

<p><b>6. PATIENT PROBLEMS AND NEEDS</b></p> <p><b>D. CIRCULATION</b></p> <p>✓ Potential for inadequate tissue perfusion due to:</p> <ul style="list-style-type: none"> <li>✓ 1) <u>Intraoperative Mobility</u></li> <li>✓ 2) <u>Positioning</u></li> <li>✓ 3) <u>Existing Disease</u></li> <li>✓ 4) <u>Safety Devices</u></li> <li>✓ 5) <u>Hypothermia</u></li> </ul>	<p><b>7. PATIENT GOALS AND EXPECTED OUTCOMES</b></p> <ul style="list-style-type: none"> <li>o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</li> </ul>	<p><b>8. OR NURSING INTERVENTIONS</b></p> <ul style="list-style-type: none"> <li>o Check for support stockings or ace wraps. If none, check with doctors.</li> <li>o Check that safety straps are correctly applied.</li> <li>o Offer pillow for under knees.</li> <li>o Place and take down legs from stirrups with slow bilateral motion. <i>MA</i></li> <li>o Check that rings and all body piercing has been removed.</li> </ul>
<p><b>E. NEUROMUSCULAR CONTROL</b></p> <p>E.1. ✓ Potential impairment of mobility due to:</p> <ul style="list-style-type: none"> <li>✓ 1) <u>Pain</u></li> <li>✓ 2) <u>Intraoperative Hazards</u></li> <li><i>MA</i> 3) <u>Prosthesis</u></li> <li>✓ 4) <u>Positioning</u></li> <li>✓ 5) <u>Transfer pt. to/from OR table</u></li> </ul> <p>E.2. ✓ Potential discomfort due to:</p> <ul style="list-style-type: none"> <li>✓ 1) <u>Length of Surgery</u></li> <li>✓ 2) <u>Positioning</u></li> <li>✓ 3) <u>Arthritis</u></li> </ul>	<p>o Pt. will be transferred to OR table without difficulty.</p> <ul style="list-style-type: none"> <li>o Pt. will not experience unnecessary physical discomfort.</li> </ul>	<ul style="list-style-type: none"> <li>o Have sufficient people available for transfer.</li> <li>o Insure proper body alignment.</li> <li>o Allow patient to lie in position of comfort while waiting for surgery.</li> <li>o Offer support (i.e., pillows, bath towels, etc.) for positioning.</li> </ul>
<p><b>F. SPECIAL SENSES</b></p> <p>F.1. ✓ Diminished visual perception due to being:</p> <ul style="list-style-type: none"> <li>✓ 1) <u>Pre-Medicated</u></li> <li><i>MA</i> 2) <u>W/O Glasses</u></li> </ul> <p>F.2. ✓ Potential for decreased communication due to:</p> <ul style="list-style-type: none"> <li><i>MA</i> 1) <u>Diminished Hearing</u></li> <li>✓ 2) <u>Language Barrier</u></li> </ul> <p>F.3. <i>MA</i> Potential injury due to dentures:</p> <ul style="list-style-type: none"> <li>1) <u>Upper</u>                      4) <u>Caps</u></li> <li>2) <u>Lower</u>                    5) <u>Crowns</u></li> <li>3) <u>Bridges</u></li> </ul>	<ul style="list-style-type: none"> <li>o Pt. will be made aware of surroundings prior to anesthesia induction.</li> <li>o Pt. will be transferred safely to OR table.</li> <li>o Pt. will be able to understand instructions.</li> <li>o Minimize danger of injury during intraop period.</li> </ul>	<ul style="list-style-type: none"> <li>o Introduce self. Keep pt. informed as to where he/she is and what is happening.</li> <li>o Inform pt. in which direction to move and assist if necessary.</li> <li>o Speak clearly and slowly.</li> <li>o Address pt. from <u>either</u> side.</li> <li>o Validate pt.'s understanding of verbal communication.</li> <li>o Verify removal of dentures.</li> </ul>
<p><b>G OTHER PATIENT PROBLEMS/NEEDS.</b> Or continuation of above problems/needs.</p> <p><i>[Handwritten line]</i></p>	<p><b>OTHER PATIENT GOALS AND EXPECTED OUTCOMES.</b> Or continuation of above goals and outcomes.</p> <p><i>[Handwritten line]</i></p>	<p><b>OTHER NURSING INTERVENTIONS</b> Or continuation of above interventions</p> <p><i>[Handwritten line]</i></p>

**10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.**

(b)(6)-2

5 Jul 03 DATE

**11. POSTOPERATIVE EVALUATION:** SKIN INTEGRITY: Bovie Pad Site:  Clean and Dry  Red  N/A DRESSING DRY & INTACT:  
 LEVEL OF CONSCIOUSNESS:  A&O  Drowsy  Sleepy  Intubated (Y/N)  
 LEVEL OF ACTIVITY:  Moves All Extremities  Moves Upper Extremities (Y/N)  
 Transferred to litter with roller due to spinal

**12. PREOPERATIVE EVALUATION PREPARED BY**  
(Signature and Title) (b)(6)-2

**13. POSTOPERATIVE EVALUATION PREPARED BY**  
(Signature and Title) (b)(6)-2

DATE: 5 Jul 03 TIME: 10:00

DATE: 5 Jul 03 TIME: 11:40

**MEDICAL RECORD**

**PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**

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

1. AGE:

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)

NKDA  PCN  LATEX  IODINE  TAPE  FOOD REACTION:

3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE:

*Debridement Thigh wound*

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition *Dressing to RLE intact w/*  
 Tobacco \_\_\_ppd *X* \_\_\_yrs. Body Piercing \_\_\_ Diabetes (Y) (N) ROM \_\_\_ ASA/Morin w/72 hrs (Y) (N) *Don*  
 ETOH \_\_\_ Implants \_\_\_ Respiratory Disease (Asthma-COPD) (Y) (N) Anticoagulants (Y) (N) *Debridement*  
 Glasses/Contact (Y) (N) Dentures \_\_\_ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: *drain*

6. PATIENT PROBLEMS AND NEEDS  
 A. PSYCHOSOCIAL  
 Potential for anxiety related to:  
 1) Surgical Procedure & Operating Room Environment  
 2) Separation Anxiety (Child)  
 3) Surgical Outcomes

7. PATIENT GOALS AND EXPECTED OUTCOMES  
 Pt. verbalizes any specific anxiety (b)(6)-2  
 Pt. Exhibits relaxed body posture. (b)(6)-2  
*No interview, Unknown history.*

8. OR NURSING INTERVENTIONS *note*  
 Allow pt. to verbalize freely.  
 Explain OR environment and answer questions regarding surgery. *N/A*  
 Offer comfort measures (e.g., warm blanket, touch) (b)(6)-2  
 Explain all nursing procedures before they are done. *N/A*  
 Remain with pt. whenever possible (b)(6)-2  
 Maintain family interface. Parents stay with pt. *N/A*

B. AERATION  
 Potential for respiratory dysfunction due to:  
 1) Positioning  
 2) Effects of Anesthesia  
 3) Medical/Smoking History

Pt. will be able to breathe without difficulty during immediate intraoperative phase. (b)(6)-2

Offer to elevate head of litter or other pillow.  
 Observe pt. while awaiting surgery. (b)(6)-2  
 Assist anesthesia during intubation and extubation.

C. INTEGUMENT  
 Potential impairment of skin integrity due to:  
 1) Intraoperative Immobility  
 2) ESU Pad Placement  
 3) Positional Aids  
 4) Prosthesis  
 5) Pooling of Prep Solutions

Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened area). (b)(6)-2

Utilize pressure preventing devices on OR table and accessories.  
 Check for proper positioning and support to maintain good body alignment. (b)(6)-2  
 Pad pressure points.  
 Place ESU ground pad on non compromised skin surface area.  
 Keep prep fluids from pooling.

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

(b)(6)-4

VERIFICATIONS AT HOLDING AREA:  
 ! ID/Allergy Band ! Dentures Removed *N/A*  
 ! H & P ! Contacts Removed *N/A*  
 ! NPO Since ! Jewelry Removed (b)(6)-2  
 ! ~~UICC/LMP~~ *N/A* ! Body Pierce Rem (b)(6)-2  
 ! Consent/Blood Transfusion  
 Signed/Witnessed/Dated *N/A*  
 ! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon  
 ! Contact Precautions (Y) (N)  
 ! Family/Friend *N/A*

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<b>D. CIRCULATION:</b> <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: <input checked="" type="checkbox"/> 1) <u>Intraoperative Mobility</u> <input type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Existing Disease</u> <input type="checkbox"/> 4) <u>Safety Devices</u> <input checked="" type="checkbox"/> 5) <u>Hypothermia</u>	<input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pul) (b)(6)-2	<input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. <input type="checkbox"/> Check that safety straps are correctly applied (b)(6)-2 <input type="checkbox"/> Offer pillow for under knees N/A <input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion N/A <input type="checkbox"/> Check that rings and all body piercing has been removed (b)(6)-2
<b>E. NEUROMUSCULAR CONTROL</b> <b>E.1.</b> Potential impairment of mobility due to: <input type="checkbox"/> 1) <u>Pain</u> <input type="checkbox"/> 2) <u>Intraoperative Hazards</u> <input type="checkbox"/> 3) <u>Prosthesis</u> <input type="checkbox"/> 4) <u>Positioning</u> <input type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u> <b>E.2.</b> Potential discomfort due to: <input type="checkbox"/> 1) <u>Length of Surgery</u> <input type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Arthritis</u>	<input type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.	<input type="checkbox"/> Have sufficient people available for transfer. <input type="checkbox"/> Insure proper body alignment. <input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.
<b>F. SPECIAL SENSES</b> <b>F.1.</b> Diminished visual perception due to being: <input type="checkbox"/> 1) <u>Pre-Medicated</u> <input type="checkbox"/> 2) <u>W/O Glasses</u> <b>F.2.</b> <input checked="" type="checkbox"/> Potential for decreased communication due to: <input type="checkbox"/> 1) <u>Diminished Hearing</u> <input checked="" type="checkbox"/> 2) <u>Language Barrier</u> <b>F.3.</b> Potential injury due to dentures: <input type="checkbox"/> 1) <u>Upper</u> <input type="checkbox"/> 4) <u>Caps</u> <input type="checkbox"/> 2) <u>Lower</u> <input type="checkbox"/> 5) <u>Crowns</u> <input type="checkbox"/> 3) <u>Bridges</u>	<input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. <input type="checkbox"/> Pt. will be transferred safely to OR table. <input type="checkbox"/> Pt. will be able to understand instructions N/A <input type="checkbox"/> Minimize danger of injury during intraop period.	<input type="checkbox"/> Introduce self. Keep pt. informed where he/she is and what is happening (b)(6)-2 <input type="checkbox"/> Inform pt. in which direction to move and assist if necessary N/A <input type="checkbox"/> Speak clearly and slowly N/A <input type="checkbox"/> Address pt. from N/A <input type="checkbox"/> Validate pt.'s understanding of verbal communication N/A <input type="checkbox"/> Verify removal of dentures N/A
<b>G. OTHER PATIENT PROBLEMS AND NEEDS.</b> Or continuation of above problems/needs.	<b>OTHER PATIENT GOALS AND EXPECTED OUTCOMES.</b> Or continuation of above goals and outcomes.	<b>OTHER NURSING INTERVENTIONS</b> Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 MAT, AN 8 JUL 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site  Clean and Dry  Red  N/A DRESSING DRY & INTACT  
 LEVEL OF CONSCIOUSNESS:  A&O  Drowsy  Sleepy  Intubated (Y)(N)  
 LEVEL OF ACTIVITY:  Moves All Extremities  Moves Upper Extremities BREATHING EASY:

