gentamycin for meningitis prophylaxis and remains intubated. She was hyperventilated for the first 24 hours to a PCO2 of around 32 but is now normocapnic.

Please feel free to call with any questions,  
Records are included including Head CT scan,

Thank You for your help,

(b)(6)-2

M.D.

General Surgeon

(b)(3)-1

Baghram Air Field, Afghanistan

# LOCAL NATIONAL CASUALTY FEEDER CARD

(THIS CARD IS TO ACCOMPANY THE LOCAL NATIONAL PATIENT TO THE US HOSPITAL AT BAGRAM)

• COMMAND INTEREST PATIENT (CIRCLE ONE): (AFGHAN GOV) (ANA) (AMF) (IO/NGO)

• PATIENT NAME:

• DATE TIME GROUP OF MEDEVAC: Tx from Khwast Hospital to FS7

• ORIGINATING MEDEVAC GRID LOCATION IN THE FIELD: (10 Digit Grid Requested)

<input type="text" value="No Medevac from Khwast"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

• WHO INITIATED THE MEDEVAC (CIRCLE ONE)?: (DIVISION) (CJCMO) (IF) (CJCSO) (TF)

• FOB: N/A

## (COMPLETED BY THE FORWARD SURGICAL TEAM)

• FST LOCATION (CIRCLE ONE): FOB SALERNO KANDAHAR

• FST POC: MAS

• FST TELEPHONE (CIRCLE ONE): (303)

• PATIENT NUMBER AT BAGRAM HOSPITAL:

# متون بابا روغتون

۶۰

Dr.

(b)(6)-2

M.D, PH.D.

Specialist General Surgery  
NERVES



متخصص امراض جراحی عمومی واعصاب  
دو کتور علوم طب

Dr.

(b)(6)-2

Specialist Ultrasound

(b)(6)-2

دتلو زیونی التراساوند "کمپیوتری" معایناتو تخصصی

Mrs

(b)(6)-4

25 year ♀

Name of Patient's

Age

Sex

Date

## Clinical Record

R June - Shute. in the Foranto -  
Parietal - Fractur Foranto Parietal Bone  
Cerebral tissue Foranto parietal - Destrute -  
intra Cerebral Bleeding - June Shute in  
The left Femor Fracture of the  
~~left~~ left Femor + Traumatic and  
Hypovolemic shock III - IV → post  
Treatment. Reanimative (Blood transf  
1000cc + S. Haemost + S. Dest 10% 1000cc  
+ Ar. W.C + Ar. Beject + Ar. Selen -  
Cort 20mg + Ar. Neuro Celine  
+ Ar. d-Chymotripsine + Ar. Dips  
+ Ar. Aril + Ar. Ceftriaxone (9 - 2) (2)

پته : قصا بانولین اول سرک د غرب خواته

متون بابا روغتون ۲۴ ساعة دخیلو هموطنانه ۱۱ه کار کوی

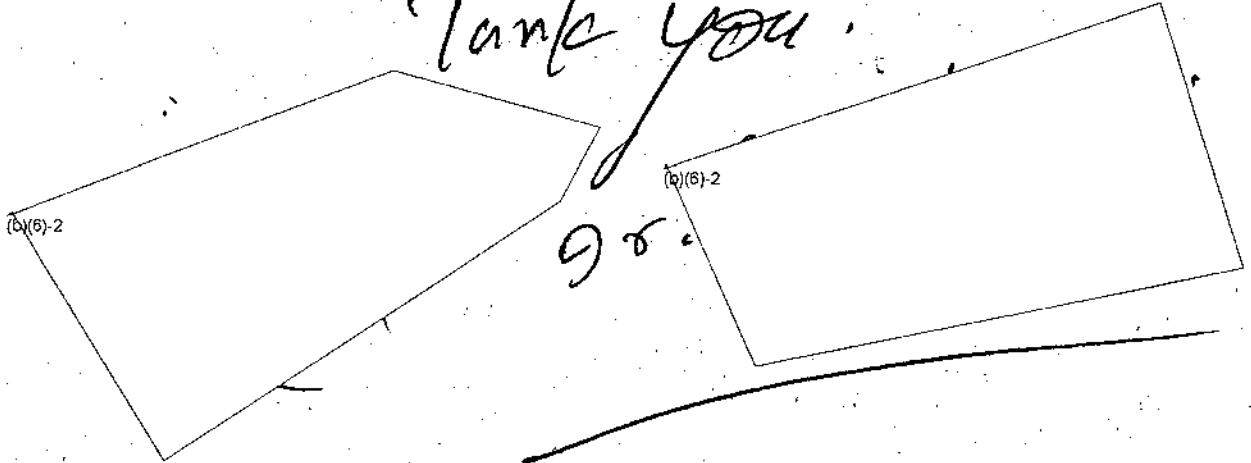
MEDCOM - 3473

او هر دول د جراحی ناروغان او دعا جگر تو لپار

+ Dr. Discep<sup>104</sup> (2) + S. Mamed

→ Operations ⇒ DeCompressive -  
T reparation + Sinu-plasty + Debridement  
+ Debridement of the left femur injury  
+ Reaminate.

Thank you.



**INPATIENT TREATMENT RECORD COVER SHEET**  
For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTRATION NUMBER (b)(6)-4		2. NAME (Last, First MI) (b)(6)-4			3. GRADE		ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE	7. RELIGION muslim	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 20	12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD 1C		
15. FLYING STATUS	16. RATING/ OSG	17. DEPT/J BEN K78	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE I		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø				22. HOURS OF ADMISSION 0800Z	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION DS	26. DATE OF DISPOSITION 12 Oct 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)				27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 10 Oct 03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 Bagram Afghanistan				30. DATE OF INITIAL ADMISSION 10 Oct 03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY GSW head / L L Ext							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES GSW head = open skull fr & retained bullet fragments GSW @ L Extremity							
35. Total Days This Facility							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 3	f. TOTAL SICK DAYS 3		
36. Total Days All Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 3	f. TOTAL SICK DAYS 3		
37. SIGNATURE OF PAD OR (b)(6)-2 LTC MC USAF				SIGNATURE OF PAD OR (b)(6)-2 SpC			

MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE	
------	--

10/10/03 General Surg AN

20:20(2) 25yo local North Fennel GSW (AK47) to Head - Frontal Skull Fr and intra cranial Bullet fragments, and GSW x 2 to LLE - Subcutaneous Fennel Fr. Pt Taken to Kohse Hospital with Above Injurs yesterday AM. Skull Scalp Lacerations Closed Fennel Fr Stabilized; Sent to Seleno, Further Stabilized, Transported and Medevac -> BSA (b)(3)-1

PMH @ PSHT @ AMF  
 Rx vs: BP 109/62 P 62, Intubated / Ventilated

HEENT Large Stellate (2) Scalp Laceration Sutured Closed - Silk (2) CSF Leak - 5m amount of Grey Matter  
 Neck No Pupils (L) 3mm min reactive (R) Dilated 6mm (R) 6mm

6CS 11 purposeful movements, Knew name in Kohse

Chest Abnormal Lung CTA CV RRR FL

Abd Abnormal, S/A FAST (2)

Robust Stable

GU Foley in of Cross Hematuria

Rectal & Digital NST

DLExt Post Splint full leg Not toler Down Moving Toes/Feet, palpable DP pulse



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)	REGISTER NO.	WARD NO.
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PROGRESS NOTES  
 Medical Record

STANDARD FORM 608 (REV. 7-91)  
 Prescribed by GSA/CMR, FIRM (41 CFR)

USAPPC V1.00



MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE	NOTES
10/10/07	GSAN cont
2020(2)	Rockel
	CAR Ulan
	(1) Femur fx Subtrochanteric
	Head CT Mult Frontal Bone Fr = Free floating
	Segment 4 IntraCranial FB's 7 Bullet fragments
	AM Near Surface in fronto parietal area
	(AIP)
	(1) GSW to head in frontal fa, CSF leak, free floating
	Fragment, Closed @ Kohst Hospital
	- ABx prophylaxis for Meningitis
	- Neuroton Dexamethasone to ↓ poss of Cerebral Edema
	- Intubate, Ventilator, Sedate, Mild Hypocapnea
	Consider pen to barbitel Coma
	(2) GSW x2 to U/E at in Subtrochanteric femur fx
	- Orthopedics Consult
	(b)(6)-2
	(b)(6)-2 CPZ

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

11 OCT 03 Casual Surg AM

③ Arrived Curt MOC GSW Head (C) Thigh  
Intubated / Subdural bleed

③ AF BP 109/53 P 60  
Vent IMV 12 / SSD TV / 30% FIO2 PEEPS  
ABG:

Normal Sclerot. Meno AN 4's, Head CSF Leak Contain  
Coup CTAB  
CV RAD @ 4  
Abd Drain

(17.1)  $\frac{11.4}{34.7} / 100$   $\frac{1011}{460} \frac{197}{20} \frac{18}{0.5} / 10$

(19/10) - Stable, Neurologic Deterioration unlikely, concern re  
poss Meningitis. Consider Neurosurgical Consultation  
Ditto - US military or Military Hospital in Kabul  
- ortho to Access Femur fx

(b)(6)-2

head dressing had cranial pressure pulsation + CSF  
leak readily apparent sterile dressing re applied  
Sx prob tomorrow Kabul is here

(b)(6)-2

US come us 1/1

# (b)(6)-4

MEDICAL RECORD      PROGRESS NOTES

DATE      NOTES

12 OCT 03

General Surg PM

Post Trauma day #3 = GSW → Head, CSE Lck. Fine pleatly frontal Bone flap. (P) High GSW x2. Intubated / Ventilator / Sedated Moves Arms legs purposefully when ~~stand~~ off. Seclusion vel

P 80-100 BP 150/90 Resp 12  
Went IMV 12 / 30% / PEEP 5 / Si 10

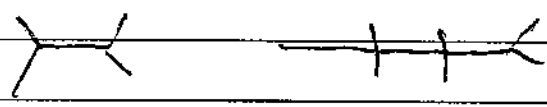
ABG:

Ret Lung CTA (B) on PAB 10m

Med sup

LE Good PT pulse warm Dry

cks



PT

PT

(HIP) Stable, essentially unchanged status  
Discussing transfer to primary since Kell Mc hop  
if not may need final closure in next few days  
here.

(b)(6)-2

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

(b)(6)-4

PROGRESS NOTES  
Medical Record

MEDICAL RECORD      PROGRESS NOTES

DATE      NOTES

10/16/03      Surg  
 1457      25 y old ♀, 2W, Sustained GSW to head &  
 @ leg → A KY7 fell off nail on wall.  
 Injury occurred 9 Oct 03 @ 9:00 AM local. Tx @ local  
 hospital. was found to be in hemorrhagic shock, ♂  
 open (L) fronto-parietal fx ♂ exposed to air. tissue &  
 CSF leak. Taken to OR by local MD & underwent  
 Decompressive ~~craniectomy~~ craniectomy & simplexity & debridement  
 A/D from injury  
 Tx to FSI from Khawst Hospital.  
 GPMK  
 G Allergic  
 US: 96<sup>S</sup> P84 12/1/82      Roster  
 ? CSF leak      100% Intubated.



