



0005-04-010140-00100

	3B 170	Dental	Tylenol (R)
	3B 170	Dental	Tylenol (R)
	3B 170	Sore throat / pain	Motrin / Capadol
	3B 170	Ear infection	Z-Pak (M)
	3B 169	Ear pain	Motrin
	3B 169	Joint pain	Motrin
(M)	3B 169	Dental	Aspirin (R)
(R)	3B 169	"	" (R)
	3B 169	Sore throat / dry lips	Cepacol
	3B 169	Sore throat	Cepacol
(R)	3B 169	Joint pain	Motrin
	3B 169	rash	Hydro. c.c.
	3B 168	rash	Allegra
	3B 168	Conjestion	Sudafed
	3B 167	wound / knee	Proctamin
(R)	3B 167	Dental	Aspirin (R)
	3B 167	bug bites	Proctamin
	3B 167	itchy eyes	eye drops
	3B 167	H/A	Motrin
	3B 167	Kidney pain	Motrin
	3B 176	back pain	Motrin
	TA 14	Constipation/wounds	bandage

For Official Use Only

94



7 Oct 03

HT 5' 6"

WT 167

Condition \* GSW (L) upper leg. Bullet still  
in (L) upper leg (medial side)

Meds - gave motrin 600mg  $\dot{\bar{t}}$  P.O. Q 4-6 has PEN

\* changed drsg (L) upper thigh.  
H<sub>2</sub>O<sub>2</sub> solution used to irrigate wound.  
Betadine swabs x 3 to clean.  
DSD, Kerlex and tape. Told  
prisoner we will check daily AT  
Compound P His release from  
Medical Hold E-Compound.

\* \* SEND TO E-Compound Medical Hold

100 18

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

3/1 primary care S: 42 y/o ♂ Detail - rechecked by CIO for complete  
 CFT minimal physical + history otherwise bms bf was elevated  
 BF - 138/110/114 today in clinic he denies any current chest pain  
 P - 107 moderate or worse changes  
 T - 99.1  
 R - 18 C) WOUND of NAU vs ↑ BP APPEARANCE GRIT - NC  
 Nails CN II - CA III, C4-T2 MOTOR + C2-S2 MOTOR GROSSLY INTACT  
 OTRs 2+  
 154 - 4 HEMPT - NC neck - supine i stone; thy o thyroid gland  
 FH - physical labors LOWES - CFA HEMPT - RAK 3 MUMMERS  
 SH - 6 CG 40 x 15 mm ASD - BOWEN frontal - 1 cm mass on (L) forehead "hairless" x 10 yrs  
 MED - NO CURRENT since brown home use  
 Allergies - NKD Rectal - no splinter tone NO PHONES OR HISTORY OF HEAD  
 Circulate - smooth symmetrical neg for nodules  
 CFT - MOVES ALL UPON also equal  
 150/100 P) 1. ↑ BP 2. Bulky forehead mass x 10yrs - possible CAC  
 3. otherwise nl PE  
 P) 1. F/U on site for number of checks  
 2. case and plan discussed with R through  
 interpreter

HOSPITAL OR MEDICAL FACILITY STATUS DEPART - SERVICE  
 SPONSOR'S NAME SSN ID NO RELATIONSHIP TO SPONSOR  
 PATIENT'S OVER - HEAD ON (For legend of location address over - Name - Last - First - Middle - IC No - SSN - Sex - Date of Birth - Rank - Grade)

NAME: [Redacted] RANK: [Redacted]  
 SSN: [Redacted] DOB: [Redacted]  
 UNIT: V C

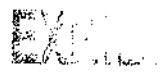
CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA 77-00

MEDICAL RECORD ID	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1 APR 04 S/P 156/98 T 98.4 P 100 96% SpO <sub>2</sub>	(S) 33 y/o ♂ schwaepnel scars to (L) shoulder and upper (R) arms. Hypertension and tachycardia probably circumstantial. Lungs clear and equal bilaterally.		
R 16	No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.		
	SGT (b)(6)-2 (b)(6)-2		
	Con con i above. (b)(6)-2 CPT (b)(6)-2 SP, P.A.-C		

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV 6-97)  
 Prescribed by GSA/JCMR  
 FIRM (41 CFR) 201-9-202-1



**For Official Use Only  
Law Enforcement Sensitive**

**0079-04-CID789**

Breathing: *WNL*

Circulation: *WNL*

Other:


**Blood Components**

Unit #	Type	Time	Response

**Vital Signs**

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
		110		98		

**Transfer Instructions:**

**NOTES:** *Fit for detention*

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**Prepared By:**

SPC *(b)(6)-2* 91W

**For Official Use Only  
Law Enforcement Sensitive**

IO:  
PE:

**For Official Use Only**  
**Law Enforcement Sensitive**  
(b)(6)-4

0079-04-CID789

**Primary Survey**

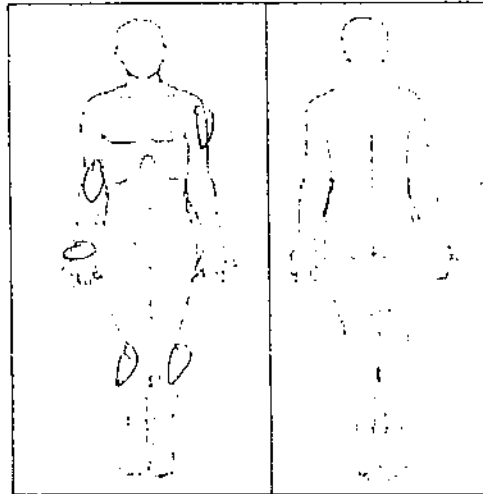
MHX:  $\phi$   
SHX:  $\uparrow$  BP, Diabetic,  $\phi$   
eds: 3P med, Papsid  
Allergies: Hay Fever

Airway: <u>Patent</u>	Mechanically maintained by
Breathing: <u>Spontaneous</u>	Assisted by
Circulation:	
Pulse: <u>Present</u>	Absent CPR
Color: <u>Normal</u>	Abnormal
Cap refill: <u>Normal</u>	Delayed

**Secondary Survey**

Initial Vital Signs: b/p 124/125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓



GLASCOW COMA		
EYES OPEN	Spontaneously	4
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	5
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
BEST MOTOR RESPONSE	Obeys Commands	6
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		15

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	1
	9-12	2
	6-8	3
	4-5	4
	3	5
SYSTOLIC BLOOD PRESSURE	$\geq 90$ mmHg	4
	76-89 mmHg	3
	60-75 mmHg	2
	41-59 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 /min	3
	20 /min	4
	6-9 /min	2
	3-5 /min	1
	None	0
TOTAL		12

**For Official Use Only**  
**Law Enforcement Sensitive**

For Official Use Only

AUTHORITY: 38 CFR 1.571

MEDICAL RECORD

Law Enforcement Sensitive

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

12 Apr 04

REPORT OF DETAINEE MEDICAL SCREENING:

@ 1108

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding, Ulcers, Chronic Bowel problems, Thyroid, etc.

Medication Allergies: (NO) (YES) List -

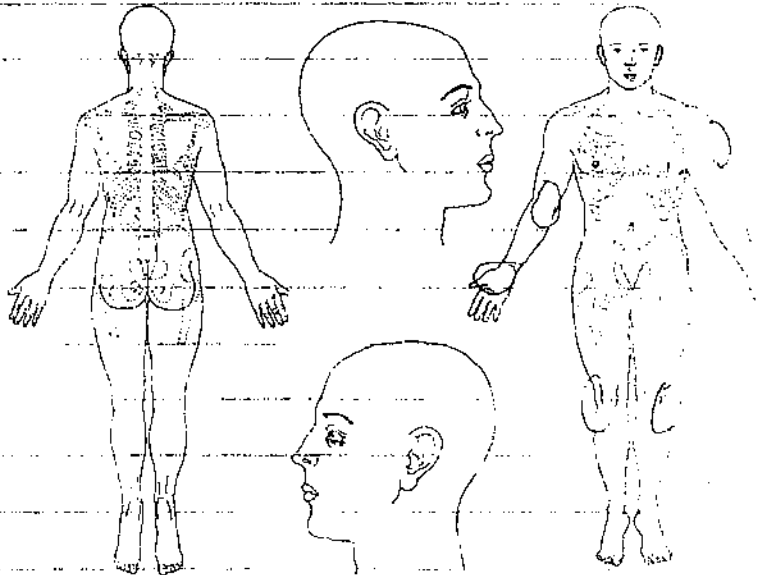
Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

BP meds, Pepcid

Recent Injuries: (NO) (YES) Describe - shrapnel scars to shoulder upper arms

Exam Findings: BP: 184/125 Pulse: 98 Resp: 18 Pulse ox 97% T 98.9

Utilize Diagram and Space Below to Indicate Examination Findings. If additional space required, continue on reverse



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART /SERVICE

RECORDS MAINTAINED

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

WARREN

Detainee (b)(6)-4

Name:

Last First Middle

Contact Number: 4-5 003

Date/Time of Detention: 11 APR 04

CHRONOLOGICAL RECORD OF MEDICAL CARE - Medical Record

STANDARD FORM 600 (REV. 10-1-87) Prescribed by GSA/ICMR FIRM (41 CFR, 201.9.2)

For Official Use Only Law Enforcement Sensitive



0282-01-110910

Primary Survey

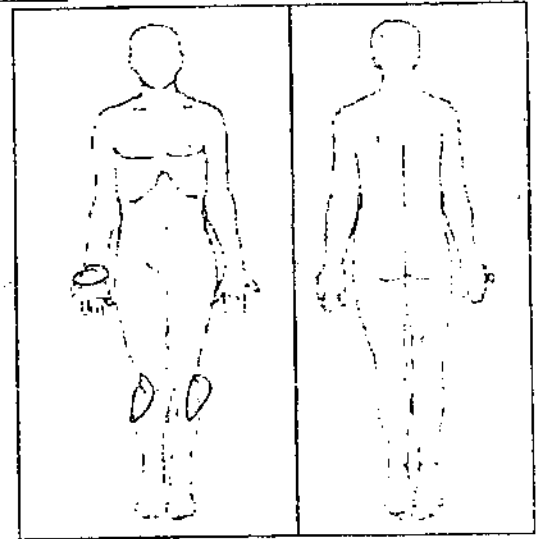
PMHX:  $\phi$   
PSHX:  $\uparrow$  BP,  $\Delta$  HR,  $\Delta$  RR  
Meds: BP med, Pepcid  
Allergies: Hay fever

Airway: Patent Mechanically maintained by \_\_\_\_\_  
 Breathing: Spontaneous Assisted by \_\_\_\_\_  
 Circulation:  
 Pulse: Present Absent CPR  
 Color: Normal Abnormal  
 Cap refill: Normal Delayed

Secondary Survey

Initial Vital Signs: b/p 84 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- GEN
- HEAD:
- NECK:
- HEARD:
- INGS:
- HEST:
- ABD:
- ELVIS:
- EXT:
- OCULAR:
- NEURO:



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
	None	0
BEST VERBAL RESPONSE	Oriented	<u>5</u>
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
	None	1
BEST MOTOR RESPONSE	Obeys Commands	<u>6</u>
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		<u>15</u>

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>3</u>
	9-12	3
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	>89 mmHg	<u>4</u>
	76-89 mmHg	3
	50-75 mmHg	2
	61-49 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 / min	<u>3</u>
	>29 / min	3
	6-9 / min	2
	1-5 / min	1
	None	0
	TOTAL	<u>12</u>

0700-02-010  
0700-02-010  
0700-02-010  
0700-02-010

Cathing: WNL

Circulation: WNL

Other:


**Blood Components**

Unit #	Type	Time	Response

**Vital Signs**

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
	/					
	/					
	/					
	/					
	/					
	/					

**Transfer Instructions:**

NOTES: Fit for detention

Prepared By:

SPC (b)(6)-2 91W

71

12

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING OFFICER, LOCATION (Sign each entry)

11 APR 04  
B/P 156/98  
T 98.4  
P 100 96% SpO2  
R 16

(S) 33 y/o ♂ SCISSOR SCARS TO (L) SHOULDER  
and upper (L) arms. Hypertension and  
tachycardia probably circumstantial. Lungs  
clear and equal bilaterally.  
No obvious external injuries present. Vital  
signs would indicate no internal injuries  
present. States he has no allergies or  
medical conditions for which he has  
been treated.

SGT (b)(6)-2  
(b)(6)-2  
GHW

Concern about

(b)(6)-2  
CPT (b)(6)-2  
SP, P.A.-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT./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  
FIRM (41 CFR) 201.9.202-1  
USA 2002 03

VIO:  
HPL:

(b)(6)-4

014-6  
A-22 N1 C10919

### Primary Survey

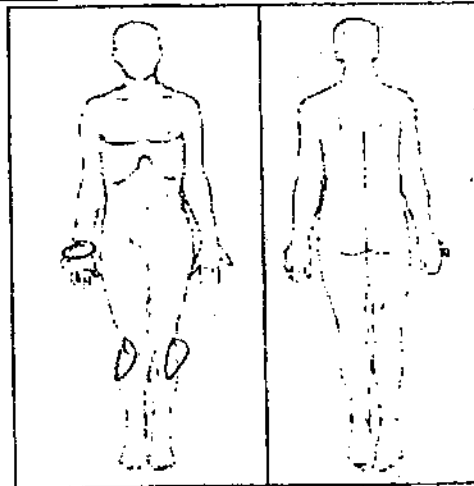
PMHX:  $\phi$   
PSHX:  $\uparrow$  BP, Diabetic,  $\Delta$   $\Delta$   
Meds: BP med, Pepcid  
Allergies:  $\Delta$   $\Delta$

Airway: <u>Patent</u>	Mechanically maintained by _____
Breathing: <u>Spontaneous</u>	Assisted by _____
Circulation:	
Pulse: <u>Present</u>	Absent CPR
Color: <u>Normal</u>	Abnormal
Cap refill: <u>Normal</u>	Delayed

### Secondary Survey

Initial Vital Signs: b/p 94 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- GEN:
- HEAD:
- NECK:
- HEART:
- LUNGS:
- BREAST:
- ABD: pain
- PELVIS:
- EXT:
- OCULAR:
- NEURO:



GLASCOW COMA		
EYES OPEN	Spontaneously	<u>4</u>
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	<u>5</u>
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
	None	1
BEST MOTOR RESPONSE	Obeys Commands	<u>6</u>
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	<u>4</u>
	9-12	3
	6-8	2
	4-5	1
SYSTOLIC BLOOD PRESSURE	>89 mmHg	<u>4</u>
	76-89 mmHg	3
	50-75 mmHg	2
	01-49 mmHg	1
	No pulse	0
	RESPIRATORY RATE	10-29 / min
	>29 / min	3
	6-9 / min	2
	1-5 / min	1
	None	0
TOTAL		<u>12</u>

Encl 4

56

athing: WNL

Circulation: WNL

Other:

Time	Dose	Dose	Route	Initials

**Blood Components**

Unit #	Type	Time	Response

**Vital Signs**

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
	/					
	/					
	/					
	/					
	/					
	/					

**Transfer Instructions:**

NOTES: Fit for detentran

Prepared By:

SPC (b)(6)-2 91W

End 4

57

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 APR 04 B/P 156/98 T 98.4 P 100 96% SpO <sub>2</sub>	(S) 33 yro ♂ schrapnel scars to (L) shoulder and upper (C) arms. Hypertension and tachycardia probably circumstantial. Lungs clear and equal bilaterally.
R 16	No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.
	SGT [Redacted] (b)(6)-2 [Redacted] (b)(6)-2 SP, P.A.-C
	Con con i above. [Redacted] (b)(6)-2 [Redacted] (b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written copies, 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. 8-97)  
 Prescribed by GSA/HCMR  
 FIRM (41 CFR) 201-9.202-1  
 USAFA 92 00

Encl 4  
 58

MEDICAL RECORD ID	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
1 APR 04	⑤ 33 yro ♂ schraped scars to (L) shoulder	
5/P 156/98	and upper (L) arms. Hypertension and	
T 98.4	tachycardia probably circumstantial - lungs	
P 100	76% SpO2 clear and equal bilaterally.	
R 16	No obvious external injuries present. Vital signs would indicate no internal injuries present. States he has no allergies or medical conditions for which he has been treated.	
	Sgt	(b)(6)-2
	Con con to above.	
		(b)(6)-2
	OPT (b)(6)-2	SP, P.A.-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION	(For: Typed or written address, city, state; 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. 5-97)  
Prescribed by GSA/ICMR  
FIRM 151 CFR 201-9.202-1 USAP 4/07

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Law Enforcement Sensitive

Time	Drug	Dose	Route	Initials
				0079-04-CID789

Breathing: WNL

Circulation: WNL

Other:

Blood Components

Unit #	Type	Time	Response

Vital Signs

Time	B/P	Pulse	Resp	Pulse Ox	Temp	GCS
		110		98		

Transfer Instructions:

NOTES: Fit for detention

Prepared By:  
SPC (b)(6)-2, 91W

For Official Use Only  
Law Enforcement Sensitive



IO:  
IP:

For Official Use Only  
Law Enforcement Sensitive

046

0079-04-CID789

### Primary Survey

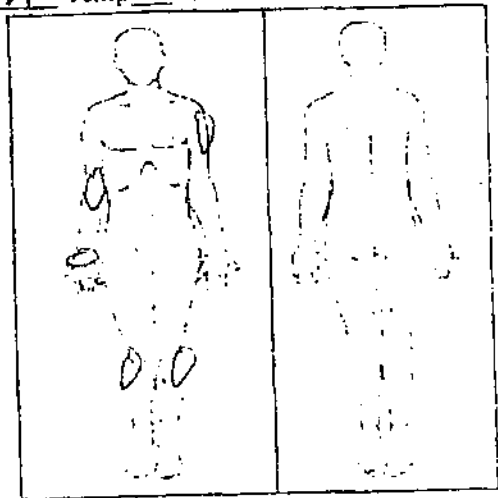
AHX:  $\phi$   
SHX: ↑ BP, Diabetic, ~~Reluctant~~  
Ieds: 3P needs, Pepsid  
Allergies: Hay Fever

Airway: <u>Patent</u> Mechanically maintained by _____
Breathing: <u>Spontaneous</u> Assisted by _____
Circulation:
Pulse: <u>Present</u> Absent CPR
Color: <u>Normal</u> Abnormal
Cap refill: <u>Normal</u> Delayed

### Secondary Survey

Initial Vital Signs: b/p 94 / 125 pulse 98 Resp 18 Pulse Ox 97 Temp 98.9

- FX ✓
- FAD ✓
- ECK ✓
- FARI ✓
- INES ✓
- HENT ✓
- DD ✓
- ELVIS ✓
- NE ✓
- OCAL ✓
- THRO ✓



GLASCOW COMA		
EYES OPEN	Spontaneously	4
	To Speech	3
	To Pain	2
	None	1
BEST VERBAL RESPONSE	Oriented	5
	Confused	4
	Inappropriate sounds	3
	Incomprehensible sounds	2
BEST MOTOR RESPONSE	Obeys Commands	6
	Localizes Pain	5
	Withdraws to Pain	4
	Flexes to Pain	3
	Extends to Pain	2
	None	1
TOTAL		15

