

(b)(3)-1

PATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) (b)(6)-4			3. GRADE NO		ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NO	9. ETS NO	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN		13. ORGANIZATION NO		14. WARD OR/ICU	
15. FLYING STATUS NO	16. RATING/OSG	17. DEPT./BEN K78	18. BRANCH/CORPS NO	19. UIC/ZIP		20. TYPE CASE BI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER				22. HOURS OF ADMISSION 0035	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE NO			25. TYPE DISPOSITION EVAC	26. DATE OF DISPOSITION 08 JUL 03		ADMITTING OFFICER DR. (b)(6)-2	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) NO			27b. TELEPHONE NO. NO	28. DATE OF THIS ADMISSION 08 JUL 03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1				30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		

31. SELECTED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY
GUN SHOT WOUNDS

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
DX: GSW TO RIGHT MANDIBLE AND RIGHT THIGH

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 1	f. TOTAL SICK DAYS 1
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36. Total Days All Facilities

a. ABSENT SICK DAYS (b)(6)-2	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS (b)(6)-2	e. BED DAYS 1	f. TOTAL SICK DAYS 1
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SIGNATURE: (b)(6)-2 CAL, LTC, MC
 (b)(6)-2 SSG, NCOIC PAD

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

20y08/clp GSW Face, (ALEX) Seen at 240 PST -> fractured
wound explosion in face + (ALEX) and packed.
Pt is 28cm ED NO stable & copious oozing from facial wound.
Unknown pmhx.

PHYSICAL EXAMINATION

130/80 P60
Moist LUEX, Bilat UEX & strawlike.
Paralyzed, No pupillary response.
Ment: Large (C) gross open wound packed. Oozing & copious bleeding
Chest and CV normal. Abd benign.
Ext: RUE wound dress

PROGRESS (Enter date of discharge and final diagnosis)

A/GSW Face; RUEX sp track, debrided at [b)(3)-1]
A/ DE explosion!

SIG	[b)(6)-2]	DATE	IDENTIFICATION NO.	ORGANIZATION	
		3/9			
PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.	WARD NO.

[b)(6)-4]

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL
RECORDS
FPMR (41 CFR) 201-45.505
OCTOBER 1975

539-108

[b)(6)-4]

MEDICAL RECORD	PROGRESS NOTES
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DATE	
7/8/03	<p>Discharge Summary</p> <p>~ 30yo Iraqi O7 1p GSW to face and first LEX. Taken initially to (b)(3)-1 where facial wound debrided, packed tracheostomy placed and leg wound debrided. Tx seen thereafter to (b)(3)-1 where, upon evaluation in ED pt noted to have massive oropharyngeal bleeding. Taken to OR emergently and bleeding stopped by approximating tongue w 2-0 chromic running sutures. Mandible noted to be unstable with displaced open fracture of angle of mandible as well as displaced fracture on contralateral anterior mandible. In addition palate noted to have trauma. Due to limited experience with this, I packed the oropharynx, carefully placed an Oa tube and stabilized patient in FICU and discussed case with Dr. (b)(6)-2 who will evaluate patient at (b)(3)-1.</p> <p>Current medrx are: Ure ITW/ur; Zantac 50mg q8; Propofol sedation; Ampicillin 1g iv q6; Clindamycin 600mg iv q8.</p> <p>Patient received 4g pRBC in 2800 cc OR, 2cc PFT postop.</p> <p>Post op not stable @ 3370 Dressing changed this Am - minimal bleeding.</p> <div style="border: 1px solid black; width: 150px; height: 60px; margin: 10px auto; text-align: center;">(b)(6)-2</div>
	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)	REGISTER NO.	WARD NO.
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(b)(6)-4

PROGRESS NOTES
 Medical Record

STANDARD FORM 509 (REV. 7-91)
 Prescribed by GSA/ICMR, FIRM 141
 CFR) USAPPC V1.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
7 Jul 03	(b)(3)-1	OPERATIVE NOTE	
TIME: 2332	OPERATIVE		
T:	PRE-OP Dx: ① GSW to ④ upper leg → ② mandible Fr/ex.fr		
R:	② GSW ④ post thigh (No Fr NVI d. stably, Pulse ④ in)		
B/P:	③ GSW ④ lower leg (superficial)		
P:	POST-OP Dx: Same		
MED:	PROCEDURE: ① ZONE 3 neck exploration, Resection of ④ Submandibular gland, ⑤ Carotid intac		
ALLER:	② TRACHEOSTOMY GSW thru the hp, upper incisors, ③ I+D ④ leg GSW x 2 ⑤ Mandible shattered		
LMP:	SURGEONS:	(b)(6)-2	(b)(6)-2
	ANESTH:	GET	(b)(6)-2
TOB:	EBL:	500 cc	
	FLUID:	2900 cc LR	2 u PRBC
ETOH:	FOLEY to gravity TRACHEOSTOMY		
PMHx:	COMPLICATIONS ∅		
PSH:	Dsp → GSW trachea, Chemically Perforated (b)(6)-2		
FMHx:	Patient received instructions regarding diagnosis, plan of care, medications, follow-up, and verbalizes understanding. Initials: _____ (b)(6)-2		

HOSPITAL OR MEDICAL FACILITY (b)(3)-1	STATUS	DEPART./SERVICE ARMY	RECORDS MAINTAINED AT D.A.S.
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	QUEST (b)(6)-2
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.		(b)(6)-2

NAME AND RANK: MALE IRAQI E7W

SSN: _____

UNIT AND UNIT PHONE: _____

DOB: _____

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

Arrest → (b)(3)-1 to GSW to face + leg
+ immediate loss of airway. Endotracheal
intubation successful. → OK R Neck exploration
+ leg wound debrided.
No reliable history known.