12. PREOPERATIVE EVALUATION (Signature and Title) PREPARED BY 13. POSTOPERATIVE EVALUATION BY (b)(6)-2 MAT, AN

DATE: TIME: DATE: 8 JUL 03 TIME: 1710

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: litter BY: OR Staff

2. PATIENT ID: (b)(6)-2 AND PROCEDURE: CH/PAW

3. DATE: 5 July 03 TIME PATIENT ARRIVED IN SUITE: \_\_\_\_\_

4. PATIENT IN ROOM TIME: 10:33 NUMBER: 2

5. PREOPERATIVE EMOTIONAL STATUS

CALM     ANXIOUS     EXCITED     CRYING     ANGRY     WITHDRAWN     OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PFC</u> (b)(6)-2 <u>910</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT</u> (b)(6)-2 <u>66E</u>	RELIEF CIRCULATOR	
	<u>At</u> (b)(6)-2 <u>66E</u>		

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

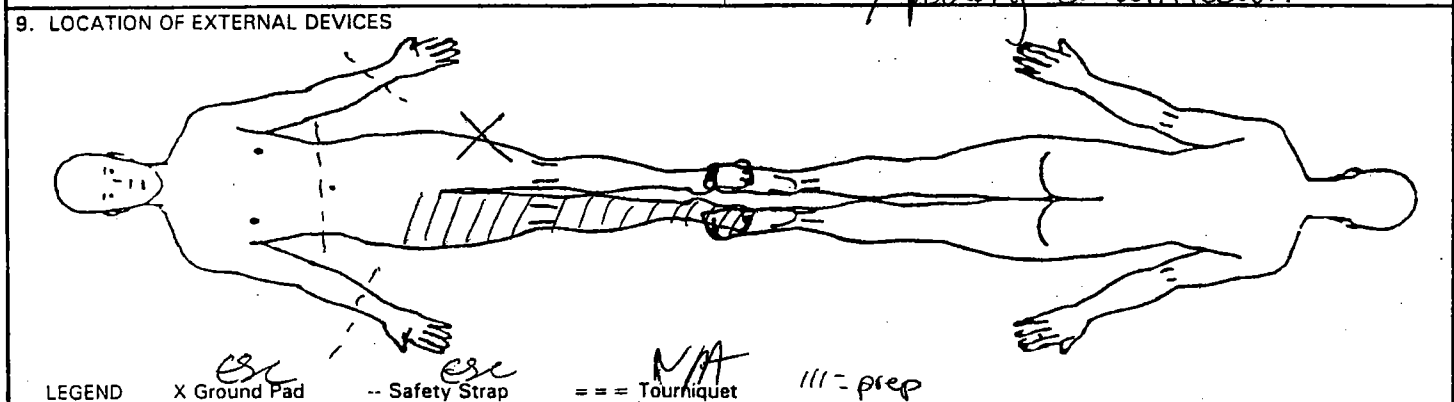
METHOD:  DEPILATORY     RAZOR     CLIP

PREP SOLUTION (Specify): Beta/Briants Sol.

SITE: leg-foot to groin BY WHOM: (b)(6)-2

SITE: \_\_\_\_\_ BY WHOM: (b)(6)-2

COMMENTS: no pooling or irritation



10. COUNTS

C = Correct    I = Incorrect

	Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C		
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C	C		
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: #1    cut/coag = 30/30

GROUND PAD:    BRAND: Valley Lab    LOT NO: H94023

ESU NO: \_\_\_\_\_    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  NO

MEDICATIONS, SOLUTION	DOSE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S):  
NSS

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

17. TUBES, DRAINS/PACKING	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
TYPE/SIZE		
SITE		

18. DRESSING/IMMOBILIZATION (Specify)  
pluffs Kerlex  
5x30 Splint  
Ace/Webril

19. ADDITIONAL INFORMATION  
Dr (b)(6)-2  
  
CPT (b)(6)-2 CRNA

20. OPERATION(S) PERFORMED  
I+D RLE WD

21. PATIENT TRANSFERRED TO ICU TIME 1155 METHOD Jitter

22. REGISTERED NURSE (b)(6)-2  
UM/AM

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA gurney BY anesthesia  
 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2 (b)(6)-2  
 3. DATE 8 JUL 03 TIME PATIENT ARRIVED IN SUITE \_\_\_\_\_ 4. PATIENT IN ROOM NUMBER 4  
 TIME 1507

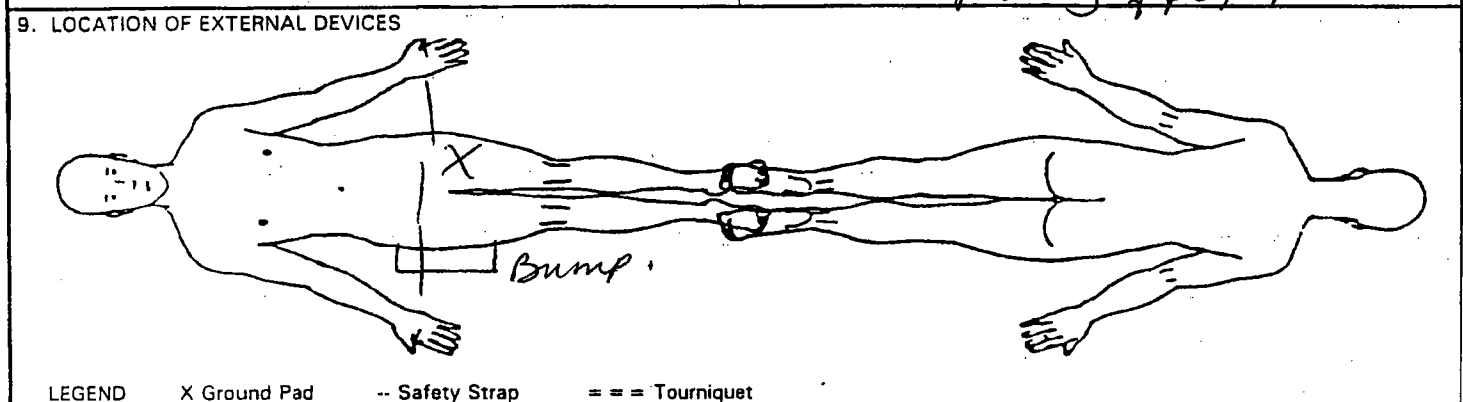
5. PREOPERATIVE EMOTIONAL STATUS  
 CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify)  
 COMMENTS: pt does not ~~of~~ speak english. no translator available.

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PFC</u> (b)(6)-2 <u>91D</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAJ</u> (b)(6)-2 <u>60E</u>	RELIEF CIRCULATOR	<u>CPT</u> (b)(6)-2 (b)(3)-1 <u>CPT</u> (b)(6)-2 (b)(3)-1 <u>(16<sup>30</sup>)</u> (b)(3)-1

7. POSITION AND POSITIONAL AIDS (Specify)  
 SUPINE  LITHOTOMY  PRONE  KRASKE LATERAL:  LEFT SIDE UP  RIGHT SIDE UP  
 COMMENTS: Bump under @ hip.

8. SKIN PREPARATION  
 HAIR REMOVAL  YES  NO  
 DONE BY:  OR  NURSING UNIT  
 METHOD:  DEPILATORY  RAZOR  CLIP  
 PREP SOLUTION (Specify) Beta/Beta  
 SITE: R leg BY WHOM: MAJ (b)(6)-2  
 COMMENTS: no pooling of prep noted.