Revised Trauma Score		
GLASCOW COMA TOTAL	13-15	4
	9-12	3
	6-8	2
	4-5	1
	3	0
SYSTOLIC BLOOD PRESSURE	>89 mmHg	4
	76-89 mmHg	3
	50-75 mmHg	2
	61-49 mmHg	1
	No pulse	0
RESPIRATORY RATE	10-29 /min	4
	20 /min	3
	6-20 /min	2
	<5 /min	1
	None	0
TOTAL		12

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Law Enforcement Sensitive

196  
Enc 3

For Official Use Only

Law Enforcement Sensitive  
CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORITY: 41 CFR 101-11.6

MEDICAL RECORD

DATE

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

12 Apr 04

**REPORT OF DETAINEE MEDICAL SCREENING:**

@ 1100

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding Ulcers, Chronic Bowel problems, Thyroid Dz

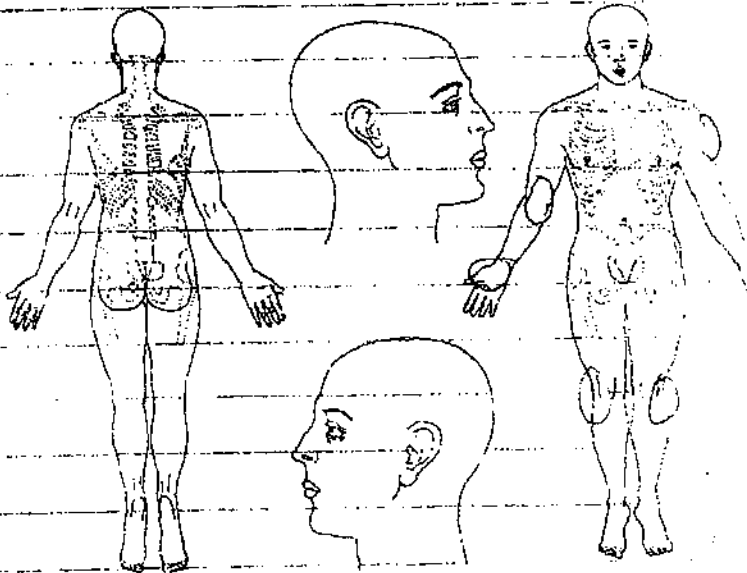
Medication Allergies: (NO) (YES) List -

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

BP meds, Pepsid  
Recent Injuries: (NO) (YES) Describe - Shrapnel scars to @ shoulder  
UPPER @ @ ARMS

Exam Findings: BP: 134/125 Pulse: 98 Resp: 18 Pulse OX 97% T 98.9

Utilize Diagram and Space Below to Indicate Examination Findings.  
If additional space required, continue on reverse



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART /SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION

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

REGISTER NO

WARD NO

Detainee (b)(6)-4  
Name:

Last, First Middle

Control Number: 4-5 003

Date/Time of Detention: 11 APR 04

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202

For Official Use Only  
Law Enforcement Sensitive

11  
Enc 3

(b)(3)-1

Name: (b)(6)-4

Age: 19

Date/Time of Exam: 20 July 2004

Type: Initial / Transfer / Release

CAMP CUERVO, BAGHDAD  
Last Revised: 11 JUL 04

HISTORY

Current illness:  $\emptyset$

PMHX/Hospitalizations/Surgeries/TB:  $\emptyset$

Allergies:  $\emptyset$

Medicines currently taken:  $\emptyset$

ETOH/Tobacco/Drug use:  $\emptyset$

EXAM T: 98<sup>5</sup> P: 76 R: 12 B/P: 122/80

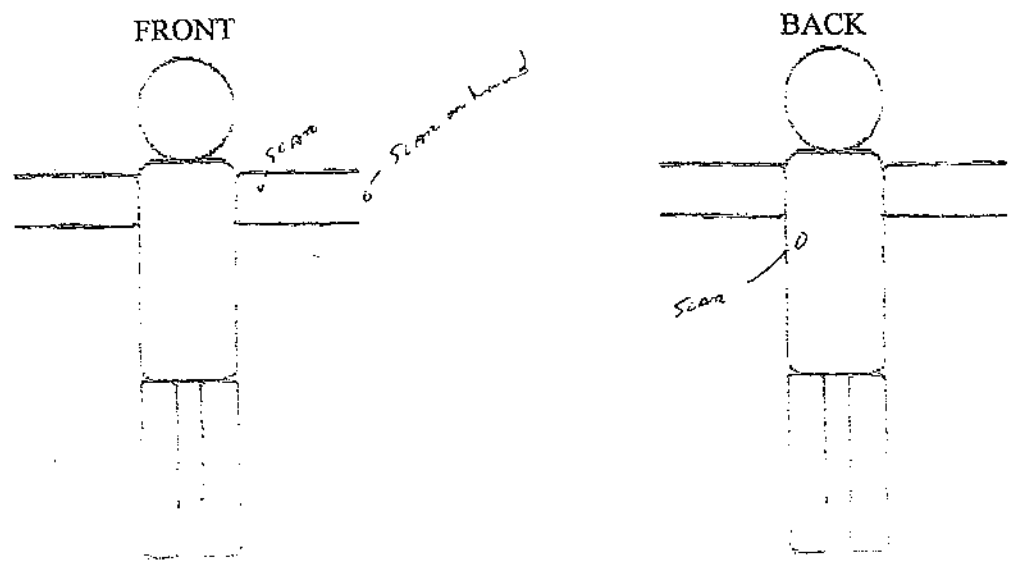
General: NAD w/ wnl A/G x 3 VSS

HEENT: NCAT, EOME; PERLA; TM mobile; Septum wnl; Throat clear

CX: <sup>Lungs</sup> CTR Bilat X6; H&Bnt; RAR

ABD: Benign

EXT: NNL



Is this detainee fit for interrogation / transfer / release? YES / NO

Notes:

Signature: *SAT* (b)(6)-2

*C. R. H.*  
00-32

**BHA MEDICAL SCREENING FORM**

Name: (b)(6)-4

(b)(3)-1

Age: 72

CAMP CUERVO, BAGHDAD

Date/Time of Exam: 28 Jul 04 1015

Last Revised: 11 JUL 04

Type: Initial / (Transfer) Release

**HISTORY**

Current illness: Detainee complains of having a fever; says he has no other symptoms. Detainee temperature was taken & his ~~temp~~ is 98.6.  
PMHX/Hospitalizations/Surgeries/TB:  $\emptyset$

Allergies:  $\emptyset$

Medicines currently taken:  $\emptyset$

ETOH/Tobacco/Drug use:  $\emptyset$

EXAM T: 98.6 P: 92 R: 14 B/P: 138/84

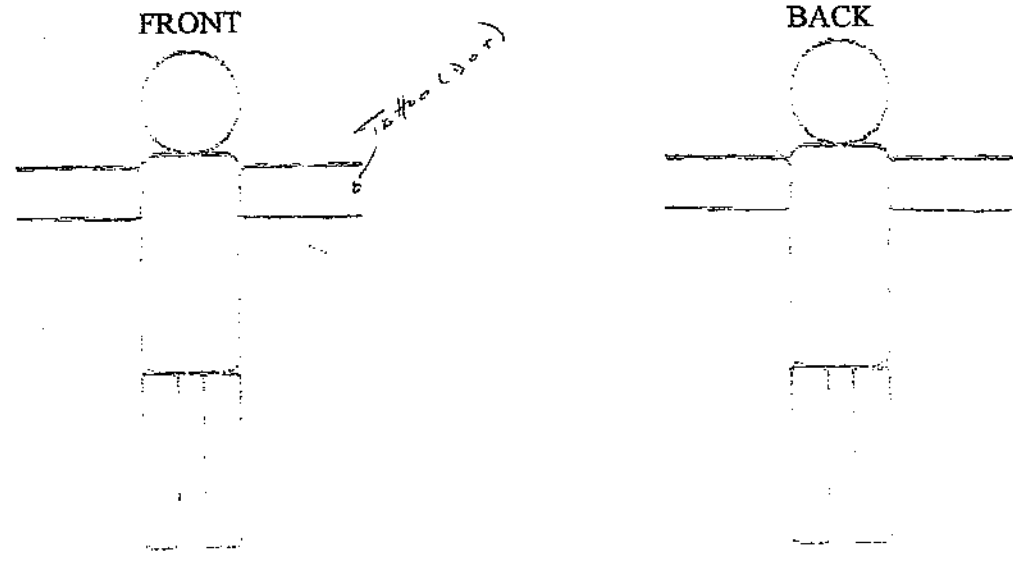
General: pt NPO WD/wr 4x3

HEENT: NCRT; EOMV, PERRL, Tympanic, Septum mid, throat clear

CX: CTA Bilateral; Heart: clear

ABD: Benign

EXT: wnl



Is this detainee fit for interrogation / (transfer) / release? YES / NO

00-52  
7/19/04

History and Physical Exam Form 0262-04-R 10 254-8024

Name: (b)(6)-4

Date: 30 JUL 2001

ISN: (b)(6)-4

VS: BP: 135/75

Pulse: 84

Resp: 24

Temp:

Height: 5'11"

Weight:

DOB: 1930 AGE: 74

Gender: Male / Female

Complaint: Acute:

Chronic:

PMH: DM HTN STD TB

Hosp:

Surg: (P) 4/2000 Sept 1987

Medications:

Allergies: NKSA

Soc Hx: Tobacco Y (N) PPDs \_\_\_\_\_ Yes

EIOH: NO

ROS: HEENT: → H reports he was struck in the (R) eye in 1987. PULM: he reports this was done by coalition force 2 days ago. GU: 390. OB/GYN: MS: NEURO: DERM: ENDO: PSYCH: V. Neurologist - 10/90 - 0

CXR: Normal / Abnormal Findings:

PPD: Date placed: / / Date read: / / mm

Immunizations: (given at this time)

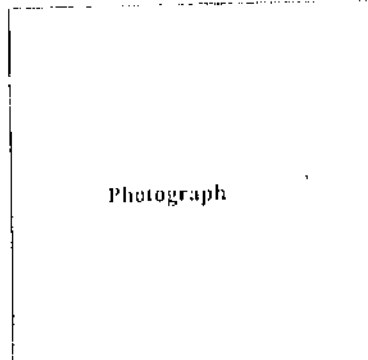
MMR Td Typhoid Polio

Influenza Meningococcal

Physical Exam:

Handwritten notes: B 600, (P) Echymosis, (O) (O)

HEENT: Normal / Abnormal CV: Normal / Abnormal PULM: Normal / Abnormal GI: Normal / Abnormal GU: Normal / Abnormal OB/GYN: Normal / Abnormal (N/A) MS: Normal / Abnormal NEURO: Normal / Abnormal DERM: Normal / Abnormal ENDO: Normal / Abnormal PSYCH: Normal / Abnormal



Comments / Findings:

In addition he reports being struck in the right thigh 2nd time...

Impression: 1. Alleged Abuse 2. Echymosis to (R) eye consistent

2. possible trauma

Plan: 1. Refer to OED 2. E/C PRN 3. P/B...

Plan discussed @ length of pt through...

Provider Signature:

Printed Name / Stamp:

(b)(6)-2

PA C.

(b)(6)-2

PA-C

1LT, SP USA

For Official Use Only / Law Enforcement Sensitive

Handwritten notes at bottom right: 10/2001, 10/2001, 58

History and Physical Exam Form

Name: (b)(6)-4  
ISN: (b)(6)-4  
DOB: 1984 AGE: 20

Date: 30 Jan 04  
VS: BP: 143/79  
Pulse: 79  
Resp: 14  
Temp:  
Height: 5'10"  
Weight: 171lb

Gender: Male / Female

Complaint: Acute:  
Chronic:

PMH: DM HTN STD TB  
Hosp:  
Surg: none

Medications: none

Allergies: none

Soc Hx: Tobacco Y/N PPDs \_\_\_\_\_ yrs  
EtOH - none

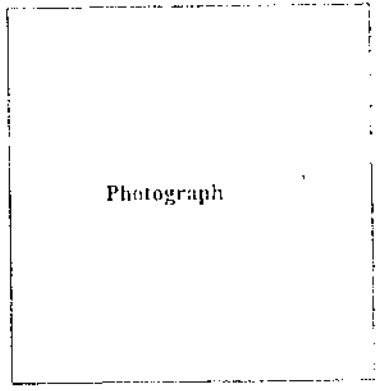
ROS: HEENT: - Pt reports he was struck  
CV: in the head with the butt  
PULM: of a weapon by coalition forces  
GI: in addition he was kicked  
GU: in the head.  
OB/GYN:  
MS:  
NEURO:  
DERM:  
ENDO:  
PSYCH:

CXR: Normal / Abnormal Findings:  
PPD: Date placed: / /  
Date read: / /  
mm

Immunizations: (given at this time)  
MMR Td Typhoid Polio  
Influenza Meningococcal

Asym (C) Physical Exam:  
ecchymosis on C Temporal aspect

HEENT: Normal / Abnormal  
CV: Normal / Abnormal  
PULM: Normal / Abnormal  
GI: Normal / Abnormal  
GU: Normal / Abnormal  
OB/GYN: Normal / Abnormal (NA)  
MS: Normal / Abnormal  
NEURO: Normal / Abnormal  
DERM: Normal / Abnormal  
ENDO: Normal / Abnormal  
PSYCH: Normal / Abnormal



Comments / Findings:

Impression: 1. Alleged Abuse ? (C) ecchymosis on C temporal aspect

Plan: Re R. E. PPD ? F/U PRN

Provider Signature: (b)(6)-2

Printed Name / Stamp: (b)(6)-2 PA-C  
TLT, SP USA

EX-101 9-80

09 67 - AUTHORIZED FOR REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

1 Apr 04  
2040  
2/12 CAU

REPORT OF DETAINEE MEDICAL SCREENING:

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding  
~~2-30 ulcers~~ ~~20200 ulcers~~ ~~20200 ulcers~~ ~~20200 ulcers~~  
Ulcers, Chronic Bowel problems, Thyroid Dz  
Medication Allergies: (NO) (YES) List - started 2-3 Dago

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

Unknown med for abd pain

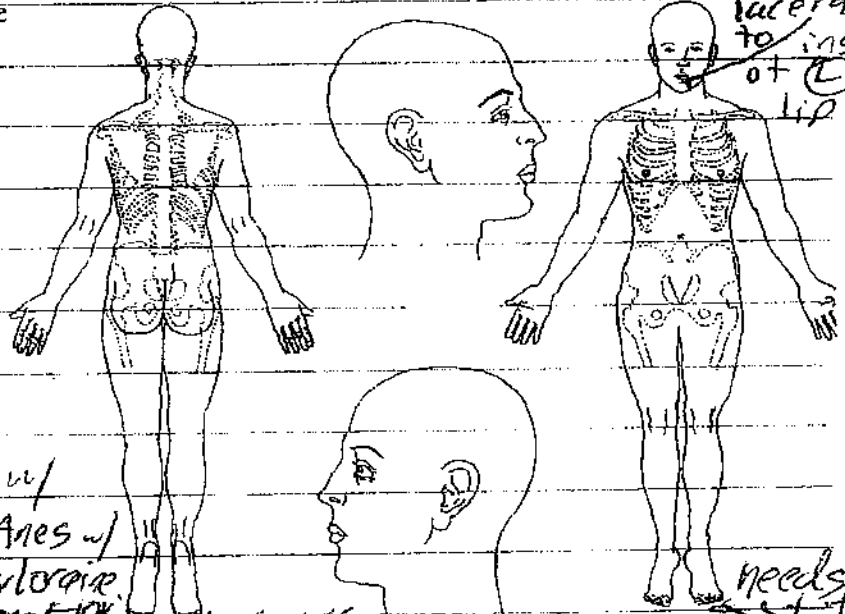
Translator available

Recent Injuries: (NO) (YES) Describe -

Exam Findings: BP: 120/100 Pulse: 88 Resp: 18

Utilize Diagram and Space Below to Indicate Examination Findings.

If additional space required, continue on reverse



4-5 cm laceration to ins of lip

Procedure - sutured inner lip laceration w/ 4 stitches, S-O nylon. Anes w/ 3cc Zylorair

(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

(b)(6)-2

(b)(6)-2

(b)(3)-1

Name/Rank/Unit of Serv

HOSPITAL OR MEDICAL FACILITY

STATUS

ENDDATE

RELATIONSHIP TO SPONSOR

RECORDS MAINTAINED AT

(b)(6)-2

REGISTRATION

REGISTER NO

WARD NO

Division

Room

(b)(6)-4

Last

Middle

Serial Number

Date Time of Detention

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record  
STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/CMR  
FIRM (41 CFR) 201.9.202-1

FORM 600

0261-04-CID259-80291

HEALTH RECORD      DETAINEE PREINTERROGATION EVALUATION

DATE: 20A p104      PATIENT COMPLAINT/INTERROGATOR CONCERNS:      ALLERGIES: NKDA

BP: 138/78      PT is 56 y/o M; was struck during      MEDICATIONS:  $\emptyset$

P: 69      worst broken front tooth + cut lip      SOCHx: Tob:  $\emptyset$

R: 14      Was taken to hospital, report filed      ETOH:  $\emptyset$

TEMP:

WEIGHT: 82kg      O: GENERAL: Normal Abnormal

HEENT      Normal Abnormal *peeling laceration lower lip; chipped front tooth*

NECK      Normal Abnormal      FSHX:  $\ominus$

LUNGS      Normal Abnormal

PMHX: (CIRCLE)

HTN  $\ominus$       CARD Normal Abnormal

DM  $\ominus$       ABD Normal Abnormal

TB  $\ominus$       EXT Normal Abnormal

CAD  $\ominus$

A/P: *D&L exam X as noted*

Hep A, Hep B, MMR, Td: Given      Patient Refused

(b)(6)-2

*MMR, of, D&L, H*

ISN: (b)(6)-4      SEX: M

CAMP: *24ACI-6*

DOB: *7/11/1947*

*32.6*



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

1 Apr 04  
2040  
2/12 CAU

REPORT OF DETAINEE MEDICAL SCREENING:

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding  
C/O abd pain white walking 202000 steps  
Ulcers, Chronic Bowel problems, Thyroid Dz  
Medication Allergies: (NO) (YES) List - started 2-3 days

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)  
Unknown med for abd pain

transfer available

Recent Injuries: (NO) (YES) Describe -

Exam Findings: BP: 120/100 Pulse: 88 Resp: 18

Utilize Diagram and Space Below to Indicate Examination Findings.  
If additional space required, continue on reverse

abd - S/W/ND NABS

Procedure - sutured  
inner lip laceration w/  
4 stitches, S-O nylon. Anes w/

300 Zylorel  
(FIT) UNFIT For Confinement  
(Does) (Does Not) Require Further Eval  
specified on 5-10-04  
needs prescription

Name/Rank/Unit of Screener (b)(6)-2 (b)(3)-1 (b)(6)-2  
CPT MC

HOSPITAL OR MEDICAL FACILITY STATUS  
SPONSOR'S NAME SSN/ID NO RELATIONSHIP TO SPONSOR  
RECORDS MAINTAINED AT  
Monitor

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)  
Detainee Information: Name (b)(6)-4  
Control Number: \_\_\_\_\_  
Date-Time of Detention: \_\_\_\_\_