(b)(6)-2

MS

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
7 JUL 03	047)	119 67	P-77	Z-34	02-100	T-
	052)	132/66	68	-30	100	
	0100)	152/74	73	22	100	
	0105)	151/71	85	17	100	
	0110)	151/77	78	20	100	
	0115)	149/82	101	14	100	
	0120)					
<p>MEDS ORDERED ANCEF 1g TETANUS. SCC (IM) S(14) TR</p>						

HOSPITAL OR MEDICAL FACILITY (b)(3)-1	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME /	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
(b)(6)-4			

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMP '11 CFR) 201-9.202-1

MEDICAL RECORD

PROGRESS NOTES

DATE
8 July 03
0230

Received client from OR on litter transported by MD and anesthesia and an RN. Client placed on cardiac monitor and placed on ICU bed. Fine assists (b)(6)-2

0300

Assessment done, PERL, sedated on 25 mcg/kg/min of propofol infusing @ 10.5 ml/hr based on approximate weight of 70 kg. Lungs clear bilat, vent settings VT 700ml, rate 8, PEEP 5, FiO2 50%. Client washed moderate amt of bloody drainage on back dressing. #8.0 shiley trach in place sutures and trach ties, even bilat chest rise. HR sinus rhythm -> sinus tach, regular. pulses weak but palpable. Abdomen semifirm, slightly distended. DBS x 4 quads. DWT to LIS, placement checked, no gurgling heard over stomach, placement also checked by another RN (mas (b)(6)-2) unable to verify placement, Dr (b)(6)-2 notified stated "I heard it when I put it in so leave it to (b)(6)-2 suction". Foley patent and draining yellow urine & some sediment noted. Right radialant line placed by Dr (b)(6)-2, zeroed, good waveform on monitor, good blood return, connected to pressure 300 mmHg bag. Arsg applied via sterile technique. Right and left AC PIVS & LR @ 150 cc/hr via left AC. Both sites flushed and patent @ blood return, no S/S of infection or infiltration. Arsg to face with large amt (b)(6)-2 bloody drainage, reinforced by Dr (b)(6)-2. Large bandage dressing -> (b)(6)-2 (reverse side)

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

REGISTER NO.

WARD NO.
ICU

(b)(6)-4

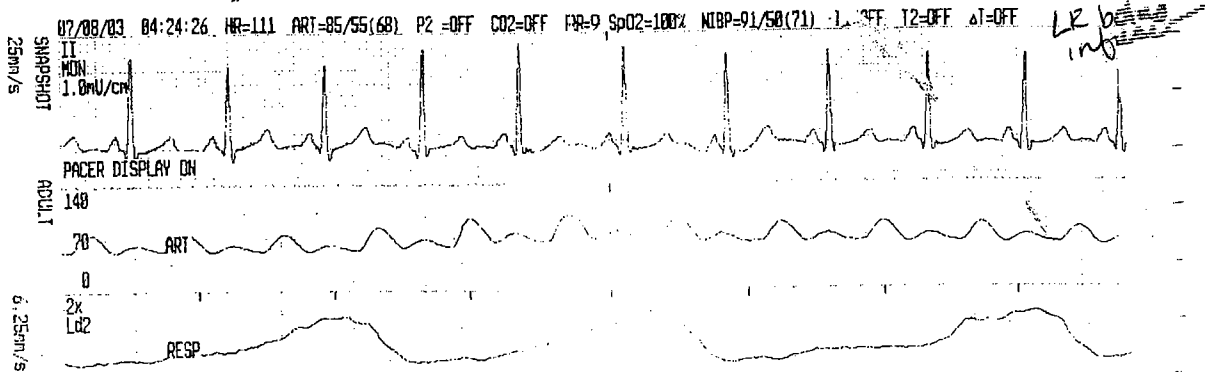
PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM 141
CFR) USAPPC V1.00

PROGRESS NOTES

DATE	to night leg & moderate amt of bloody drainage. (b)(6)-2 IUT/AN
0335	HR \uparrow 130's, medicated \bar{c} 4mg MS for pain (b)(6)-2
0400	BT \downarrow in 70's/50's, Dr. [redacted] notified IL LR bolus started at this time. Disc to face with increased drainage, will monitor closely. (b)(6)-2 IUT/AN
0445	Abg results to Dr. [redacted], 2 amps Na bicarb given IVP for acidosis. (b)(6)-2 IUT/AN



0500	late note: @ 0230 report received from CPT (b)(6)-2 CRNA procedure done was oral and facial exploration & glossoptomy under general anesthesia. Client received 3mg versed, 10mg vecuronium and 100mg fentanyl given in in OR. Also 1gm Ancef, 2L NS, 2L RL and 4 units PRBC in OR. EBL 500cc + 1500cc urine out in OR. (b)(6)-2 IUT/AN
0500	Report given to CPT (b)(6)-2 (b)(6)-2 IUT/AN

MEDICAL RECORD	PROGRESS NOTES
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DATE

7/8/03 NN: Assumed care of patient at 0500. Labs sent
 0530 H/H; 33.7/11.0, WBC 18.6, PH 86. FFP ordered.
 ABG done; PH 7.26, CO₂ 44.8, O₂ 131, HCO₃ 20
 rate increased from 8 to 10. Assessment done.

(b)(6)-2 CPT/AN

7/8/03 At 0600 patient became hypotensive 68/35,
 0630 propofol stopped, pt put in trendelenberg,
 bolused 2 L liter NS. B/p improved 7 bolus.
 Patient awake 3 propofol, moving arms and legs.
 Propofol restarted at 1/2 rate, 12.5 mcg/kg/min.
 Will monitor closely, FFP given.

(b)(6)-2 CPT/AN

7/8/03 ABG rechecked PH 7.315, CO₂ 39.5, PO₂ 127,
 0730 HCO₃ 20. Trach care done, moderate amount
 bloody g drainage suctioned from trach

(b)(6)-2 CPT/AN

7/8/03 Pulses to (S) LE noted to be weaker than
 0830 to UE. Feet cool to touch. Pulse not palpable
 on LLE, doppler only, barely palpable on (R) LE
 good on doppler. Otho MD aware, will monitor.

(b)(6)-2 CPT/AN

7/8/03 Facial dog A'ed by MD's. Bolused 2 10ms
 1000 Propofol. A/E paper work complete

(b)(6)-2 CPT/AN

(Continue on reverse side)

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

PROGRESS NOTES
 Medical Record

STANDARD FORM 508 (REV. 7-91)
 Prescribed by GSA/ICMR, FIRM (41
 CFR) USAPPC V1.00

(b)(6)-4

EMERGENCY CARE AND TREATMENT (Medical Record)

TREATMENT FACILITY (b)(3)-1

LOG NUMBER

NA

ARRIVAL

DATE TIME

07 JUL 03 032

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)

PRIVATE VEHICLE AMBULANCE OTHER (Specify) PLANE

CURRENT MEDS. (tetanus immunization and other data)

NA

HISTORY OBTAINED FROM

PATIENT OTHER (Specify)

ALLERGIES

NA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

NA

HOME TELE. NO. (Inc. area code)

NA

CHIEF COMPLAINT(S) (Include symptom(s), duration)

SEX

AGE

POSSIBLE THIRD PARTY PAYER?

GUNSHOT WOUND Lower High FACIAL EXTRE. M NA

YES NO

VITAL SIGNS

Table with columns: TIME, BP, PULSE, RESP., TEMP., WT. (Child) and rows for 032, 037, 042.