10. COUNTS

	C = Correct I = Incorrect		Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	/	C	C		
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)(3)-1

(b)(6)-4

(b)(3)-1

12. ELECTROSURGERY DEVICE(S) (ESU)  YES  NO  
CUT 30 COAG 30  
 ESU NO: Vallylab #1  
 GROUND PAD: BRAND 3M 9165  
 LOT NO: 2005-100T  
 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  NO

MEDICATIONS. SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S):  
*0.9% NaCl*

OTHER ORDERS	TIME	CARRIED OUT BY

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

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" 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
	<i>JP 10mm</i>	<i>Foley</i>	
SITE	<i>Rt thigh</i>	<i>Bladder</i>	

*GSW - placed prior to arrival*

18. DRESSING/IMMOBILIZATION (Specify)  
*Pluffs Xeroform*  
*Leukic*  
*Wet bulb*  
*ACE Castling Mat*

19. ADDITIONAL INFORMATION  
*Surgeon:*  
*Dr. (b)(6)-2*

*Anesthesia:*  
*CPT Keebler, CRNA*

20. OPERATION(S) PERFORMED  
*I+D (R)LE GSW*

21. PATIENT TRANSFERRED TO *ICU* TIME *1710* METHOD *gurney*

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

**MEDICAL RECORD** **VITAL SIGNS RECORD**

HOSPITAL DAY		1	2	3	4	5	6	7	
POST-DAY	DAY								
MONTH-YEAR	DAY	5 Jul	6	6	7	8	9	10	
2018	03	0600	1400	2200	0600	1400	0600	0600	
PULSE (D)	TEMP. F								
	105°								
	180								
	170								
	160								
	150								
	140								
	130								
	120								
	110								
	100								
	90								
	80								
	70								

SEE BLOOD TRANSFUSION UNIT 2/25/18

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		1	2	3	4	5	6	7	
Record special data only when so ordered	BLOOD PRESSURE	114/67	109/56	107/62	106/54	109/55	113/68	107/47	110/62
	HEIGHT:								
	WEIGHT								
	SAT	94	98	98%	96%	100	99	100	97%

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility) REGISTER NO. WARD NO.

(b)(6)-4



(b)(6)-4  
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# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY		8											
POST-	DAY												
MONTH-YEAR	DAY	11			12			13					
19	HOUR												
PULSE (O)	TEMP. F (°)	<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <p>105°</p><p>180</p><p>170</p><p>160</p><p>150</p><p>140</p><p>130</p><p>120</p><p>110</p><p>100</p><p>90</p><p>80</p><p>70</p><p>60</p><p>50</p><p>40</p> </div> <div style="width: 80%; border: 1px solid black;"> <!-- Grid content for temperature and pulse --> </div> <div style="width: 10%;"> <p>TEMP. C</p><p>40.6°</p><p>40.0°</p><p>39.4°</p><p>38.9°</p><p>38.3°</p><p>37.8°</p><p>37.2°</p><p>37.0°</p><p>36.7°</p><p>36.1°</p><p>35.6°</p><p>35.0°</p> </div> </div>											
RESPIRATION RECORD		<div style="display: flex; justify-content: space-between;"> <div style="width: 10%; border: 1px solid black;"> <p>4</p><p>7</p><p>7</p><p>6</p><p>6</p> </div> <div style="width: 80%; border: 1px solid black;"> <!-- Grid content for respiration --> </div> <div style="width: 10%; border: 1px solid black;"> <p>10</p><p>10</p><p>10</p><p>10</p><p>10</p> </div> </div>											
BLOOD PRESSURE		<div style="display: flex; justify-content: space-between;"> <div style="width: 10%; border: 1px solid black;"> <p>94/40</p><p>103/54</p> </div> <div style="width: 80%; border: 1px solid black;"> <!-- Grid content for blood pressure --> </div> <div style="width: 10%; border: 1px solid black;"> <p>108/60</p><p>114/62</p> </div> </div>											
HEIGHT:	WEIGHT →	<div style="display: flex; justify-content: space-between;"> <div style="width: 10%; border: 1px solid black;"> <p>98</p> </div> <div style="width: 80%; border: 1px solid black;"> <!-- Grid content for height/weight --> </div> <div style="width: 10%; border: 1px solid black;"> <p>165</p><p>98</p> </div> </div>											
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)		REGISTER NO.						WARD NO.					

Centigrade Equivalents, for Reference only)

### VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)  
Prescribed by GSA/ICMR, FIRM (41-CFR) 201-9.202-1

115  
1035  
P 69 R-24 BP 165  
118/65

1058  
1105 - BP 114/64, 67, 100.2  
1120 - BP 108/61, 72 99.7  
1135 - BP 109/61, 71 99.7  
1205 - BP 104/63, 65 99.6  
1235 94/58, 63, 99.0

158  
Lumbar

2nd  
Lumbar

Initial			
99.1	64	100/52	1252
99.1	67	99/47	1307
99.2	63	93/46	1322
99.4	64	98/52	1337
99.6	71	98/48	1407
99.6	72	102/54	1437
99.6	69	103/48	1507
100.5	79	108/54	<del>1537</del> 1528 Finished

Blood Transfusion V.S.  
CPZ F  
(b)(6)-2

11/25/50  
CPZ F  
(b)(6)-2

Ward/Section: (b)(6)-4      REQUESTING PHYSICIAN:      LABORATORY RESULT FORM  
 (Subject to the Privacy Act of 1974)  
 DATE: 5/26/03      TIME: 1500      SSN/PSEUDO SSN:

Chemistry			Urinalysis			Microbiology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	23.5	4.8-10.8 x 10 <sup>3</sup>	Color	Yellow	N/A	RPR		Negative
RBC	3.44	4.7-6.1 x 10 <sup>9</sup>	App	Clall	N/A	Mono		Negative
Hgb	9.2	14-18 g/dl (M) 12-16 g/dl (F)	Glu	NFB	Negative	Microbiology		
Hct	30.1	42-52% (M) 37-47% (F)	Bili	NFB	Negative	Source		
MCV	87.4	80-94 fl (M) 81-99 fl (F)	Ket	NFB	Negative	Gram Stain		
Plt	321	130-500 x 10 <sup>3</sup> verified	SG	1.030	N/A	Occ Bld		Negative
Lymph %	8.2	20.5-51.1%	Bld	NFB	Negative	H. pylori		Negative
Differential			pH	5.0	N/A	Micro Parasites		
Segs		Mono	Prot	NFB	Negative	Malaria		
Bands		Eos	Urob	0.2	0.2-1.0	O & P		
Lymph		Baso	Nit	NFB	Negative	Other		
Atyp		Imm	Leuk	NFB	Negative	Microbiology		
RBC Morph			HCG		Negative	Microbiology		
Spun Hematocrit		42-52% (M) 37-47% (F)	CST			Blood Cult		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		B Pos
Coagulation			Blood Chemistry			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		

TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: (b)(6)-2      DATE: 05/26/03      LAB ID NO.: (b)(6)-2

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	3.0	3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	54	26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT	22	10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY	85	14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	33	11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL	0.8	0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	17	7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>	7.9	8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL	117	100-200 mg/dl			
BE <sub>ecf</sub>		(-2) - (+3) mmol/L	CRE	0.9	0.6-1.2 mg/dl	<del>TEST</del>	<del>RESULT</del>	<del>REF. RANGE</del>
AnGap		10-20 mmol/L	GLU	186	73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca <sub>TOT</sub>		1.12-1.32 mmol/L	TP	6.0	6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
REPORTED BY			GLU		73-118 mg/dl	AST		11-38 u/l
Creat		0.7-1.5 mg/dl	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hct		38-51% PCV	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Hgb		12-17 g/dl	CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
			NA <sup>+</sup>		128-145 mmol/l			
troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
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Ward/Section: <i>ICU</i>		R. (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI.		(b)(6)-4		DATE <i>5 Jul 03</i>	TIME <i>0731</i>
(Hematology) CBC		Urinalysis		Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<i>22.0</i> <sup>+</sup>	4.8-10.8 x 10 <sup>3</sup>	Color		N/A
RBC	<i>3.14</i> <sup>+</sup>	4.7-6.1 x 10 <sup>9</sup>	App		N/A
Hgb	<i>8.2</i> <sup>+</sup>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative
Hct	<i>28.0</i> <sup>+</sup>	42-52% (M) 37-47% (F)	Bili		Negative
MCV	<i>88.7</i>	80-94 fl (M) 81-99 fl (F)	Ket		Negative
Plt	<i>233</i>	130-500 x 10 <sup>3</sup> verified	SG		N/A
Lymph %	<i>7.6</i> <sup>+</sup>	20.5-51.1%	Bld		Negative
(Hematology) Manual Differential			pH		N/A
Segs		Mono	Prot		Negative
Bands		Eos	Urob		0.2-1.0
Lymph		Baso	Nit		Negative
Atyp		Imm	Leuk		Negative
RBC Morph			HCG		Negative
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF		Blood Bank
Sed Rate			Cell Count		<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>
Other			Directigen		Negative
Coagulation Studies			Blood Bank Unit (Crossmatch) (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:	(b)(6)-2	DATE:	LAB ID NO.:		
		<i>05 Jul 03</i>			

Ward/Section: ICW

REQUESTING PHYSICIAN: (b)(6)-2

**CHEMISTRY RESULT FORM**

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. #

DATE

TIME

SSN/PSEUDO SSN:

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3 <sup>-</sup>		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l			
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:

DATE:

LAB ID NO.:

Ward/Section: ICU

REQUESTING DIVISION: (b)(6)-2

**CHEMISTRY RESULT FORM**

(Subject to the Privacy Act of 1974)

LAST FIRST MI: (b)(6)-4

DATE: 06/06/03

TIME: 0400

SSN/PSEUDO SSN: (b)(6)-4

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3 <sup>-</sup>		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	109	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	9	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	1.0	0.6-1.2 mg/dl	GGT		5-65 u/l
			CK	1648	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>	138	128-145 mmol/l			
Troponin-I			K <sup>+</sup>	4.1	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>	100	98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2	26	18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

Methyte 8

REPORTED BY: (b)(6)-2

(b)(6)-2

DATE: 06/06/03

LAB ID NO.:

Ward/Section:			REQUESTING PHYSICIAN:			<b>LABORATORY RESULT FORM</b> (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.				DATE		TIME		SSN/PSEUDO SSN:
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		



Ward/Section: <i>100</i>		ATTENDING PHYSICIAN: <i>(b)(6)-2</i>		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. <i>(b)(6)-4</i>		DATE <i>06 Jul 03</i>		TIME <i>0400</i>		SSN/PSEUDO SSN: <i>(b)(6)-4</i>		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<i>9.1</i>	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	<i>2.45</i>	4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb	<i>7.0</i>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct	<i>21.6</i>	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	<i>86.1</i>	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	<i>175</i>	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	<i>17.5</i>	20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (MUST SUBMIT SF 18 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
REPORTED BY:		<i>(b)(6)-2</i>	DATE:		<i>06 Jul 03</i>	LAB ID NO.:		