HENT. Complex laceration @ forehead  
 means to stand, appears appropriate movement  
 doesn't open @ eyes & edema, area @ eye  
 ? CSF drainage from complex laceration  
 (pupil 7mm - non-reactive)  
 (pupil 5mm - reactive)  
 GCS: 12      Add to self only

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

(b)(6)-4

(b)(6)-4

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1999)  
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)



<b>HEALTH RECORD</b>	<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>
----------------------	---

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1 OCT 03	(b)(3)-1	arrived by	Location: FOB Salerno
1400	Injury/Illness:	GSW (R) Temporal	#1 ENT (ANT)
arrived by	toyota pickup	→ X2 (L) leg thigh	#1 ENT (PROX)
	<input checked="" type="checkbox"/> 2 IV's:		#2 ENT (PROX)
helping in arrival	<input type="checkbox"/> Gastric Tube:		#2 ENT (PROX)
"don't touch"	<input checked="" type="checkbox"/> Foley Cath:		#2 ENT (PROX)
	<input checked="" type="checkbox"/> O2:	unfalsated	#2 ENT (PROX)
	<input type="checkbox"/> Antibiotics (check allergies):	below	#2 ENT (PROX)
	<input type="checkbox"/> Chest Tube:		#2 ENT (PROX)
	<input type="checkbox"/> Splints/Dressings:		#2 ENT (PROX)
	<input checked="" type="checkbox"/> Is Casualty registered with PAD Officer?		#2 ENT (PROX)
	<input type="checkbox"/> Blood Type:	UNE A Neg	#2 ENT (PROX)
	<input type="checkbox"/> Tetanus status:		#2 ENT (PROX)
	Initial Vital Signs: P	84 BP 125/82 RR 20 T 96.3	SaO2% 93
	Initial Neuro Status: A V P U Pupils	LOC	GCS
	Initial Assessment: Head/Neck	GSW (R) Temporal	
	Airway:	intaba	
	Lungs:	LSC	
	Heart:	STach	
	Abd:	BS x 4	
	Pelvis/perineum:		
	Extremities:	GSW X2 #1 (L) hip ent	
	Back/Flank:		
(b)(6)-4	Disposition with times (OR, ICU, Evac)		
	1510 IN BLOOD	#1 UNIT 1430	gent 008 IV
1445	95	146/45	SAT 100
1500	94	149/50	SAT 100
1515	93	154/65	100
			Sensitive Items/Weapon Disposition
			#2 BLOOD 1570 Decadron 4mg IV 1520

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

(b)(6)-4

(b)(6)-4

2040

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

(b)(6)-4

<b>EMERGENCY CARE AND TREATMENT</b> (Medical Record)		TREATMENT FACILITY (Stamp)		LOG NUMBER
ARRIVAL DATE: DAY MONTH YR. TIME		TRANS. (ATTACH CARE ENROUTE SHEET) <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER (Specify)		HISTORY OBTAINED FROM <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER (Specify)
PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)		CURRENT MEDS. (ie. immunization and other data) Aspirin Gent Mannitol Decadron		ALLERGIES NKDA
CHIEF COMPLAINT(S) (Include symptom(s), duration)		SEX		HOME TELE. NO. (Inc. area code)
VITAL SIGNS		AGE		POSSIBLE THIRD PARTY PAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TIME BP PULSE RESP. TEMP. NT. (Child)		DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)		TIME SEEN BY PROVIDER
CATEGORY (See reverse) EMERGENT URGENT NON-URGENT		ORDERS INITS. TIME		
ASSESSMENT/DIAGNOSIS 6SW leg /		DISPOSITION (Check all that apply) HOME FULL DUTY		
		QUARTERS 24 Hrs. 48 Hrs. 72 Hrs.		
		MODIFIED DUTY UNTIL: DAY MONTH YEAR		
		REFERRED TO (Indicate clinic) EMERGENCY TODAY 72-HOURS ROUTINE		
		ADMIT. TO HOSP. UNIT/SERVICE		
		CONDITION UPON RELEASE IMPROVED UNCHANGED DETERIORATED		
		TIME OF RELEASE:		

25yo LW ♀ 6SW @ thigh. ? Fall afterwards  
 skullate @ to head & CCF leak. Occurred 9 Oct 03 @ 9pm  
 Local [Had Tet tox / Mannitol 50 gm / Kefton 7 gm. Gent 80mg  
 Zantac / Decadron 4m IV] Telling on arrival @ Khoy Hospital

H&ENT Sutured Scalp at @ @ - has CCF leak  
 ecchymosis @ eye pupil @ 5mm @ pupil 1-2mm  
 EOM grossly intact  
 Waxy clear cornea  
 ABD BSO soft pelvis stable  
 Ext @ femur wrapped good DP pulse  
 moving ↑ by extremities grasping hands  
 moving head to nonverbal shrug  
 GCS

ETH  
HH

129	106	9	116
4.2	18	0.8	

17.9 > 12.8 < 134 K  
 89.4  
 33 PT  
 13.1 PT  
 7.44/25/257 1008

@ femur  
 CXR clean RTT good position

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)  
 FOR WRITTEN ENTRIES GIVE: Name - last, first, middle;  
 SSN; DOB, service status, name and relation of sponsor or next  
 of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

SIGNATURE OF PROVIDER AND ID STAMP  
 (b)(6)-2  
 (INST. plans)

(b)(6)-4

Name:		ICU Flow Sheet											
(b)(6)-4		(b)(3)-1											
Date:		10											
VITAL SIGNS													
Time		3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR													
Rhythm													
NIBP													
ABP													
Res													
O2/F O2													
SpO2	%												
Temp													
Intake and Output													
Time		3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake													
IV Fluids													
Oral/NG													
G/J Tube													
Residual													
Total													
Output													
Urine													
Urine total													
NG/C/G													
Chest tube													
Total													



		ICU Flow Sheet											
Name: [REDACTED]		Date: 10-11-03											
Room: [REDACTED]		VITAL SIGNS											
Time	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM	
HR						65	63	65	65	64	64	64	
RR						SK	SK	SK	SK	SK	SK	SK	
SpO2						100/58	100/58	100/58	100/58	100/58	100/58	100/58	
Temp						96.5	96.5	96.5	96.5	96.5	96.5	96.7	
Intake and Output													
Intake													
IV fluids						80	80	80	80	80	80	80	
Oral NG													
Gly Tube													
Rephal													
Flows total													
Total													
Output													
Urine													
Urine total													
NG/OG													
Chest tube													
Total													

6010

900 from EMT

350

(b)(3)-1

Name	PL#	Day shift	Mid-shift	Night shift	Mid-shift
Neuro					
Eyes open (see scale below)					
Verbal response (see scale below)				isolated	
Motor response (see scale below)				L-vent	L-vent
Pupil size				H	H
reactive - R / non-reactive - NR		L / R	L / R	L / R	L / R
Hand grasps		L / R	L / R	L / R	L / R
Respiratory					
Oxygen delivery system (FIO2)				30%	30%
Breath sounds				CTA bil	CTA bil
Chest tube - (location, air leak, crepitus)					
Sputum/secretions					
Cardiac					
Monitor Y/N Rhythm				YSR	SR
Peripheral pulses - upper / lower				SR	SR
Capillary refill - upper / lower				+	+
Color: pale/shen/jaundice/other				CTA bil	CTA bil
GI/GU				pale	pale
Abdomen					
Bowel sounds (hypo, normo, hyper)				Soft	Soft
BM (color, consistency)				normo	normo
NG/OG - placement verified					
Diet/appetite					
Urine: (Foley Y/N, color/sediment)					
Invasive lines					
Peripheral location/fluid				DRP	DRP
Central location/fluid				DRP	DRP
Arterial line (location)				DRP	DRP
Pain assessment - pain present Y/N				DRP	DRP
Dressings- mark location on body				DRP	DRP
<p>GLASSGOW COMA SCALE</p> <p>Eye opening: spontaneous 4, to voice 3, to pain 2, none 1</p> <p>Verbal response: oriented 5, confused 4, inappropriate words 3, incomprehensible words 2, none 1</p> <p>Motor response: obeys commands 6, withdraws to pain 4, flexion to pain 3, extension to pain 2, none 1</p>					
Number clock-wise starting with the head					
Visitors present: Y/N					
Name of family member to contact					
Nurse's Sign (b)(6)-2					

10-11 Oct 03

MEDCOM - 3486

NURSING PROGRESS NOTE

1990 - PT received from  
 EMT transported from CT  
 upon arrival assessment  
 OPA very poor & unresponsive  
 and no pulse (b)(6)-2 (b)(7)(D)  
 2000 - Single lac eye - no  
 pain, blind, congested &  
 lacrimal & unresponsive to tenting  
 PTA devils red (b)(6)-2 (b)(7)(D)

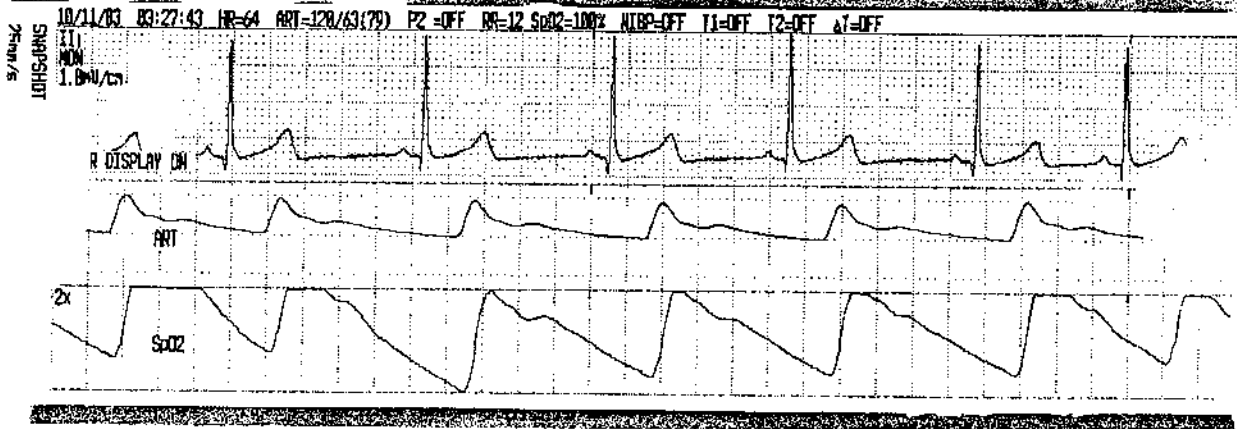
UPM  
 # (b)(6)-4

(b)(3)-1 ICU Flow Sheet

Name: (b)(6)-4	Date: 11 October 2003											
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
HR	63	59	78	61	62	63	72	72	75	74	74	80
Rhythm	SR	SB	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
NIBP	108/54	109/53	107/51	126/63	124/57	136/50	130/52	130/53	134/55	139/55	139/59	134/56
ABP	131/66	117/62	127/66	126/63	124/57	136/50	130/52	130/53	134/55	139/55	139/59	134/56
Res	16	16	16	16	16	16	16	16	16	16	16	12
O2/O2	30	30	30	30	30	30	30	30	30	30	30	30
SpO2	100%	100%	100%	100%	100%	100%	99%	99%	99%	100%	100%	100%
Temps	96.3 (ax)				96.8 (ax)				99.8			
Intake and Output												
Time	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM
Intake	80	80	80	80	80	80	80	80	125/60	125	125	125
IV Fluids	80	80	80	80	80	80	80	80	125/60	125	125	125
Output												
Urine	50	22	45	45	15	10	35	18	34	18	8	60
Urine total	50	72	117	162	177	187	242	260	294	306	306	366
NG/C-G												150
Chest tube												
Total												

1885 in

366 out  
150 out  
516 out



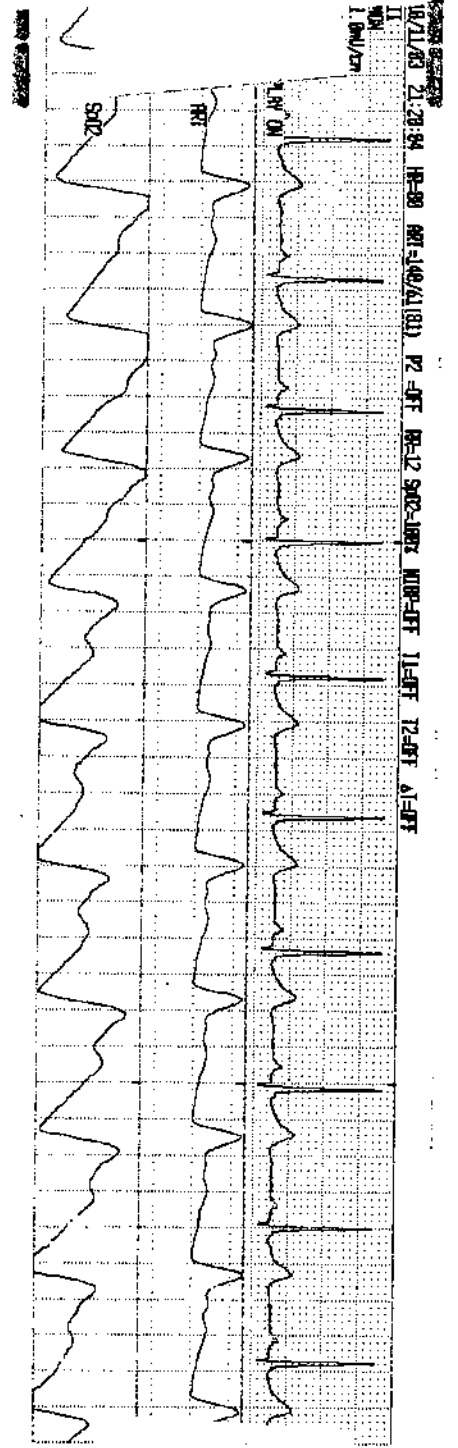
ICU Flow Sheet

Date: 11-12 Oct

		VITAL SIGNS											
		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
HR	88	90	83	89	73	74	84	66	100	81	88	70	
Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
NIBP													
ABP	128/65	140/64	127/62	129/57	151/71	133/60	134/64	150/67	145/64				
Resp	12	12	12	12	12	12	12	12	12	12	12	12	12
O2/FiO2	30	30%	30	30	30	30	30	30	30	30	30	30	30
SpO2	100%	100%	99%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%
Temp	97.4			98.0			97.8						98.6