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

TIME SEEN BY PROVIDER

032

042 X-rays ORDERED (AP Lat SKULL @ Femur @ Leg. & Chest TOI ~ 2130 043 LABS - CBC UA, Chem 12

PM 42?

CATEGORY (See reverse)

EMERGENT URGENT NON-URGENT

S: Pt is a ~30yo Iraqi EPW who was shot x3 by US forces as he was firing a weapon while riding a motorcycle. Taken to PST & had Trauma done

ORDERS

Table with columns: ORDERS, INITS, TIME and rows for Central Line, Labs, etc.

O: US memories all 4's spont. massive trauma to @ Jaw/Face. maxilla to base. Trauma in place. TM's white PEPER EOME 4mm. recent from @ crep.

ASSESSMENT/DIAGNOSIS

GSW @ Jaw/Face GSW @ Thigh, mult abrasions

Lungs: @ DTA. Cor Pulm @ Abd. @ & @ int. Ext. Lg @ lat thigh tissue defect @ Dupuyres. mult lower @ leg abrasions & lacerations.

Xray: Comminuted J. A @ sinus opacities. NLCXR. @ PTA. Ext: mult frags @ J.

DISPOSITION (Check all that apply)

Form with sections: HOME, FULL DUTY, QUARTERS, MODIFIED DUTY UNTIL, REFERRED TO, EMERGENCY, TODAY, 72 HOURS, ROUTINE, ADMIT. TO HOSP. UNIT/SERVICE

EDC: hypotension to 50's/20's impaired p Level I via @ Subclav. cent. line.

Handwritten notes including a diagram of a hand and a signature.

CONDITION UPON RELEASE

IMPROVED UNCHANGED DETERIORATED

TIME OF RELEASE: 0115

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

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

To OR.

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
7/8/05			<p>Operate nose</p> <p>Procedure: Frontal view, Oblique</p> <p>Glasgow Coma</p> <p>Signs: Mentals down</p> <p>Pup 4/4 R 4/4 P 3/4 L W 5/5</p> <p>EBL = 700 cc</p> <p>To take control</p> <p>Findings: ① Ununited mandibular fracture & displacement at angle.</p> <p>② Trauma to tongue approximated & 2nd degree</p> <p>③ No placenta</p>
			<p>(b)(6)-2</p> <p>MATHEWIS, MARY</p>

(Continue on reverse side)

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

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: *Arrest by a SKN* BY: *(b)(6)-2*

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

3. DATE: *20030708* TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME: *0116* NUMBER: *1-1*

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: *Paralyzed*

6. NURSING PERSONNEL

ASSIGNED SCRUB	<i>SPC</i> (b)(6)-2	RELIEF SCRUB	
	<i>Sgt</i> (b)(6)-2		
ASSIGNED CIRCULATOR	<i>CPT</i> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: *arms (bilat) tucked & padded. Strap across waist*

8. SKIN PREPARATION

HAIR REMOVAL: YES NO

DONE BY: OR NURSING UNIT

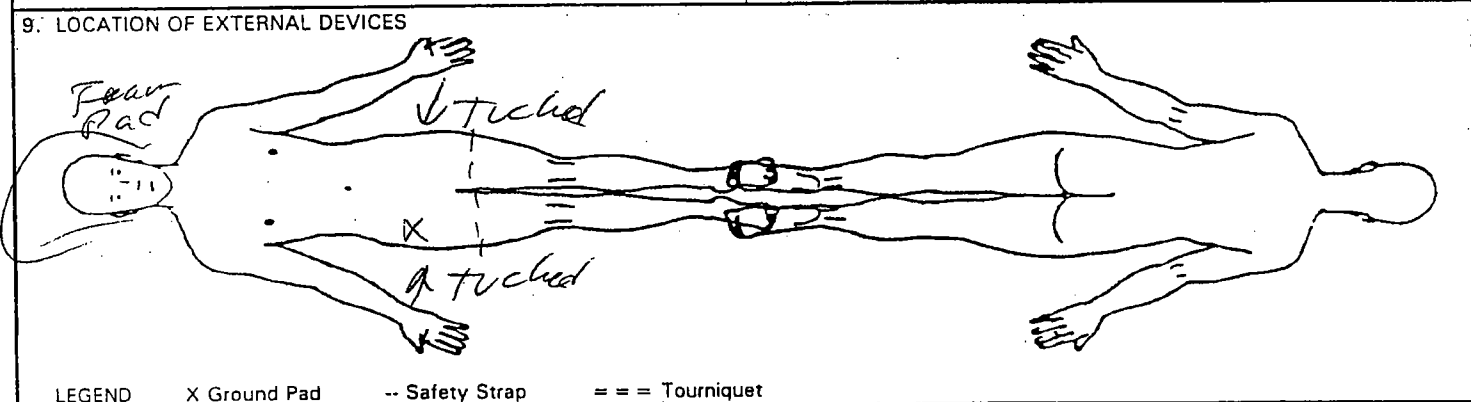
METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify): *N/A*

SITE: BY WHOM:

SITE: BY WHOM:

COMMENTS:



10. COUNTS

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

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

(b)(6)-4

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

ESU NO: *Vally Las 00042*

GROUND PAD: BRAND *V* LOT NO: *10527*

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE *[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 NO

TYPE/SIZE	1. 16 Fr blue in place (red)	2. Tracked	3.
SITE	1. Under blades	2. Track	3.

18. DRESSING/IMMOBILIZATION (Specify)
*4x8 gauze pad to XE
 Cluff
 Vestix*

19. ADDITIONAL INFORMATION

2 Raytecs used as backing
ms [redacted] CRNA, CPT [redacted]: Anesthesia (CRNA)
Dr. [redacted] Dr. [redacted] Surgeons

20. OPERATION(S) PERFORMED
*Facial basal exploration
 Glossography*

21. PATIENT TRANSFERRED TO *ICU* TIME *0221* METHOD *litter*

22. REGISTERED NURSE SIGNATURE
CPT [redacted] AW

Ward/Section: EM

REG. (b)(6)-2

PHYSICIAN:

LABORATORY RESULT FORM

(Subject to the Privacy Act of 1974)

LAST FIRST MI (b)(6)-4

DATE 07 July

TIME 04 0

SSN/PSEUDO SSN:

HEMATOLOGY			URINALYSIS			MICROBIOLOGY		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>11.4</u>	4.8-10.8 x 10 ⁹	Color	<u>Yellow</u>	N/A	RPR		Negative
RBC	<u>2.40</u>	4.7-6.1 x 10 ⁹	App	<u>sl cloudy</u>	N/A	Mono		Negative
Hgb	<u>7.4</u>	14-18 g/dl (M) 12-16 g/dl (F)	Glu	<u>NEG</u>	Negative	Microbiology		
Hct	<u>22.8</u>	42-52% (M) 37-47% (F)	Bili	<u>NEG</u>	Negative			
MCV	<u>95.0</u>	80-94 fl (M) 81-99 fl (F)	Ket	<u>NEG</u>	Negative	Source		
Plt	<u>170</u>	130-500 x 10 ³ verified	SG	<u>1.020</u>	N/A	Gram Stain		
Lymph %	<u>17.4</u>	20.5-51.1%	Bld	<u>TR</u>	Negative	Occ Bld		Negative
DIFFERENTIAL WBC COUNT			pH	<u>6.0</u>	N/A	H. pylori		Negative
			Segs		Mono		Prot	<u>Tr</u>
			Bands		Eos		Urob	<u>0.2</u>
			Lymph		Baso		Nit	<u>NEG</u>
			Atyp		Imm		Leuk	<u>NEG</u>
			RBC Morph				HCG	
Spun Hematocrit			42-52% (M) 37-47% (F)			BLOOD BANK		
Sed Rate						MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other						Directigen		Negative
						ABO/Rh		
						BLOOD BANK		
						MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
						BLOOD BANK		
						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.:

1870012

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	1.6	3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	26	26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT	10	10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY	102	14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	26	11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL	2.2 *	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	8	7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺	6.0	8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL	29 *	100-200 mg/dl			
BEccf		(-2) - (+3) mmol/L	CRE	0.9	0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU	201	73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP	2.7 *	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	met 8	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 ⁺		128-145 mmol/l			
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

EMARKS:

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

Ward/Section ICU		REQ#	PHY ^{(b)(6)-2}		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI			DATE	TIME	SSN/PSEUDO SSN			
(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	7.189	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO ₂	46.0	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO ₂	142	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO ₂	19	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO ₃	18	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
sO ₂	99	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEect	-11	(-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) Metabolic 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	163	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	7	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	1.1	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK	688	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺	137	128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺	4.3	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻	115	98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO ₂	18	18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			
(b)(6)-2			08 Jul 03					

(b)(6)-2

(Subject to the Privacy Act of 1974)

LAST FIRST MI
(b)(6)-4

DATE TIME
7/8 0530

SSN/RESIDENCE CODE
(b)(6)-4

Hematology			Chemistry			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	18.6	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	3.70	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	11.0	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	33.7	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	86	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	10.2	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hemoglobin Electrophoresis			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	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	GST			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.:

(b)(6)-4

7/8 0230

(b)(6)-4

1007

DSOU

Ward/Section ICU		REQUESTING PHYSICIAN: (b)(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST MI (b)(6)-4		DATE 7/8		TIME 0530		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		
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	(Piccolo) Metabolic 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	139	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	0.9	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK	817	39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA*	133	128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K*	4.5	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL*	114	98-108 mmol/l	NA*		128-145 mmol/l
			tCO2	22	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.:		

(b)(6)-4

7/8 0530

(b)(6)-4

MEDCOM - 6384

10/20/12

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) 21-28 mmol/L (ven)	CA ⁺⁺		8.0-10.5 mg/dl	tCO2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl			
BEccf		(-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	Liver Panel	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	Met 8	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 ⁺		128-145 mmol/l			
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

EMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
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ELM
OK

(b)(6)-4

(b)(3)-1

(b)(6)-4

Ward/Section: **OR**

REQUESTING PHYSICIAN

(b)(6)-2

LABORATORY RESULT FORM

(Subject to the Privacy Act of 1974)

LAST, FIRST, M(b)(6)-4

DATE **8 July**

TIME **0115**

SSN/PSEUDO SSN:

Chemistry			Urine			Microbiology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	15.2	4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC	2.26	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	6.8	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	21.1	42-52% (M) 37-47% (F)	Bili		Negative			
MCV	93.2	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Plt	79	130-500 x 10 ³ verified	SG		N/A	Gram Stain		
Lymph %	9.2	20.5-51.1%	Bld		Negative	Occ Bld		Negative
Hemoglobin/Micro-differential			pH		N/A	H. pylori		Negative
			Segs		Mono		Prot	
Bands		Eos		Urob		0.2-1.0		
Lymph		Baso		Nit		Negative		
Atyp		Imm		Leuk		Negative		
RBC Morph			HCG		Negative	Blood Bank		
Spun Hematocrit		42-52% (M) 37-47% (F)	CST					
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative			

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.:
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CLINICAL RECORD

ANESTHESIA

ANESTHETICS	2700	19	20	45	2700	45	HOR	45	0600	15	30	45	0100
Stimulate	50mg												
Succ	100mg												
Vac	100mg				100mg								
Succinylcholine	100mg												
Forney (mg)				53.40	100.50								
%													
LM													
OXYGEN	5	5	5	5	5								
CO ₂ ABSORP.													
EKG	OK	OK	OK	OK	OK								
LEVEL OF PCS													
ANAL. ANESTEMP													
F02	56	52	52	52	52								
CODE	23	23	23	23	23								
● PULSE													
○ RESP.													
△ B.P.													
x ANES.													
○ OPER.													
T TOURN.													
FLUIDS													
B BLOOD													
H SALINE													
G 5% BAW													
DX EXPAND													
RR	14	10	10	10	10								
NUMBERS FOR REMARKS													
IV FLUIDS	1000	2000	2000	2000	2000								
POSITION	Supine				250								

INDUCTION

SATS

UNSATIS AND WHY _____

REMARKS

- Patient ID
- Chart Rev
- Equip & C checked
- Patient an anesthet
- reassess

2130 2145

2150 2205

2170 Pt + 1

65W H (R) fail

(R) les

emergently intubated.

2145 TO O.R.

2254 Throat Pack in.

2305 TO PACU.

AGENTS AND TECHNICIANS
LETA

ENDOTRACHEAL: SIZE _____ BLADE M2 ORO 24mm NASO CUFF 4cc. PACK C IV vision

REMARKS: DL X3 ⊕ PBS ⊕ ET CO₂

OPERATION PERFORMED	TOTAL FLUIDS	NAME(S) OF SURGEON(S)
1 + P. 65W to Face + (R) Hyst	LR 460 ml RS 2000 HSP 500 EBL 260 ml	ECT/BLA

RECOVERY

REFLEX IN O.R.

EMESIS

ASPIR.