Ward/Section: ICW

REQUESTING PHYSICIAN: (b)(6)-2

**CHEMISTRY RESULT FORM**

(Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-4

DATE Feb

TIME 0800

SSN/DELTD SSN (b)(6)-4

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	101	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	8	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	0.8	0.6-1.2 mg/dl	GGT		5-65 u/l
			CK	1303 *	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>	132	128-145 mmol/l			
Troponin-I			K <sup>+</sup>	4.2	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>	103	98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2	25	18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

Methyle S, CBC

REPORTED BY:

(b)(6)-2

DATE:

LAB ID NO.:

C MEDCOM - 6334

LAST, FIRST, MI. (b)(6)-4      DATE 7 Jul TIME 0700      SCN/DEL/ID/CCN: (b)(6)-4

(Hematology) CBC			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>10.7</u>	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	<u>3.23</u>	4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb	<u>9.5</u>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	<u>28.4</u>	42-52% (M) 37-47% (F)	Bili		Negative			
MCV	<u>88.0</u>	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	<u>148</u>	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	<u>16.6</u>	20.5-51.1%	Bld		Negative	H. pylori		Negative

(Hematology) Manual Differential				pH		Micro Parasites	
Segs		Mono		Prot		Negative	Malaria
Bands		Eos		Urob		0.2-1.0	O & P
Lymph		Baso		Nit		Negative	Other
Atyp		Imm		Leuk		Negative	Microscopic Urinalysis
RBC Morph				HCG		Negative	

Spun Hematocrit			CSF			Blood Bank		
		42-52% (M) 37-47% (F)	Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Sed Rate			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: (b)(6)-2      DATE: 07 Jul 03      LAB ID NO.:

Ward/Section: \_\_\_\_\_ REQUIRING PHYSICIAN: \_\_\_\_\_ **LABORATORY RESULT FORM**  
(Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-(4) \_\_\_\_\_ DATE 8 JUL TIME 1535 SSN/PSEUDO SSN (b)(6)-(4) \_\_\_\_\_

**Chemistry (CBC)** **Urinalysis** **Microbiology**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt		130-500 x 10 <sup>3</sup> verified	SG		N/A	Gram Stain		
Lymph %		20.5-51.1%	Bld		Negative	Occ Bld		Negative
<b>Chemistry (Chemical/Differential)</b>			pH		N/A	H. pylori		Negative

Segs		Mono	Prot		Negative	Micro Parasites		
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	<b>Microscopic Urinalysis</b>		

Spun Hematocrit		42-52% (M) 37-47% (F)	<b>ESR</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		

**Chemistry (Coagulation Studies)** **Blood Bank (Type & Crossmatch)**  
**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**

TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ LAB ID NO.: \_\_\_\_\_

(b)(6)-4

OR

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	25	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	9	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l			
roponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

EMARKS:

REPORTED BY:

(b)(6)-2

DATE:

08 JUL 03

LAB ID NO.:

Ward/Section: ICU

REQUESTING PHYSICIAN:

**CHEMISTRY RESULT FORM**  
(Subject to the Privacy Act of 1974)

LAST FIRST MI  
(b)(6)-4

DATE: 9 July 2015 TIME: 0615

SSN/PSEUDO SSN:

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	110	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	8	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	0.7	0.6-1.2 mg/dl	GGT		5-65 u/l
			CK	1593	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>	131	128-145 mmol/l			
Troponin-I			K <sup>+</sup>	5.3	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>	99	98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2	25	18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

BY:

DATE:

LAB ID NO.:

Ward/Section:

MEDCOM - 6338

LAST FIRST MI

(b)(6)-4

DATE TIME

9/11/03

SSN/PSEUDO SSN:

<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	9.9	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	3.39	4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb	10.0	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct	30.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	86.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	286	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	13.4	20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
REPORTED BY: (b)(6)-2      DATE: 09 Jul 03      LAB ID NO.: (b)(6)-4								

Ward/Section: ICU REQUESTING PHYSICIAN: \_\_\_\_\_ CHEMISTRY RESULT FORM  
 (Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-4 \_\_\_\_\_ DATE 10/21 TIME 0400 SSN/PSEUDO SSN: \_\_\_\_\_

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(b)(6) (b)(7)(C) (b)(7)(D)		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(b)(6) (b)(7)(C) (b)(7)(D)			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	100	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	8	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	0.8	0.6-1.2 mg/dl	GGT		5-65 u/l
(b)(6) (b)(7)(C) (b)(7)(D)			CK	1964	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>	136	128-145 mmol/l	(b)(6) (b)(7)(C) (b)(7)(D)		
Troponin-I			K <sup>+</sup>	4.4	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>	100	98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2	26	18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS: CBC, MetHys 8

REPORTED BY: (b)(6)-2 \_\_\_\_\_ DATE: \_\_\_\_\_ LAB ID NO.: \_\_\_\_\_  
 MEDCOM - 6340



LAST, FIRST, MI. \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ SSN/PSEUDO SSN: \_\_\_\_\_

<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	9.7	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	3.27	4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb	9.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct	28.9	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.3	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	291	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	12.5	20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b> (b)(6)-2			<b>DATE:</b> 10 Jan 03			<b>LAB ID NO.:</b>		

Ward/Section

ICW

REGISTRATION NO. (b)(6)-2

PHYSICIAN:

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

PATIENT FIRST MI (b)(6)-4

DATE

11/24/03

TIME

0630

SSN/PSEUDO SSN

(b)(6)-4

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K		3.3-4.7 mmol/l
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEect		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metalyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL		98-108 mmol/l	NA		128-145 mmol/l
			tCO2		18-33 mmol/l	K		3.3-4.7 mmol/l
						CL		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:

DATE:

LAB ID NO.:

LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:			
<b>Hematology/CBC</b>			<b>Urinanalysis</b>		<b>Misc Serology</b>			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>6</sup>	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>Hematology/Micro Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>ICSE</b>		<b>Blood Bank</b>			
Sed Rate			Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED			
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

LAST, FIRST MI (b)(6)-4			DATE 11/20/03		TITLE (b)(6)-4		SSN/PSEUDO SSN:	
<b>Hematology CBC</b>			<b>Chemistry</b>			<b>Misc Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	7.2	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	3.24	4.7-6.1 x 10 <sup>6</sup>	App		N/A	Mono		Negative
Hgb	9.5	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct	28.7	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	88.7	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	371	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	16.1	20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>Hematology Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSE</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED</b>					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:		(b)(6)-2	DATE:		11/20/03		LAB ID NO.:	

Ward/Section <i>ICW</i>		REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST	FIRST <i>(b)(6)-4</i>	DATE <i>11/03</i>	TIME <i>0926</i>	SSN/PSEUDO SSN				
<b>(i-STAT)</b>		<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	<i>133</i>	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	<i>4.3</i>	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	<i>96</i>	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO <sub>2</sub>		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO <sub>2</sub>		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO <sub>2</sub>	<i>32</i>	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO <sub>3</sub>		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO <sub>2</sub>		95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BEect		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	<i>12</i>	8-26 mg/dl	<b>(Piccolo) Metalyte 8</b>			ALT		10-47 u/l
GLU	<i>106</i>	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	<i>106</i>	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	<i>12</i>	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	<i>0.7</i>	0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>	<i>133</i>	128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Troponin-I			K <sup>+</sup>	<i>4.3</i>	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>	<i>96</i>	98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>	<i>32</i>	18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY:		<i>(b)(6)-2</i>	DATE:	<i>11 Jul 03</i>	LAB ID NO.:			

LAST FIRST MI

(b)(6)-4

DATE

12 Jul 03

TIME

L

SSN/PSEUDO SSN:

Hematology CBC			Chemistry			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	6.8	4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC	3.41	4.7-6.1 x 10 <sup>9</sup>	App		N/A	Mono		Negative
Hgb	10.1	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	30.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	87.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram		
Plt	467	130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %	23.6	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hemoglobin Electrophoresis			pH		N/A	Micro		
Segs		Mono	Prot		Negative	Parasites		
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	Microscopic Urinalysis		
Spun Hematocrit		42-52% (M) 37-47% (F)	UGSP			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

Ward/Section: ICW      REQUE (b)(6)-2      **CHEMISTRY RESULT FORM**  
 (Subject to the Privacy Act of 1974)

LAST, FIRST MI (b)(6)-4      DATE: 12/5/11      TIME: 0730      SSN/PSEUDO SSN

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	<u>134</u>	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	<u>4.2</u>	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	<u>96</u>	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	<u>33</u>	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEect		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Meltyes 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	<u>100</u>	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	<u>13</u>	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	<u>0.8</u>	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS: CHEM 7

REPORTED BY: (b)(6)-2      DATE: 12/5/11      LAB ID NO.:

**ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)**

Age 35 DAYS MOS (YRS) Sex  MALE  FEMALE

ASA Physical State 1  2  3  4  5  E  
 WT: 50 KG/LB HT: 67 IN.  
 ALLERGIES: NADA

PROPOSED PROCEDURE: debridement DPC (R) femur  
 SURGICAL SERVICE: Ortho  
 NPO SINCE: 7 MN

**HABITS:**  
 TOBACCO: (+)  
 ETOH: \_\_\_\_\_  
 DRUGS: \_\_\_\_\_

**CURRENT MEDICATIONS:**  
 ( ) = ordered as premed  
 ( ) Centa  
 ( ) Clinda  
 ( ) MSA  
 ( ) antibiotic for pr: u  
 ( ) aviral  
 ( ) \_\_\_\_\_

**PREMEDICATIONS:**  
 None Yes ( @ \_\_\_\_\_ Hrs ) / CC  
 \_\_\_\_\_ mg IV IM PO  
 \_\_\_\_\_ mg IV IM PO  
 \_\_\_\_\_ mg IV IM PO