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV 8-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9 202-1  
USAPA 2/00

HEALTH RECORD DETAINEE PREINTERROGATION EVALUATION

DATE: 00A p 104  
 BP: 138/78  
 P: 69  
 R: 14

PATIENT COMPLAINT/INTERROGATOR CONCERNS:  
 PI no 56 x D O; was struck during  
 assault broken front tooth + cut lip  
 Was taken to hospital, report filed

ALLERGIES: NK/A  
 MEDICATIONS:   
 SOCBx: Tob:   
 ETOH:

TEMP:  
 WEIGHT: 82kg

O: GENERAL:	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
HEENT	<input type="radio"/> Normal	<input checked="" type="radio"/> Abnormal
NECK	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
LUNGS	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
CARD	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
ABD	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal
EXT	<input checked="" type="radio"/> Normal	<input type="radio"/> Abnormal

PMHX: (CIRCLE)  
 HTN   
 DM   
 TB   
 CAD

HEENT: *peeling laceration  
 above lip;  
 chipped front tooth*

SEX:

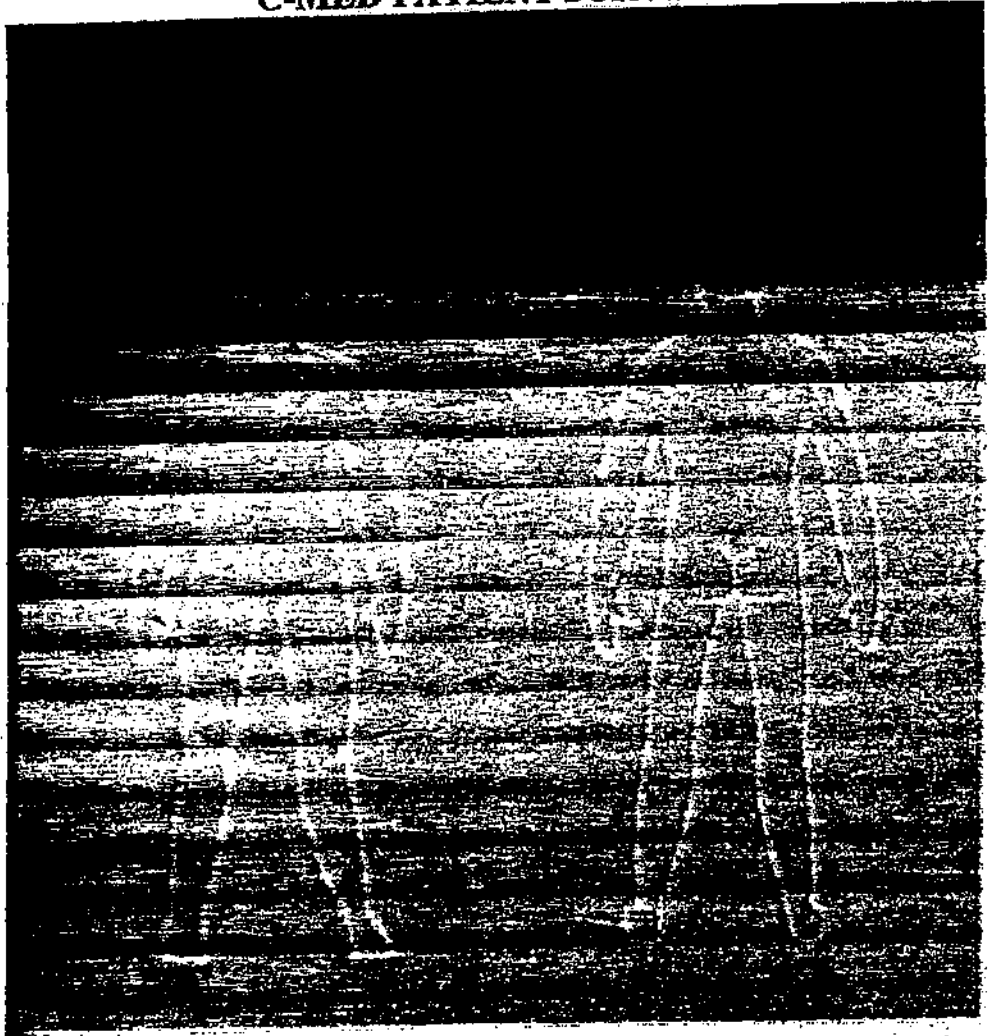
A/P: *Dental exam X as noted*  
 Hep A, Hep B, MMR, Td:  Given  Patient Refused

(b)(6)-2

*USA, of, USA*

ISN: (b)(6)-4  
 CAMP: *Garci-6*  
 DOB: *7/1/1947*  
 SEX: *M*

0226-04-CID899-  
C-MED PATIENT SURVEY



Description:

- #1 - ⑤ wrist abrasions 2 erythema posterior/anterior
- #2 - ⑤ knee scar ⑤ LLR
- #3 - ⑤ knee abrasion ⑤ scapula medial
- #4 - ⑤ knee scar lateral patella
- #5 - ⑤ knee scar inferior patella
- #6 - ⑤ abrasion ⑤ lateral ribcage ~ #4-5

SGT (b)(6)-2 916201  
Medic

(b)(6)-2  
1LT MLNPA P4

Date/Time *07/14/04 1145*

- #7 - sm circular ⑤ x ⑤ abrasion top of nose between eyes on ⑤ lateral side

(b)(3)-1

DETAINEE MEDICAL SCREENING FORM

DATE: 17 July 04 - 1145

(b)(6)-4

(b)(6)-4

AGE: 20 HEIGHT: 5'5" WEIGHT: 110 lbs

ALLERGIES:  NO  YES: NKDA

MEDICATIONS: none

MEDICAL HISTORY:  ASTHMA  DIABETES  HEART DISEASE  TUBERCULOSIS  OTHER INFECTIOUS

DISEASES: none  OPIUM USE

SMOKER:  YES  NO

EXAM:

P: 88 BP: 122/82 APPEARANCE:  HEALTHY  MALNOURISHED  ILL

HEENT: PERUA EOME, OR clear CHEST: CTA

CV: PRR ABDOMEN: soft, nt, nd

MS: FARDM in all extremities SKIN: dry, warm

DENTAL: dental trauma, teeth intact

GENERAL ASSESSMENT: healthy male; aware of surroundings; ready for questioning

SIGNED: SGT (b)(6)-2 91W20 MEDICAL OFFICER: LT (b)(6)-2 (MC, DC, MS) AAC/ly

SICK CALL:

DATE	COMPLAINT	DX/TX

DISCHARGE NOTE:  NO CHANGE IN HEALTH STATUS DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ (CLS, 91W) MEDICAL OFFICER: \_\_\_\_\_ (MC, DC, MS)

7 July 04 Pre-interrogation  
330 healthy male OAS  
GT (b)(6)-2 91W20  
1 July 04 Post-interrogation

(b)(3)-1  
[Redacted Box]  
DETAINEE MEDICAL SCREENING FORM

DATE: 17 JUL 04 - 1114  
NAME: (b)(6)-4 AGE: 34 HEIGHT: 5'5" WEIGHT: 193 lbs

ALLERGIES:  NO  YES: PCN  
MEDICATIONS: ASA (children's), [Redacted] SGT - OKidney Removed - 2mo ago

MEDICAL HISTORY:  ASTHMA,  DIABETES,  HEART DISEASE,  TUBERCULOSIS,  OTHER INFECTIOUS  
DISEASES:  OPIMUM USE GERO  Kidney pt - 3 days

SMOKER:  YES  NO

EXAM:

P: 112 BP: 150/108 APPEARANCE:  HEALTHY,  MALNOURISHED,  ILL  
HEENT: periorbital edema, MM dry, rhinorrhea. CHEST: CTA -  $\Phi$  dyspnea; good air x- $\Delta$   
CV: RRR  $\Phi$  mlgtr. ABDOMEN: SOFT,  $\Phi$  BS,  $\Phi$  TTP generalized 2<sup>o</sup> being struck stck  
MS: neck pt; FALL on (minors) SKIN: dry - see chest for integ assessment/pocus  
DENTAL: poor dentition  $\Phi$  numerous caries

GENERAL ASSESSMENT: 1) Multiple Abrasions, Contusions, Ecchymosis 2) Solitary Kidney -  $\Phi$  3) GERO  
4) Volume depletion

SIGNED: SGT (b)(6)-2 [Redacted] (CLS, 91W) MEDICAL OFFICER: [Redacted] (MC, DC, BS) PAC, SP 17 JUL 04 1130am

SICK CALL:

DATE	COMPLAINT	DX/TX
17 JUL 04	initial assessment, w/BB vUA & initial IV NS x 2 liters slowly - dt solitary kidney, volume depletion & multiple areas of ecchymosis. Rx Tylenol 325mg IT q 4h $\Phi$ D16 <sup>o</sup> , also Rx Fentanyl Zantac 150mg q 12h E-Turns PCN	(b)(6)-2
18 JUL 04	0730hrs - re-assessed pt - generalized edema/pt 2 <sup>o</sup> multiple contusions, abrasions & AP since yesterday -	(b)(6)-2 PAC, SP

25 21 July AI (AC) detainee in good condition [Redacted]  
25 21 July Post MI (M) CHANGE IN HEALTH STATUS [Redacted]

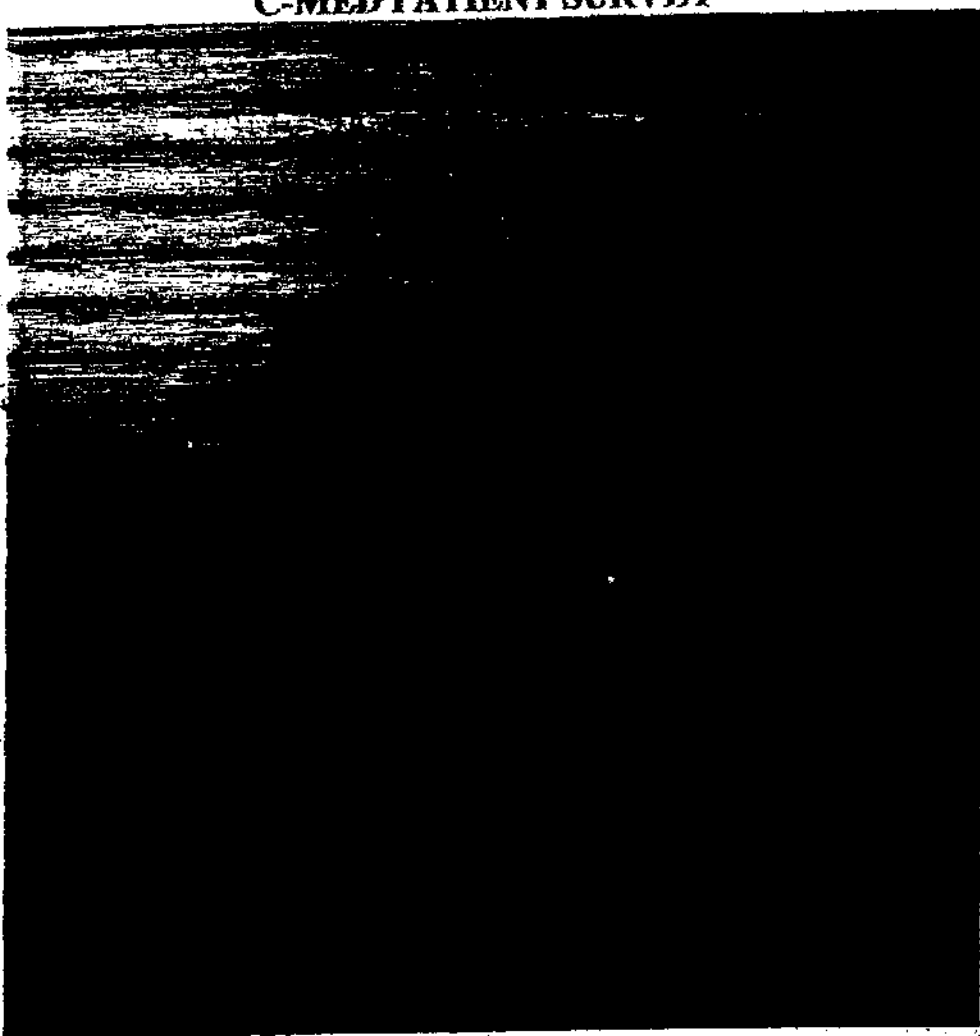
DISCHARGE NOTE:  NO CHANGE IN HEALTH STATUS DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ (CLS, 91W) MEDICAL OFFICER: \_\_\_\_\_ (MC, DC, MS)

6/04  
Re-Int - NO change  
SE-Int - NO change

*T. N. Faller*

### C-MED PATIENT SURVEY



*See E. Taylor  
ATTN: NLS  
to check*

*See NLS  
for info*

*5*

**Description:**

- 1 - ecchymosis of various stages of healing - remains more hyperemic
- 2 - oblong ~ 2" dark blue/black contusion - appears older than superficial ecchymosis
- 3 - various shades of ecchymosis noted to (D) forehead, (D) pericetab, & nose
- 4 - healing superficial circular abrasions 3 surrounding eye/eye
- 5 - med amt hyperemic ecchymosis/contusions over majority of posterior trunk
- 6 - ~ 10-12" linear soon (D) flank to posteriorly - will heal - 2° removed of "hard" kidney 19/03
- 7 - ~ 3" dark ecchymosis (D) buttock

SGT (b)(6)-2 91W20  
Medic

ILT (b)(6)-2  
MD/PA 17 July 04 1100hr

Date/Time 17 July 04 - 1114

G-2

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 30 Apr 04  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: Annah  
COMPOUND:  
DOB: 1982  
ISN: (b)(6)-4  
AGE: 22

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?  
*shot in (L) arm hit repeatedly with rubber hose in bilateral shins shocked electrical currents on @ lower leg and bilateral sides of torso x 15 days ago for 3 days => beaten by Kurdish, Iraq, linguist hung him*  
2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED?  
*No*

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES  NO  
B) HAVE YOU BEEN COUGHING BLOOD? YES  NO  
C) HAVE YOU BEEN LOSING A LOT OF WEIGHT? YES  NO

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):  
*none => 2 weeks ago much stress he shot by in @ should (suicidal) highly shot his brother. self*

4) MEDICATION:  
*unknown pill for mental disorder*

5) ARE YOU ABLE TO WAIT UNASSISTED? YES  NO  
6) ARE YOU ABLE TO FEEL YOURSELF? YES  NO  
7) ALLERGIES: *none*

8) PULSE: 115 BLOOD PRESSURE: 110/84 RESPIRATORY RATE: 16  
WEIGHT: 182 lbs HEIGHT: 5'10"

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO BN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

MD/PA FOLLOW UP NOTE DATE: 4 MAY 04

ASSESSMENT:  
*refer to SF 600*  
*dated 4 MAY 04*  
RECOMMENDATIONS:

1043  
36

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, D	DIAGNOSIS, TREATMENT, TREATING ORGANIZATION	(Sign each entry)
4 MAY 04	S) 20 y/o ♂ A	was referred by medic for evaluation	
	He reports he	shot x 2 in R + L ARM. and	
01 143/83	was beaten by	British Army.	
P 89	S - ↓ sleep		
T 98.6	I		
R 16	G (↑) feelings	guilt	
	G - ↓ energy		
	C - difficulty	concentration	
PMH	A - φ		
PH - φ	P -		
PH - single	Attemp S - (⊕) suicidal	attemp x 1 yr with 1 attempt. He shot himself	
SH - smoker			
MBD -	0) GAWD ♂ MIA	UNABLE TO APPRECIATE S assistance	
Allergies - None	NEURO: CN II	GROBLY INTACT (D)	
	AROM	2/22 → GAWD ♂ MIA	
	HEENT - NL	HE - supple & scleropathy	LUNGS - CRT (B)
	HEENT - RRR	HE - BENIGN	OS/HTS - NL
	A) 1. Depression ⊖	HEENT - NL	
	2. ? P/sy (B)	HEENT - NL	
	P) 1. STAB ZOLOFT	HEENT - NL	
	2. P/L in 2c	HEENT - NL	

HOSPITAL OR MEDICAL FACILITY	Scored ID 30	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME		RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION	(For typed or written entries, give: Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
--------------------------	--	--------------	----------

ISN: (b)(6)-4

COMPOUND: GANCI 2

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

2003

5 . 97



MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 MAY 04	22 y/o MALE RETAINED here for F/U of ⓑ Leg palsy He reports much improvement
BP - 138/70	
P - 103	a) UNWO ♂ N/A VS STABLE APOBILK
T - 100.1	LOWER EXT - FROGS 6000 MS 4/3 ←
R - 18	ⓐ PROM ♂ PAIN NOG AROM
	A) 1 ⓑ leg palsy returning
	P) 1. Continue to physical PT 2. F/U in 2-3 wks
	<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; text-align: center;">(b)(6)-2</div> <div style="text-align: right; margin-top: 5px;">PA-C</div>
	ICT, SP USA

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

ISN # (b)(6)-4

COMPOUND # G2

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

7043

38

G-2

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 30 Apr 04  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: Hannah  
COMPOUND: NO  
DOB: 1982  
ISN: (b)(6)-4  
AGE: 22

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?  
*shot in (L) arm hit repeatedly with rubber hose in bilateral  
skins (shocked w electrical currents) on (R) lower leg and bilateral  
sides of torso x 15 days ago for 3 days => beaten by Kurdish, Iraqi  
linguist hung him*  
2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED?  
*No*

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES  NO  
B) HAVE YOU BEEN COUGHING BLOOD? YES  NO  
C) HAVE YOU BEEN LOSING A LOT OF WEIGHT? YES  NO

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):  
*none => unsound, go much stress he shot in (L) shoulder (suicidal) highly. Shot his brother. etc*

4) MEDICATION:  
*unknown pill for mental disorder*

5) ARE YOU ABLE TO WALK UNASSISTED? YES  NO  
6) ARE YOU ABLE TO FEED YOURSELF? YES  NO  
7) ALLERGIES: *none*

8) PULSE: 115 BLOOD PRESSURE: 110/84 RESPIRATORY RATE: 16  
WEIGHT: 182 lbs HEIGHT: 5'10"

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO BN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

**MD/PA FOLLOW UP NOTE** DATE: 4 MAY 04

ASSESSMENT: *refer to SF 600*  
*dated 4 MAY 04*  
RECOMMENDATIONS:

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
4 MAY 04	S) 10 y/o ♂	referred by medic for evaluation. He reports he was shot x 2 in R + L ARM. and
01 143/83	was beaten by	Turkish Army.
P 89	S - ↓ sleep	
T 98.6	I	
R 1b	G (feelings)	guilt
	C - ↓ energy	
	C - difficulty	concentration
PMH	A - ♂	
PCH - ♂	P -	
PH - single	S - (+) suicidal	thought x 1 yr with 1 attempt. He shot himself
SIT - smoker		
MED -	O) wound ♂	unable to appreciate assistance
Allergies - None	NEURO: CN III	GROSSLY IMPAIRED (D)
	AROPH	→ COORDS + ANKLE
	HEENT - NL	supple ♂ stenopathy LONGS - CA (B)
	HEENT - RR	CONSENSUS - NL MOUTH & TONGUE
	A) 1. Depression	mental deterioration
	2. ? Palsy (B)	OR 2 <sup>o</sup> TRAUMA (b)(6)-2
	P) 1. STAB WOUNDS	3, CASE #
	2. P/U in 20	or

(b)(6)-2

1LT SP USA

HOSPITAL OR MEDICAL FACILITY	SCORES 10 5x	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give Date of Birth; Rank/Grade)	NO. - last, first, middle; ID No or SSN, Sex.	REGISTER NO.	WARD NO.