HYPOTENSION

OTHERS _____

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

REGISTER NO. _____ WARD NO. _____ DATE 07 Jul 05

(b)(4)

ANESTHESIA

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "1" = CONSTANT INFUSION		MEDICAL RECORD					ANESTHESIA		TOTALS	TOTALS
Midazolam (mg) 3		3 5 50 50							3	500cc
Vec (mg) 5									10	
Fentanyl (mcg) 50									150mg	TOTAL URINE
									4	1500cc
VOLAT AGENT		ISO % del 1.8 1.4 1.0 0.8 0							CRUISE SUMMARY	
AIR L/Min									CRYSTALLOID- 2000 cc	
N2O L/Min									COLLOID-	
O2 L/Min		2 2 2 2 15							BLOOD- 4u PRBC	
SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										
LINE site		<input type="checkbox"/> Warmed								
NS		<input checked="" type="checkbox"/> Warmed								
LR		<input type="checkbox"/> Warmed								
Pulse		<input type="checkbox"/> Warmed								
EST BLOOD LOSS										
URINE -										
HYD STATUS		TIME → 15 30 45 0000 15 30 45 0200 15 30 45								
BODY WEIGHT		SYMBOLS:								
N70 KG		BP by cuff								
HEMATOCRIT		V (P) 220								
INITIAL DATA		Heart rate								
BP - 116/61		Resp rate								
HR - 107		BP (transduced)								
BOUN CHECK		TOURNIQUET								
OK? - (Y) N		ANES - X-X								
OK for PROCEDURE		PROC - (O) - (O)								
TIME - 0120										
VT - ml		VT - ml								
f - breaths/min		f - breaths/min								
Peak inf pres / PEEP		Peak inf pres / PEEP								
MODE - S(pon), A(ssist), C(on)		MODE - S(pon), A(ssist), C(on)								
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)								
Warming blkt										
Conv warmer										
EVENTS		Arms pad on truck								
PROCEDURES and CPT Codes		Facial + oral exploration - glass covering								
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		GETA								
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		Trach → @ BBS2 @ ETCO2 maintained								
SURGEONS: (b)(6)-2		(b)(6)-2								
ANESTHETISTS: (b)(6)-2		(b)(6)-2								
PROCEDURE LOCATION		OR 1-1								
DATE		8 June 03								
PAGE		1 OF								

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT(LBS.) WT: 70 lb	SPECIAL INFORMATION CSW to face + R thigh
PHYSICAL STATUS			
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input checked="" type="radio"/> 7			

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

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) ASTHMA: SMOKING HX: URI: PNEUM: BRONCHITIS: TB: EXERCISE TOL:	CIRCULATORY SYSTEM BP _____ PULSE _____ ECG (IF PERTINENT), CVS: MI: ANGINA: MURMUR: RHEUM FEVER: HTN: EKG:	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) NEURO: SEIZURE: DENTITION: AIRWAY:	OTHER SYSTEMS (ALLERGIES) RENAL: HEPATIC: GI: DM: THYROID: STEROIDS:
-------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
FAMILY HX OF ANESTH COMPLICATIONS	

PREOPERATIVE DIAGNOSIS PATIENT COUNSELLED REGARDING ANESTH OPTIONS, RISKS AND POSSIBLE COMPLICATIONS DISCUSSED. PATIENT VERBALIZES UNDERSTANDING & ACCEPTANCE OF PLAN.	PREMEDICATION <i>ET</i>
ANESTH PLAN: <i>GETA</i>	DATE <i>07/21/03</i>

POSTANESTHETIC VISITS

<p>RECORD ALL PERTINENT COMPLICATIONS</p> <p>PACU ARRIVAL NOTE: DATE: <i>07/21/03</i> TIME: <i>2305</i> PT TO: <i>PACA</i> MENTAL STATUS: <i>sedated</i> VS: B/P: <i>115/75</i> P: <i>99</i> R: <i>10</i> TEMP: <i>02SAT 96</i> O2 GIVEN AT: <i>5</i> L/M VIA: <i>Univent</i> SPINAL LEVEL: <i>NA</i> ANES COMPLICATIONS: <i>NA</i> ANESTHETIST: (b)(6)-2 <i>CPT 100</i> SURGEON: (b)(6)-2 RECOVERY NURSE: (b)(6)-2 REPORT GIVEN TO: (b)(6)-2</p>	<p>PACU DISCHARGE NOTE: DATE: _____ TIME: _____ PT TO: _____ MENTAL STATUS: _____ VS: B/P: _____ P: _____ R: _____ TEMP: _____ O2SAT: _____ O2 GIVEN AT: _____ L/M VIA: _____ DC'd at _____ HRS. SPINAL LEVEL: _____ COMPLICATIONS: _____ SURGEON: _____ RECOVERY NURSE: _____ REPORT GIVEN TO: _____</p>
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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) (b)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE
	DATE REQUESTED 8/5/03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	(b)(6)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED _____ TIME VERIFIED _____

SECTION II - PRE-TRANSFUSION TESTING

(b)(6)-4 DONOR ABO O Rh Pos	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
	RECIPIENT ABO O Rh Pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE
REMARKS: EXP 08 Jul 2003			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Hour) 0122 ON (Date) 08 Jul 03		POST-TRANSFUSION DATA AMOUNT GIVEN 350 ML TIME/DATE (COMPLETED) INTERRUPTED 0140 8/5/03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE PULSE 89 BLOOD PRESSURE 137/24	
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 2nd VERIFIER (Signature) (b)(6)-2 PRE-TR TEMP. PULSE 89 BP 137/9		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)	
DATE OF TRANSFUSION 8 July 03 TIME STARTED 0135		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)	
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 SEX WARD	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy



MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) _____ (b)(6)-2
	DATE REQUESTED: 8/5/03 DATE AND HOUR REQUIRED: 12:30 PM	DIAGNOSIS OR OPERATIVE PROCEDURE I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. 1/1
VOLUME REQUESTED (if applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____ (b)(6)-2	(b)(6)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF _____ VERIFIED _____	(b)(6)-2
	RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED _____

SECTION II - PRE-TRANSFUSION TESTING

DONOR: ABO O Rh Pos	TRANSFUSION NO. _____ PATIENT NO. (b)(6)-4 _____ RECIPIENT: ABO O Rh Pos	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
	REMARKS: EXP 08 Jul 2003		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE _____

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) _____ (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 350 ML TIME/DATE COMPLETED/INTERRUPTED: 0155 8/5/03		
AT (Hour) 0123 ON (Date) 08 Jul 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE _____	PULSE 75	BLOOD PRESSURE 138/78
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	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
PRE-TRANSFUSION TEMP. _____ PULSE 76 BP 138/78		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION 7/8/03 TIME STARTED 0130	SIGNATURE OF PERSON NOTING ABOVE _____ (b)(6)-2			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, given name, room, and ward; if inpatient, give: hospital or medical facility)		WARD _____		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