		Intake and Output											
		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Intake													
IV fluids	125	125	250	250	250	50/100/125	125	125	125	625	125	50	50
Oral NG													
GI Tube													
Residual													
Hourly total	125	125	375	375	175	275	145	145	145	185	125	175	175
Total	125	250	625	1000	1175	1450	1575	1720	1845	1970	2195	2320	2320

		Output											
		15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
Urine	60	75	80	245	150	80	110	80	25	40	40	60	60
Urine total	60	75	80	325	475	555	665	745	770	770	810	810	1410
NG/OG													100
Chest tube													
Total	60												



(b)(3)-1

1600 2100

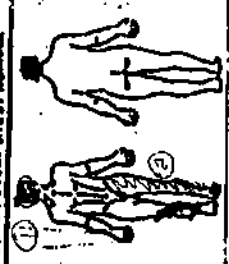
Name	PL	Day shift	Mid-shift	Night shift	Mid-shift
Neuro					
Eyes open (see scale below)					
Verbal response (see scale below)					
Motor response (see scale below)					
Pupil size					
reactive - R / non-reactive - NR					
Hand grasps					
Respiratory					
Oxygen: delivery system/FIO2					
Breath sounds					
Chest tube - (location, air leak, crepitus)					
Sputum/secretions					
Cardiac					
Monitor Y/N Rhythm					
Peripheral pulses - upper / lower					
Capillary refill - upper / lower					
Color: pale/ashen/jaundice/other					
GI/GU					
Abdomen					
Bowel sounds (hypo, norm, hyper)					
BM (color, consistency)					
NG/OG - placement verified					
Diet/appetite					
Urine: (Foley/Y/N, color/sediment)					
Invasive lines					
Peripheral (location/fluid)					
Central (location/fluid)					
Arterial line (location)					
Pain assessment - pain present Y/N					
Dressing- mark location on body					
Glascow Coma Scale					
Eye opening					
Spontaneous					
to voice					
to pain					
none					
Motor response					
obeys commands					
flexion to pain					
extension to pain					
none					

Number clock-wise starting with the head

Visitors present: Y/N Name of family member to contact

Nurse's Signature: SSC/1600 Date/Time: 11 Oct 03 0415z

Town: Adrian



1600 2100



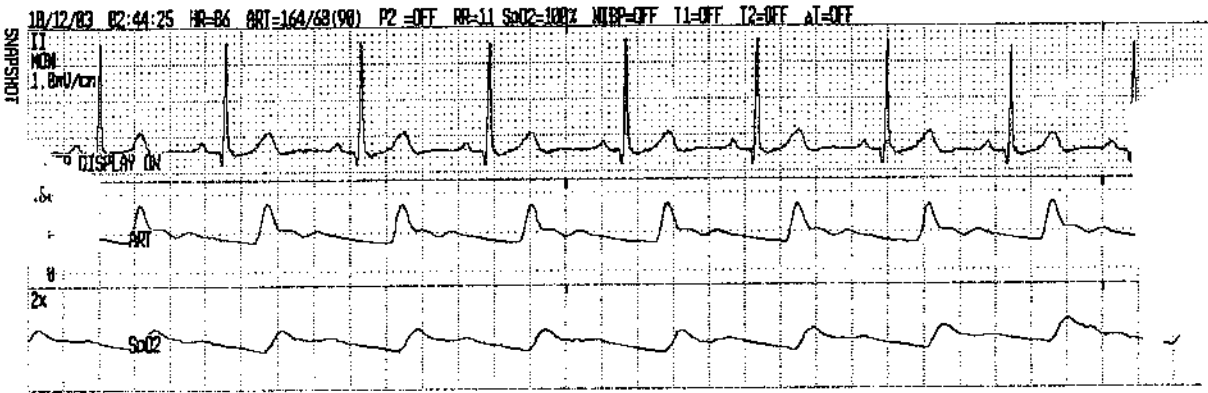
NURSING PROGRESS NOTE

0915Z splint removed from (B) leg by Dr. [redacted] 0916Z  
 2 avian wounds noted on medial upper thigh &  
 base of ear wound to include no dorsal thigh  
 chips applied & wrapped & sealed. Quick  
 traction to the applied 100mg Fentanyl given per  
 (A) for change. A demonstrative successful attempt  
 of skull sutures - introduced to per. Capon  
 less change strategy failed - stated (A)'s brother  
 verbally mistake & had a gun & she used  
 to drop to head changed by Dr. [redacted] 0916Z  
 lower open sutures to (B) & center scalp, small  
 area of brain tissue protruding. Old suture attached  
 & accompanied suture [redacted] 0916Z  
 1410Z time started 230cc/hr x 2 hrs. Dr. [redacted] 0916Z  
 notified 501cc NS infused being given over 2 hrs  
 & pump-out in HD noted. OB connected & to LIS,  
 drainage of greenish liquid [redacted] 0916Z  
 1800 Dura (D) high bloody drainage  
 noted. Skin traction in place. (DLE)  
 Dura (D) around head. Vent settings  
 TVE 500, SIMV 12, F102 30% PS10, PEEP5  
 Ventro V Q 2. [redacted] 0916Z

54

[redacted] #

b(6)-1		CU Flow Sheet											
Name:	b(6)-4											Date:	12/06/03
b(6)-4		VITAL SIGNS											
Time:	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
HR	88	82	78	81									
Rhythm	SR	SR	SR	SR									
NIBP	113/55		116/67	110/63									
ABP	151/60	173/68	173/67	172/72									
Res	20	16	20	16									
O2 Sat	30	30	30	30									
SpO2	100%	100%	100%	100%									
Temp	98.2 (ax)			99.5 (ax)									
Intake and Output													
Time:	3:00AM	4:00AM	5:00AM	6:00AM	7:00AM	8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	13:00PM	14:00PM	
Intake:													
IV Fluids	125/50	125/50	125	125									
Oral/G	20												
GI Tube													
Residual													
Total	145	320	445	570									
Output													
Urine	140	300	3	445									
Urine total	140	440	443	938									
NG/CG				150									
Chest tube													
Total				1088									



ICU Flow Sheet		Date: 12-13 Oct 1994											
Name	Room	15:00PM	16:00PM	17:00PM	18:00PM	19:00PM	20:00PM	21:00PM	22:00PM	23:00PM	24:00PM	1:00AM	2:00AM
<b>VITAL SIGNS</b>													
Time													
HR													
Rhythm													
NIBP													
ABP													
Resp													
O2 FIO2													
SpO2		%	%	%	%	%	%	%	%	%	%	%	%
Temp													
<b>Intake and Output</b>													
Time													
Intake													
IM fluids													
Ort / NGT													
G/J Tube													
Residual													
Hourly total													
Total													
Output													
Urine													
Urine total													
NG/OG													
Chest tube													
Total													

(b)(3)-1

Name	PL#	Day shift	Mid-shift	Night shift	Mid-shift																																																												
Neuro																																																																	
Eyes open (see scale below)		1 - both swollen, R > L																																																															
Verbal response (see scale below)		1 - unresponsive																																																															
Motor response (see scale below)		5 - moves all 4 limbs																																																															
Pupil size		L 3 / R 5	L / R	L / R	L / R																																																												
reactive - R / non-reactive - NIR		L / R / R	L / R	L / R	L / R																																																												
Hand grasps		L / R	L / R	L / R	L / R																																																												
Respiratory		17 ml @ 12 breaths @ 100%																																																															
Oxygen delivery system/FIO2		to rest 30% FIO2																																																															
Breath sounds		clear throughout																																																															
Chest tube - (location, air leak, creptius)		N/A																																																															
Sputum/secretions		none @ this time																																																															
Cardiac																																																																	
Monitor/VN Rhythm		ASL - leads D-80's																																																															
Peripheral pulses - upper / lower		+2 bilat. radial + pedal																																																															
Capillary refill - upper / lower		<3 in hands + feet																																																															
Color - pale/ashen/jaundice/other		pink																																																															
GI/GU																																																																	
Abdomen		flat soft, non-tender																																																															
Bowel sounds (hypo, normo, hyper)		normal in all quadr.																																																															
BM (color, consistency)		none @ this time																																																															
NG/OG - placement verified		v. measuring at 100cm																																																															
Diet/appetite		NPO																																																															
Urine: (Foley/VN, color/sediment)		16 fl. - clear str. yellow																																																															
Invasive lines																																																																	
Peripheral (location/fluid)		① HSG - 5.5 x 5.5																																																															
Central (location/fluid)		N/A																																																															
Arterial line (location)		D radial - good waveform																																																															
Pain assessment - pain present Y/N		used 4 fracture																																																															
Dressings - mark location on body		② B to 100% dry at 100%																																																															
<p><b>GLASGOW COMA SCALE</b></p> <table border="1"> <tr> <td>Eye opening</td> <td>spontaneous</td> <td>4</td> <td>Verbal response</td> <td>oriented</td> <td>5</td> </tr> <tr> <td></td> <td>to voice</td> <td>3</td> <td></td> <td>confused</td> <td>4</td> </tr> <tr> <td></td> <td>to pain</td> <td>2</td> <td></td> <td>inappropriate words</td> <td>3</td> </tr> <tr> <td></td> <td>none</td> <td>1</td> <td></td> <td>incomprehensible words</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>none</td> <td>1</td> </tr> <tr> <td>Motor response</td> <td>obeys commands</td> <td>6</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>withdraws to pain</td> <td>4</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>flexion to pain</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>extension to pain</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>none</td> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>						Eye opening	spontaneous	4	Verbal response	oriented	5		to voice	3		confused	4		to pain	2		inappropriate words	3		none	1		incomprehensible words	2					none	1	Motor response	obeys commands	6					withdraws to pain	4					flexion to pain	3					extension to pain	2					none	1			
Eye opening	spontaneous	4	Verbal response	oriented	5																																																												
	to voice	3		confused	4																																																												
	to pain	2		inappropriate words	3																																																												
	none	1		incomprehensible words	2																																																												
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	withdraws to pain	4																																																															
	flexion to pain	3																																																															
	extension to pain	2																																																															
	none	1																																																															
<p>Number clock-wise starting with the head          Visitors present : Y/N Name of family member to contact          Nurse's Signature (b)(6)-2 Date/Time 12 Oct 03 0305Z          Town:</p>																																																																	

NURSING PROGRESS NOTE

0610Z Drug changed to (L) lig - large open  
injury to lateral aspect of thorax and torso.  
Med. unit resuscitated drug on old drug.  
& smaller. Aided on medical aspect of next and  
drug. R. withdrawn to pain, follow commands,  
hand grasp (D) attempt to open (D) eye,  
when turning R. placed on CPAP sleep was  
unaided, not 100% R. to be transported to  
" - had military hospital via helicopter. Chest  
aid. No visitors @ this time. 01010-2