**LABORATORY STUDIES:**  
 HB/HCT: 9.5 28.7  
 U/A: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
  

133	103	8
4.2	25	0.8

**PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW**

<b>Cardiovascular:</b>		
Hypertension	N	Y
Angina	N	Y
MI	N	Y
CVA	N	Y
Other	N	Y
<b>Pulmonary System:</b>		
Asthma	N	Y
Bronchitis/URI	N	Y
COPD	N	Y
Other	N	Y
<b>Renal System:</b>		
Acute/Chronic RF	N	Y
<b>Gastrointestinal:</b>		
Hepatitis	N	Y
Hiatal Hernia	N	Y
PUD/GERD	N	Y
<b>Endocrine System:</b>		
Diabetes	N	Y
Steroids	N	Y
Thyroid	N	Y
<b>Neurological:</b>		
Seizures	N	Y
Neuropathy	N	Y
Other	N	Y
<b>Gynecological :</b>		
Pregnancy	N	Y
<b>Other Significant Hx:</b>		
	N	Y
	N	Y
<b>Familial HX</b>	N	Y

**ASSESSMENT PAST SURGICAL/ANESTHETIC**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION**

BP 115/55 HR 70 R    T     
 Pain Scale 0-10 \_\_\_\_\_  
 HEENT - Teeth \_\_\_\_\_  
 Trachea midline  
 TMJ/Neck flex  
 Oropharynx     
 Nares     
 CHEST: CXA  
 CARDIAC: S, S2  
 EXTREMITIES: (b)(6)-4 \_\_\_\_\_  
 IV Access \_\_\_\_\_  
 Ulnar Filling: \_\_\_\_\_  
 BACK: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

NPO Since \_\_\_\_\_

ANESTHETIC PLAN:  LOCAL  MAC  Regional (Specify): \_\_\_\_\_  General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.  
 Sig: (b)(6)-2 \_\_\_\_\_ Date: 7/8/03 Time: 1500 Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**  
 NO AP (b)(6)-2 \_\_\_\_\_ CPT, AN \_\_\_\_\_  
 \_\_\_\_\_  
 Date: 7/9/03 Time: 1030 Hrs

**SEDATION KEY:**

- MINIMAL (Anxiolysis)** Patient responds normally to verbal commands
- MODERATE (conscious sedation)** Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
- DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
- ANESTHESIA.** Patient does not respond to painful stimulation.

Patient Identification: (Ward) \_\_\_\_\_  
 (b)(6)-4 \_\_\_\_\_



PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: 70 HRS DAYS MOS YRS SEX:  MALE ( ) FEMALE

ASA PHYSICAL STATUS 1  2 3 4 5  E  
 WEIGHT: 70 KG/LB HEIGHT: \_\_\_\_\_ IN.  
 ALLERGIES: \_\_\_\_\_

PROPOSED PROCEDURE: (R) Thigh Wash-out SURGICAL SERVICE: ortho

HABITS:	PREOPERATIVE	ASSESSMENT
TOBACCO: _____ ETOH: _____ DRUGS: _____ CURRENT MEDICATIONS: ( [ ] = ordered as premed ) [ ] <u>Tetanus</u> in _____ [ ] <u>Ancef</u> in _____ [ ] _____ [ ] _____ [ ] _____ [ ] _____ [ ] _____ PREMEDICATION: None Yes @ _____ Hrs) <input checked="" type="checkbox"/> _____ mg IV IM PO _____ mg IV IM PO _____ mg IV IM PO LABORATORY STUDIES: HB/HCT: _____ U/A: _____ OTHER: <u>23.5</u> <u>9.2</u> <u>321</u> <u>30.1</u> <u>17</u> <u>186</u> <u>79</u>	PAST MEDICAL HISTORY/SYSTEMS REVIEW Cardiovascular: Hypertension N Y Angina N Y MI N Y CVA N Y Other N Y Pulmonary System: Asthma N Y Bronchitis/URI N Y COPD N Y Other N Y Renal System: Acute/Chronic RF N Y Gastrointestinal: Hepatitis N Y Hiatal Hernia N Y PUD N Y Endocrine System: Diabetes N Y Steroids N Y Thyroid N Y Neurological: Seizures N Y Neuropathy N Y Other N Y Gynecological: Pregnancy N Y Other Significant Hx: N Y <u>GSW to (R)</u> N Y <u>Thigh</u> Familial HX _____	PAST SURGICAL/ANESTHETIC HISTORY _____ _____ _____ _____ PHYSICAL EXAMINATION BP <u>131/72</u> HR <u>67</u> RESP <u>14</u> HEENT - Teeth _____ Trachea <u>Midline</u> TMJ/Neck <u>FROM</u> Oropharynx <u>MPI</u> Nares _____ CHEST: <u>CTA</u> CARDIAC: <u>S.S.</u> EXTREMITIES: _____ IV Access: <u>#18g (R) Hand</u> Ulnar Filling: _____ BACK: _____ OTHER: _____

ANESTHETIC PLAN: [ ] Local [ ] MAC - [ ] Regional (Specify): \_\_\_\_\_ [x] General: Mask Intubation

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.  
 The patient/legal guardian stands and agrees. Questions answered.  
 Signed: \_\_\_\_\_ DATE: 5 July 03 TIME: 0830 Hrs

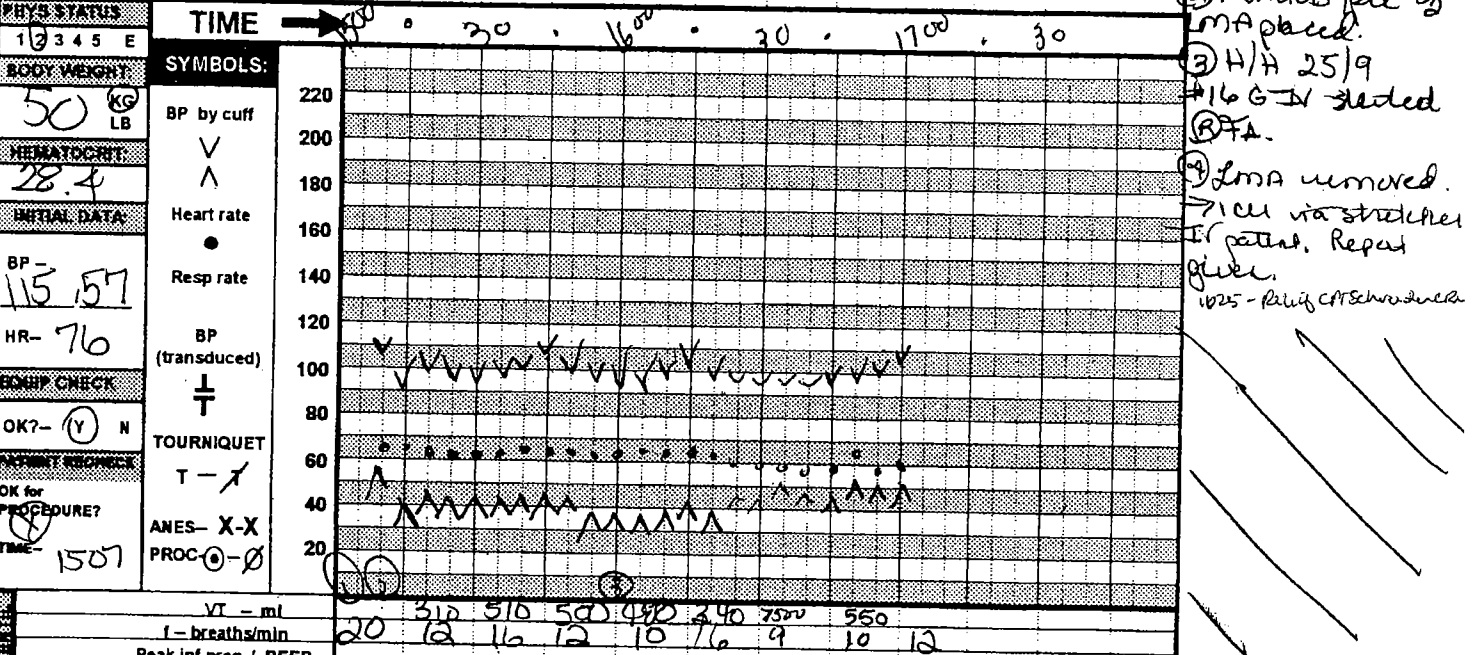
CONDITION UPON ARRIVAL TO P.A.R.R. VITAL SIGNS: BP _____ HR _____ RESP _____ SuO <sub>2</sub> _____ RESP STATUS: [ ] Spontaneous [ ] Assisted [ ] Cont'd <u>See anesthesia record</u> MENTAL STATUS: [ ] Awake [ ] Alert [ ] Lethargic [ ] Asleep [ ] Responsive [ ] Unresponsive Block Level _____ REPORT GIVEN: [ ] Yes [ ] No	POST-ANESTHESIA EVALUATION AND NOTE [ ] NO APPARENT ANESTHETIC COMPLICATIONS [ ] OTHER _____ Signed: _____ DATE: <u>6 July 03</u> TIME: <u>0830</u> Hrs
---	---

PATIENT IDENTIFICATION: (Ward: \_\_\_\_\_)  
 \_\_\_\_\_

idamycin 900mg IV

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML "-1" = CONSTANT INFUSION		MEDICAL RECORD						ANESTHESIA		TOTALS	TOTALS
Verbeed (mg)	1										50
Restoran (mcg)	50	50	50	50	50	50	50			250/0	
Midazolam (mg)	50	100									
MISO4 (mg)	2			2	2	3				10/0	0
W/LAT Agent	% del									FLUIDS - SUMMARY	
SWO	% e.t.	1.5	1.5	2.0	1.9	0.0	2.0			CRYSTALLOID - 700	
AIR	L/Min									COLLOID - 0	
N2O	L/Min									BLOOD - 0	
O2	L/Min	8	2	2	2	2	2				

SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		EST BLOOD LOSS		URINE -	
LINE site	<input type="checkbox"/> Warmed	400			
NS	<input type="checkbox"/> Warmed				
	<input type="checkbox"/> Warmed				
	<input type="checkbox"/> Warmed				
LOSSES		50			