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) (b)(6)-2
	DATE REQUESTED 8 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE Mult Trans
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:	SIGNATURE OF VERIFIER SEE Prev
	RHIG TREATMENT? DATE GIVEN: _____	DATE VERIFIED SF 518
	HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

(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
	RECIPIENT ABO O Rh Pos	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
REMARKS: EXP 08 Jul 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN ALL ML 0218 7/8/03		TIME DATE COMPLETED 7/8/03	INTERRUPTED
AT (Hour) 0152 ON (Date) 08 Jul 03		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		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.	
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.		DESCRIPTION <input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
1st VERIFIER (Signature) (b)(6)-2 CPT/CRNA		SIGNATURE (b)(6)-2 CPT/CRNA		SEX _____ WARD _____	
PRE-TRANSFUSION TEMP. _____ PULSE 90 BP 120/80		DATE OF TRANSFUSION 8 Jul 03		TIME STARTED 0212	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)					

(b)(6)-4

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

MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2 <hr/> DIAGNOSIS OR OPERATIVE PROCEDURE Malt Trans
	DATE REQUESTED 8 July 03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER SEE prior
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED
	RHIG TREATMENT? DATE GIVEN: _____	TIME VERIFIED 5:55 PM
	HEMOLYTIC DISEASE OF NEWBORN? _____	

SECTION II - PRE-TRANSFUSION TESTING

(b)(6)-4 ABO O Rh Pos	TRANSFUSION NO. PATIENT NO. (b)(6)-4 ABO O Rh Pos	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH Compet	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE _____		
REMARKS: EXP 08 Jul 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Hour) 0151 ON (Date) 08 Jul 03		POST-TRANSFUSION DATA AMOUNT GIVEN ALL ML TIME DATE COMPLETED 0210 7/8/03 INTERRUPTED REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
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 CRT/CRNA		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
2nd VERIFIER (Signature) (b)(6)-2 MAT/CRNA		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
PRE-TRANSFUSION TEMP. _____ PULSE 106 BP 103/52		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 CRT/CRNA	
DATE OF TRANSFUSION 8 Jul 03 TIME STARTED 0158		WARD	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.) (b)(6)-4			

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" 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) (b)(6)-2
	DATE REQUESTED 8 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE Mult trans
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:	SIGNATURE OF VERIFIER SEE prior
	RHIG TREATMENT? DATE GIVEN: _____	DATE VERIFIED SF 3/8
	HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: N/A	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO A Rh POS	RECIPIENT ABO O Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	SIGNATURE OF PERSON PERFORMING TEST
REMARKS: 23 Feb 04		DATE: 8 JUL 03	JTCe

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 270 ML TIME DATE COMPLETED: 0647 7/8/03 INTERRUPTED:	
AT (Hour) 0620 ON (Date) 8 JUL 03		REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
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 CPT/AN		DESCRIPTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER	
2nd VERIFIER (Signature) (b)(6)-2 MIAJ YAU		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)	
PRE-TRANSFUSION VITALS: TEMP. 96 PULSE 84 BP 131/66		(b)(6)-2 NOTING ABOVE CPT/AN	
DATE OF TRANSFUSION: 8 Jul 03 TIME STARTED: 0625		PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries NAME - Last, first, middle; rank/rate; hospital number and name of facility.)	

(b)(6)-4

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

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.

(b)(6)-4

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
8 Jul 03	0230		
① Admit to ICU			X
② Dx - GSW to face and (R) leg w/ facial exploration			X
③ Cond: stable			X
④ VS - monitor			X
⑤ Activity - BR			X
⑥ allergy - ?			X

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
⑦ Diet - NPO			X
⑧ ABG to LIS			X
⑨ Foley to gravity			X
⑩ Vent: SIMV 700cc IV, Rate 8 PEEP 5			X
⑪ Strict I's and O's			X
⑫ IV: LR @ 150 cc/hr			X

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
⑬ Meds: Propofol titrate for effect fentanyl MSO4 2-4ug IV q 10 prn pain Zarflor 50mg IV TID			X
⑭ CXR in Am			X
⑮ CBC, Medlyte 8, ABG in Am			X
⑯ ABG now			X
⑰ OG flush - 30cc of H ₂ O q 4 hours			X

NURSING UNIT ROOM NO. BED NO.

FORM 4256 1 APR 79

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
⑱ Ampicillin 1gm IV q 6 ^o			X
⑲ Clindamycin 600mg IV (over 30min) q 8 (SIX)			X
⑳ Trach care q shift.			X
㉑ A-line to monitor			X

0330 08 Jul 03

LTC, m

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 <div style="border: 1px solid black; width: 100%; height: 50px;"></div>		DATE OF ORDER ↓	TIME OF ORDER 0400 HOURS	LIST TIME ORDER NOTED AND SIGN done done OKYS (b)(6)-2 (b)(6)-2
		①	DR 1 l tubes X1 new	done
		②	Give 2 amp Bicarbonate new	done OKYS
		NO. Di. (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.		
PATIENT IDENTIFICATION		DATE OF ORDER	HOURS	
		(b)(6)-2		
		with Au		
NURSING UNIT		ROOM NO.	BED NO.	
PATIENT IDENTIFICATION		DATE OF ORDER	HOURS	
NURSING UNIT		ROOM NO.	BED NO.	
PATIENT IDENTIFICATION		DATE OF ORDER	HOURS	
NURSING UNIT		ROOM NO.	BED NO.	
PATIENT IDENTIFICATION		DATE OF ORDER	HOURS	
NURSING UNIT		ROOM NO.	BED NO.	

stated orders

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. July Yr. 03

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION			
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED	
8 July	(b)(6)-2	VENT: SIMV: 700 cc TV Rate 8 Peep 5	05 / 17	07	08 09 10 11
8 July	(b)(6)-2	LR 150 cc/m	05 / 17		
8 July	(b)(6)-2	Propofol: 25 mg/kg/m titrate for effect.	05 / 17		
8 July	(b)(6)-2	Zantac 50 mg IV TID	06 / 14 22		
8 July	(b)(6)-2	Ampicillin 1 gm IV q 6 ^h	4 / 10 16 22		
8 July	(b)(6)-2	Clindamycin 600 mg IV (over 30 min) q 8 ^h	06 / 14 22		