Vent number: \_\_\_\_\_

Patient Name: (b)(6)-(4)  
Patient Number: (b)(6)-(4)  
ICU Bed Number: \_\_\_\_\_

Respiratory Flow Sheet

Date	10-27	10-28	10-29	10-30	10-31															
Time	0800	1300	1800	0200	0700															
Mode	SV	SV	SV	SV	SV															
VI (set)	55	55	55	55	55															
RR (set)	12	12	12	12	12															
Flow	45	45	45	45	45															
FiO2	0.2	0.2	0.2	0.2	0.2															
Peep	5	5	5	5	5															
PS																				
Plat																				
PIP	12	12	12	12	12															
ME	ME	ME	ME	ME	ME															
VI (bl)	45	45	45	45	45															
RR (bl)	12	12	12	12	12															
VE	5.12	5.12	5.12	5.12	5.12															
HIP	5	5	5	5	5															
LOP	3	3	3	3	3															
HR	67	70	70	70	70															
SpO2	92	100	100	100	100															
ETT	20	20	20	20	20															
Initials	(b)(6)-(2)																			

Respiratory Care Notes:

\_\_\_\_\_  
\_\_\_\_\_  
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CHART NO:

DOB:

NAME:

DATE:

P1 TREND

10/10/03


TIME	HR/PR	SpO2	SVS	/ DIA	- MEAN	RR
HH:MM	BPM	%	mmHg			RPB
13:18	OFF	OFF	OFF	OFF	OFF	OFF
13:16	120	OFF	170	/ 91	115	OFF
13:14	120	89	172	/ 89	111	120
13:12	120	94	170	/ 89	111	120
13:10	104	88	162	/ 84	105	120
13:08	81	100	165	/ 80	100	120
13:06	83	100	171	/ 84	107	33
13:04	86	100	168	/ 82	106	120
13:02	88	100	166	/ 78	102	120
13:00	97	100	168	/ 80	102	120
12:58	97	99	168	/ 81	103	120
12:56	112	99	160	/ 86	111	120
12:54	85	99	167	/ 78	100	120
12:52	95	99	163	/ 81	102	120
12:50	98	98	163	/ 77	98	120
12:48	98	99	168	/ 79	100	120
12:46	93	99	167	/ 79	102	120
12:44	97	99	168	/ 80	103	120
12:42	109	99	163	/ 79	101	120
12:40	111	96	173	/ 89	113	120
12:38	98	100	173	/ 88	111	120
12:36	86	100	159	/ 77	98	120
12:34	87	100	161	/ 78	100	120
12:32	89	100	161	/ 77	98	120
12:30	92	100	161	/ 78	99	120
12:28	89	100	160	/ 77	99	120
12:26	98	100	156	/ 80	100	120
12:24	93	100	154	/ 78	99	120
12:22	89	100	150	/ 78	97	120
12:20	102	100	151	/ 77	96	120
12:18	97	99	155	/ 83	104	120
12:16	96	100	150	/ 81	100	120
12:14	95	100	144	/ 75	94	120
12:12	97	100	145	/ 76	95	120
12:10	97	100	140	/ 72	91	120
12:08	98	100	136	/ 73	91	120
12:06	103	100	140	/ 76	95	120
12:04	97	100	136	/ 72	91	13
12:02	99	100	141	/ 77	97	20
12:00	100	100	137	/ 63	90	120
11:58	99	100	136	/ 78	91	120
11:56	101	100	136	/ 71	91	27
11:54	104	99	134	/ 69	86	14
11:52	105	99	137	/ 71	88	19
11:50	106	99	137	/ 72	91	120
11:48	105	99	131	/ 67	86	120
11:46	101	99	132	/ 70	87	15
11:44	106	99	132	/ 68	85	14
11:42	109	OFF	134	/ 70	86	26
11:40	109	OFF	NOT ZEROED			120
11:38	119	OFF	OFF	OFF	OFF	11

LABS

TIME			
NA	12.7		
K	2.9		
Cl	9.2		
TcO2	22		
Puen	12		
Glu	81		
Hct	23		
PH	7.373		
PCO2	36.7		
HCO3	21		
DEct	~4		
AnGap	17		
Hb	8		

INTAKE/OUTPUT

TIME			
IN	PO		
	IV		
	MEDS		
	BLOOD		
OUT	URINE		
	NGT		
	CT		

ADULT

NZBP TREND

10/10/03

TIME	HR/PR	SpO2	SVS	/ DIA	- MEAN	RR
HH:MM	BPM	%	mmHg			RPB



### LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
12 Oct	0100	
RESULTS	REQUESTED	(X)
<del>15.5</del>	RBC COUNT	3.65
10.1	HEMOGLOBIN	
30.2	HEMATOCRIT	
32.5	MCV	
27.7	MCH	
33.6	MCHC	
<del>115</del>	PLATELET COUNT	
	IMMATURE	
	NEUTROBANDS	
	NEUTROPHILS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED RATE	
168	PLATELET COUNT	
	RETICULOCTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
31.2	PATIENT	
	CONTROL	
11.9	PATIENT	
	% ACTIVITY	
1.01	RATIO	
	SICKLING TEST	
10.2	6 AM PPH	
1.1	LYMPH	

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

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

REPORTED BY: CRC

DATE: 12 Oct 83

TIME: 6:40 P

LAB ID NO: 120803

HEMATOLOGY:  URGENCY  ROUTINE  TODAY  STAT

PATIENT STATUS:  INPATIENT  OUTPATIENT  DOM

SPECIMEN SOURCE:  CAP  VEN  OTHER (Specify)

SPERMEN/LAB PPT. NO.

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
12 Oct	0100	
RESULTS	REQUESTED	(X)
95	GLUCOSE	
5	UREA N	
0.5	CREATININE	
	URIC ACID	
144	SODIUM	
3.8	POTASSIUM	
111	CHLORIDE	
21	CO <sub>2</sub>	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDM	
1396	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

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

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

REPORTED BY: MCH/PTC

DATE: 12 Oct 83

TIME: 8:00 P

LAB ID NO: 120803

CHEM I:  URGENCY  ROUTINE  TODAY  PRE-OP  STAT

PATIENT STATUS:  INPATIENT  OUTPATIENT  DOM

SPECIMEN SOURCE:  BLOOD  OTHER (Specify)

SPERMEN/LAB PPT. NO.

HEMATOLOGY 545-107  
STANDARD FORM 545 (REV. 7-73)  
PREPARED BY GSA/KAMA  
GSA GEN. REG. NO. 201-45-505

CHEMISTRY I 545-107  
STANDARD FORM 545 (REV. 9-71)  
PRESCRIBED BY GSA/KCMR  
FPMR (41 CFR) 201-45-505

CHEMISTRY I 545-107  
STANDARD FORM 545 (REV. 9-71)  
PRESCRIBED BY GSA/KCMR  
FPMR (41 CFR) 201-45-505

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

- FORMS DISPLAYED ON THIS SHEET ARE (Check one):
- |  |   |
|--|---|
| <input type="checkbox"/> MOUNTED ON STRIPS 1 THROUGH 7 | <input type="checkbox"/> MOUNTED ON STRIPS 1, 3, 5, AND 7 |
| <input type="checkbox"/> CHEMISTRY I (SF 546)          | <input type="checkbox"/> PARASITOLOGY (SF 552)            |
| <input type="checkbox"/> CHEMISTRY II (SF 547)         | <input type="checkbox"/> IMMUNOHMATOLOGY (SF 556)         |
| <input type="checkbox"/> CHEMISTRY III (SF 548)        | <input type="checkbox"/> ASSORTED FORMS                   |
| <input type="checkbox"/> HEMATOLOGY (SF 549)           | <input type="checkbox"/> OTHER (Specify)                  |
| <input type="checkbox"/> URINALYSIS (SF 550)           | <b>MOUNTED ON STRIPS 1, 4, AND 7</b>                      |
| <input type="checkbox"/> SEROLOGY (SF 551)             | <input type="checkbox"/> MICROBIOLOGY I (SF 553)          |
| <input type="checkbox"/> SPINAL FLUID (SF 555)         | <input type="checkbox"/> MICROBIOLOGY II (SF 554)         |
|  | <input type="checkbox"/> MISCELLANEOUS (SF 557)           |
|  | <input type="checkbox"/> ASSORTED FORMS                   |

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
10-12-03	0410	
REQUESTED		
RESULTS		
pH 7.417		
PCO <sub>2</sub> 30.6		
PO <sub>2</sub> 125		
BE -5		
HCO <sub>3</sub> 20		
TCO <sub>2</sub> 21		
SaO <sub>2</sub> 99%		

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

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

REPORTED BY (b)(6)-4

RECORDED BY (b)(6)-2

TECH (b)(6)-

MD DATE 10/12/03

LAB ID NO.

MISCELLANEOUS 557-107

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

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
11 Oct	0040	
RESULTS	REQUESTED	(X)
113	GLUCOSE	
8	UREA N.	
0.8	CREATININE	
141	URIC ACID	
4.0	SODIUM	
97L	POTASSIUM	
20	CHLORIDE	
	CO <sub>2</sub>	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
2493H	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS (b)(6)-2

MD DATE 11 Oct 03

TECH 0125Z

LAB ID NO. (b)(6)-2

MISCELLANEOUS 546-107

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

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

RECORDED BY (b)(6)-2

TECH (b)(6)-2

MD DATE 11 Oct 03

LAB ID NO. (b)(6)-2

MISCELLANEOUS 549-107

STANDARD FORM 549 (Rev. 7-78)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45-505

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

RECORDED BY (b)(6)-2

TECH (b)(6)-2

MD DATE 11 Oct 03

LAB ID NO. (b)(6)-4

MISCELLANEOUS 549-107

STANDARD FORM 549 (Rev. 7-78)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45-505

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
11 Oct	0040	
RESULTS	REQUESTED	(X)
4.20	RBC COUNT	
34.7L	HEMOGLOBIN	
82.7	HEMATOCRIT	
27.2	MCV	
32.8L	MCH	
11.1L	MCHC	
	WBC COUNT	
	IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
116L	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	P CONTROL	
	T CONTROL	
	PATIENT CONTROL	
	PATIENT CONTROL	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

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

RECORDED BY (b)(6)-2

TECH (b)(6)-2

MD DATE 11 Oct 03

LAB ID NO. (b)(6)-4

MISCELLANEOUS 549-107

STANDARD FORM 549 (Rev. 7-78)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45-505

PATIENT'S MED. RECORD

**LABORATORY REPORT DISPLAY**

TEST(S) SPECIMEN TAKEN			TEST(S) SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.	DATE	TIME	A.M. P.M.
10/10	2020		10 Oct 2020	7:35	P.M.
RESULTS REQUESTED (X)			RESULTS REQUESTED		
ROUTINE			HSC		
STRAW	COLOR		7.35 pH		
1 OCS	SPECIFIC GRAVITY		32 PCO <sub>2</sub>		
0.2	UROBILINOGEN		119 PO <sub>2</sub>		
LARLE	OCCULT BLOOD		-8 BE		
Neg	BILE		18 HCO <sub>3</sub>		
Neg	KETONES		99 SEG		
Neg	GLUCOSE		138 MIF		
Neg	PROTEIN		4.1 KR		
GO	pH		36 Hct		
	MICROSCOPIC		12 Hgb		
	WBC				
	RBC				
	EPITH CELLS				
	WBC				
	RBC				
	HYALINE				
	GRANULAR				
	BACTERIA				
	CRYSTALS				
	MUCUS				
Neg	NITRITE				
Neg	LEUCOCYTE CLARITY				
CLEAR	BENCE-JONES PROTEIN				
	HEMOSIDERIN				
	HCG				

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE		Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE	
(b)(6)-		(b)(6)-4	
REMARKS		REMARKS	
UA Spec Gravity Urine Cates		ICU Bed #7 Pt # [redacted]	
DATE 10 OCT 20 2020		DATE 10 OCT 20 2020	
LAB ID NO. [redacted]		LAB ID NO. [redacted]	
URINALYSIS		MISCELLANEOUS	
<input type="checkbox"/> URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT		<input type="checkbox"/> URGENCY <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	
<input type="checkbox"/> PATIENT STATUS <input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NIP <input type="checkbox"/> DOM		<input type="checkbox"/> PATIENT STATUS <input checked="" type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NIP <input type="checkbox"/> DOM	
SPECIMEN SOURCE		SPECIMEN SOURCE	
<input type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER (Specify)	