VT - ml	f - breaths/min	Peak Inf pres / PEEP	MODE - (Spon, Assist, Cten)	BP/Auto Cuff	ET CO2 (torr)	BP / oth	FIO2 (Frac or %)	ART line	SpO2 (%)	Steth - PC/ES	ECG	Gas analyzer	TEMP - site	N-M Block (T/4)
310	20	12	S	7	23	83	21	99	99	SR	SR			
310	12	12	A	52	24	85	21	99	99	SR	SR			
500	10	10	A	57	24	85	21	99	99	SR	SR			
490	10	10	A	56	24	84	21	99	99	SR	SR			
240	7	7	S	50	23	83	21	100	100	SR	SR			
750	9	9	A	47	23	83	21	100	100	SR	SR			
550	10	10	S	57	23	83	21	100	100	SR	SR			

REMARKS  
 Code drugs with numbers, events with letters  
 1) From ICU → OR  
 2) Monitor placed  
 3) H/A 25/9  
 #16 G-IV started  
 RFA  
 4) LMA removed  
 → ICU via stretcher  
 Ir patient. Repair given  
 1025 - Relief CPT Schroeder

RECOVERY AT	1704
PACU (ICU)	(Specify)
OTHER	
CONDITION:	Stupor
RESP - 20	SpO2 - 100
BP 118/54	HR - 83

Warming bikt	
Conv warmer	

Mark with letters & symbols, explain under REMARKS  
 EVENTS Position → pressure ps padded @ 290' on table & LMA placement

PROCEDURES and CPT Codes	ANESTHETIC TECHNIQUES: Describe block technique under Remarks
debridement / DPC	GA
PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
(b)(6)-4	LMA #4 inserted 1 attempt @ 20cc @ BBS and T30cc @ manual
(b)(6)-2	SURGEONS: (b)(6)-2
(b)(6)-2	ANES: (b)(6)-2
CPT, AN CRNA	PROCEDURE LOCATION OR 1-1
	DATE 08 July 03
	PAGE 1 OF 1

ANESTHETIC AGENTS AND DRUGS	CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "I" = CONSTANT INFUSION	MEDICAL RECORD	ANESTHESIA	TOTALS	TOTALS
	Persect (mg) 121				100
	Peranyl (ug) (10)(150) (14)				
	Sol NEC (mg) (10) 10				
	Teocin (mg) ↑ 600		XXX		550
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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FLUIDS	EST BLOOD LOSS	URINE	REMARKS
LINE Site 1c <input type="checkbox"/> Warmed #18 <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed	700	1000	REMARKS Code drugs with numbers, events with letters ① Pre-op from ICU → OR via stretcher ② ven OR monitors Pre-op. RSI critical! not placed. ③ Right 10mg IV ④ Sx'd excluded FSV IV successfully Salz > 95% → ICU by recovery. IV patient. Report given

LOGS	EST BLOOD LOSS	URINE
		550

PHYS STATUS	TIME
1 2 3 4 5 E	10:30 * 11:00 * 12:00 * 30

SYMBOLS:	BP by cuff	Heart rate	Resp rate	BP (transduced)	TOURNIQUET	ANES - X-X	PROC - ( ) - ( )
V	220						
∧	200						
•	180						
•	160						
•	140						
•	120						
•	100						
•	80						
•	60						
•	40						
•	20						

VT - ml	840	100	140	
f - breaths/min	10	10	9	12
Peak inf pres / PEEP	112	18 1/2	17 1/2	
MODE - S (pon), A (ssist), C (on)	S	C	C	C
BPI/Auto Cuff	+	30	34	31
BP / oth	87	87	86	87
ART line	100	100	100	100
Steth. RCIES	SR	SR	SR	SR
Gas analyzer	37.3	37.0	37.0	37.0
N-M Block (T/4)	dy 4/4	1/4		

RECOVERY AT	11:51
PACU (ICU) (Specify)	ICU
OTHER	T-919
CONDITION:	recovery
RESP - 22	SpO2 - 100
BP - 115/74	HR - 77

ANES	Start	Room	End
	11020	1033	1028
PROC	Ready	Begin	End
	11040	1102	1138

Mark with letters & symbols, explain under REMARKS. EVENTS Position → pressure pt padded but c90° on taped a intubation

PROCEDURES and CPT Codes  
Debridement (R) thigh wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks  
GETA

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

AIRWAY MANAGEMENT: intubation route, blade, technique, comments  
UOV V, attempt RSI & circuit mac 3 # 8.0 ETT 24cm  
RT Lio (BBS) ATCO - Abnormal

(b)(6)-4

SURGEONS: (b)(6)-2  
COR ER

(b)(6)-2  
CPT, AN  
CRNA

PROCEDURE LOCATION CR 1-1  
DATE 05 July 03  
PAGE 1 OF 1

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) DR. (b)(6)-2
	DATE REQUESTED 6 Jul 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE ② Thigh D&I
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN?: _____	SIGNATURE OF VERIFIER See previous of 5/18
		DATE VERIFIED _____ TIME VERIFIED _____

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO. PATIENT NO. (b)(6)-4	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH Compat	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
DONOR ABO B Rh Pos	RECIPIENT ABO B Rh Pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE _____
REMARKS: EXP - 07 Jul 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN 450 ML TIME/DATE COMPLETED/INTERRUPTED 7240 7 Jul 03		
AT (Hour) 1024 ON (Date) 6 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 99.0	PULSE 63	BLOOD PRESSURE 96/58
IDENTIFICATION I have examined the Blood Component container label and this form and I find, all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature) (b)(6)-2 ILTAN		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input checked="" type="checkbox"/> OTHER (Specify)		
2nd VERIFIER (Signature) (b)(6)-2 CPT AN		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
PRE-TRANSFUSION TEMP. 100.2 AC PULSE 71 BP 109/54	DATE OF TRANSFUSION 7 Jul 03	TIME STARTED 1035	(b)(6)-2 VE CPT AN	
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD ICU	
(b)(6)-4				

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

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			8 JUL 03	1705 HOURS	
(b)(6)-4			ADMIT C/O	(b)(6)-2	
			✓ Dx (R) QUADRICEPS GSW		
			✓ COND STABLE		
			✓ VS ROUTINE		
			✓ ACT-EPW STAIRS - MENTALS		
			✓ OOB ? TID		
			PT CLUTCH TRAIN WHAT (R)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			✓ NKA		
			✓ REG DIET		
			JP TOBOLD RECORD Q80		
			✓ EL @ 75CC/HRL, METROCK W/WHY		
			PO ADEQUATE		
			MEDS		
			ANCOF 7C CLEOCIN COOMET Q80 IV		
			X 9 Doses		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			✓ GENTAMICIN 320MG IV QD		
			X 3 Doses		
			✓ ZANTAC 150MG PO BID		
			TYLOX 7.5 PO Q 6 AMN PAIN		
			MS 2MG IV Q 15' PAIN UP TO 16mg		
			IN 4 HR		
			✓ TYLENOL 650MG PO/PR Q 4 AMN		
			IS Q 1 W/A		
			CBE MATHE 8 Q AM		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
			X 3 D	(b)(6)-2	
			8 JUL 03 1745		
			MS 6MG IV NOW WAY		
			NEPAT X 1 IN 15'		
			(b)(6)-2		
			(b)(6)-2		
			9 July 240 dentelred		
			10 July 03 240 dentelred		

Noted  
July 3  
9:00  
(b)(6)-2

LTC MC  
ORTHOPEDIC SERVICE

done

see return sheet

**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 05 JUL 03	TIME OF ORDER 1600 HOURS	LIST TIME ORDER NOTED AND SIGNATURE [Signature]
[Redacted]			Zantac 150 mg po bid 1st dose now.	(b)(6)-2	(b)(6)-2
NURSING UNIT 00 July 03	ROOM NO. 0900	BED NO. [Redacted]	ITU/AN 240 chart check		
PATIENT IDENTIFICATION			DATE OF ORDER 6 Jul 03	TIME OF ORDER _____ HOURS	[Redacted]
[Redacted]			TYPE CROSS & TRANSFUSE 1/4 PRBCS EACH Q4H 24HR ✓ PAINMED & TYLENOL 650MG PO & SOMA 800MG PO 1 CBC, METAB, & TUMOR MARKERS	(b)(6)-2	[Redacted]
NURSING UNIT	ROOM NO.	BED NO.	[Redacted]		
PATIENT IDENTIFICATION			DATE OF ORDER [Redacted]	TIME OF ORDER [Redacted]	[Redacted]
[Redacted]			ITC, MC ORTHOPEDIC SERVICE	[Redacted]	[Redacted]
[Redacted]			ITU/AN 240 chart check		
PATIENT IDENTIFICATION			DATE OF ORDER 7 Jul 03	TIME OF ORDER 0700	[Redacted]
[Redacted]			[Redacted]	[Redacted]	[Redacted]
NURSING UNIT	ROOM NO.	BED NO.	[Redacted]		
PATIENT IDENTIFICATION			DATE OF ORDER 240 chart ✓ 8 July	TIME OF ORDER [Redacted]	[Redacted]
[Redacted]			[Redacted]		
NURSING UNIT	ROOM NO.	BED NO.	[Redacted]		

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			5 Jul 03	0615	
			①	Admit to ICU preop.	
			②	Dx Frag wounds to (R) thigh.	
			③	Cond stable.	
			④	NPO preop.	
			⑤	IV NS @ 150 cc/hr	
NURSING UNIT	ROOM NO.	BED NO.	⑥	Foley.	
			⑦	I/O's.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			⑧	MSO4 5mg IV q 2-4 hr prn	HOURS
			⑨	CBC on arrival + g	(b)(6)-2
			5 JUL 03 1140		
			ADMIT ICU C/O GRANULES		
			DX (R) ANTE THIGH GSW		
			COND STABLE		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			US ROUTINE		
			ACT EPW STATUS - DOB 7 TD		
			IC APPROPRIATE GUARDING		
			N/A		
			REGS MET		
			CBE METURES IN AM		
NURSING UNIT	ROOM NO.	BED NO.	D/C FOLEY, SEN CATH q 6° AM UNABLE TO VOID		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			LA @ 75cc/hr, MAX LOCK W/HEPOD ADEQUATE		
			CLOCCIN 600mg IV q 8°		
			GASTALMIDIN 320 mg IV qd		
			LAS 2 mg IV q 15° AMN UP TO 16 mg IV q°		
			PENCICET 7" in PO q 4° AMN		
			CYPONOR 650 mg PO q 4°		
NURSING UNIT	ROOM NO.	BED NO.	HIS q 1° W/A		