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW to face i/c leg s/p facia/ exploratory ADDITIONAL PAGES IN USE: YES NO

unknown 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

MEDICAL RECORD - SUPPLEMENTAL MEDICAL RECORD
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General. (OVERPRINT)

REPORT TITLE **POST ANESTHESIA FLOW SHEET**

OTSG APPROVED (Date)

OPERATION ESW to @ thigh & back

SURGEON Dr. [Signature]

ANESTHESIA General

ANESTHETIST [Signature]

ALLERGIES Unknown

TIME	VITAL SIGNS				BLOOD PRESSURE PRE-OP	S P I N A L L E V E L	C-SECT: FUNDUS LOCHIA PAD COUNT
	T E M P	P U L S E	R E S P	O 2 S A T			
PM 11:17		125	11	95	86/146		
2:15		118	8	100	119/140		
					1		
					1		
					1		
					1		
					1		
					1		
					1		

AIRWAY: SELF ORAL NASAL ENDOTRACHEAL
 OXYGEN: LITERS / MIN NC % BLOW-BY
 DC'd at _____ hrs
 ASA LEVEL (1) 2 3 4 5 (E)
 MEDICATION HISTORY: Unknown

OTHER:
 PRE-OP MEDICATIONS: Anes 1 gm
 ANESTHESIA MEDICATIONS: General

FLUIDS	TYPE	AMOUNT	OUTPUT	TYPE	AMOUNT
LR	LR	900		Foley	100
	NS	2000			
O.R.		2900	O.R.	EBL	200
	LB Blood	650			
PACU			PACU		
	TOTAL	3550		TOTAL	350

POST ANESTHESIA RECOVERY SCORE		*	16	30	45	1	30	2	30	3	D
ACTIVITY	2 - Maintains head lift and open eyes; full motor activity 1 - Unable to maintain head lift/open eyes; partial motor activity 0 - Unable to lift head and open eyes; no motor activity	0									
RESPIRATORY	2 - Spontaneous respiration, coughs and deep breathes 1 - Limited effort; needs artificial airway or jaw support 0 - No spontaneous respiration; needs ventilator	0									
CIRCULATION	2 - BP ±20% preanesthetic level 1 - BP ±20-30% preanesthetic level 0 - BP ±50% preanesthetic level	2									
LEVEL OF CONSCIOUSNESS	2 - Awake and alert 1 - Arousable on calling 0 - Non-responsive	0									
COLOR	2 - Normal skin color 1 - Skin is pale, blotchy, dusky 0 - Cyanotic	2									
TOTAL		4									

LEGEND
 F.F. = Fundus Firm
 L.R. = Lochia Rubra
 L.S. = Lochia Serosa
 L.A. = Lochia Alba
 U = Umbilicus
 P.P. = Peri Pad

(Continue on reverse)

PREPARED BY (Signature & Title) [Signature] LPN. DEPARTMENT/SERVICE/CLINIC LTG/PAU. PACU/ICU DATE 7 July 2003

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

Iraqi Male POW

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

INITIAL ASSESSMENT

ADMISSION TIME: 1105	LUNGS: vent.
IV: CATHETER SIZE B @ AL	
LOCATION 18g	ABDOMEN: BS x 4 good
CONDITION Patient	
CARDIAC RHYTHM SB	SKIN: normal color
DRAINS / TUBES: endotracheal	DRSG: B thigh, calf, & foot
NEUROVASCULAR STATUS:	

Cough & deep breathe?	YES ___ NO <input checked="" type="checkbox"/>
Affected extremity elevated?	YES <input checked="" type="checkbox"/> NO ___
Ice applied to operative site?	YES ___ NO <input checked="" type="checkbox"/>
Head of bed elevated?	YES ___ NO <input checked="" type="checkbox"/>
Heat lamps used?	YES ___ NO <input checked="" type="checkbox"/>
TIME ON _____ OFF _____	
Warming blanket?	YES ___ NO <input checked="" type="checkbox"/>
TIME ON _____ OFF _____	
Pediatric Patient?	YES ___ NO <input checked="" type="checkbox"/>
Parent at bedside?	YES ___ NO <input checked="" type="checkbox"/>
Safety instructions given?	YES ___ NO <input checked="" type="checkbox"/>
Parent verbalizes understanding?	YES ___ NO <input checked="" type="checkbox"/>

RECEIVING NOTE:

Patient received from: OR L&D ___ via:
Gurney ___ Crib ___ L&D bed ___

Accompanied by: MD CRNA Other _____

Safety: Side rails up X 2? YES ___ NO
Safety belt in place? YES NO ___

DISCHARGE NOTE:

Complications? NO YES ___ describe:

Pt to ward via: Gurney Crib ___ L&D bed ___

Accompanied by PACU/ICU staff.

Safety: Side rails up X 2? YES ___ NO
Safety belt in place? YES NO ___

ADDITIONAL NURSING NOTES:

Pt received with vent. at 9 brm. Vitals normal. Pt given O+ blood at 2315 with NS 300cc. Pt has deformity to base due to GS. Pt given O+ blood at 2327 with NS 322cc. Endotracheal in place, 17g to B @ AL Foley to gravity dressings dry & intact to B thigh, calf & foot. Oral cavity stuffed with Kerlix suction to nares and side of mouth for gross blood loss. minimal blood loss but BP dropped. Responded well to crystalloid infusion of 500cc (systolic 80-110) decision to give blood made prior transport.

(b)(6)-2

29112-1776

MEDICATIONS GIVEN IN PACU:

(b)(6)-4	1115 PM Blood started volume 304
(b)(6)-4	2327 Blood started volume 322
	vecuronium 10 mg

DISCHARGED AT: 2348 TO WARD: (b)(3)-1 DISCHARGED BY: DR CRNA

DRESSING: B Leg

DRAINS / TUBES: endotracheal

I.V. B @ AL LEFT TO COUNT: 7000

5000

NEUROVASCULAR STATUS: nonresponsive SPINAL LEVEL:

REPORT CALLED TO: (b)(3)-1 CALLED BY: LTC (b)(6)-2

R.N. SIGNATURE: (b)(6)-2 LTC/PA

(b)(6)-4

7-8 July 1

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

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS	(b)(6)-2	INITIALS	INITIALS
N E U R O	PUPILS	0730	PERILL			
	SENSORIUM		Sedated from OR by anesthesia			
R E S P I R A T O R Y	RESPIRATORY PATTERN		rate 8-vent			
	BREATH SOUNDS		clear bilat			
	SECRECTIONS		none			
S K I N	COLOR		pale pink			
	INTEGRITY		see notes			
I N V E S T I G A T I O N	LOCATION					
	CONDITION		see notes			
G A S T R O	ABDOMEN					
	BOWEL SOUNDS		see notes			
G U	URINE:		color - granular			
	COLOR/CLARITY		yellow / small amt sediment noted			
C A R D I O V A S C U L A R	CARDIAC RHYTHM		sinus tach -> sinus rhythm. pulses palpable bilat radial + pedals weak. cap refill 3 sec.			
	LEGEND		Cr - Creatinine FiO ₂ - Fraction of inspired O ₂ HCO ₃ - Bicarbonate		ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	S/A - Fractional SA _i - Saturation TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2