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

# (b)(6)-4

- FORMS DISPLAYED ON THIS SHEET ARE (Check one)
- |  |   |
|--|---|
| <input type="checkbox"/> MOUNTED ON STRIPS 1 THROUGH 7 | <input type="checkbox"/> MOUNTED ON STRIPS 1, 3, 5, AND 7 |
| <input type="checkbox"/> CHEMISTRY I (SF 546)          | <input type="checkbox"/> PARASITOLOGY (SF 552)            |
| <input type="checkbox"/> CHEMISTRY II (SF 547)         | <input type="checkbox"/> IMMUNOHEMATOLOGY (SF 556)        |
| <input type="checkbox"/> CHEMISTRY III (SF 548)        | <input type="checkbox"/> ASSORTED FORMS                   |
| <input type="checkbox"/> HEMATOLOGY (SF 549)           | <input type="checkbox"/> OTHER (Specify)                  |
| <input type="checkbox"/> URINALYSIS (SF 550)           | <input type="checkbox"/> MOUNTED ON STRIPS 1, 4, AND 7    |
| <input type="checkbox"/> SEROLOGY (SF 551)             | <input type="checkbox"/> MICROBIOLOGY I (SF 553)          |
| <input type="checkbox"/> SPINAL FLUID (SF 555)         | <input type="checkbox"/> MICROBIOLOGY II (SF 554)         |
|  | <input type="checkbox"/> MISCELLANEOUS (SF 557)           |
|  | <input type="checkbox"/> ASSORTED FORMS                   |

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
10 OCT 03	1845Z	
RESULTS	REQUESTED	(X)
4.70	RBC COUNT	
12.8	HEMOGLOBIN	
39.4	HEMATOCRIT	
83.9	MCV	
27.3	MCH	
32.5 L	MCHC	
17.9 H	WBC COUNT	
	IMMATURE	
	NEUTROBANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
134 L	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
33.0	PATIENT	
	CONTROL	
13.1	PATIENT	
	% ACTIVITY	
1.17	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS  
CBC / PT, PTT  
(b)(6)-2  
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE  
REPORTED BY  
MD DATE  
LAB. ID. NO.

HEMATOLOGY

URGENT  ROUTINE  TODAY  PRE-OP  STAT

PATIENT STATUS  
 BED  AMB  
 OUTPATIENT  DOM  
 NP  CAP  
 OTHER (Specify)

SPECIMEN/LAB RPT. NO.

HEMATOLOGY  
STANDARD FORM 549 (Rev. 7-79)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45.505

549-107

PATIENTS MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
10 OCT 03	1845Z	
RESULTS	REQUESTED	(X)
116	GLUCOSE	
9	UREA N.	
0.8	CREATININE	
	URIC ACID	
129	SODIUM	
4.2	POTASSIUM	
106	CHLORIDE	
18	CO <sub>2</sub>	
	PHOSPHATE	
7.7 L	CALCIUM	
5.6 L	TOTAL PROTEIN	
2.8 L	ALBUMIN	
	GLOBULIN	
56	ALKALINE PHOSPHATASE	
122 H	SGOT	
	LDH	
4138 H	CRK	
2.5 H	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
76 L	CHOLESTEROL	
	TRIGLYCERIDES	
171 H	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
32	ALT	

REMARKS  
CBC Chem 12 / Met/lyte 8  
(b)(6)-2  
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE  
REPORTED BY  
MD DATE  
LAB. ID. NO.

CHEM 1

URGENT  ROUTINE  TODAY  PRE-OP  STAT

PATIENT STATUS  
 BED  AMB  
 OUTPATIENT  DOM  
 NP  CAP  
 OTHER (Specify)

SPECIMEN/LAB RPT. NO.

CHEMISTRY I  
STANDARD FORM 546 (Rev. 8-71)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45.505

546-107

PATIENTS MED. RECORD

(b)(6)-4

MISC

URGENT  ROUTINE  TODAY  PRE-OP  STAT

PATIENT STATUS  
 BED  AMB  
 OUTPATIENT  DOM  
 NP

SPECIMEN SOURCE (Specify)  
ALT

PATIENTS MED. RECORD

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 10 Oct 03

TECH 1005

LAB ID NO. (b)(6)-4

REMARKS

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M. P.M.	RESULTS
	ABG	10 Oct	1859		ABG
					2.44 pH
					25.1 CO <sub>2</sub>
					25.7 PO <sub>2</sub>
					-7 BE
					17 HCO <sub>3</sub>
					00500

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

EXAMINATION(S) REQUESTED  <b>(R) Leaver</b>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) <b>(b)(6)-2</b>				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR <b>(b)(6)-2</b>				DATE REQUESTED

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

*Leaver by*

DATE OF EXAMINATION (Month, day, year) <b>10 Oct 03</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

*Comminuted fx of* **Fracture Splint**  
*the proximal femur involving*  
*the lesser trochanters*

**(b)(6)-2**

**11572**  
**10 Oct 03**

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

**(b)(6)-4**  
#

**(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  <b>② Lower a Port CXR</b>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <b>EMT</b>	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) <b>(b)(6)-2</b>				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR <b>(b)(6)-2</b>				DATE REQUESTED

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

**6sw**

DATE OF EXAMINATION (Month, day, year) <b>10 Oct 03</b>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

**ETT = 3.54 cm from the carina**

**Lungs Clear**

**Cardiac Sil & mediastinum & bones**

**all well**

**(b)(6)-2**

**18542**

**10 Oct 03**

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  CT Head	AGE/SEX/SSN (Sponsor)	WARD/CLINIC EMT	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2		DATE REQUESTED 10 Oct 03

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

GSW Head

DATE OF EXAMINATION (Month, day, year) 10/10/03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

Complex comminuted fracture (R) frontal skull  
 from superior orbital rim to vertex.  
 4 metallic fragments (intracranial) 3 just  
 posterior to ant skull & 1 just inside the (R)  
 frontal. Another slice of bone (6mm approx) up  
 15cm in anterior brain in midline above orbit rim.  
 The fracture is open in several areas with  
 grey matter thru defects & with air on both sides  
 (+) Mild mass effect is noted on the frontal  
 horn. A small area of hemorrhage is assoc  
 with the lateral fragment.

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

The lateral wall of the right maxillary sinus is fractured and an air-fluid level noted.

Periorbital soft tissue swelling is seen on the right

A linear crack (orbital fracture) is associated with the lateral fragment

(b)(6)-2

1930 Z

10 Oct 03



**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 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____	↓	10/10/03	19:40	HOURS	
	①	Admit ICU Intubated			
	②	Dx 1) GSW to Head, Frontal Bone fx 2) GSW x 2 to (L) Leg Femur fx			
	③	Cond Critical			
	④	VS per Nurse			
	⑤	HOB up @ 30 Degrees			(b)(6)-2
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			⑥	IV D5 1/2 NS @ 20 KCL @ 80 cc/hr	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____				HOURS	
	⑦	Vent IMV 12, TV 550, PEEP 5 PS 10			
	⑧	ABG in 30 min, In AM, and 20 min p each Vent D			
	⑨	CBC, Chem Panel in AM			
	⑩	MS 1-5mg IV Q 30 min			
	⑪	Versed 2-7mg IV Q 2° PRN			
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____			⑫	Valonium 5-8 mg IV Q 30 min PRN	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____				HOURS	
	⑬	Xeroform Dressing to Scalp Sutures done			
	⑭	Morphine 1/2 to LLE Q 2°			
	⑮	Mx Foley to Gravity			
	⑯	UA / Spec Gravity, Urine Lyte on Arterial done			
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____					(b)(6)-2 CPT 198
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4 NURSING UNIT: _____ ROOM NO.: _____ BED NO.: _____		10/10/03	20:35	HOURS	
		Amof 7 Gm IV Q 6°			(b)(6)-2
		Gent 50mg IV Q 8°			(b)(6)-2
# (b)(6)-4 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
<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div>			↓ 10/12/03	04:22 HOURS	- by Ambulance → <del>Kabul</del> Kabul - Anacet 10g → Kabul - 1/2 pack box of 4x4s + Kerlex rolls - med supply of spike keeping formula as available 2 ltr supply
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				✓ 0.25 1/2 NS ✓ 1/2 NS for injection to travel (to add to prepare to it to Kabul mil Hospital neurosurgeon	X 1/2 box (2) 1/2
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.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

**DA** FORM 1 APR 79 **4256**

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4 [Redacted]			↓ 10/11/03	10:06 HOURS	OG tube → LIS - ↑ PV to 125 cc/h Met life 8, CBC m over +PT, HHT [Redacted] (b)(6)-2 LTR MC USAK
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7	Zantac 50mg PV 9:30 AM [Redacted] (b)(6)-2 # LTR MC USAK		
(b)(6)-4 [Redacted]			11/04/03	09:14 HOURS 13:13	- 500cc NS over 2 hours [Redacted] (b)(6)-2 LTR MC USAK [Redacted] (b)(6)-2 11/04/03 13:13
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7			
# (b)(6)-4 [Redacted]			11/04/03	16:32 HOURS	- 500cc NS over 2 hours [Redacted] (b)(6)-2 # LTR MC USAK [Redacted] (b)(6)-2 11/04/03 16:00
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7			
# (b)(6)-4 [Redacted]			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		7			

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**      Mo 10 Yr. 03

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

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																		
ORDER DATE	CLERK/ NURSE			DATE COMPLETED																		
				10	11	12	13	14	15													
10/10	(b)(6)-2	VS per ICU routine	D	/	(b)(6)-2																	
			N	(b)(6)-2																		
10/10	(b)(6)-2	HOB ↑ 30°	D	/	(b)(6)-2																	
			N	(b)(6)-2																		
10/10	(b)(6)-2	Neurovascular ✓'s	D	/	(b)(6)-2																	
		to LHE 3 20°	N	(b)(6)-2																		
10/11	(b)(6)-2	oc to HIS	D	/	(b)(6)-2																	
			N	(b)(6)-2																		

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: GSW head  
GSW x 2 @ femur

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: #

**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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo <u>10</u> y <u>03</u>				
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials			
10/10	(b)(6)-2	ABG now	10/10	2027	2027	(b)(6)-2			
10/10	(b)(6)-2	UA now	10/10	now	2015	(b)(6)-2			
10/10	(b)(6)-2	ABG in am, CBC + Metlyte 8 10 am	10/11	0100	done	(b)(6)-2			
10/11	(b)(6)-2	metlyte 8, CBC, PT/PTT in Am	10/12	0100	0100	(b)(6)-2			
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION						
			TIME/DATE COMPLETED						

CLINICAL RECORD

THE THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 10 yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				10	11	12	13	14	15					
10/10	(b)(6)-2	D5.45 E 20KCL ? 80cc/hr	D	(b)(6)-2										
10/10	(b)(6)-2	Hncef ÷ 6mg 6 <sup>00</sup> Q2 IUPB	N	(b)(6)-2										
			08	(b)(6)-2										
			14	(b)(6)-2										
			20	(b)(6)-2										
10/10	(b)(6)-2	Levofloxacin 50 mg q 8 <sup>00</sup> IUPB	01	(b)(6)-2										
			09	(b)(6)-2										
			17	(b)(6)-2										
10/11	(b)(6)-2	Zantac 50 mg IV q 8h	04	(b)(6)-2										
			14	(b)(6)-2										
			20	(b)(6)-2										

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
GSW head  
GSW x 2 @ femur

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION:

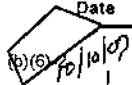
# (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