15 JUL 03 1618  
 (b)(6)-2  
 (b)(6)-2  
 LIC. ORTHOPEDIC SERVICE

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

the proponent agency is the Office of The Surgeon General

Mo. 07 Yr. 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALIZING		RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED															
ORDER DATE	CLERK/NURSE			5	6	7	8	9	10	11	12	13	14	15	16	17	18		
5 Jul	(b)(6)-2	VS Routine	6	[Redacted]															
			14																
			22																
5 Jul	(b)(6)-2	Act EPW status (restraints)	6	[Redacted]															
		OOB > did	14																
		appropriate guarding	22																
5 Jul	(b)(6)-2	Req diet	6	[Redacted]															
			12																
			17	[Redacted]															
5 Jul	(b)(6)-2	ISO P WA	5	[Redacted]															
			17																
8 July	(b)(6)-2	JP to bulb, record output Q8h	06	/	/	/	[Redacted]										7	11	15
			14	/	/	/													
			22	/	/	/													
8 July	(b)(6)-2	CBC + methylc B	06	[Redacted]															
		Q Am	X																

ALLERGIES:  YES  NO

Unknown

PRIMARY DIAGNOSIS:

Parent through CSW

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



Verify by  
Initiating

### THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

Mo 07 Yr 2003

Order  
Date

Clerk  
Nurse

#### SINGLE ACTIONS

Date to  
be Done

Time to  
be Done

Time Done

Initials

(b)(6)-2

(b)(6)-2

5 Jul 03

Admit ICW % Grensville

05 Jul

1100

1505

5 Jul 03

Cond. Stable

5 Jul

N/A

noted

5 Jul 03

CBC Metlyte 8

6 Jul

0300

0400

5 Jul 03

Dr Edey

5 Jul

N/A

1520

6 Jul 03

CBC, Metlyte 8

6 Jul

0300

0400

7 Jul

NPO P.M.

8 Jul

0801

1204

Order/  
Expir  
Date

Clerk/  
Nurse

PRN  
ACTION, FREQUENCY

INITIAL PROPER COLUMN FOLLOWING COMPLETION

TIME/DATE COMPLETED

5 Jul

JN

Straight cath q6  
PRN if unable void

CLINICAL RECORD

PHARMACEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)  
 For use of this form, see AR 40-407:  
 the pronoun agency is the Office of The Surgeon General.

Mo. 07 yr. 03

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				5	6	7	8	9	10	11	12	13	14	15	16	17	18
5 Jul	(b)(6)-2	UR @ 75cc/hr, Keppoc when inadequate	5	Unlocked 06 July 03													
5 Jul	(b)(6)-2	Cleocin 600mg q8h	8	[Redacted]													
5 Jul	(b)(6)-2	Gentamicin 300mg [Redacted]	5	[Redacted]													
5 Jul	(b)(6)-2	IS Q/Pull	5	[Redacted]													
5 Jul	(b)(6)-2	Zantac 150mg po bid 1st dose now	5	[Redacted]													
5 Jul	(b)(6)-2	NO Flush HL q5	06	[Redacted]													
5 Jul	(b)(6)-2	UR @ 75cc/hr Keppoc when PO inadequate	06	Unlocked 06 July 03													
6 Jul	(b)(6)-2	HL	06	[Redacted]													

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: (R) ant & high GSW

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. 07	Yr. 03			
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials				
5/15/03	(b)(6)-2	Pre med $\bar{0}$ Kyleneol 650mg po $\bar{4}$ 50mg	5/15/03	NOW	1030	(b)(6)-2				
		bandaid po								
5/15/03	(b)(6)-2	type & crossmatch 2u units PRBC each	6/14/03	ASAD	1235	(b)(6)-2				
		Over 2 hrs			1252 1507					
		<b>INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION</b>								
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED							
5/15/03	(b)(6)-2	MS 2mg IV Q15 prn up to 16mg no 40	5/15/03 0400 2:05 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2	5/15/03 0430 1:45 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2	5/15/03 0445 2:05 (b)(6)-2
5/15/03	(b)(6)-2	Percocet $\frac{1}{2}$ - $\frac{11}{11}$ tabs po Q 40 PRN Pain	5/15/03 1645 11:10 (b)(6)-2	5/15/03 1230 11:10 (b)(6)-2	5/15/03 1520 11:10 (b)(6)-2	5/15/03 1530 11:10 (b)(6)-2				
5/15/03	(b)(6)-2	Kyleneol 650mg po Q 40 prn fever PRN	5/15/03 1605 1:00 (b)(6)-2							
5/15/03	(b)(6)-2	Tylox 1-2 tabs po Q6 PRN pain								

### MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

**Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 9 JUL 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1325 IV Sedation Nerve Block  
 Allergies: AK 88 18 OR Intake: Crystalloid 900 Colloid \_\_\_\_\_  
 Pre-op V/S: \_\_\_\_\_ OR Output: UOP \_\_\_\_\_ EBL \_\_\_\_\_  
 Procedures: hobidant 10 leg Meds/Times: 250 mg fentanyl 2 mg ver  
5 mg msd4 30 mg furodel

<b>Drains</b> Hemovac NG JP T-tube Foley TLS	<b>Airway</b> Nasal Oral ETT Trach Other
--	---

**Pre Op Meds**

**History**

Time	1355	1330	1315	1300	1245	1230	1215	1200	1145	1130	1115	1100	1045	1030	1015	1000
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
FIO2	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Methods	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
240																
220																
200																
180																
160																
140																
120																
100		116	114	112	110	108	106	104	102	100						
80			85	84	83	81	81	79	78	76						
60																
40																
20																
RR		11	20	20	19	18	19	18	18	19	20					
T		98	98	98	98	98	98	98	98	98	98					
Time		1325														
Pain (0-10)		1/10														
LOS																

Pacu Intake				
Time	Solution	Amount	Site	By
1325	LR		IV	
1400	Anes		IV	

X-rays: \_\_\_\_\_ Labs: \_\_\_\_\_

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	0		<b>AIRWAY</b> A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2		
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2		<b>V/S</b> X = A-line BP * = Cuff BP = Pulse
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	-	-		
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2		<b>TEMP</b> S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	8		<b>LOS</b> C = Cervical T = Thoracic L = Lumbar S = Sacral

Patient teaching done: Wound Care, Pain Management,  
 T, C, & DB, Incentive Spirometer, Comfort Measures  
 Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED BY (Signature & Title) <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>	DEPARTMENT/SERVICE/CLINIC ICU	DATE 5 JUL 03
PATIENT (Signature & Title) <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div>	Name - last De la	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
ten entries give: _____		<input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)

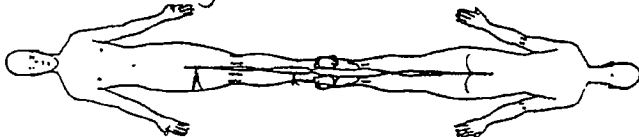
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	l leg	to	A	+	B	C	PK
15'	Secluded			+	B	C	PK
30'				+	B	C	PK
45'				+	B	C	PK
60'	(P)	+	+	+	B	C	RK
90'	(P)	+	+	+	B	C	PK
D/C	(P)	+	+	+	B	C	PK

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent  
 Color: C = Cyanotic, Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS							
	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS			
Time	Location	Type	Drainage
Adm	l leg	Occlusion	
30'	l leg	Occlusive	
60'	l leg	Occlusive	
D/C	l leg	Occlus v	



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

**NURSING NOTES**  
 1325 Transferred from OR to ICU for recovery. Kryo EPW made & dx of SIP @ leg debridement. Card. stable, VSS. Sedated and not alert to verbal or tactile stimuli. (b)(6)-2  
 1355 Pt remains sedated. (b)(6)-2  
 1400 BS cont to be hyperactive (b)(6)-2  
 1435 Pt beginning to become alert to verbal & tactile stimuli (b)(6)-2  
 1500 BS @ gut sluggish (b)(6)-2  
 1515 Report given to ICU (b)(6)-2

**Discharge Criteria:**  
 Date: 5/20/20 Time: 1520 PARS: BP: 127/52 T: 99.1 HR: 100 RR: 93 SaO2: 100  
 Pain Level at D/C (0-10): Intake: 250 Output: 8  
 Additional Data:  
 Transferred To: ICU  
 Report Given To: CPT (b)(6)-2  
 Transferred Via: W/C (b)(6)-2 Gurney Ambulance  
 Transferred By: (b)(6)-2  
 Cleared IAW Recovery Room for B-3  
 Charge Nurse Signature: \_\_\_\_\_

WAMC OP 173-E

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 5 Jul 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1705 IV Sedation Nerve Block  
 Allergies: unk OR Intake: Crystalloid 1000 Colloid \_\_\_\_\_  
 Pre-op V/S: \_\_\_\_\_ OR Output: UOP 550 EBL 100  
 Procedures: \_\_\_\_\_ Meds/Times: Pilo 600mg, Ancel, Reglan

**Drains**  
 Hemovac  
 NG  
 JP  
 T-tube  
 Foley  
 TLS

**Airway**  
 Nasal  
 Oral  
 ETT  
 Trach  
 Other

Pre Op Meds \_\_\_\_\_ History unk

Time	1155	1200	1215	1230	1245	1300	1315	1330	1345	1400	1415	1430	1445
SaO2													
FI02													
Methods													
240													
220													
200													
180													
160													
140													
120													
100													
80													
60													
40													
20													
RR	21	21	18	16	12	14	13	14					
T	99	98	97	97	97	98	99	99					