ISN: (b)(6)-4

COMPOUND: GANCI 2

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

100 12

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 MAY 49 BP-138/70	22 y/o MALE DETAINED here for F/O of B leg palsy He reports much improvement
P-103	b) UNWO ♂ NHO VS STABLE AFFABLE
T-100.1	lower ext - FEEL GOOD AS 4/5
R-18	AND: (C) P ROM TO PAIN NEG ARM
	a) 1 B leg palsy returning
	p) 1. Continue to physical PT 2. F/O in 2-3 wks
	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;">(b)(6)-2</div> <p style="text-align: center;">1CT, SP USA</p>

PA-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	MID 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.

ISN # (b)(6)-4

COMPOUND # G2

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

13

HEALTH RECORD  
DETAINEE PRE-INTERROGATION EVALUATION

DATE: 20 June 04  
BP: 118/62  
P: 78  
R:  
WEIGHT: 94kg  
O: *[scribble]*

PATIENT COMPLAINT / CONCERNS:  
24 year old male c/o h/o anxiety d/o,  
B/h/o suicidal gestures. Pt is c/o today.

ALLERGIES:  
MEDS:  
Soc Hx: Tob: ETOH: *[scribble]*  
PSHx:

GENERAL: Normal Abnormal  
HEENT: Normal Abnormal *[scribble]*  
NECK: Normal Abnormal  
LUNGS: Normal Abnormal  
CARDIAC: Normal Abnormal  
ABDOMEN: Normal Abnormal  
EXTREMITIES: Normal Abnormal

PMHX:  
HTN: Y   
DM: Y   
TB: Y   
CAD: Y

A/P: *[scribble]*

① healing abrasion ② wrists  
③ distal radius ④ distal  
radius & prox 1st, 2nd MC  
⑤ edema, ecchymosis, ⑥ TTP  
⑦ nail anterior tibia

MA Hep A, Hep B, MMR, Td: Given / Patient Refused

anxiety d/o  
treated w/ Valium  
PRN

① Pain ② LE & ③ wrists  
- X rays ordered to r/o fx. Abrasions healing well.  
- Motrin 400 mg q 4-6" prn pain  
② Anxiety d/o  
- Ativan 1mg po B20 prn anxiety

(b)(6)-2  
(b)(6)-2  
CAPT, USAF, MC

Family Practice Physician

ISN: (b)(6)-4  
CAMP: *[scribble]*  
DOB: Y1/1990  
SEX: *[scribble]*

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Law Enforcement Sensitive

0222-04-CID25980256

0080-04-CID789

ing exam, physical finding on constant Oley noted. PA states  
had not made previous report of injuries, statement taken  
day.

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Law Enforcement Sensitive

0080-04-CID789

NSN 7540-00-834-4176

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

20 June 04

Order

① Ativan 1 mg po B.E.D per anxiety

② Xray (L) LE, (L) wrist & hand, (R) wrist to rule out fracture.

③ Motrin 400 mg po q 4-6 prn pain

(b)(6)-2  
(b)(6)-2  
CPT (b)(6)-2 M.D.

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

RECORDS MAINTAINED AT:		
NAME (b)(6)-4	SEX M	RELATIONSHIP TO SPONSOR
STATUS	RANK/GRADE	SPONSOR'S NAME
ORGANIZATION	DEPARTMENT / SERVICE	SSN IDENTIFICATION NO.
DATE OF BIRTH 7/1/1980		

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

0222-04-CID259-80256

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 June 04	DETAINEE IN-PROCESSING MEDICAL SCREEN
	SUBJECTIVE: AGE <input checked="" type="radio"/> M / <input type="radio"/> F      DOB:
	ANY NEW MEDICAL ILLNESS OR INJURY? <u>NO</u>
	ANY HISTORY OF TB?    YES / <input checked="" type="radio"/> NO    IF YES, WHEN AND HOW WERE YOU TREATED?
	COUGH > 2 WEEKS?    YES / <input checked="" type="radio"/> NO
	COUGHING UP BLOOD:    YES / <input checked="" type="radio"/> NO
	ANY WEIGHT LOSS? <input checked="" type="radio"/> YES / <input type="radio"/> NO    IF YES, HOW MUCH AND IN WHAT TIME FRAME? <u>3 kilo, 6<sup>mo</sup></u>
	ANY HISTORY OF HTN?    YES / <input checked="" type="radio"/> NO
	ANY HISTORY OF CAD?    YES / <input checked="" type="radio"/> NO    IF YES, ANY HISTORY OF MI?    YES / <input type="radio"/> NO    WHEN?
	ANY HISTORY OF DM?    YES / <input checked="" type="radio"/> NO    IF YES, HOW LONG?
	ANY CHRONIC MEDICAL CONDITIONS NOT MENTIONED ABOVE?    YES / <input checked="" type="radio"/> NO
	CURRENT MEDICATIONS: <u>NO</u>
	MEDICATION ALLERGIES: <u>NKA</u>
	ABLE TO WALK UNASSISTED? <input checked="" type="radio"/> YES / <input type="radio"/> NO    ABLE TO FEED YOURSELF? <input checked="" type="radio"/> YES / <input type="radio"/> NO
	ANY MISTREATMENT SINCE BEING DETAINED?    YES / <input checked="" type="radio"/> NO
	HISTORY OBTAINED THROUGH TRANSLATOR? <input checked="" type="radio"/> YES / <input type="radio"/> NO    NAME: <input type="text" value="(b)(6)-7"/>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Race; Height; Weight)

<input type="text" value="(b)(6)-4"/>	REGISTER NO.	WARO NO.
---------------------------------------	--------------	----------

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



DATE

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

OBJECTIVE:

HEIGHT: 66" WEIGHT: 178

BP: 170/80 PULSE: 80 RESP: 18 O2%: TEMP:

(b)(6)-2

MEDICS SIGNATURE:

HME

(b)(6)-2

HME

REFER TO PA OR MD IMMEDIATELY IF:

CURRENTLY HAVING CHEST PAIN, ABNORMAL MENTAL STATUS OR ANY OTHER CONCERNS

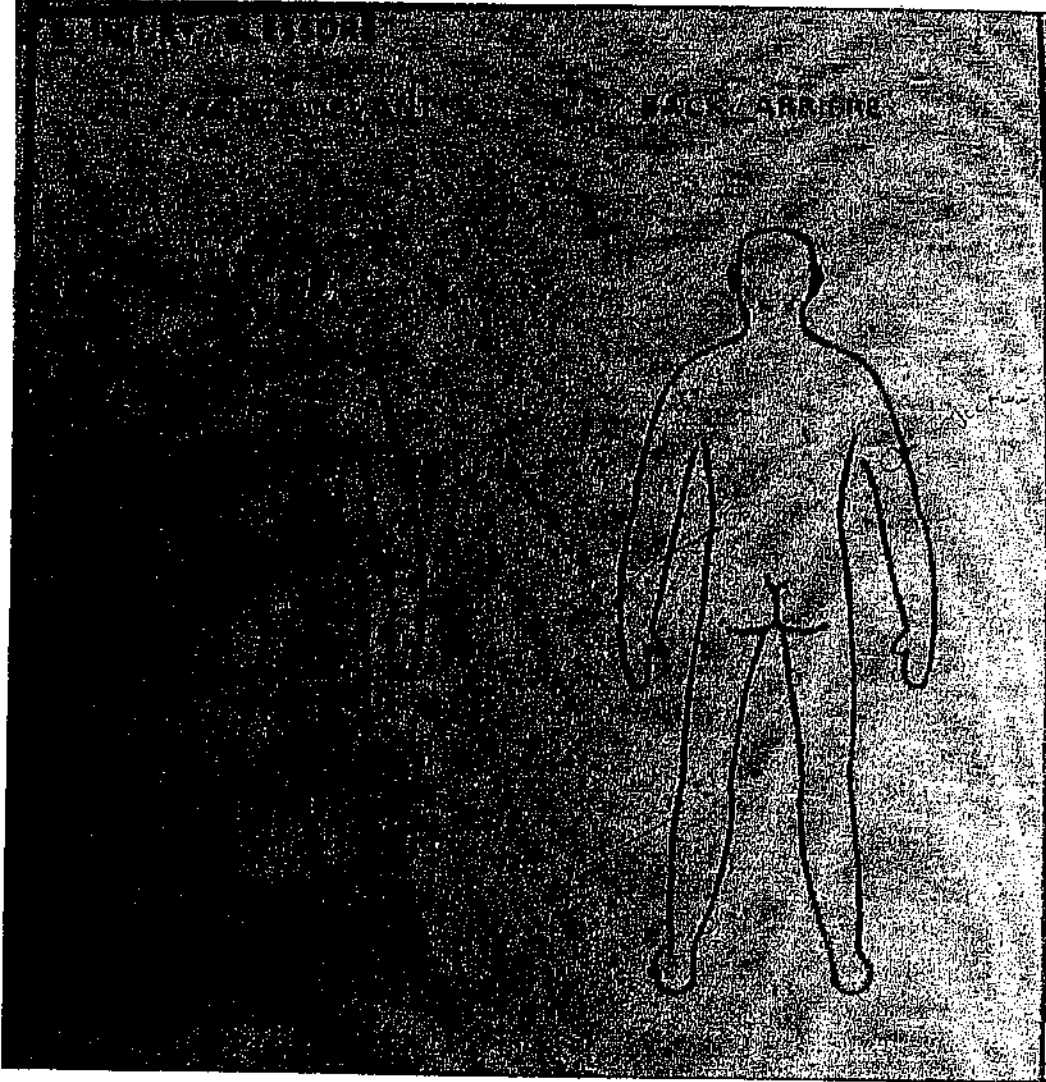
MD/PA REVIEW NOTE: H reviewed

17 JUN 04

(b)(6)-2

(b)(6)-4

### C-MED PATIENT SURVEY



**Description:**

- 1) old vertical scar on forehead
- 2) old vertical scar on posterior (R) arm, 1 horizontal scar on (R) shoulder
- 3) old scar (circular) on (E) posterior thoracic region
- 4) old scar (circular)
- 5) ~~old scar~~ old scar (abrasion)
- 6) Bug Bite

Sgt (b)(6)-2 [Redacted] P. [Redacted]  
Medic

#7 old scar (circular)  
#8 Abrasion for on hand cuffs  
CPT (b)(6)-2 [Redacted] mo  
MD/PA

Date/Time 15 June 07 141-13

(b)(6)-2 [Redacted] M.D.  
CPT, MC

#9 Abrasion for hand cuffs  
SFC (b)(6)-2 [Redacted] 21  
g/w  
E/...

Plan: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Printed Name / Stamp: \_\_\_\_\_

**Routine Exam Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

ISN: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

Chief Complaint:

HPI:

PMH:

MEDS:

Allergies:

Physical Exam:

VS:	BP	P	R	SaO <sub>2</sub>	Weight
HEENT:	Normal / Abnormal				
CY:	Normal / Abnormal				
PULM:	Normal / Abnormal				
GI:	Normal / Abnormal				
GU:	Normal / Abnormal				
OB/GYN:	Normal / Abnormal / NA				
MS:	Normal / Abnormal				
NEURO:	Normal / Abnormal				
DERM:	Normal / Abnormal				
ENDO:	Normal / Abnormal				
PSYCH:	Normal / Abnormal				

Comments / Findings:

Impression: \_\_\_\_\_

Disposition: \_\_\_\_\_

History and Physical Exam Form

Name: (b)(6)-4

Date: 15 June 04

ISN: \_\_\_\_\_

VS: BP: 125/72

DOB: 7-27-80 AGE: 23

Pulse: 84

Resp: 18

Gender: Male / Female

Temp: \_\_\_\_\_

Height: 60"

Complaint: Acute:

Weight: 180 lbs

Chronic: Asthma / stomach acid

PMH: DM HTN STD TB

Hosp: \_\_\_\_\_

Surg: AB Denis

Medications: Atisna tabs  
Stomach acid tabs

Allergies: none

SocHx: Tobacco Y (N)

PPDx \_\_\_\_\_ yrs

EtOH no

ROS: HEENT: Peric Ear

CXR: Normal / Abnormal Findings:

CV: RR

PULM: CTA (3)

GI:

GU: Soft urine

PPD: Date placed: / /

Date read: / /

mm

OB/GYN: NA

MS: Fx on

NEURO: normal

DERM: none

ENDO:

PSYCH:

Immunizations: (given at this time)

MMR Td Typhoid Polio

Influenza Meningococcal

Physical Exam:

HEENT: Normal / Abnormal

CV: Normal / Abnormal

PULM: Normal / Abnormal

GI: Normal / Abnormal

GU: Normal / Abnormal

OB/GYN: Normal / Abnormal /

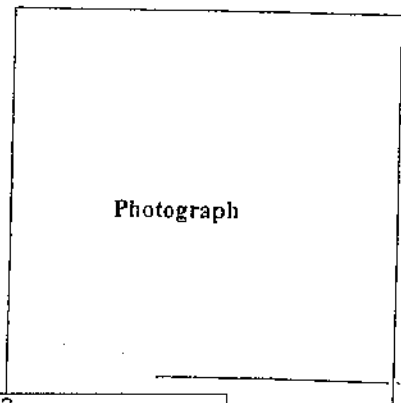
MS: Normal / Abnormal

NEURO: Normal / Abnormal

DERM: Normal / Abnormal

ENDO: Normal / Abnormal

PSYCH: Normal / Abnormal



Comments / Findings:

Impression: healthy male - S&T

(b)(6)-2

(b)(6)-2

CPT, MC

M.D.

25

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6)-4 TAKEN AT Abu Gharaib DATED 20 June 04

9. STATEMENT (Continued)

PK states he was captured by American soldiers 6 days ago in Baghdad, hands & feet were tied then he was hit on head with rifle butt & kicked in leg with someone's boot. No loss of consciousness, report had been made yet

(b)(6)-2  
(b)(6)-2  
(b)(6)-2  
C/SPT   MD

INITIALS OF PERSON MAKING STATEMENT

PAGE / OF / PAGES

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6214

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)		
15. 2008	PRE-TRANSFER MEDICAL ASSESSMENT		
**LIST ANY YES RESPONSES IN REMARKS SECTION ON REVERSE SIDE OF FORM			
AGE: 23			
(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
( ) (X) Allergies	( ) (X) Recent illness/injury	( ) ( ) History of psychological problems (Date):	P
( ) ( ) Dental Problems	( ) ( ) Chronic health problems or infectious diseases	( ) ( ) Females only: Are you pregnant?	N/A
( ) (X) HIV positive	( ) ( ) Current medications		
( ) (X) Previous Suicide Attempts (Date)			
( ) (X) History of alcohol abuse/treatment (Date)			
( ) (X) Current physical complaint(s)			
1. Cough/Sputum Production	1. Atypical history		
2. Rash	2. Swollen axillary lymph nodes		
3. Diarrhea/Vomiting	3.		
4. Night sweats			
5. Pain			
6. Exposure to TB			
7. Lice/Other infestation			
8. Contagious disease in the past 12 months?			
8. Other:			
***** FOR MEDICAL PERSONNEL USE ONLY      DETAINEE'S INITIALS ( )			
HIV/TUBERCULOSIS QUESTIONNAIRE			
Do you have a history or, or do you presently have any of the following symptoms or conditions:			
(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)
(X) ( ) Persistent cough/shortness of breath	(X) ( ) Cough with blood and/or dry cough	( ) (X) Unexplained weight loss/diarrhea X 2 weeks	(X) ( ) Unexplained persistent fever
( ) (X) Night Sweats	( ) (X) Swollen glands/lymph nodes	(X) (X) Prolonged fatigue or run-down feeling	( ) (X) Loss of appetite and or white patches in mouth
( ) (X) Recent exposure to someone with TB	( ) (X) Past abnormal X-Ray (Date)	( ) ( ) Hepatitis B series completed	( ) (X) Previous TB infection or treatment
( ) (X) Stomach surgery, Kidney failure, Blood disorders			
( ) ( ) Scars, birthmarks, tattoos:	SEE DIAGRAM FOR DETAILS		
1. Scar / 1.5"	4.		
2.	5.		
3.	6.		
PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)		RECORDS MAINTAINED AT:	
		(b)(6)-4	
		SEX: M	
RELATIONSHIP TO SPONSOR:		STATUS: DETAINEE	
SPONSOR'S NAME:		RANK/GRADE:	
		Organization: Sheriff	
DEPART/SERVICE:		SSN/IDENTIFICATION NO.:	
		DOB:	

(1) PT still c/o SHORTNESS OF BREATH  
 (2) PT c/o of bruise on head @ side when he was detained (did not hyper-extend)

DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)		
-----BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF-----			
PHYSICAL APPEARANCE			
Clean, well groomed	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Tremors, sweating	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)
Rashes, needle marks	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)	Exposure to tuberculosis	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)
Body deformities	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)	Infestations	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)
Cuts, bruises, lesions	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)	Confinement Phys. Date:	15 June 02
VITAL SIGNS: Weight: 175 Height: 65" Temp: B/P: 135/72 Pulse: 84 Resp: 18			
PPD given: N/A HIV drawn: N/A RPR drawn: N/A			
Physical Exam: Within normal limits	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)	See remarks for any (N) answers	
Head	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)		
Lungs/Chest	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	LAB (if available)	N/A
Back	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)	CBC:	
Heart	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	U/A:	
Extremities	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Chest X-Ray:	
MENTAL STATUS			
<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)			
<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Alert, well oriented			
<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Long and short term memory intact			
<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N) Experiencing hallucinations, delusions, or feelings of paranoia			
<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Calm, cooperative			
DISPOSITION			
<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Prescriptions:			
<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Cleared for basic transfer procedures			
<input type="checkbox"/> (Y) <input type="checkbox"/> (N) Cleared for litter transfer procedures			
<input type="checkbox"/> (Y) <input type="checkbox"/> (N) NOT medically cleared for transfer _____ (days/weeks)			
Recommended type of confinement <input type="checkbox"/> Normal <input type="checkbox"/> Solitary <input type="checkbox"/> Other -explain.			
I do not have any SUICIDAL and or HOMICIDAL feelings at this time. [I] develop any such ideas or plans. [I] will notify a staff member before acting on such feelings or ideas. (SIG.)			
Date/Time information transmitted to component surgeon's office			
Infection Control recommendations			
<input checked="" type="checkbox"/> Standard Precautions			
<input type="checkbox"/> Contact/Droplet Precautions			
<input type="checkbox"/> Airborne Precautions			
(b)(6)-2			
SCREENER		9/12 19 June 01 0950	
MEDICAL STAFF SIGNATURE		(b)(6)-2	
SCREENER		18 June 02	
MEDICAL STAFF SIGNATURE		RAC, JP	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 June 04	DETAINEE IN-PROCESSING MEDICAL SCREEN
	SUBJECTIVE: AGE <input type="radio"/> M <input checked="" type="radio"/> F DOB:
	ANY NEW MEDICAL ILLNESS OR INJURY? <input checked="" type="radio"/> NO
	ANY HISTORY OF TB? YES / <input checked="" type="radio"/> NO IF YES, WHEN AND HOW WERE YOU TREATED?
	COUGH > 2 WEEKS? YES / <input checked="" type="radio"/> NO
	COUGHING UP BLOOD: YES / <input checked="" type="radio"/> NO
	ANY WEIGHT LOSS? <input checked="" type="radio"/> YES / <input type="radio"/> NO IF YES, HOW MUCH AND IN WHAT TIME FRAME? 3 kilograms
	ANY HISTORY OF HTN? YES / <input checked="" type="radio"/> NO
	ANY HISTORY OF CAD? YES / <input checked="" type="radio"/> NO IF YES, ANY HISTORY OF MI? YES / <input type="radio"/> NO WHEN?
	ANY HISTORY OF DM? YES / <input checked="" type="radio"/> NO IF YES, HOW LONG?
	ANY CHRONIC MEDICAL CONDITIONS NOT MENTIONED ABOVE? YES / <input checked="" type="radio"/> NO
	CURRENT MEDICATIONS: NO
	MEDICATION ALLERGIES: NKA
	ABLE TO WALK UNASSISTED? <input checked="" type="radio"/> YES / <input type="radio"/> NO ABLE TO FEED YOURSELF? <input checked="" type="radio"/> YES / <input type="radio"/> NO
	ANY MISTREATMENT SINCE BEING DETAINED? YES / <input checked="" type="radio"/> NO
	HISTORY OBTAINED THROUGH TRANSLATOR? <input checked="" type="radio"/> YES / <input type="radio"/> NO NAME: A-C-I

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-87)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2 00

For Official Use Only  
 Law Enforcement Sensitive

EXHIBIT: 13



DATE

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

OBJECTIVE:

HEIGHT: 66" WEIGHT: 170

BP: 120/80 PULSE: 80 RESP: 18 O2%: TEMP:

(b)(6)-2

MEDICS SIGNATURE:

HM<sup>E</sup>

(b)(6)-4

HM<sup>Z</sup>

REFER TO PA OR MD IMMEDIATELY IF:

CURRENTLY HAVING CHEST PAIN, ABNORMAL MENTAL STATUS OR ANY OTHER CONCERNS

MD/PA REVIEW NOTE:

rechecked  
19 JAN 04  
PA

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Law Enforcement Sensitive

STANDARD FORM 600 (REV. 5-87) BACK

USAPA V2.00

EXHIBIT: 14

DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)	
	-----BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF-----	
	PHYSICAL APPEARANCE	
	Clean, well groomed <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Tremors, sweating <input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)
	Rashes, needle marks <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Exposure to tuberculosis <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)
	Body deformities <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Infectations <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)
	Cuts, bruises, lesions <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Confinement Phys. Date: <u>12/22/07</u>
	VITAL SIGNS: Weight: <u>175</u> Height: <u>65"</u> Temp: _____ B/P: ( <u>120</u> / <u>70</u> ) Pulse: <u>64</u> Resp: <u>18</u>	
	PPD given: <u>NA</u>	HIV drawn: <u>NA</u> RPR drawn: <u>NA</u>
	Physical Exam: Within normal limits <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	See remarks for any (N) answers
	Head <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	LAB (if available) <u>NA</u>
	Lungs/Chest <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	CBC: _____
	Back <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	U/A: _____
	Hear <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	Chest X-Ray: _____
	Extremities <input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N)	
	MENTAL STATUS	
	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Alert, well oriented	
	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Long and short term memory intact	
	<input type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N) Experiencing hallucinations, delusions, or feelings of paranoia	
	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Calm, cooperative	
	DISPOSITION	
	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Prescriptions: _____	
	<input checked="" type="checkbox"/> (Y) <input type="checkbox"/> (N) Cleared for basic transfer procedures	
	<input type="checkbox"/> (Y) <input type="checkbox"/> (N) Cleared for later transfer procedures	
	<input type="checkbox"/> (Y) <input type="checkbox"/> (N) NOT medically cleared for transfer _____ (days/weeks)	
	Recommended type of confinement <input type="checkbox"/> Normal <input type="checkbox"/> Solitary <input type="checkbox"/> Other explain: _____	
	I do not have any SUICIDAL and/or HOMICIDAL feelings at this time. (If) develop any such ideas or plans, I will notify a staff member before acting on such feelings or ideas (SIG)	
	Date/Time information transmitted to component surgeon's office _____	
	Infection Control recommendations	
	<input checked="" type="checkbox"/> Standard Precautions <u>1) Pt still off sh-t work breaks</u>	
	<input type="checkbox"/> Contact/Droplet Precautions <u>2) Pt still off work on hand (see sign in detail)</u>	
	<input type="checkbox"/> Airborne Precautions	
	SCREENER <u>SJR</u>	(b)(6)-2
	MEDICAL STAFF SIGNATURE _____	(b)(6)-2
	SCREENER _____	6/16/19 June 01 0950
	MEDICAL STAFF SIGNATURE _____	PAC JP

B214

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE		SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)	
15 May		PRE-TRANSFER MEDICAL ASSESSMENT	
**LIST ANY YES RESPONSES IN REMARKS SECTION ON REVERSE SIDE OF FORM			
AGE: 23			
(Y) (N)	(Y) (N)		
<input type="checkbox"/> (X) Allergies	<input type="checkbox"/> (X) Recent illness/injury		
<input type="checkbox"/> ( ) Dental Problems	<input checked="" type="checkbox"/> ( ) History of psychological problems (Date)		
<input type="checkbox"/> (X) HIV positive	<input checked="" type="checkbox"/> ( ) Chronic health problems or infectious diseases		
<input type="checkbox"/> ( ) Previous Suicide Attempts (Date)	<input type="checkbox"/> ( ) Females only, Are you pregnant?	N/A	
<input type="checkbox"/> (X) History of alcohol abuse/treatment (Date)	<input checked="" type="checkbox"/> ( ) Current medications		
<input type="checkbox"/> ( ) Current physical complaint(s)	1. At 12:30 AM received		
1. Cough/Sputum Production	2. Swollen lymph nodes		
2. Rash	3.		
3. Diarrhea/Vomiting			
4. Night sweats			
5. Pain			
6. Exposure to TB			
7. Lice/Other infestation			
8. Contagious disease in the past 12 months?			
9. Other.			
***** FOR MEDICAL PERSONNEL USE ONLY		DETAINEE'S INITIALS ( )	
HIV/TUBERCULOSIS QUESTIONNAIRE			
Do you have a history or, or do you presently have any of the following symptoms or conditions			
(Y) (N)	(Y) (N)		
<input checked="" type="checkbox"/> ( ) Persistent cough/shortness of breath	<input checked="" type="checkbox"/> ( ) Cough with blood and/or dry cough		
<input type="checkbox"/> (X) Unexplained weight loss/diarrhea X 2 weeks	<input checked="" type="checkbox"/> ( ) Unexplained persistent fever		
<input type="checkbox"/> (X) Night Sweats	<input type="checkbox"/> (X) Swollen glands/lymph nodes		
<input checked="" type="checkbox"/> (X) Prolonged fatigue or run-down feeling	<input type="checkbox"/> (X) Loss of appetite and/or white patches in mouth		
<input type="checkbox"/> (X) Recent exposure to someone with TB	<input type="checkbox"/> (X) Past abnormal X-Ray (Date)		
<input type="checkbox"/> ( ) Hepatitis B series completed	<input type="checkbox"/> (X) Previous TB infection or treatment		
<input type="checkbox"/> (X) Stomach surgery, Kidney failure, Blood disorders			
<input type="checkbox"/> ( ) Scars, birthmarks, tattoos	SEE DIAGRAM FOR DETAILS		
1. Scar on back			
2.			
3.			
4.			
5.			
6.			
PATIENT'S IDENTIFICATION (Use this space for Mechanical Impairment)		RECORDS MAINTAINED AT	
		AT (b)(6)-2	
		SEX M	
SPONSOR		STATUS	
		DETAINEE	
SPONSOR'S NAME		RANK/GRADE	
		Sgt 4	
DEPART/SERVICE		ORGANIZATION	
		Shut	
SSN/IDENTIFICATION NO		DOB	

(1) Pt still c/o shortness of breath

(2) Pt c/o of hoarse on back of side when he was detained (did not happen here)

For Official Use Only  
Law Enforcement Sensitive

EXHIBIT:

16

History and Physical Exam Form

Name: (b)(6)-4 Date: 15 June 04

ISN: VS: BP: 125/72

DOB: 7-27-80 AGE: 23 Pulse: 54

Gender: Male / Female Resp: 16

Complaint: Acute Temp: Height: 60"

Chronic: Allergies: PMH: DM HTN STD TB

Medications: Allergies: Hosp: Surg: Adm. Dis.

SocHx: Tobacco Y/N PPDs: yrs

EIOH: no

ROS: HEENT: Normal / Abnormal CXR: Normal / Abnormal

CV: Normal / Abnormal Findings:

PULM: Normal / Abnormal PPD: Date placed: / /

GI: Normal / Abnormal Date read: / /

GU: Normal / Abnormal mm

OB/GYN: Normal / Abnormal

MS: Normal / Abnormal

NEURO: Normal / Abnormal

DERM: Normal / Abnormal

ENDO: Normal / Abnormal

PSYCH: Normal / Abnormal

Physical Exam: HEENT: Normal / Abnormal

CV: Normal / Abnormal

PULM: Normal / Abnormal

GI: Normal / Abnormal

GU: Normal / Abnormal

OB/GYN: Normal / Abnormal

MS: Normal / Abnormal

NEURO: Normal / Abnormal

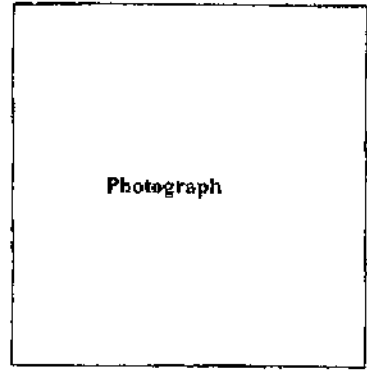
DERM: Normal / Abnormal

ENDO: Normal / Abnormal

PSYCH: Normal / Abnormal

Comments / Findings:

Impression: healthy male - SUT



(b)(6)-2  
CPT

(b)(6)-2  
CPT, MC

M.D.

Plan: \_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Printed Name / Stamp: \_\_\_\_\_

**Routine Exam Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

ISN: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

HPI: \_\_\_\_\_

PMH: \_\_\_\_\_

MEDS: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Exam:

	VS:	BP	P	R	SaO <sub>2</sub>	Weight
HEENT:		Normal / Abnormal				
CV:		Normal / Abnormal				
PULM:		Normal / Abnormal				
GI:		Normal / Abnormal				
GU:		Normal / Abnormal				
OB/GYN:		Normal / Abnormal / NA				
MS:		Normal / Abnormal				
NEURO:		Normal / Abnormal				
DERM:		Normal / Abnormal				
ENDO:		Normal / Abnormal				
PSYCH:		Normal / Abnormal				

Comments / Findings: \_\_\_\_\_

Impression: \_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_  
\_\_\_\_\_

EXHIBIT:

B214

### C-MED PATIENT SURVEY



**Description:**

- 1. 2m patient seen at home to report to [redacted]
- 2. 6m patient seen on [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
- 3. [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
- 4. old [redacted] (Coulter)
- 5. [redacted] [redacted] [redacted] (strab.)
- 6. [redacted] [redacted]

Sgt [redacted] (b)(6)-2  
Medic

CPT [redacted] (b)(6)-2  
MD/PA

Date/Time 15 June 07 14013

[redacted] (b)(6)-2 M.D.

CPT, MC

29 Abrasion on hand/foot

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

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EXHIBIT:

HEALTH RECORD		DETAINEE PRE-INTERROGATION EVALUATION	
DATE: 20 June 04	PATIENT COMPLAINT / CONCERNS: 24 yr male c/o h/o anxiety d/o h/o suicidal gestures. Pt 5 c/o today.		ALLERGIES: None
BP: 118/62			MEDS: None
P: 78			Soc Hx: Tob: ETOH: None
			PSHx: None
WEIGHT: 94 lbs	O: [Redacted]		
90 96%	GENERAL:	Normal	Abnormal
	HEENT:	Normal	Abnormal
	NECK:	Normal	Abnormal
	LUNGS:	Normal	Abnormal
PMHX: HTN: Y	CARDIAC:	Normal	Abnormal
DM: Y	ABDOMEN:	Normal	Abnormal
TB: Y	EXTREMITIES:	Normal	Abnormal
CAD: Y			
	A/P:	Hep A, Hep B, MMR, Td: Given / Patient Refused	
MA	Anxiety d/o - (1) Pain (2) LE (3) Anxieties		
Treated - Valium	- X-ray ordered to r/o fx. Deformations healing well.		
PM:	- Aspirin 400 mg q 4-6 hrs prn pain		
	(1) Anxiety d/o		
	- Ativan 1mg po BID prn anxiety		
		(b)(3)-1	
		(b)(6)-2	
		CAPT, USAF, MC	
		Family Practice Physician	
ISN: (b)(6)-4		SEX:	
CAMP:	DOB:	VI/1990	

STANDARD FORM 600 BACK (REV. 5-84)

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Law Enforcement Sensitive

ENC 2

30

had not made previous report of injuries, statement taken  
today.

\_\_\_\_\_

\_\_\_\_\_

For Official Use Only  
Law Enforcement Sensitive

Enc 2

... 31



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

to Sumner

Order

① Ativan 1 mg po B.E.D. per anxiety

② Xray @ LE, @ wrist @ hand, @ wrist to rule out fracture

③ Motrin 400 mg po q 4-6 hrs per pain

(b)(6)-2

(b)(6)-2

(b)(6)-2

CPA

M.D.

PATIENT'S IDENTIFICATION (This information for Mechanical Inspection)

RECORDS MAINTAINED AT:		SEX	
(b)(6)-4		M	
RELATIONSHIP TO PRONOSP	STATUS	RANK/GRADE	
PRESCRIBER'S NAME	ORGANIZATION		
DATE OF ENTRY	ISSUE IDENTIFICATION NO.	DATE OF BIRTH	
		7/1/1980	

For Official Use Only  
Law Enforcement Sensitive

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 101-11.6

Encl 2

0054-04-110789-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		DATE COMPLETED												
VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME		HR	3	4	5	6	7	8	9	10	11	12	13	
3 Jun 04	(b)(6)-2	Cardiac Monitor	07	(b)(6)-2						transfer to ICW 5 Jun 04						
3 Jun 04		Clear liquids	07							ICW 4 Jun 04						
3 Jun 04		Vitals q 4hr	07							ICW orders transferred to ICW 30 Jun 04						
3 Jun		Bedrest elevate HOB	07													
3 Jun		W/O may anchor Foley if needed	07													
4 Jun		General Diet	07													
5 Jun		Vital signs q 8°	07													
5 Jun		Security as tolerated	07													
5 June 04		Restraint with - 1/2ah + document S+S of skin break	07													
5 June 04		weekly wst @ the... 03	03													

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: PCN DX: CHF

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

DA FORM 4677 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED Official Use Only / Law Enforcement Sensitive

EX-47

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo <u>Jun</u> yr <u>04</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
30 Jun	(b)(6)-	Admit monitored bed	30 Jun	N/A	2:00	(b)(6)-2	
30 Jun	(b)(6)-	CBC tests in am	30 Jun	0600-0600			
30 Jun	(b)(6)-	Transfer to ICU	30 Jun	ABAP			

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

0059.04.CID7FF.83591

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) <small>For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.</small>						Mo. ____ Yr. ____					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION											
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED									
				S	6	7	8						
5 June 84	(b)(1)	Lasix 20mg 1 tab q.o.m	08	(b)(6)									

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: CHF      ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION: (b)(6)-4

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

DA FORM 1 FEB 79 4678

-Ex 4 9



0054-04-C107M-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo: JUN Pr: 04					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	3	4	5	6	7	8	9
3 Jun	(b)(6)-2	nasix 20mg IVP q 8hr	04 2 20	/	(b)(6)-					
3 Jun		IUNS @ KUD	07 19	/	(b)(6)-2					
3 Jun		ASA 81mg po daily	08	/	(b)(6)-2					
3 Jun		Prinivil 20mg PO BID	08 20	/	(b)(6)-2					
3 Jun		Isordil 20mg po TID	06 14 22	/	(b)(6)-2					
3 Jun		O <sub>2</sub> 2L per NC	07 19	/	(b)(6)-2					
3 Jun		CABETROL 10mg po BID	08 20	/						
3 Jun		HALDOL 50mg po qd	08 20	/						
4 Jun	(b)(6)-	Metoprolol 25mg po BID	10 08	/	(b)(6)-2					
5 Jun	(b)(6)-	Zantac 150mg / tab PO BID	16 22	/	(b)(6)-2					

ALLERGIES:  YES  NO PCN  
 PRIMARY DIAGNOSIS: DX: CHF  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO. 1 of 2