117 AN

DEPARTMENT/SERVICE/CLINIC

ICU 2 unit

DATE

7-8 July 03

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

(b)(6)-4

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

1. REPORTING MTF						2. LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG													
(b)(3)-1						I	Z	(State or Country Code.)						4. PAY GRADE				5. SEX			
3. REGISTER NUMBER (b)(6)-4						NAME (Last, First, Middle Initial)						16		17		18					
9	10	11	12	13	14	15	(b)(6)-4						N	O	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						
											X	9									
10. LENGTH OF SERVICE				ETS		11. FMP				12. SOCIAL SECURITY NUMBER											
32	33	34	NO		35	36	(b)(6)-4														
					9	9															
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS										
N/A						46			0035		NO										
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	O		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											
IN	Z	N	O							<input checked="" type="checkbox"/> NO											
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD OR/ICU			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												
72	ADMISSION									ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)											
0										TELEPHONE NUMBER OF EMERGENCY ADDRESSEE											
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY																					
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	1							2	0	0	3	0	7	0	8						
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	B	A	A					2				0	0	3	0	7	0	8			
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	7																				

FOR LOCAL USE
 DX: GSW TO RIGHT MANDIBLE AND RIGHT THIGH

D4 87354 PR 311
 8901 PR 2630
 E9912 4040
 8622
 Trauma Inj
 450

(b)(6)-2

(b)(6)-2 LTC, MC

(b)(6)-2

(b)(6)-2 SPC, 91G

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

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL ^{(b)(6)-2}	INITIALS	INITIALS
N E U R O	PUPILS	0600			
	SENSORIUM	Pupils 2mm, minimal reaction to light, sedated on propofol 20mcg/kg/min off sedation, moves extremities appropriately, urine up done.			
R E S P I R A T O R Y	RESPIRATORY PATTERN	Vent SIMV rate 10, TV 700			
	BREATH SOUNDS	EtiO ₂ 40%, peep 5, #8 shiley trach (cuffed) Sats 100%			
	SECRETIONS	moderate amount bloody drainage suctioned from trach lungs clear bilat, breathing moist			
S K I N	COLOR	Pale, cool to touch, bullseye			
	INTEGRITY	dog to head, moderate bloody drainage noted, Kerley / ace to			
	LOCATION	LE, small amount bloody dog cordis (S) IS, clamped			
S I T E		(S) AC 18g IEC 150, propofol			
		(S) AC 14g HL			
	meds:	Zantac TID, ampicillin Q6 ^o , clindamycin Q8 ^o			
G A S T R O	ABDOMEN	Firm to touch, BS absent			
	BOWEL SOUNDS	no apparent tenderness. Ob to US, minimal to US output			
		flushed Q4 ^o			
G U	URINE:	amber > 1cc/kg/hr			
	COLOR/CLARITY	foley, no bladder distention noted			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR, mild tachycardia 90's			
		BP stable in 90/60			
		Dulse to BVE present 50-60's to LLE doppler only, RLE faint prep, good dopler.			
		LEGEND Cr - Creatinine F ₁ O ₂ - Fraction of inspired O ₂ HCO ₃ - Bicarbonate		ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	
				SA - Fractional SAT - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY / (Signature & Title)

(b)(6)-2

CPT:MN

DEPARTMENT/SERVICE/CLINIC

ICU 2 east

DATE

8 July 03

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

(b)(6)-4

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

DATE		DX								HOSPITAL DAY							
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
V	BP Arterial Line	108/56	87/42	124/70	85/60	105/55	114/60	111/59	116/63								
I	BP Cuff	100/49	75/35	122/60	107/50	106/59	114/53	114/57	115/59								
T	Temperature	95.9	96.0	96.9	97.7	99.4	99.3	99.2	99.3								
A	Pulse	85	75	93	98	101	96	106	100								
E	Respiratory Rate	16	10	13	17	18	12	12	10								
S	Sats	100	100	100	100	100	100	100	100								
I	FiO2	40%	40%	40%	40%	40%	40%	40%	40%								
G																	
N																	
S																	
I	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
N	LR	150	150	150	150	150	150	150	150								
T	IUPB		150				50										
A	Bolus		1000														
K	Blood prod		270														
E	Propofol	104	off	63	84	84	84	84	104								
O	NG flush		30				30										
U	TOTALS	1160	1600	156	158	158	238	158	160								
T	URINE	HOURLY	150	150	170	240	200	220	280	200							
		TOTAL	150	200	470	710	710	1030	1310	1510							
	NG	OUTPUT	∅				∅										
		pH															
		GLUC															
	EMESIS																
	STOOL																
	DRAINS																
	TOTALS																

POST-OP DAY				ACTIVITY LEVEL CLASSIFICATION														
VITAL SIGNS	21	22	23	24	01	02	03	04	R E S P I R A T O R Y	TIME	0530	0730						
										MODE	SimV	SimV						
										F _O ₂	40	40						
										TV	700	700						
										RATE	10	10						
										PEEP	5	5						
										A	pH	7.26	7.315					
											PCO ₂	44.8	39.5					
											PO ₂	131	127					
										B	HCO ₃	20	20					
								SAT	98		99							
								G	BASE	-7	-6							
LABS	21 22 23 24 01 02 03 04								L A B O R A T O R Y	TIME	0530							
								GLUCOSE		139								
								Na/K		133 45								
								CU/CO ₂		114 22								
								BUN/Cr		8 0.9								
								WBC/PLATELET		186 86								
								Hct/Hgb		33.7 11.0								
O U T P U T								A C T I V I T Y	TIME									
									MOUTH CARE									
									BATH									
									SKIN CARE									
									FOLEY CARE									
									TRACH CARE									
									ROM EXERCISES									
								T U R N S U C T I O N										
								24 HOURS TOTALS				NURSE'S SIGNATURE		INITIALS				
								wt Yesterday		wt Today								
								INTAKE		OUTPUT								
								IV		Urine:								
								PO										
								TOTAL		TOTAL								
								BALANCE										