**Pacu Intake**

Time	Solution	Amount	Site	By	Infused
	LR	300cc	OPIV		

X-rays: \_\_\_\_\_ Labs: \_\_\_\_\_

**Post-Anesthesia Recovery score**

Criteria	ADM	30'	D/C	Codes
<b>Activity</b> (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	0	0	<b>AIRWAY</b> A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
<b>Airway</b> (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2M	2	2	<b>V/S</b> X = A-line BP * = Cuff BP = Pulse
<b>Blood Pressure</b> (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	<b>TEMP</b> S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
<b>Consciousness</b> (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1	<b>LOS</b> C = Cervical T = Thoracic L = Lumbar S = Sacral
<b>Color</b> (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	
<b>Circulation (Peds &lt; 5 Years)</b> (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2	
<b>TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.</b>	9	9	11	

Time \_\_\_\_\_ Patient teaching done: Wound Care, Pain Management,  
 Pain (0-10) \_\_\_\_\_ T, C, & DB, Incentive Spirometer, Comfort Measures  
 LOS \_\_\_\_\_ Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED BY: (b)(6)-2 \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC: SGT/LAV ICU DATE: 5 Jul 03

PATIENT'S IDENTIFICATION (For typed or written entries give first, middle, grade, date; hospital or medical facility)  
 Name: \_\_\_\_\_ last, age 35  
 (b)(6)-4 \_\_\_\_\_

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

**MEDICATIONS**

Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

**NEUROVASCULAR**

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	AE	PRAM	WTA	+	2 sec	Warm	Pink
15'	AE	PROM	WTA	+	2 sec	Warm	Pink
30'	AE	PROM	WTA	+	2 sec	Warm	Pink
45'	AE	+	-	P	B	W	PK
60'	AE	+	-	P	B	W	PK
90'	AE	+	-	P	B	W	PK
D/C							

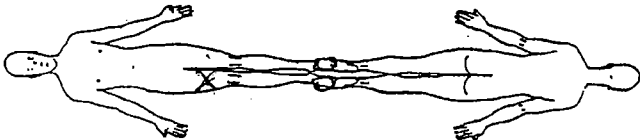
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent Color: C = Cyanotic, Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

**DRESSINGS**

Time	Location	Type	Drainage
Adm	R thigh	ACE wrap	CDI
30'	R thigh	ACE wrap	CDI
60'	R thigh	ACE wrap	CDI
D/C			



**PACU OUTPUT**

Time	Source	Color/Appearance	Amount
1245	Foley	clear, yellow	100cc
1445	Foley	clear, yellow	125cc

**CARDIAC RHYTHM**

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1245	NSR		

WAMC OP 173-E

**NURSING NOTES**

Pt arrived from OR @ 1135 on venti mask at 151pm - LR to PIV  
 Pentamycin 400mg IVPB, VSS, pt began to have very noisy respirations - gurgling & straining - nasal airway placed & pt suctioned. Small amt of tenacious mucous & blood suctioned.  
 Pt still sat 100% E O<sub>2</sub>.  
 1315 - Pt on RA - still sat 97%.  
 1420 - Pt opens eyes to painful stimulus - responds to questions.  
 1446 - Pt aroused to verbal stimulus, spoke & translator meets all D/C criteria. Report given to CRT.

**Discharge Criteria:**  
 Date: 5 Jul 05 Time: 1445 PARS: 11  
 BP: 105/50 T: 99.9 HR: 58 RR: 13 SaO<sub>2</sub>: 98% RA  
 Pain Level at D/C (0-10):  
 Intake: 0 Output: 275cc  
 Additional Data:  
 Transferred To: 1CW  
 Report Given To: CPT  
 Transferred Via: W/C Litter Gurney Ambulance  
 Transferred By:  
 Cleared IAW Recovery Room SOP B-3  
 Charge Nurse Signature:

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 8 July 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1710 IV Sedation Nerve Block  
 Allergies: MLDA OR Intake: Crystalloid 400 Colloid  
 Pre-op V/S: 115/87/76 OR Output: UOP 0 EBL minimal  
 Procedures: Dr. D. Fener Meds/Times: Clindamycin 1645

- |  |   |
|--|---|
| <b>Drains</b><br>Hemovac<br>NG<br><input checked="" type="checkbox"/> JP<br>T-tube<br>Foley<br>TLS | <b>Airway</b><br>Nasal<br>Oral<br>ETT<br>Trach<br>Other |
|--|---|

**Pre Op Meds** \_\_\_\_\_ **History** \_\_\_\_\_

Time	SaO2	FiO2	Methods	240	220	200	180	160	140	120	100	80	60	40	20	RR	T
	100% 100% 100% 100%	0.21 0.21 0.21 0.21	VA 0 VA VA VA VA VA VA							▲			○			14 12 15 12 11 12	98

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
1710	NS	300 ml	FA	S. Fener	250 ml
X-rays:		Labs:			
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	<b>AIRWAY</b> A = Ambu BB = Blow-by M = Mask	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	FT = Face Tent RA = Room Air NC = Nasal Cannula	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	V/S X = A-line BP * = Cuff BP = Pulse	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	2	2	<b>TEMP</b> S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	<b>LOS</b> C = Cervical T = Thoracic L = Lumbar S = Sacral	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only palpable pulse	/				
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	10	10	10		

Time Patient teaching done: Wound Care, Pain Management, T, C, & DB. Incentive Spirometer, Comfort Measures  
 Pain (0-10) Safety: SR up X 2. Falls Precautions. Privacy Maintained  
 LOS (Continue on reverse)

PREPARED BY: \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC: ICU DATE: 8 July 03  
 (b)(6)-2 ULTAN Name - last

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade, date; hospital or medical facility)  
 (b)(6)-4

- |  |  |
|--|--|
| <input type="checkbox"/> HISTORY/PHYSICAL                | <input type="checkbox"/> FLOW CHART      |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES              |  |
| <input type="checkbox"/> TREATMENT                       |  |



**MEDICATIONS**

Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1715	8	M <sup>504</sup> 2mg	IV	8	I	UTAW
1730	8	M <sup>504</sup> 2mg	IV	8	I	UTAW
1740		M <sup>504</sup> 6mg	IV		I	UTAW
1755		M <sup>504</sup> 6mg	IV		E	UTAW

**NEUROVASCULAR**

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	① Foot	+	+		B	W	PC
15'							
30'							
45'							
60'							
90'							
D/C							

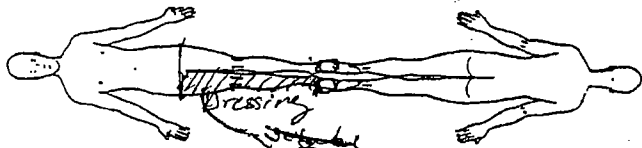
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent Color: C = Cyanotic, Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

**DRESSINGS**

Time	Location	Type	Drainage
Adm	② leg	ACE wrap	CD&I
30'	③ leg	ACE wrap	CD&I
60'			
D/C			



**PACU OUTPUT**

Time	Source	Color/Appearance	Amount

**CARDIAC RHYTHM**

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

**NURSING NOTES**

1710 - received client from OR via litter & anesth & RN - client placed on monitor 15 in sig into ① FA MV, site patent & sig of infiltration / intx - ② leg CD&I JP drain x h & adjust peripheral IV to ② FA port & fluids site H<sub>2</sub>O - client able to move toes ② foot pulses palpable cap refill brisk < 2 sec

1715 - medicated c 2mg M<sup>504</sup> for pain

1730 - re-medicated for pain 2mg M<sup>504</sup>

1740 - 6mg IV M<sup>504</sup> for pain client states he is in pain notified Dr [redacted] 6 more mg of morph given

1800 - Pain level decreased client relaxed, resting c eyes closed

1805 - report given to CPT [redacted] in ICU.

1810 client transported on litter to ICU c two assists [redacted]

**Discharge Criteria:**  
 Date: 8/30/03 Time: PARS: 10  
 BP: 114/67 T: 98.7 HR: 69 RR: 12 SaO2: 95%  
 Pain Level at D/C (0-10): 1/10  
 Intake: 250ml NS Output: 0

**Additional Data:**  
 Transferred To: ICU  
 Report Given To: CPT [redacted]  
 Transferred Via: W/C Litter Gurney Ambulance  
 Transferred By: [redacted]  
 Cleared IAW Recovery Room SOP R-3  
 Charge Nurse Signature: [redacted]

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						I	Z	For use of this form, see AR 40-400; the proponent agency is OTSG													
3. REGISTER NUMBER (b)(6)-4						NAME (Last, First, Middle Initial) (b)(6)-4						4. PAY GRADE				5. SEX					
9	10	11	12	13	14	15	(b)(6)-4						16	17	18	19					
(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	UNKNOWN							
1	9	6	8	0	1	0	1	3	5	Y	X	9									
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER													
32	33	34	N/A		35	36	(b)(6)-4														
ORGANIZATION (Active Duty Only) N/A						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS										
						46	0615 0535														
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							
N	0		K	7	8	0	9	3	2	3	0	0	0	0							
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		PREV. ADMISSION												
62	63	64	65	66	67	68	69	70	71	YEAR <input checked="" type="checkbox"/> NO											
1	Z								9												
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE															
72				ICW																	
0						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)															
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE															
(b)(3)-1																					
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	87	88						
2	6							2	0	0	3	0	7	1	3						
24. CLINIC SVC - ADMITTING			25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)														
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106				
A	E	A	A							2	0	0	3	0	7	0	5				
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)														
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122						
1	Z																				
FOR LOCAL USE																					
DX: MULTIPLE SHRAPNEL WOUNDS TO RIGHT THIGH																					
GSW MERTY THIGH WITH TRANSSECTION OF TENDONS & CAPS																					
DX 8901																					
2851																					
E9912																					
PROC 8365																					
Blunt 8628																					
Blunt 8903																					
Trauma 9																					
Inj 450																					
ADMITTING OFFICER (Signature, as required)						(b)(6)-2						(b)(6)-2									
(b)(6)-2						LTC, MC						(b)(6)-2									
(b)(6)-2						(b)(6)-2						SSG, 91G									