- D 7 8 9 10 11 12 13 14
- E 15 16 17 18 19 20 21 22
- N 23 24 01 02 03 04 05 06

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. 10 yr. 03	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
10/11	(b)(6)-2	500cc NS bolus over 2 hours	10/11	now	1320z	(b)(6)-2
10/11		800cc NS bolus over 2 hours	10/11	now	1635z	
Order/ Explr Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
		TIME/DATE DISPENSED				
10/10	(b)(6)-2	MS 1-5mg q 30min PRN	10/10 1320 1320	10/11 0130 0130	10/11 2015 2015	
			(b)(6)-2			
10/10	(b)(6)-2	Verse 2-7mg q 2 <sup>nd</sup> PRN	10/10 1320 1320	10/11 0130 0130	10/11 1015 1015	10/11 1720 1720 10/11 1635 1635
			(b)(6)-2			
10/10	(b)(6)-2	Vecuronium 5-8mg IV q 30min PRN				

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVE	Date to be Given	Time to be Given	Time Given	Initials	
	-----	1 amp D50, notify MD for blood sugar < 50					
	-----	0.5mg Atropine IV for HR < 45 and symptomatic; and notify MD					
	-----	500cc NS IV over 1 hour for uo < 30cc; notify MD if no improvement within 1 hour (N/A for pts under 10 years)					
	-----	Blood cultures, UA C/S and CBC for temp > 102 (oral)					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE DISPENSED							
Digestion	-----	Mylanta 2 tabs or 30cc								
Nausea	-----	1) Zofran 4mg IV q6h 2) Compazine supp 25mg q12h								
	-----	3) Phenergan 12.5-25mg IV q4h								
Constipation	-----	Dulcolax supp (except post-op abd surgery)								
Sleep	-----	1) Ambien 5-10mg po qhs 2) Benadryl 25-50mg po qhs								
Sedation	-----	1) Versed 1-5mg IV q2h 2) Ativan 1-2mg po/IV qh								
	-----	3) Haldol 5-10mg IV q2h								
Pain	-----	1) MSO4 4-10mg IV q1-2h 2) Percocet 1-2 tabs po q4h								
	-----	3) Fentanyl 50-100mcg IV q2h 4) Demerol 50-100mg IV q4h	10/11	10/11	10/11	10/11	10/11	10/11	10/11	10/11
	-----	Tylenol 325-650mg po or PR q4h fever > 101 or pain								



1. REPORTING MTF						2. LOCATION		ADMISSION CODING INFORMATION												
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG												
(b)(3)-1						AT		(State or Country Code.)						4. PAY GRADE			5. SEX			
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						16			17			18		
(b)(6)-4						(b)(6)-4												M		
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION							
19	20	21	22	23	24	25	26	27	28	29	30		31		BACK-GROUND					
19 01 01						25							Muslim							
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER											
32	33	34				35	36	9920			(b)(6)-4									
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			14. HOUR OF ADMISSION			15. BRANCH / CORPS								
						46			8000Z											
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	K70 K78						53 54 55 56 57 58 59 60 61								
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			20. PREV. ADMISSION										
62	63	64 65 66 67 68 69 70				71			YEAR <input type="checkbox"/> NO											
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			21. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE														
72			ICW																	
22. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						23. TELEPHONE NUMBER OF EMERGENCY ADDRESSEE														
(b)(3)-1																				
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION (YYMMDD)												
73	74	75 76 77 78 79 80					81 82 83 84 85 86													
85								031012												
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM					26. DATE THIS ADMISSION (YYMMDD)											
87 88 89 90				91 92 93 94 95 96					97 98 99 100 101 102											
									031010											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION					29. DATE INITIAL ADMISSION (YYMMDD)												
103 104			105 106 107 108 109 110					111 112 113 114 115 116												
			J5048					031010												
FOR LOCAL USE																				
<p style="text-align: right;"> DX-873.8 800.91  821.00 E991.2  891.0  PR-87.03  89.52  Trauma-1  Injury-450 </p>																				
Ac(b)(6)-2						SIGNATURE OF ADMITTING CLERK														
(b)(6)-2						LTCME USAAR Spec (b)(6)-2														

EDITION OF MAY 79 IS OBSOLETE

USAPPC V1.00

**IENT TREATMENT RECORD COVER T**

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

1. REGISTER NUMBER <i>(b)(6)-4</i>		2. <i>(b)(6)-4</i>		3. GRADE		ADMISSION REMARKS	
4. SEX <i>M</i>	5. AGE <i>40</i>	6. RACE <i>M</i>	7. RELIGION <i>MUS</i>	8. LENGTH OF SVC	9. ETS		10. PREVIOUS ADMISSION
11. FMP <i>99</i>		12. SSN		13. <i>DX3-1</i>			14. WARD <i>ICW</i>
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS		19. UIC/ZIP		20. TYPE CASE <i>JN</i>
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION <i>Direct</i>			22. HOURS OF ADMISSION <i>1400</i>	23. CLINIC SERVICE <i>ABAA</i>			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION <i>Home</i>	26. DATE OF DISPOSITION <i>12/18</i>			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION <i>12/18</i>			ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY <i>452ND CSH, AFGHANISTAN</i>				30. DATE OF INITIAL ADMISSION <i>12/18</i>			32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED <i>0</i>
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY <i>BSW Dressing change</i>							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES							
35. Total Days This Facility							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS <i>1</i>	f. TOTAL SICK DAYS <i>1</i>		
36. Total Days All Facilities							
a. ABSENT SICK DAYS <i>(b)(6)-2</i>	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS <i>(b)(6)-2</i>	f. TOTAL SICK DAYS <i>2</i>		
SIGNATURE OF A <i>(b)(6)-2</i>			SIGNATURE OF PAD OR MEDICAL RECORD <i>(b)(6)-2</i>				

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OR NOTE - DRT/HO
18 DEC	Pre-op - cholelithiasis and (C) chyl 5/16/52 Lungs - (b)(6)-2 Driv. - (b)(6)-2 Comp - 5 Spec - still frag Post-op - none Under - 1st P (R) fem P Lpn - drainig at retention FL if wound felt repair Keflex 500 Q4H (5/day)
	(b)(6)-2

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.

(b)(6)-4

(b)(3)-1

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
 Medical Record  
**STANDARD FORM 600** (REV. 8-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA V2.00

**MEDICAL RECORD - NURSING DISCHARGE SUMMARY**

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: <b>18 Dec. 03</b>	2. Discharge to: <input type="checkbox"/> Home <input checked="" type="checkbox"/> <u>Other (specify)</u>	4. Accompanied by: <b>Military Police</b>
3. Mode: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Other (specify)		

5. Activity:  Limitations (specify)

**Ø**

\_\_\_\_\_ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet:  No Dietary Restrictions  If special, identify

\_\_\_\_\_ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications:  No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
<b>Perocet</b>	<b>1-11</b>	<b>po Q3-4</b>	<b>prn</b>
<b>Keflex 500mg</b>	<b>1 po</b>	<b>Q 4hrs.</b>	<b>w/A</b>

\_\_\_\_\_ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
---------------------	--	--

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in Det pt. clinic at discretion (time period).  
2 Medical attendant in charge

\_\_\_\_\_ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

**stable**

11. Signature (Registered Nurse)

12. Additional Information:

COPY 1 - INPATIENT RECORD COPY

13. Patient Identification:

**H** (b)(6)-4

**MEDICAL RECORD**

**INTRAOPERATIVE**

**VE DOCUMENT**

For use of this form, see AR 40-68, the parent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Ambulated BY SSG 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY

3. DATE 18 DEC 03 TIME PATIENT ARRIVED IN SUITE 4. PATIENT IN ROOM TIME 0325 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SSG</u> (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>SSG</u> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

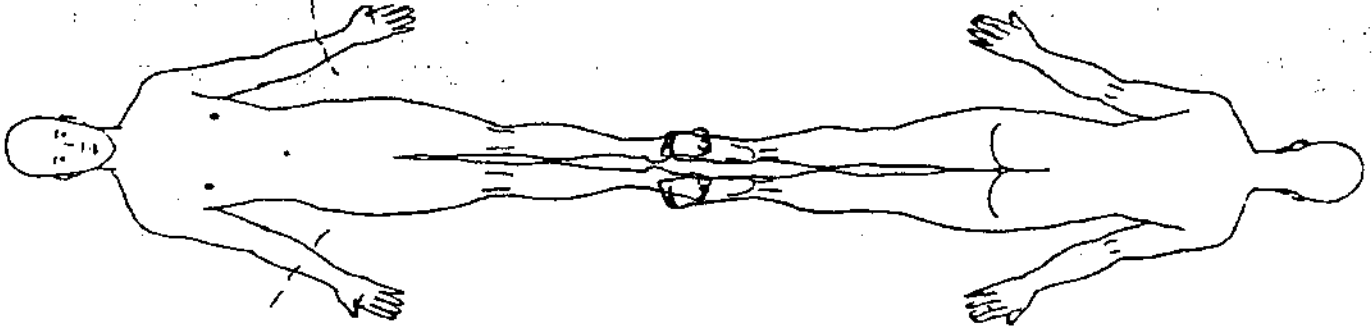
COMMENTS:

B. SKIN PREPARATION

HAIR REMOVAL  YES  NO  
 DONE BY:  OR  NURSING UNIT  
 METHOD:  DEPILOTORY  RAZOR  CLIP  
 PREP SOLUTION (Specify) SEPTABINE SCRUB (b)(6)-2  
 SITE: RLEG BY WHOM: SSG (b)(6)-2  
 SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>SSG</u> (b)(6)-2	<u>SSG</u> (b)(6)-2
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

(b)(6)-4

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

ESU NO: \_\_\_\_\_  
 GROUND PAD: BRAND \_\_\_\_\_ LOT NO: \_\_\_\_\_  
 ESU NO: \_\_\_\_\_  
 GROUND PAD: BRAND \_\_\_\_\_ LOT NO: \_\_\_\_\_  
 BIPOLAR NO: \_\_\_\_\_

13. PROSTHESIS, IMPLANTS  YES  NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

WOUND IRRIGATION  YES  NO, TYPE(S): *NaCl*

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)  
*4x4 Pads, Kerlix, Coban*

17. TUBES, DRAINS/PACKING				YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
TYPE/SIZE	1. <i>Epidural drainage</i>	2.	3.		
SITE	1. <i>@ thigh</i>	2.	3.		

19. ADDITIONAL INFORMATION  
*N/A -*  
*EBL - SDIC's.*

20. OPERATION(S) PERFORMED  
*LAD @ thigh*

21. PATIENT TRANSFERRED TO	TIME	METHOD
<i>ICU</i>	<i>0410</i>	<i>Litter</i>

22. REGISTERED NURSE (b)(6)-2

# (b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD-ANESTHESIA				PROCEDURE		ITEM	START	STOP		
				TAD (R) Laminar		Anesthesia	0325	0425		
DATE	DR. NO.	PAGE OF	SURGEON (b)(6)-2	(b)(6)-2	LMA#4	Procedure	0350	0410		
PRE-PROCEDURE			MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUES		AIRWAY MANAGEMENT			
<input type="checkbox"/> Identified <input checked="" type="checkbox"/> Band <input type="checkbox"/> Questioning <input type="checkbox"/> Permit Signed <input type="checkbox"/> Chart Review <input type="checkbox"/> NPIC Since <input type="checkbox"/> M/M Pre-anesthetic State: <input type="checkbox"/> Awake <input type="checkbox"/> Apprehensive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive			<input checked="" type="checkbox"/> Sialth <input type="checkbox"/> Esoph <input type="checkbox"/> Precord <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive B/P <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Temp <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> A/L Line <input type="checkbox"/> CVP <input type="checkbox"/> PA Line <input type="checkbox"/> ET V(a)		Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Bier Block <input type="checkbox"/> Anide Blok <input type="checkbox"/> M.A.C. General: <input checked="" type="checkbox"/> Pre-O <sub>2</sub> <input type="checkbox"/> L.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Position <input type="checkbox"/> Prep <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Dose <input type="checkbox"/> Site <input type="checkbox"/> Catheter		<input type="checkbox"/> Intubation <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct Vision <input type="checkbox"/> Magilla <input type="checkbox"/> Blind <input type="checkbox"/> Stylet <input type="checkbox"/> Dil. see Pinks <input type="checkbox"/> Fiber Op <input type="checkbox"/> Blade <input type="checkbox"/> Tube size <input type="checkbox"/> Endobronchial <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input type="checkbox"/> Euffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air CINS <input type="checkbox"/> Unuffed, leaks at <input type="checkbox"/> cm H <sub>2</sub> O <input type="checkbox"/> Secured at <input type="checkbox"/> ET CO <sub>2</sub> Present <input type="checkbox"/> Breath Sounds <input type="checkbox"/> PEP <input type="checkbox"/> EVC <input type="checkbox"/> Circuit: <input type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O <sub>2</sub> Mask		RECOVERY ROOM	
PATIENT SAFETY <input checked="" type="checkbox"/> Anes. Machine # <input type="checkbox"/> Checked <input type="checkbox"/> Safety Belt On <input type="checkbox"/> Auxiliary Roll <input type="checkbox"/> Arm Restraints <input type="checkbox"/> Arms Tucked <input type="checkbox"/> Pressure points checked and padded <input type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input type="checkbox"/> Teeth <input type="checkbox"/> Pads <input type="checkbox"/> Goggles			<input type="checkbox"/> PACU <input type="checkbox"/> LEO <input type="checkbox"/> PACU <input type="checkbox"/> LEO <input type="checkbox"/> PACU <input type="checkbox"/> LEO		CONTROLLED DRUGS Drug Used Destroyed Returned Provider Witness					