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



0059-04-CID 789-8399

Task Force Alcatraz Baghdad Central Detention Facility Hospital				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)			
AST, FIRST NAME (b)(6)-4			SSN or ISN:		Diagnosis: <b>CHF</b>		
Physician: (b)(6)-2		Ward: Bed: <b>ICV 3</b>	STAT <input checked="" type="checkbox"/> Routine	Specimen Date and Time:		Re: (b)(6)-2	Date and Time: <b>5/5/04</b>
Chemistry (I-STAT) / Green Top			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top	
6+ 7+ 8+ Glu Crea			Chem 12 MetLyte8 BMP Liver			CBC Malaria H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	<b>3.4</b>	3.3-5.5 g/dL
	K		3.3-4.7 mmol/L		ALP	<b>91</b>	53-128 U/L
	Cl		98-108 mmol/L		ALT	<b>10</b>	10-47 U/L
	pH		7.35-7.45		AMY	<b>67</b>	14-97 U/L
	PCO2		35-45 mmHg		AST	<b>19</b>	11-38 U/L
	PO2		80-90 mmHg		Tbil	<b>2.5</b>	0.2-1.6 mg/dL
	TCO2		18-33 mmol/L	<input checked="" type="checkbox"/>	BUN	<b>9</b>	7-22 mg/dL
	HCO3		22-28 mmol/L		Ca	<b>8.8</b>	8.0-10.3 mg/dL
	sO2		95-99%	<input checked="" type="checkbox"/>	Chol	<b>136</b>	100-200 mg/dL
	BEecf		(-2) - (+3)		CK		39-380 U/L
	AGap		8-16 mmol/L		CL		98-108 mmol/L
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L
	BUN		7-22 mg/dL	<input checked="" type="checkbox"/>	Creat	<b>0.7</b>	0.6-1.2 mg/dL
	Glu		73-118 mg/dL		GGT		5-65 U/L
	Creat		0.6-1.2 mg/dL		Glu	<b>96</b>	73-118 mg/dL
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L
	Hgb		12.0-18.0 g/dL		TProtein	<b>6.7</b>	6.4-8.1 g/dL
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L
Urinalysis			Misc. Chemistry			Differential	
	Color		Straw/Yellow		Mono		Mono
	Clarity		Clear		RPR		Negative
	Glucose		Negative		HIV		Negative
	Bilirubin		Negative		Meningitis		Presumptive Negative
	Ketone		Negative		Legionella		Presumptive Negative
	SG		1.010-1.025		Troponin I		< 0.5 ng/mL
	Blood		Negative		Myoglobin		< 80 ng/mL
	pH		5.0-8.0		RSV		Negative
	Protein		Negative-Trace	Microbiology			
	Urobili		Negative	Source:			
	Nitrite		Negative	FecLeuk I			Negative
	Leuko		Negative	Gram Stain			
Urine Microscopic			WetPrep			Urine	
	WBC		Epi	KOH			Negative
	RBC		Mucus	OccBld			Negative
	Bacteria		Yeast	O&P			No Ova/Parasite
	Casts:		Spermatozoa	Chlamydia			Presumptive Negative
	Crystals:		Amorph Sed	Strep A			Negative
	Other:			Leishmania			Presumptive Negative
Other lab request to be sent out:			For Official Use Only / Law Enforcement Sensitive			Ex 413	



Task Force <b>atraz</b> Baghdad Central Detention Facility Hospital				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)							
LAST FIRST MI (b)(6)-4		(b)(6)-4		DOB		RANK		UNIT			
Pt (b)(6)-2		Ward: <b>EMT</b>		STAT Routine		Specimen Date and Time: <b>3 JUN 04 1800</b>		Reported by: (b)(6)-			
Date and Time: <b>3 JUN 04 1845</b>											
Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+ 7+ 8+ Glu Crea				Chem 12 MetLyte8 BMP Liver				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	4.1	3.3-5.5 g/dL		WBC	5.2	4.8-10.8 x10(3)/ul
	K		3.3-4.7 mmol/L		ALP	107	35-128 U/L		RBC	5.87	4.2-8.1 x10(6)/ul
	Cl		98-108 mmol/L		ALT	18	10-47 U/L		Hgb	17.4	12.0-18.0 g/dL
	pH		7.35-7.45		AMY	62	14-97 U/L		Hct	54.8	35.0-60.0%
	PCO2		35-45 mmHg		AST	36	11-38 U/L		MCV	93.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	2.2	0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	14	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	205	130-400 x10(3)/ul
	sO2		95-99%		Chol		100-200 mg/dL		LY%	59.1	15.0-50.0%
	BEecf		(-2) - (+3)		CK	93	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/ul
	AGap		8-16 mmol/L		CL	109	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	19	18-33 mmol/L		Segs	29	Mono 5
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands		Eos 5
	Glu		73-118 mg/dL		GGT	112	5-85 U/L		Lymph	61	Baso
	Creat		0.6-1.2 mg/dL		Glu	90	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	4.4	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	7.8	6.4-8.1 g/dL		<i>normocyte/normochromic</i>		
	Lactate		0.90-1.70 mmol/L		Na	127	128-145 mmol/L		Plt verify:		
Urinalysis				Misc. Chemistry				Malaria (waiting for supplies)			
Color		Straw/Yellow		Mono		Negative					
Clarity		Clear		RPR							
Glucose		Negative		HIV		Negative					
Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate			
Ketone		Negative		Legionella		Presumptive Negative		Sed Rate		1hr = 0-20 mm	
SG		1.010-1.025		Troponin I		<0.5		Coagulation (waiting for analyzer)			
Blood		Negative		Myoglobin		< 80 ng/mL					
pH		5.0-8.0		RSV		Negative					
Protein		Negative-Trace		Microbiology							
Urobili		Negative		Source:							
Nitrite		Negative		FecLeuk		Negative					
Leuko		Negative		Gram Stain				HCG			
Urine Microscopic				WetPrep		Negative		Urine		Negative	
WBC		Epi		KOH		No Fungal Elements		Serum		Negative	
RBC		Mucus		OccBid		Negative		Blood Bank			
Bacteria		Yeast		O&P		No Ova/Parasite		ABO/Rh			
Casts:		Spermatozoa		Chlamydia		Presumptive Negative					
Crystals:		Amorph Sed		Strep A		Negative					
Other:				Leishmania		Presumptive Negative					
Other:											

Task Force A. Alaz  
Baghdad Central Detention Facility Hospital

(Subject to Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)-4				SSN or ISN:				Diagnosis: <b>CHF</b>			
Physician: (b)(6)-2		Ward: (b)(6)-2		STAT Routine		Specimen Date and Time: 05/06/15		Reported by: (b)(6)-		Date and Time:	
Chemistry (i-STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
6+ 7+ 8+ Glu Crea				Chem 12 MetLyte8 BMP Liver				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	8.6	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		28-84 U/L		RBC	6.16	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	18.2	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	57.5	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	93.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	12	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	202	130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%	35.7	15.0-50.0%
	BEecf		(-2) - (+3)		CK	72	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	100	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	21	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	1.1	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	109	73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K	4.1	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:		
	Lactate		0.90-1.70 mmol/L		Na	132	128-145 mmol/L		Spun Crit		35-60%
Urinalysis				Misc. Chemistry				Malaria / Purple			
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen
	Glucose		Negative		HIV		Negative		Sed Rate / Purple Top		
	Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate		1hr = 0-20 mm
	Ketone		Negative		Legionella		Presumptive Negative		Coagulation (waiting for analyzer)		
	SG		1.010-1.025		Troponin I	NEG	< 0.5 ng/mL				
	Blood		Negative		Myoglobin		< 80 ng/mL				
	pH		5.0-8.0		RSV		Negative				
	Protein		Negative-Trace	Microbiology							
	Urobili		Negative		Source:						
	Nitrite		Negative		FecLeuk		Negative		HCG		
	Leuko		Negative		Gram Stain				Urine		Negative
Urine Microscopic					WetPrep		Negative		Serum		Negative
	WBC		Epi		KOH		No Fungal Elements		Blood Bank/ Purple and Red Top		
	RBC		Mucus		OccBld		Negative		ABO/Rh		
	Bacteria		Yeast		O&P		No Ova/Parasite		T/C		
	Casts:		Spermatozoa		Chlamydia		Presumptive Negative				
	Crystals:		Amorph Sed		Strep A		Negative				
	Other:				Leishmania		Presumptive Negative				

Other lab request to be sent out.

0055-04 CID 789-80551

CERTIFICATE OF DEATH

INTERMENT SERIAL NUMBER

For use of this form, see A.R. 190-8; the procuring agency is DCSFER.

FROM:

TO:

ISN (b)(6)-4  
Camp Bissonay

NAME (Last, First, MI)		GRADE	SERVICE NUMBER
NATIONALITY Iraqi	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH	DATE OF BIRTH 01 JUL 1952		FIRST NAME OF FATHER
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			
PLACE OF DEATH Abu Ghraib Hosp	DATE OF DEATH 10 June 04	CAUSE OF DEATH Cardiac Respiratory Arrest	
PLACE OF BURIAL	DATE OF BURIAL		
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Patient arrived with CR already under way. Cardiac Monitor showed Ventricular fibrillation. Despite CR, Medications, and defibrillation attempts, pt expired @ 2000 HRS after death declared by physician.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 6/16/04	(b)(6)-2	MEDICAL OFFICER
	SIGNATURE OF COMMANDER		
	SIGNATURE (b)(6)-2	WITNESSES	
	SIGNATURE	(b)(6)-2	ADDRESS

**HOSPITAL REPORT OF DEATH**  
FOR USE OF THIS FORM, SEE AIR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL  
 0039-04-C10785-8351

Instructions - Medical Officer in attendance will:  
 Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

Use, in one copy only, items 1 through 10 and sign item 11.  
 X type entries.

**SECTION A - ATTENDING MEDICAL OFFICER'S REPORT**

**PERSONAL DATA**

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)  
 SN: (b)(6)-4  
 Bisson 4

2. TIME OF DEATH (Hour-day-month-year)  
 2:00 6/10/04

3. MEDICAL EXAMINER/CORONER'S CASE  
 YES  NO

4. RELIGION  
 unknown

5. CHAPLAIN NOTIFIED  
 YES  NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH  
 NA

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

**CAUSE OF DEATH**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)  
 DUE TO (or as a consequence of)  
 Cardiac respiratory arrest

7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)  
 DUE TO (or as a consequence of)  
 (1) ...  
 (2) ...

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT  
 a. ...  
 b. ...

Approximate interval: 7 hours

9. DATE  
 6/10/04

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE  
 (b)(6)-2

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE  
 (b)(6)-2

**SECTION B - ADMINISTRATIVE ACTION**

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

**SECTION C - RECORD OF AUTOPSY**

20. AUTOPSY PERFORMED (If yes, give date and place)  
 YES  NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. SIGNATURE OF REGISTRAR

27. TYPED NAME AND GRADE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAFPC 42.00

17  
 Ex 4

0054-04-C10775-93851

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
NURSING UNIT	ROOM NO.	BED NO.			
			6/16/04	12:50	
			Return to camp		
			ASA's only & family		
			<del>to</del> <del>to</del> <del>to</del>		
			to supervisor as of 01/19/04		
			to 2nd 2nd 2nd 2nd 2nd		
			to 1st 1st 1st 1st 1st		
			to 2nd 2nd 2nd 2nd 2nd		
			to 1st 1st 1st 1st 1st		

(b)(6)  
4

0054-04-010789-83551

Standard Form 504

CLINICAL RECORD

HISTORY—Part 1

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

2 1/2 yrs Mx 2 previous MI and ASHD present 6 days of  
↑ cough SOB true pedal edema ⊕ chest pain ⊕ dyspnea on  
exertion.

Pres by JMS on 11/21 on HCTZ 25mg daily furosemide 20mg daily  
ASA 325mg TID

HISTORY OF PRESENT ILLNESSES

HPI as above  
HEENT clear  
chest ~~clear~~ bilateral rales ca 1/2 way over P/C  
⊕ scattered wheezes  
old legs  
⊕ true pedal edema

ACCUP  
⊕ ASHD

- ⊕ acute
- ⊕ ACE
- ⊕ Diuretic
- ⊕ Beta-blockers
- ⊕ Nitro

(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

HISTORY—Part 1  
Standard Form 504

008.04.C10785.83551

**WEIGHT REGISTER**

For use of this form, see AR 190-8; the proponent agency is DCSPE.

NAME David Scott Alu (b)(1)  
 (b)(4)

WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE	INTERMMENT SERIAL NUMBER

DA FORM 2664-R, MAY 82

EDITION OF 1 JUL 63 IS OBSOLETE

USAAPC V1.00

0056-04 C10715-8355/

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AK 40-66, the promulgating 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 6/4/04	TIME OF ORDER 0715 HOURS	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			[Redacted]		[Redacted]
ROOM NO.	BED NO.				

① Bags labeled 100mg po BID first dose now  
 ② Hold for SBP less than 90 or HR below 50

PATIENT IDENTIFICATION			DATE OF ORDER 6/4/04	TIME OF ORDER 0730 HOURS	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			[Redacted]		[Redacted]
ROOM NO.	BED NO.				

① Lanta, BUN, creat, serum  
 cholesterol w/AM 6/5/04

PATIENT IDENTIFICATION			DATE OF ORDER 6/4/04	TIME OF ORDER 0810 HOURS	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			[Redacted]		[Redacted]
ROOM NO.	BED NO.				

① Dic Labeled (not started)  
 ② Meperid 25mg po BID

PATIENT IDENTIFICATION			DATE OF ORDER 6/4/04	TIME OF ORDER 1600 HOURS	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			[Redacted]		[Redacted]
ROOM NO.	BED NO.				

① General diet  
 ② [Redacted]

PATIENT IDENTIFICATION			DATE OF ORDER 2000-4-6-04	TIME OF ORDER [Redacted]	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			[Redacted]		[Redacted]
ROOM NO.	BED NO.				



0054-04-CID 795-8551

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 6/5/04	TIME OF ORDER 0809 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			<ol style="list-style-type: none"> <li>Transfer to ICU</li> <li><del>ASA 81mg</del> IV</li> <li>Udd 98hs</li> <li>Actidione 1 tablet</li> <li>aspirin 1 tablet</li> <li>Keon 150mg PO BID</li> <li>ASA 81mg PO daily</li> </ol>		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER ↑	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			<ol style="list-style-type: none"> <li>Logress 25mg PO BID</li> <li>Propranolol 20mg PO daily</li> <li>Lorazepam 20mg PO qAM</li> <li>Isordil 20mg PO TID</li> <li>PCN allergy</li> <li>ASA 81mg PO daily</li> </ol>		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION (b)(6)-4			DATE 6/6/04	TIME OF ORDER 1230 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			<ol style="list-style-type: none"> <li>Return to camp</li> <li>ASA 81mg PO daily</li> <li>Fenofibrate 50mg PO</li> <li>Logress 25mg PO BID</li> <li>Lorazepam 20mg PO qAM</li> <li>Isordil 20mg PO TID</li> <li>Propranolol 20mg PO daily</li> </ol>		
NURSING UNIT	ROOM NO.	BED NO.			

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

DA FORM 1 APR 75 4256

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

For Official Use Only / Law Enforcement Sensitive

0055.04 CP285. 8255/

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			4/3/04	2015 HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> 1 Adult Montreal bed <input checked="" type="checkbox"/> 2 Cardiac Monitor <input checked="" type="checkbox"/> 3 O2 2LNC <input checked="" type="checkbox"/> 4 Lasex 20mg IVP q8hs <input checked="" type="checkbox"/> 5 IV NS @ 100 <input checked="" type="checkbox"/> 6 Clear Saline <input checked="" type="checkbox"/> 7 Prilosep 20mg Po BID		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			↑ ↓	HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> 8 ASA 81mg Po Day <input checked="" type="checkbox"/> 9 MS 4mg IVP q 2hs Prn SOB <input checked="" type="checkbox"/> 10 CBC Lyles in AM 6/4/04 <input checked="" type="checkbox"/> 11 Isoval 20mg Po TID <input checked="" type="checkbox"/> 12 I/O may require Foley if needed <input checked="" type="checkbox"/> 13 Vitals q4hs		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			↑ ↓	HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> 14 Bed rest alert HOB <input checked="" type="checkbox"/> (b)(6)-2 <input checked="" type="checkbox"/> (b)(6)-2 <input checked="" type="checkbox"/> (b)(6)-2		

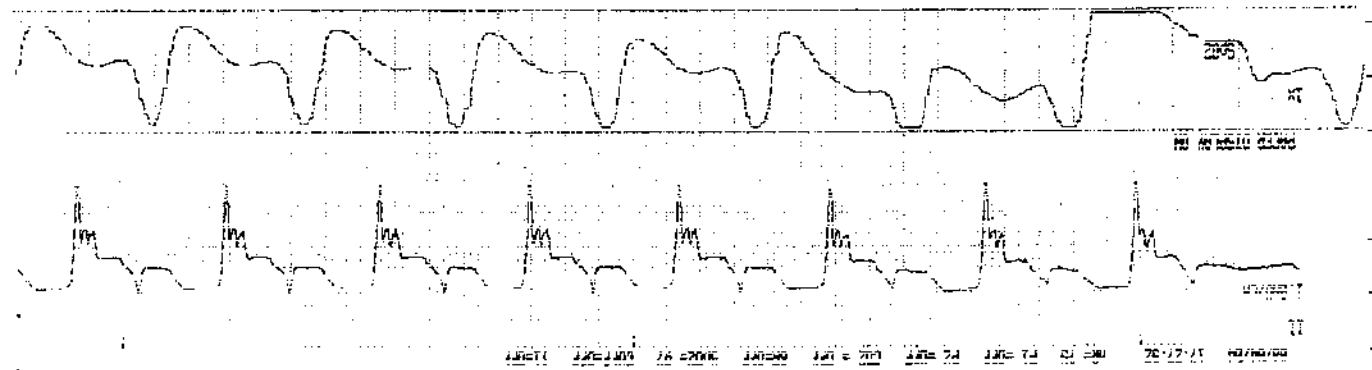
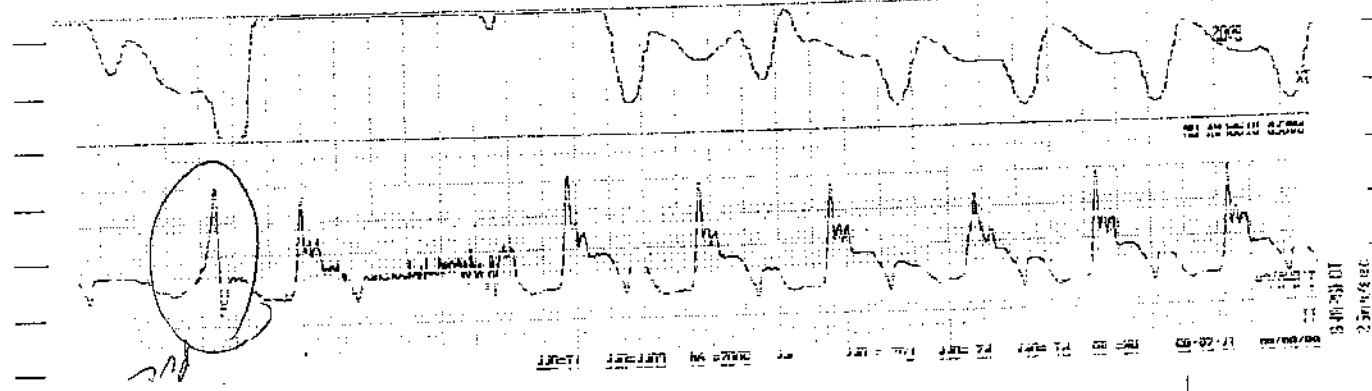
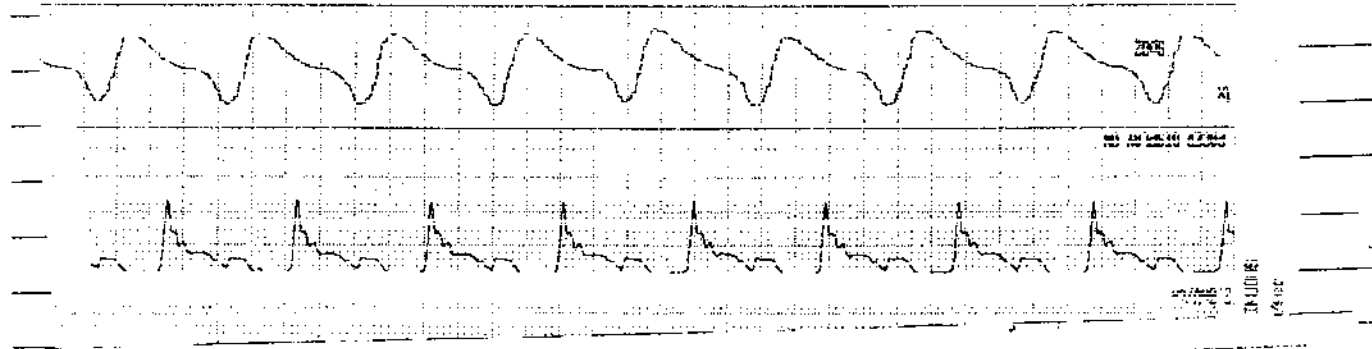
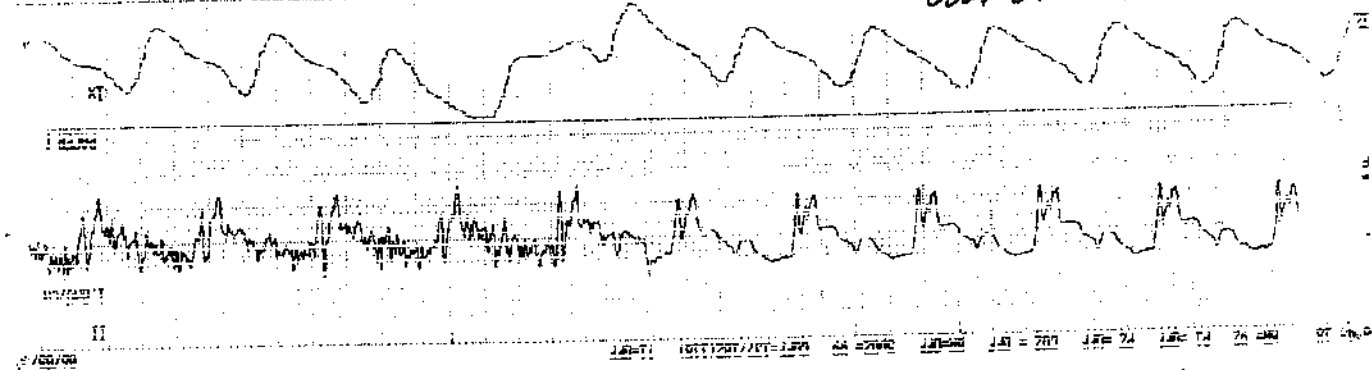
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			3/JUNE 04	2045 HOURS	
NURSING UNIT			<input checked="" type="checkbox"/> 15 Allergy to PCN <input checked="" type="checkbox"/> 16 Dx: CHF <input checked="" type="checkbox"/> (b)(6)-2 <input checked="" type="checkbox"/> (b)(6)-2 <input checked="" type="checkbox"/> (b)(6)-2 <input checked="" type="checkbox"/> (b)(6)-2		

DA FORM 4256 1 APR 79

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

For Official Use Only / Law Enforcement Sensitive

0054-04-11078-8399



6055-04-0078-83151

AUTHORIZED FOR LOCAL REPRODUCTION

Bison 41

(b)(6)-4

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

(b)(6)-2

FROM: (Requesting physician or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

52 y/o c/o SHORT OF BREATH, CHEST PAIN SINCE LAST NITE  
Hx AT ATTACK. TAKES CAROTIN, ISORDIN, ASA, ~~DIETARY~~

(b)(6)-2

(b)(6)-2

HEPZ, ASA, ESCORON 100, Pincel

PROVISIONAL DIAGNOSIS

HT DISEASE

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE  
 72 HOURS

TODAY  
 EMERGENCY

BEDSIDE  ON CALL

CONSULTATION REPORT

RECORD REVIEWED  YES  NO

PATIENT EXAMINED  YES  NO

TELEMEDICINE  YES  NO

BP - 116/90  
P 92  
R - 16

s) 52 y/o of unknown referred by medic for evaluation of chest pain since last night. Pt presents with c/o SOB and was given 1 nitro which relieved with nitro. Otherwise he has H/O HTN, DM, smoker at present.

47% on RA d) W/O of mild respiratory distress relieved after sublingual nitro

Lungs - clear  
Heart - RAR S2, S2, S4

? known heart problem  
A/N

A) 1. UNSTABLE ANGINA

MI - AMI  
MI

H/O - ESCORON, ASA, HEPZ, ASA 2 H/O NITRO  
Allergies - PEN

p) 1. TRANSFER TO ORBIT for further evaluation and recommendation  
2. care and pain relieved @ length to get through interphase

(Continue on reverse side)

SIGNATURE AND TITLE

(b)(6)-2

SP USPT

DATE

3 JUN 07

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR

SPONSOR'S NAME (Last, first, middle)

SPONSOR'S ID NUMBER (SSN or Other)

PATIENT'S IDENTIFICATION

(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

(b)(6)-4

Bison #4

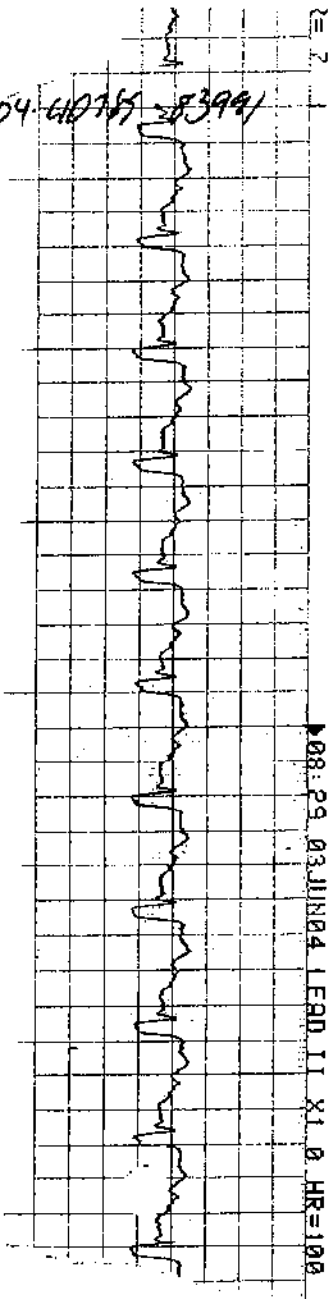
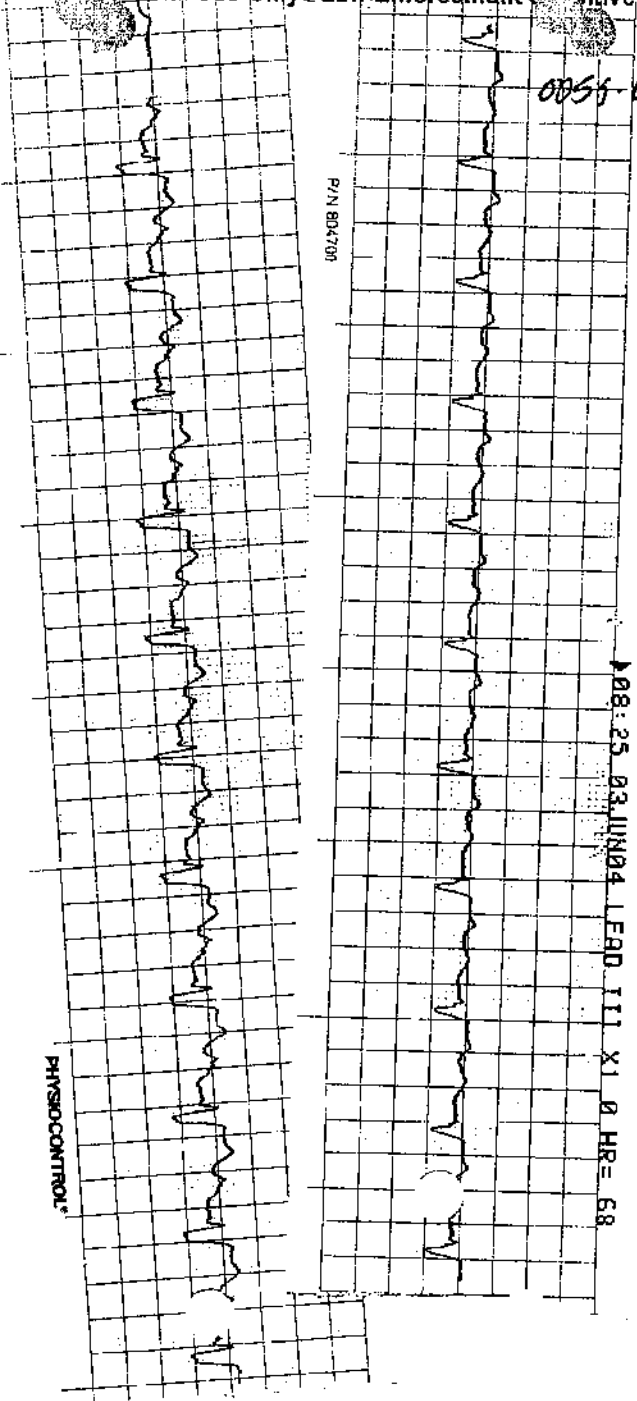
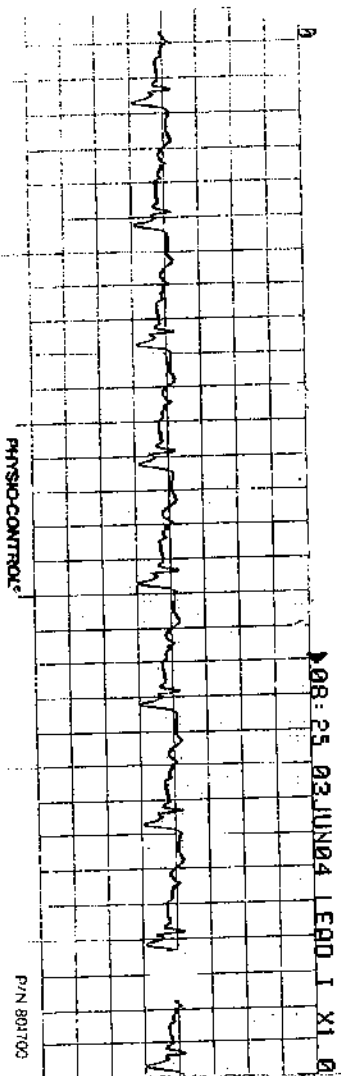
CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.20316(10)  
USAPA V1 00

bx 4  
25

0056-04-610785-83991



SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR

SITE:	TIME:	09					
COLOR		P					
CAPILLARY REFILL		1					
TEMPERATURE		W					
EDEMA	L.F.E. OHU	0					
SENSATION		S					
MOTION		R					
PASSIVE FLEXION		0					
PERIPHERAL PULSE		2					

SAFETY

TIME:	09		
ID band visible/legible	DG		
Orient to environment pm	DG		
Side rails (2/4) up	NA		
Bed position low	DG		
Call light within reach	NA		

OTHER

Review & post lab results	DG		
Notify MD abnormal labs	DG		
Incontinent urine/stool	DG		
Linen change pm	DG		
Turn/reposition q2h	NA		
ROM q2h if immobile	NA		
Antibiotic hose	-		

**LEGEND**  
 Color: P-pink (normal); C-cyanotic; W-pale, white  
 Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)  
 Temperature: C-cool; W-warm; H-hot  
 Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting  
 Sensation: A-absent; N- numb; T-tingling; S-sensation (present)  
 Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM  
 Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain  
 Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;  
 D-doppler, P-palpable

DIE	BREAKFAST	LUNCH	DINNER
	TYPE: <u>Engl</u>	TYPE:	TYPE:
	PERCENT CONSUMED: <u>100%</u>	PERCENT CONSUMED:	PERCENT CONSUMED:
	HOW TOLERATED: <u>well</u>	HOW TOLERATED:	HOW TOLERATED:

ADLs	0700-1500		1500-2300		2300-0700	
	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE	<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE
	BATH/ORAL CARE	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST
	AMBULATE <u>(circled)</u> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST	AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST
	BSC # TIMES/SHIFT	BSC # TIMES/SHIFT	BSC # TIMES/SHIFT	BSC # TIMES/SHIFT	BSC # TIMES/SHIFT	BSC # TIMES/SHIFT
	BRP	BRP	BRP	BRP	BRP	BRP
	CHAIR	CHAIR	CHAIR	CHAIR	CHAIR	CHAIR

TEACHING	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:
	CONTENT:		CONTENT:		CONTENT:	
	<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding	

PATIENT IDENTIFICATION	INITIALS	SIGNATURE	SHIFT
	(b)(6)-2		D
	(b)(6)-4		

- Ex 4 27

SECTION III - INTERVENTIONS & TREATING (CONT)

W O U N D  C A R E	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
		None		

SECTION IV - NOTES

09 6 June 04 Pt up walking + sitting in chair. Denies dizziness, SOB + chest pain  
 & activity. Appetite fair. Tolerating meds well. Please refer to nursing  
 assessment form medcom 689-R. (b)(6)-2 LTCAN

1300 Pt feeling good. VSS Tolerating medications well. Appetite good  
 No chest pain. Discharge instructions reviewed & pt + expresses understanding.  
 (b)(6)-2 LTCAN

1400 Pt discharged accompanied by MPs. Condition stable. VSS.  
 (b)(6)-2 LTCAN

EX 4  
28

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

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

0156-04-01078-93551

SECTION I - PATIENT ASSESSMENT

DATE: 6 July 2004

PATIENT ACUITY LEVEL:

POST-OP DAY:

HOSPITAL DAY: 3

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Form with checkboxes for Ambulatory, Crutches, Wheelchair, Stretcher, and various assessment fields like Time, Anesthesia, Physician, B/P, P, R, T, Neurovascular checks, etc.

VITAL SIGNS

Table for vital signs including BP Arterial Line, BP Cuff, Temperature, Pulse, Respiratory Rate, Oxygen (L%), Pulse Oximeter, and O2 Method.

Oxygen Method Key: NC = Nasal cannula, NR = Non rebreather, FM = Face mask, VM = Venturi mask, MT = Mist tent, PR = Partial rebreather, A = Aerosol, TC = Trach collar

PAIN

Pain intensity scale table with columns for time and rows for PAIN INTENSITY (10, 5, 0) and MED ADMINISTERED (Y/N).

SPECIAL

Special needs checklist including Skin breakdown prevention, Falls prevention protocol, Restraint protocol, Seizure precautions, and Isolation precautions.

OTHER

Other assessment table with fields for FINGER STICK GLUCOSE and INSULIN (Y/N).

NEEDS

Weight assessment fields: YESTERDAY'S WEIGHT, TODAY'S WEIGHT, WEIGHT CHANGE.

Summary table with columns for 24 HOUR TOTALS, PO, IV #1, IV #2, TOTAL IN, Urine, Stool, and TOTAL OUT.

PATIENT IDENTIFICATION section with fields for name and ID number, some containing (b)(6)-4.

DIAGNOSIS: CHF, ADMISION DATE: 6-11-04-126, EXPECTED RELEASE, CASE MANAGER, PRIMARY CARE MANAGER: (b)(6)-2, ISOLATION REQUIRED (Specify).



SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check  in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 09	INITIALS: (b)(1)	TIME:	INITIALS:	TIME:	INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>	Alert, oriented	<input type="checkbox"/>		<input type="checkbox"/>	
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>	HR + rhythm reg mild (1) foot edema periph pulses (+)	<input type="checkbox"/>		<input type="checkbox"/>	
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/>	lungs clear	<input type="checkbox"/>		<input type="checkbox"/>	
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/>	abd. soft active bowel sounds	<input type="checkbox"/>		<input type="checkbox"/>	
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/>	no reported urinary problems	<input type="checkbox"/>		<input type="checkbox"/>	
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	Good strength all extremities	<input type="checkbox"/>		<input type="checkbox"/>	
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/>	no rashes, ulcers - no redness/irritation	<input type="checkbox"/>		<input type="checkbox"/>	
8. <b>PAIN:</b> No complaints of pain/ discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>		<input type="checkbox"/>	
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	st. conscious, wants to be released	<input type="checkbox"/>		<input type="checkbox"/>	

10. **IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness \* - Central line)

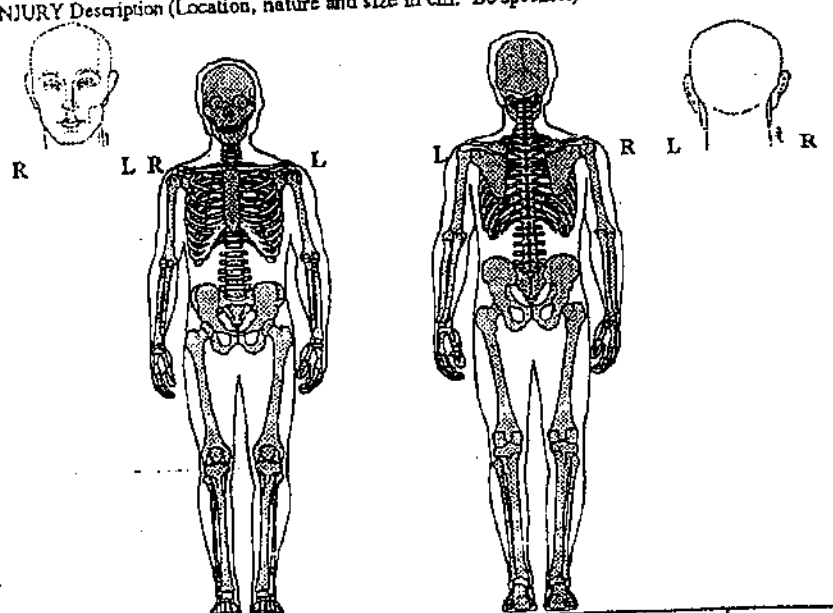
TIME: _____	INITIALS: _____	TIME: _____	INITIALS: _____	TIME: _____	INITIALS: _____
IV patency <input checked="" type="checkbox"/> q _____ hr:		IV patency <input checked="" type="checkbox"/> q _____ hr:		IV patency <input checked="" type="checkbox"/> q _____ hr:	
IV site care provided: _____		IV site care provided: _____		IV site care provided: _____	
IV tubing changed: _____		IV tubing changed: _____		IV tubing changed: _____	
IV Site #1: _____	LOCATION: _____ CONDITION: _____	IV Site #1: _____	LOCATION: _____ CONDITION: _____	IV Site #1: _____	LOCATION: _____ CONDITION: _____
IV Site #2: _____		IV Site #2: _____		IV Site #2: _____	
Comments: no IV access		Comments:		Comments:	

30 EXU

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# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proponent agency is OTSG *0035-04-010711-8351*