AGENTS	FLUIDS	MONITORS	VITAL SIGNS	VENT	TIME					TOTALS	
					0330	0400	0430	0500	0530		
<input type="checkbox"/> Hal <input type="checkbox"/> Ent <input type="checkbox"/> Iso <input type="checkbox"/> Air (L/min) <input type="checkbox"/> Oxygen (L/min) <input type="checkbox"/> Nitrous Oxide (L/min) <input type="checkbox"/> Nitrogen (L/min) <input type="checkbox"/> Propofol (mg) <input type="checkbox"/> Rocuronium (mg)	NS (D) Drip Urine (ml) EBL (ml)	EKG % O <sub>2</sub> Inspired (FiO <sub>2</sub> ) O <sub>2</sub> Saturation (SaO <sub>2</sub> ) End Tidal CO <sub>2</sub> Temp: <input type="checkbox"/> C <input type="checkbox"/> F	BP P R	Tidal Vol. (ml) Resp. Rate Peak Pres. (cm H <sub>2</sub> O) PEEP (cm H <sub>2</sub> O)	2.0	3.0	1.5				
					8	3	31	16			
					100	100					
					20	16	16	16	16		
					16	15					

REMARKS 0355 To OR B, monitors placed. 20% B/P/C/P U placed x100%  
 Anes. T 100% O<sub>2</sub>. @ UES padded char boards and L90. 0310 Unreactive  
 Ninductors, #4 LMA placed x1, pass anatomically, J+E-100. 0350  
 surgical start, USS, at 0355. 0415 JCLMA's incident to PPU,  
 oral airway placed. 0420 To ICU, USS, report to RN.

ANESTHESIA  
 Medical Record  
 OPTIONAL FORM 517 (7-95)  
 Prescribed by GSA/ICMR,  
 FPMR (41 CFR) 101-11.203(b)(10)

**PRE-ANESTHESIA EVALUATION**

AGE	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS B/P _____ P _____ R _____ T _____
-----	---	-------------------	-------------------	--

PROPOSED PROCEDURE: IdD (P) Annuar

PREVIOUS ANESTHESIA/OPERATIONS (if none, check here ): (P) Annuar s/p GSW

CURRENT MEDICATIONS (if none, check here ):

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (if none, check here ):

ALLERGIES (if NKDA, check here ):

AIRWAY/TEETH/HEAD AND NECK	HISTORY FROM <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> POOR HISTORIAN <input type="checkbox"/> CHART <input type="checkbox"/> SIGNIFICANT OTHER <input type="checkbox"/> PATIENT
----------------------------	--

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
<b>RESPIRATORY</b> Asthma                      Pneumonia Bronchitis                  Productive cough COPD                          Recent cold Dyspnea                      SOB Orthopnea                    Tuberculosis	<input type="checkbox"/>	Tobacco Use: <input type="checkbox"/> No <input type="checkbox"/> Yes ____ Pack/Day for ____ Years	Chest X-ray      Pulmonary Studies
<b>CARDIOVASCULAR</b> Angina                        MI Arrhythmia                  Murrur CHF                            MVP Exercise Tolerance          Pacemaker Hypertension                Rheumatic fever	<input type="checkbox"/>		EKG
<b>HEPATO/GASTROINTESTINAL</b> Bowel obstruction          Jaundice Cirrhosis                      N&V Hepatitis                      Reflux/heartburn Hiatal hernia                Ulcers	<input type="checkbox"/>	Ethanol Use: <input type="checkbox"/> No <input type="checkbox"/> Yes Frequency _____	
<b>NEURO/MUSCULOSKELETAL</b> Arthritis                      Paresthesia Back problems                Syncope CVA/stroke                    Seizures DJD                              TIAs Headaches                      Weakness Loss of consciousness Neuromuscular disease Paralysis	<input type="checkbox"/>		
<b>RENAL/ENDOCRINE</b> Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain	<input type="checkbox"/>		
<b>OTHER</b> Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history			

PROBLEM LIST/DIAGNOSES	ASA PS <u>1</u> 2 3 4 5 E	LAB STUDIES	Hgb/Hct/CBC	Electrolytes	Urinalysis
PLANNED ANESTHESIA/SPECIAL MONITORS		Other			
PRE-ANESTHESIA MEDICATIONS ORDERED		<b>POST-ANESTHESIA NOTE</b>			

SIGNATURE OF EVALUATOR(S): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

OPTIONAL FORM 517 BACK



POST ANESTHESIA CARE UNIT FLOW SHEET

Time Received From OR: 0420 Procedure: I & L Definit

ASA: 1 Allergies: A EBL: Min

U.O. in OR: 0 Drains: 0

Fluids Received in OR: Type NS Amount 600

Anesthesia: Zom Ancef 2 Versid 400mg Fent

Time	0420	0435	0450	0500						
Temp	94.6									
HR	81	79	77	81						
RR	13	11	10	10						
BP	105/61	102/57	103/61	103/71						
O2 Sat	90	90	92	96						
Activity	0	0	2	2						
Resp	2	2	2	2						
Circ	2	2	2	2						
Consc	2	0	2	2						
Color	2	2	2	2						
Total	6	6	10							

Notes:

Transferred to: (b)(3)-1 via: \_\_\_\_\_ Report to: \_\_\_\_\_

Name: # (b)(6)-4 (b)(6)-4 Date: 18 Dec 03

**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>			↓ 18 DEC	6 430 Z HOURS	
			① s/p outpatient surgery I + O ② few		
			② MS 1-4 mg TID q 12-24		
			③ PERCOCET T-11 10 q 4-6 PRN		
			④ PCW when stable		
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>					
			⑤ Ph 1 1/2 mg <del>per 4 hours</del>		
			⑥ Keflex 500mg T 10 q 4h while awake		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN

**DA** FORM 4256  
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

1. REPORTING MTF						2. LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	(State or Country Code.)													
(b)(3)-1						A	F	For use of this form, see AR 40-400; the proponent agency is OTSG													
3. REGISTER NUMBER						7. NAME (Last, First, Middle Initial)						4. PAY GRADE			5. SEX						
9	10	11	12	13	14	15	(b)(3)-1						16	17	18						
(b)(6)-4																					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND	MUS							
1	9	6	3	0	1	0	1	4	0	4	M										
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER												
32	33	34				35	36														
						9															
ORGANIZATION (b)(3)-1						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS									
(b)(3)-1						46			0800												
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE												
47	48	49	50	51	52	K78						53	54	55	56	57	58	59	60	61	
			A99																		
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				PREV. ADMISSION YEAR										
62	63	64				65	66	67	68	69	70	71	2007 <input type="checkbox"/> NO								
A	F																				
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												
72	Direct					ICW															
0									ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)												
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE															
452 CSH, AFGHANISTAN																					
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)												
73	74	75						76	77	78	79	80	81	82	83	84	85	86			
0	5	Home												0	3	1	2	1	8		
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)											
87	88	89	90	91						92	93	94	95	96	97	98	99	100	101	102	
A	B	A	A													0	3	1	2	1	8
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)											
103	104	105						106	107	108	109	110	111	112	113	114	115	116			
A	F													0	3	1	2	1	8		
FOR LOCAL USE																					
<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;">           Dx: V583 PR: 9357            E0912         </div>																					
ADMITTING (b)(6)-2						SIGNATURE OF ADM (b)(6)-2						(b)(6)-2									
						MD															

**INPATIENT TREATMENT RECORD COVER SHEET**  
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER (b)(6)-4		2. (b)(3)-1		3. GRADE		ADMISSION REMARKS	
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	40	M	MUS				
11. FMP		(b)(6)-4		13. ORGANIZATION		14. WARD	
20						ICW	
15. FLYING STATUS	16. DSG	BEN		18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE	
		K78				D	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
SICK CALL				0330	AEMM		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION			
			TRAN	2/15			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION		ADMITTING OFFICER	
				2/18			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		
Bagram Army Hospital, Afghanistan				4/18			
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES							
infected nonunion @ tibial plateau fx 18 Feb 04 @AKA							
35. Total Days This Facility							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS		
				2	2		
36. Total Days All Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS		
(b)(6)-2				(b)(6)-2			
SIGNATURE OF ATTENDING MEDICAL OFFICER				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER			
(b)(6)-2				(b)(6)-2			

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 18 Feb 04 0520Z  
 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry): HR 134 BP 83 R 18 T 99° oral (b)(6)-2 MKJAW

18 Feb 04 0815  
 Dx: infected nonunion @ proximal tibia  
 procedure - @ AKA  
 anes - (b)(6)-2  
 EBL - 600  
 fluids - 1500 cc  
 TT - 23 min  
 complic - @  
 surgeons - (b)(6)-2 (b)(6)-2 (b)(6)-2

18 Feb 04 0945Z  
 Pt. arrived from RR S/P @ AKA. Alert, crying out for pain meds. Was medicated w/ MSO4 10mg IVP w/ good effect. Stump ↑ - bandages C/D/I. VSS SFC (b)(6)-2 RN

18 Feb 04 1410Z  
 Rested most of afternoon comfortably w/ PRN pain meds on board. Received both Percocet and MSO4. Has one dose of IV Phenergan for clonausea - also helpful. Ate approx 50% of supper thru Stump ↑ on pillow. Drgy: C/D/I. VSS SFC (b)(6)-2 RN

HOSPITAL OR MEDICAL FACILITY Bagram Army Hospital	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. ICW
--------------	-----------------

# (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

HICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

19 FEB 04  
 pt slept off + on, 4. "dead" medicated thru out  
 Rn note shift c stated relief, IV infiltrated - de'd, AIB &  
 completed, following PO well, 5 problem voiding -  
 (b)(6)-2  
 A/c R patient - stump HC, to be discharged this  
 AM  
 Cpt. (b)(6)-2

19 FEB 04 DIC Note: \_\_\_\_\_  
 S/O: Within DIC instructions / meds provided.  
 A/P: Appropriately to return to the PUC Facility.  
 F/U in Ortus Cl. 23 FEB 04 \_\_\_\_\_  
 (b)(6)-2  
 MAJ

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SOPR'S NAME	SCN/IO 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.	

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

USAFA 12.00

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time: 19 FEB 04	2. Discharge to: <input type="checkbox"/> Home Other (specify) <b>PUC</b>	4. Accompanied by: <b>Soldiers</b>
3. Mode: <input type="checkbox"/> Ambulatory Other (specify)		

5. Activity:  Limitations (specify) **(Use own crutches)**  
**bedrest or up w/ assistance in chair**  
 Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet:  No Dietary Restrictions If special, identify  
 Patient/S.O. communicates understanding of dietary restrictions.

7. Medications:  No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Percoet	1 tab	every 6 hrs	as needed for pain
Keftup	2 caps	4 x's a day	before @ meals & after bedtime.

Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/ S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
<b>Keep (L) Stump dressing clean &amp; dry</b>		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in **Ortho** clinic in **Mon 23 FEB 04** (time period).  
 Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):  
**Stable**

11. <input type="checkbox"/> Patient Identification: <b>PUC #</b> <input type="checkbox"/> <b>Hosp #</b> <input type="checkbox"/>	12. Additional Information: <b>MAS</b>
--	---

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the provisions of which are the policy of the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA AMB BY [Signature] (b)(6)-2  
 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [Signature] (b)(6)-2  
 3. DATE 18 FEB 04 TIME PATIENT ARRIVED IN SUITE 0625  
 4. PATIENT IN ROOM TIME 0625 NUMBER \_\_\_\_\_

5. PREOPERATIVE EMOTIONAL STATUS

CALM     ANXIOUS     EXCITED     CRYING     ANGRY     WITHDRAWN     OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>[Signature]</u> (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>[Signature]</u> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

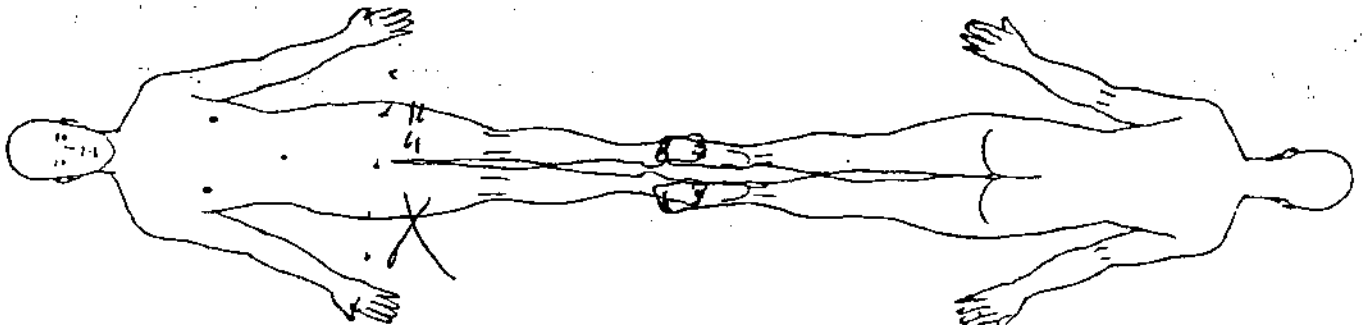
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL:  YES     NO  
 DONE BY:  OR     NURSING UNIT  
 METHOD:  DEPILATORY     RAZOR     CLIP  
 PREP SOLUTION (Specify) Prep Solution  
 SITE: Leg BY WHOM: [Signature] (b)(6)-2  
 BY WHOM: \_\_\_\_\_

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

7:15 @ 0652 ↓ 0715

10. COUNTS	C = Correct    I = Incorrect		First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
	Other**					
Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Needle Sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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

[Signature] (b)(6)-4

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

ESU NO: 00010  
 GROUND PAD:    BRAND \_\_\_\_\_  
 LOT NO: \_\_\_\_\_  
 ESU NO: \_\_\_\_\_  
 GROUND PAD:    BRAND \_\_\_\_\_  
 LOT NO: \_\_\_\_\_  
 BIPOLAR NO: \_\_\_\_\_



13. PROSTHESIS, IMPLANTS   NO IF YES NAME: ID NUMB' MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S): *nasal*

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1.	2.	3.
10 FL JP			
SITE	1.	2.	3.
L AKA			

18. DRESSING/IMMOBILIZATION (Specify)  
*Xenobond, biosorb,  
 Kerly, eolan*

19. ADDITIONAL INFORMATION  
*START - 0652  
 finish - ~~0825~~ 0820*

20. OPERATION(S) PERFORMED  
*(L) AKA*

21. PATIENT TRANSFERRED TO *TCU* TIME *0825* METHOD *Li TRA*

22. REGISTERED NURSE SIGNATURE *uog* (b)(6)-2

**FLWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS**

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

WARD

ICW

*This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.*

DATE pt # (b)(6)-4

DATE	PATIENT'S NAME Time	TEMP	PULSE	RESP	B/P	O2 STAT	BM	INITIAL
2/18	0910Z	97.2	92	28	159/97	93%		(b)(6)-2
2/18	1500Z	98.4	87	26	148/92	95%		
2/19	0230Z	99.7	105	20	105/65	99%		

POST ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0825 Procedure: AKA

ASA: \_\_\_\_\_ Allergies: \_\_\_\_\_ EBL: 600

U.O. in OR: ∅ Drains: ∅

Fluids Received in OR: Type NS Amount 1500

Anesthesia: 2gm Ancel #130 / 2mg Versed / 10mg MSO<sub>4</sub> / 200mcg Fentanyl

Time	0825	0840	0855	0910						
Temp	97.2									
HR	97	101	104	92						
RR	26	17	29	28						
BP	155/59	138/83	157/93	157/97						
O2 Sat	95%	97%	91	93						
Activity	1	1	1	2						
Resp	2	2	2	2						
Circ	1	2	2	2						
Consc	1	1	1	2						
Color	1	1	2	2	11					
Total	6	7	8	10						

Notes: JP @ site 100mcg Fentanyl @ 0915

Transferred to: ICU Via: Lifer Report to: \_\_\_\_\_  
 Name: #(b)(6)-4 Date: 18 Feb 04

MEDICAL RECORD-ANESTHESIA

PROCEDURE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE: 18 Feb 04 ORG: A PAGE: 1 OF 1 SURGEON: [Signature]

ITEM	START	STOP
Anesthesia	0705	0830
Procedure	0652	0815

PRE-PROCEDURE	MONITORS AND EQUIPMENT	ANESTHETIC TECHNIQUES	AIRWAY MANAGEMENT	RECOVERY ROOM
<input type="checkbox"/> ID Band <input type="checkbox"/> Questioning <input type="checkbox"/> Permit Signed <input type="checkbox"/> Chan Review <input checked="" type="checkbox"/> NPG Since MM <input type="checkbox"/> Awake <input type="checkbox"/> Uncooperative	<input type="checkbox"/> Non-Invasive B/P <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Temp <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> An Line <input type="checkbox"/> CVP <input type="checkbox"/> PA Line <input type="checkbox"/> TV(s)	<input checked="" type="checkbox"/> General <input type="checkbox"/> Epidural <input type="checkbox"/> Bier Block <input type="checkbox"/> Pre-O <sub>2</sub> <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Regional <input type="checkbox"/> PEEP <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Dose <input type="checkbox"/> Site <input type="checkbox"/> Catheter	<input type="checkbox"/> Oral <input type="checkbox"/> Direct Vision <input type="checkbox"/> DA see Firm's <input type="checkbox"/> Attempts <input type="checkbox"/> Tube sizers <input type="checkbox"/> Foglar <input type="checkbox"/> Guffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Secured at <input type="checkbox"/> Breath Sounds <input type="checkbox"/> Circulation <input type="checkbox"/> Airway <input type="checkbox"/> Mask Case <input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> L&D <input type="checkbox"/> Awake <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Spont Resp <input type="checkbox"/> Ventilator <input type="checkbox"/> Extubated <input type="checkbox"/> Intubated <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> Face Shield O <sub>2</sub> <input type="checkbox"/> T-Place O <sub>2</sub>

TIME: 0700 0730 0800 0830

	0700	0730	0800	0830
HELI				
AGENTS				
MONITORS				
VITALS				
VENT				
ANESTHESIA PROVID				

TOTALS

SYMBOLS

X ANESTHESIA

○ OPERATION

∇ B/PCUFF PRESSURE

↓ ARTERIAL LINE PRESSURE

△ MEAN ARTERIAL PRESSURE

● PULSE

○ SPONTANEOUS RESP

⊗ ASSISTED RESP

⊙ CONTROLLED RESP

T TOURNIQUET

REMARKS: 0625 TO CR # A, monitors placed. Placed 25gr 18x1.1 cath [Signature]. 240° 0625 Unventilator IV induction, N2O Miller's, airway pad. [Signature] 10u, 55, for rest of center [Signature] 0705

PATIENT'S IDENTIFICATION  
 LE  
 27 February

ANESTHESIA PROVIDER: [Signature]  
 CRNA  
 entries give: Name-last, first, middle, to ID: (SSN or other); hospital or medical facility.  
 0700 - 0800  
 Lunch Break

**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
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
(b)(6)-4 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>			18 Feb 04	0820	
ICW			routine ICW VS + pain mgmt up as tol i crutches regular diet IV NS TKO lencel i gm IV q 8hr x 3 doses		
(b)(6)-2 # (b)(6)-4 2/18/04 0945Z					
ICW			OK to discharge tomorrow F/U Ortho Clinic Mon 23 Feb		
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					
(b)(6)-2 <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"></div>					
ICW					

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)		Mo. Feb Yr. 84	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION			
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED	
18 Feb	(b)(6)-2	Routine Vital Signs	D N	18/19/20	(b)(6)-2
		Activity: ↑ Crutches	D N		
		Diet: Regular	D N		
		0.9NS @ TKO (cap ↑ good po)	D N		
		Ancef 1Gm IV q 8° X 3 doses	02 10 18		

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: Ⓛ AKA

ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION: # (b)(6)-4

DISPENSING TIMES  
 USE PENCIL. CIRCLE MED TIMES  
 D 7 8 9 10 11 12 13 14  
 E 15 16 17 18 19 20 21 22  
 N 23 24 01 02 03 04 05 06

THEATER THEATRIC DOCUMENTATION CARE PLAN  
(MEDICATIONS)

Mo. Yr.

Verify by Initiating	SINGLE ORDER, PRE-OPERATIVES		Date to be Given	Time to be Given	Time Given	Initials
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE DISPENSED			
		Motrin (adult) 200-800mg po Q4H PRN for pain				
18Feb	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	2/18	2/18		
18Feb		Morphine Sulfate (MSO4) 1-10 mg IV or IM Q2H-Q4H PRN for pain	2/18	2/18		
		Ambien (Zolpidem) 10mg po at HS PRN for sleep	2/18	2/18		
		Benadryl (Dipenhydramine) 12.5-25mg po at HS PRN for sleep				
		Maalox 1-2 tabs po Q2H PRN for GI upset				
		Milk of Magnesia (MOM) 30cc po QD PRN for constipation				
		Bisacodyl (Dulcolax) suppository 1 rectally QD PRN/constipation				
		Glycerin Suppository (pediatric) 1 rectally QD PRN/constipation				
		Phenergan 12.5-25mg IV or IM Q6H PRN for nausea				

USAPA V1.00

**ADMISSION AND WAITING INFORMATION**

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

1. REPORTING MTF						2. M		3. POSITION											
(b)(6)-4						A		F		(State or Country Code.)									
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
(b)(6)-4						(b)(6)-1						16 17		18					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION								
19 20 21 22 23 24 25 26						27 28 29			30	31	MUS								
10. LENGTH OF SERVICE						11. FMP			12. SOCIAL SECURITY NUMBER										
32 33 34						35 36			37 38 39 40 41 42 43 44 45	(b)(6)-4									
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS								
(b)(3)-1						46			0330										
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE													
47 48 49			50 51 52			53 54 55 56 57 58 59 60 61													
17. UNIT LOCATION (State or Country Code)			18. MOS			19. TRAUMA			20. PREV. ADMISSION										
62 63			64 65 66 67 68 69 70			71			YEAR <input checked="" type="checkbox"/> NO										
A F																			
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE										
72						ICW			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)										
I sick call																			
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
Bagram Army Hospital, Afghanistan																			
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO			23. DATE OF DISPOSITION (YYMMDD)													
73 74			75 76 77 78 79 80			81 82 83 84 85 86													
21 TRANSFER			(b)(3)-1			040219													
24. CLINIC SVC - ADMITTING			25. MTF TRANSFERRED FROM			26. DATE THIS ADMISSION (YYMMDD)													
87 88 89 90			91 92 93 94 95 96			97 98 99 100 101 102													
A E A A						040218													
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION			29. DATE INITIAL ADMISSION (YYMMDD)													
103 104			105 106 107 108 109 110			111 112 113 114 115 116													
						040218													
FOR LOCAL USE																			
DX 99769 Proc E8798 8417																			
ADMITTING OFFICER (Signature as required)						SIGNATURE OF ADMITTING OFFICER													
(b)(6)-2						(b)(6)-2													