<b>AUTHORITY:</b> SOME REGULATION <b>PURPOSE:</b> To provide a standard means of documenting combat trauma for care at echelons 1-3 <b>ROUTINE USES:</b> The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply. <b>DISCLOSURE:</b> This is protected health information. HIPAA laws apply																									
<b>MTF DESIGNATION:</b> <i>BCOF</i> Number: _____ Type: _____	<b>CASUALTY NAME:</b> <i>(b)(6)-4</i> Rank: _____ Date of Birth: _____ Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Unit: _____																								
<b>ARRIVAL METHOD:</b> <input checked="" type="checkbox"/> WALKED <input type="checkbox"/> CARRIED <input type="checkbox"/> Non-MED AIR <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Non-MED GND <input type="checkbox"/> SHIP EVAC <input type="checkbox"/> GND AMB <input type="checkbox"/> DUSTOFF																								
<b>ARRIVAL DTG:</b> <i>1740</i> <i>3 JUN 04</i>	<b>Service:</b> <input checked="" type="checkbox"/> Civilian <input checked="" type="checkbox"/> Combatant <input type="checkbox"/> Contractor <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> NGO ( )																								
<b>Wounded DTG:</b> <i>N/A</i>	<b>PROTECTION:</b> <i>N/A</i> Not Worn: _____ Worn: _____ Struck: _____ Penetrated: _____																								
<b>WOUNDED BY:</b> <input type="checkbox"/> ENEMY <input type="checkbox"/> FRIENDLY <input type="checkbox"/> CIVILIAN (Host Country) <input type="checkbox"/> TRAINING <input type="checkbox"/> SELF ACCIDENT <input type="checkbox"/> SELF NON-ACCIDENT <input type="checkbox"/> SPORTS-RECREATION <input type="checkbox"/> OTHER: _____	<b>GLASCOW COMA SCALE (circle one):</b> 3 8 12 <b>15</b> UNC STUPOR LETHARGY ALERT																								
<b>MECHANISM OF INJURY:</b> <input type="checkbox"/> GSW/BULLET <input type="checkbox"/> BLUNT TRAUMA <input type="checkbox"/> SINGLE FRAGMENT <input type="checkbox"/> MULTI FRAGMENT <input type="checkbox"/> MVC <input type="checkbox"/> AIRCRAFT CRASH <input type="checkbox"/> KNIFE/EDGE <input type="checkbox"/> CBRNE <input type="checkbox"/> BLAST <input type="checkbox"/> BURN 1° 2° 3° _____ %TBSA <input type="checkbox"/> CRUSH <input type="checkbox"/> FALL <input type="checkbox"/> IED <input type="checkbox"/> OTHER: _____	<b>VITALS:</b> <table border="1"> <tr> <td>TIME</td> <td><i>1740</i></td> <td><i>1810</i></td> <td><i>1450</i></td> </tr> <tr> <td>Pulse</td> <td><i>103</i></td> <td><i>82</i></td> <td><i>96</i></td> </tr> <tr> <td>Temp</td> <td><i>95.9</i></td> <td></td> <td></td> </tr> <tr> <td>B/P</td> <td><i>144/103</i></td> <td><i>119/80</i></td> <td><i>112/61</i></td> </tr> <tr> <td>Resp</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SpO<sub>2</sub></td> <td><i>95%ORA</i></td> <td></td> <td><i>0150</i></td> </tr> </table>	TIME	<i>1740</i>	<i>1810</i>	<i>1450</i>	Pulse	<i>103</i>	<i>82</i>	<i>96</i>	Temp	<i>95.9</i>			B/P	<i>144/103</i>	<i>119/80</i>	<i>112/61</i>	Resp				SpO <sub>2</sub>	<i>95%ORA</i>		<i>0150</i>
TIME	<i>1740</i>	<i>1810</i>	<i>1450</i>																						
Pulse	<i>103</i>	<i>82</i>	<i>96</i>																						
Temp	<i>95.9</i>																								
B/P	<i>144/103</i>	<i>119/80</i>	<i>112/61</i>																						
Resp																									
SpO <sub>2</sub>	<i>95%ORA</i>		<i>0150</i>																						
<b>INJURY Description (Location, nature and size in cm. Be specific.)</b> 																									
<b>TX &amp; PROCEDURES:</b> SEDATED/IMMOB: Y/N INTUBATED: Y/N CRIC: Y/N NEEDLE DECOMP: Y/N Chest Tube: L R air/blood COLLOID: _____ ml CRYSTALLOID: LRNS/HTS ml TOURNIQUET: Time on _____ Time off _____ Collar / C-spine: _____ HEMOSTATIC DEVICE: Y/N specify: OXYGEN <i>102% 1745</i> Liters/min. RBC: _____ Units FFP: _____ Units CRYO: _____ Units Plts: _____ Packs HBOC: _____ ml Fresh Whole Bld: _____ Units																									
<b>OR Start DTG:</b> _____ <b>Stop DTG:</b> _____	<b>Vent On DTG:</b> _____ <b>Off DTG:</b> _____																								
<b>ICU in DTG:</b> _____ <b>Out DTG:</b> _____	<b>DISPOSITION:</b> <input type="checkbox"/> RTD <input type="checkbox"/> DECEASED DTG: <i>2100 3 Jun</i>																								
<b>PROVIDER:</b> <i>(b)(6)-2</i>	<b>EVACUATED to:</b> <input type="checkbox"/> URGENT <input type="checkbox"/> URGENT SURGICAL <input type="checkbox"/> ROUTINE <input type="checkbox"/> MINIMAL																								

MEDCOM Test Form 1381, OCT 2003

*TRK-ICU*

*31*  
*EX 4*

### Theater Trauma Registry Record

For use of this form, see DA PAM 2000; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
2005	116/89	88	21	92	A V P U	Aspirin	81mg	PO	307204-1805
					A V P U	Albuterol	0.5mg	INH	307204-1830
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES: 1750 - 52 yr old brought to EMER by chest pain. Given 1PTG. SL given before arrival. No chest pain on arrival. O<sub>2</sub> @ 4L @ 9C. (b)(6)-2

MEDICATIONS:  
 HCTZ 25mg qd  
 ASA qd  
 ESOSON/BIO/ESID  
 PRINIVIL 20mg qd

LABS:  
 Lipids, Chem 12, CBC w/diff  
 Troponin T sent 1800

XRAYS:  
 PA/Lat

PMH:  
 "Clot in heart"  
 Allergies:  
 PKDA

Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest: No SOB when cough x 6 days some chest pain  
 SOB & exertion @ chest pain

Abdomen: No pain @ belly @ night  
 (1) Loose stool  
 (2) MS

Upper: No chest pain  
 Chest belated roles scattered wheezing  
 O<sub>2</sub> sat 94% @ 4L

Pelvis: On NW sim on PVC  
 CxR belated

Lower: EKG @ all refer and right MS  
 Tn eden  
 full J.M. - patient

Skin: No abdominal redness to 0.5 cm done R/S  
 A @ chest pain

Cause of Death at (b)(6)-2

- ANATOMIC:  
 Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity (Upper/Lower)  Other
- PHYSIOLOGIC:  
 Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ failure  Other

0059-04 CID715 83951

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

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

SECTION I - PATIENT ASSESSMENT

DATE: 5/2 June 04 PATIENT ACUITY LEVEL: \_\_\_\_\_ POST-OP DAY: \_\_\_\_\_ HOSPITAL DAY: 2

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 1230 To ICU From ICU  AMBULATORY  CRUTCHES  WHEELCHAIR  STRETCHER

Total ER/RR/PACU time \_\_\_\_\_ Physician: (b)(6)-2 Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis: CHF BP 103/76 P 83 H 16 T 98.6

LOC Alert, oriented Neurovascular checks \_\_\_\_\_

Dressing/cast Ø Tubes Ø

Intake (IV, po) po Output (EBL other) \_\_\_\_\_ Voided  No  Yes Amount: \_\_\_\_\_

Medication see flow sheet

Other: \_\_\_\_\_

Report From: (b)(6)-2 Received By: (b)(6)-4 TCAN

VITAL SIGNS	TIME:	1230	1400	1800	2030														
	BP ARTERIAL LINE																		
	BP CUFF	103/76	104/78	103/72	103/70														
	TEMPERATURE	98.6		97.7	97.7														
	PULSE	83		74	87														
	RESPIRATORY RATE	16		16	16														
	OXYGEN (L/%)	-		-	-														
	PULSE OXIMETER	95%		94%	94%														
	O2 METHOD	RA		RA	RM														

Oxygen Method Key: NC - Nasal cannula NR - Non rebreather FM - Face mask VM - Venturi mask  
 MT - Mist tent PR - Partial rebreather A - Aerosol TC - Trach collar

PAIN	TIME:	1230	1945																
	PAIN INTENSITY	10	5	0															
	MED ADMINISTERED (Y/N)	N	N																
	RELIEF ACCEPTABLE (Y/N)	N	NA																

TIME: 1230 1945

\*Skin breakdown prevention (b)(6)-2 (b)(6)-2

\*Falls prevention protocol -2

\*Restraint protocol

\*Seizure precautions

\*Isolation precautions

YESTERDAY'S WEIGHT: \_\_\_\_\_

TODAY'S WEIGHT: \_\_\_\_\_

WEIGHT CHANGE: \_\_\_\_\_

\*Per hospital policy.

OTHER

TIME: NA

FINGER STICK GLUCOSE ↓

INSULIN (Y/N)

24 HOUR TOTALS	PO	IV #1	IV #2	TOTAL IN	Urine	Stool	TOTAL OUT
----------------	----	-------	-------	----------	-------	-------	-----------

PATIENT IDENTIFICATION: (b)(6)-4

DIAGNOSIS: CHF

ORG: \_\_\_\_\_ ADMISSION DATE: 6-4-04

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: (b)(6)-2

ISOLATION REQUIRED (Specify): \_\_\_\_\_

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check  in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 0930 INITIALS: (b)	TIME: 1945 INITIALS: (b)(6)-2	TIME: INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/> alert, oriented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/> Denies CP, SOB no edema. Periph pulses x4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/> Lungs clear	<input checked="" type="checkbox"/> CTA	<input type="checkbox"/>
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/> Abd. soft. active bowel sounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/> no reported probs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/> moves all extremities	<input checked="" type="checkbox"/> ambulates w/ difficulty	<input type="checkbox"/>
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/> intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. <b>PAIN:</b> No complaints of pain/discomfort. (See page 1 for documenting pain intensity)	<input checked="" type="checkbox"/> Denies	<input checked="" type="checkbox"/> no complaint voiced	<input type="checkbox"/>
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/> cooperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. **IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness \* - Central line)

TIME: INITIALS:	TIME: 1945 INITIALS: (b)(6)-2	TIME: INITIALS:
IV patency <input checked="" type="checkbox"/> q hr:	IV patency <input checked="" type="checkbox"/> q hr:	IV patency <input checked="" type="checkbox"/> q hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
IV Site #1: LOCATION CONDITION	IV Site #1: LOCATION CONDITION	IV Site #1: LOCATION CONDITION
IV Site #2: LOCATION CONDITION	IV Site #2: LOCATION CONDITION	IV Site #2: LOCATION CONDITION
Comments: <i>no IV access</i>	Comments: <i>NO IV access</i>	Comments:

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Ex 4

### Theater Trauma Registry Record

For use of this form, see DA PAM 1000; the proposed agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
2005	116	89	88	21	92	A V P U Aspirin	81mg	PO	337004-1805
						A V P U Albuterol	0.5mg	INH	33700-1830
						A V P U			
						A V P U			
						A V P U			
						A V P U			

NOTES: 1750 - 5 2/22 chest brought to EMTC by chest pain. Given 1 NTG. 5L given before arrival. No chest pain on arrival. O<sub>2</sub> @ 4L 1/2. (b)(6)-2

**MEDICATIONS:**

HCTZ 25mg qd  
ASA qd  
ISOSORBID 10/30  
PRINIVIL 20mg qd

**LABS:**

lytes, Chem 12, CBC, coag  
Troponin sent 1800

**XRAYs:**

PAB LON

**PMH:**

"Clot in heart"

**Allergies:**

PKDA

**Discharge Summary Information (Diagnosis, Procedures and Complications)**

Head and Neck:

Chest: No SOB when cough x 6 days some chest pain  
SOB & exertion @ chest pain

Abdomen: No pain @ belly @ swelling at right  
① L waist 2190  
② MS

Upper: No SOB when  
Chest bilateral rales scattered wheezing O2 sat 94% 4L

Pelvis: Cx R knee in an AC  
CXR bilateral

Lower: EKG @ all refered septal MI  
T-wave  
full full - partial

Skin: No abrasions, redness, or discoloration. Done RFS  
① head for

Cause of Death at \_\_\_\_\_

**ANATOMIC:**

- Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity (Upper/Lower)  Other

**PHYSIOLOGIC:**

- Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ failure  Other

SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS						
DIRECTIONS: A check <input checked="" type="checkbox"/> in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.						
	TIME: <u>09</u>	INITIALS: <u>(b)(1)</u>	TIME:	INITIALS:	TIME:	INITIALS:
1. <b>NEUROLOGICAL:</b> Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	<input checked="" type="checkbox"/>	Alert, oriented	<input type="checkbox"/>		<input type="checkbox"/>	
2. <b>CARDIOVASCULAR:</b> Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. (See page 3 for extremity perfusion)	<input checked="" type="checkbox"/>	HR + rhythm reg. mild (+) foot edema. perf pulses (+)	<input type="checkbox"/>		<input type="checkbox"/>	
3. <b>PULMONARY:</b> Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	<input checked="" type="checkbox"/>	Lungs clear	<input type="checkbox"/>		<input type="checkbox"/>	
4. <b>G.I.:</b> Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding.	<input checked="" type="checkbox"/>	abd. soft. active bowel sounds	<input type="checkbox"/>		<input type="checkbox"/>	
5. <b>G.U.:</b> Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	<input checked="" type="checkbox"/>	no reported urinary problems	<input type="checkbox"/>		<input type="checkbox"/>	
6. <b>MUSCULOSKELETAL:</b> Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	Good strength all extremities	<input type="checkbox"/>		<input type="checkbox"/>	
7. <b>SKIN:</b> Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	<input checked="" type="checkbox"/>	no redness/irritation	<input type="checkbox"/>		<input type="checkbox"/>	
8. <b>PAIN:</b> No complaints of pain/discomfort. (See page 1 for documenting pain intensity.)	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>		<input type="checkbox"/>	
9. <b>PSYCHOSOCIAL:</b> Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	<input checked="" type="checkbox"/>	st. oriented, wants to be released	<input type="checkbox"/>		<input type="checkbox"/>	
10. <b>IV SITE ASSESSMENT:</b> (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)						
TIME: _____ INITIALS: _____	TIME: _____ INITIALS: _____	TIME: _____ INITIALS: _____				
IV patency <input checked="" type="checkbox"/> q _____ hr:	IV patency <input checked="" type="checkbox"/> q _____ hr:	IV patency <input checked="" type="checkbox"/> q _____ hr:				
IV site care provided: _____	IV site care provided: _____	IV site care provided: _____				
IV tubing changed: _____	IV tubing changed: _____	IV tubing changed: _____				
LOCATION      CONDITION	LOCATION      CONDITION	LOCATION      CONDITION				
IV Site #1: _____	IV Site #1: _____	IV Site #1: _____				
IV Site #2: _____	IV Site #2: _____	IV Site #2: _____				
Comments: <u>no IV access</u>	Comments: _____	Comments: _____				

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR	SITE:	TIME: 1230	1945								TIME: 1230	1945		
	COLOR	P	P								SAFETY	ID band visible/legible	(b)(6)-2	
	CAPILLARY REFILL	1	1									Orient to environment prn		
	TEMPERATURE	W	W									Side rails (2/4) up		
	EDEMA	0	0									Bed position low		
	SENSATION	S	S									Call light within reach		
	MOTION	A	R											
	PASSIVE FLEXION	0	0								OTHER	Review & post lab results	(b)(6)-2	N/A
	PERIPHERAL PULSE	1	P									Notify MD abnormal labs		/H
	<b>LEGEND</b>													
Color: P-pink (normal); C-cyanotic; W-pale, white														
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)														
Temperature: C-cool; W-warm; H-hot														
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting														
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)														
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM														
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain														
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;														
U-doppler, P-palpable														
DIET	BREAKFAST			LUNCH			DINNER							
	TYPE:			TYPE:			TYPE: <i>Ice cream</i>							
	PERCENT CONSUMED: <i>100%</i>			PERCENT CONSUMED: <i>100%</i>			PERCENT CONSUMED: <i>50%</i>							
	HOW TOLERATED:			HOW TOLERATED:			HOW TOLERATED: <i>well</i>							
ADLs	0700-1500			1500-2300			2300-0700							
	BATH/ORAL CARE			BATH/ORAL CARE			BATH/ORAL CARE							
	TYPE OF ACTIVITY (Circle all that apply)			TYPE OF ACTIVITY (Circle all that apply)			TYPE OF ACTIVITY (Circle all that apply)							
TEACHING	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:		
	CONTENT:			CONTENT:			CONTENT:			CONTENT:				
	1. <i>Onix to ICU.</i> <i>Report SIS CP/SOB</i>													
<input type="checkbox"/> Patient/Family Verbalizes Understanding			<input type="checkbox"/> Patient/Family Verbalizes Understanding			<input type="checkbox"/> Patient/Family Verbalizes Understanding			<input type="checkbox"/> Patient/Family Verbalizes Understanding					
PATIENT IDENTIFICATION				INITIALS	SIGNATURE				SHIFT					
(b)(6)-4				(b)(6)-2	LTC. AN MLO SGT				(b)(6)-2					



SECTION III - INTERVENTIONS & TEACHING (Cont.)

WOUND	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
C A R E	1230	None		

SECTION IV - NOTES

1230 Received as transfer from IED. Stable, VSS, please refer to nursing assessment form Medcom 684-R. (b)(6)-2 LTC AU

1800 No % chest pain, SOB. VSS. Appetite fair. Resting quietly and responds appropriately. Lungs clear, HR and rhythm regular. (b)(6)-2 LTC AU

1945 Pt ambulating on ward 3 any difficulty. Pt 5 any dyspnea, no clb chest pain. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT

0030 Pt's Bp checked prior to 2400 meds. Pt denies any clb clp or dyspnea. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT

SECTION III - INTERFERENCES & TEACHING (CONT)

WOUND	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	1235	Nose		

SECTION IV - NOTES

5 June 1235 Received as transfer from ILL. Stable, YES, please refer to nursing assessment form Medcom 689-R. (b)(6)-2 LTC AD

1800 No % chest pain, SOB. VSS. Appetite fair. Resting quietly and responds appropriately. Lungs clear, HR and rhythm regular. (b)(6)-4 LTC AD

1945. Pt ambulating on ward 3 any difficulty. Pt 5 any dyspnea, no % chest pain. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT

0030 Pt's B/P checked prior to 2400 meds, pt denies any % of dyspnea. Will continue to monitor pt for any needs. 91WML6 (b)(6)-2 SGT

		NEUROLOGICAL ASSESSMENT																								LEGEND						
		OURS	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23						
C O M M	EYE'S OPT N	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			C Closed by swelling			
		TO SPEECH	3																													
		TO PAIN	2																													
		NO EYE OPENING	1																													
A S S	BEST VERBAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			T Trace/Emo S Staring D Dysphasia R Responsive E Expressive			
		CONFUSED	4																													
		VERBALIZES	3																													
		VOCALIZES	2																													
		NO VOCALIZATION	1																													
C A U S	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/						
		LOCALIZES PAIN	5																													
		FLEXION WITHDRAWAL	4																													
		ABNORMAL FLEXION	3																													
		EXTENSION TO PAIN	2																													
L I M B	ARMS	NORMAL POWER	6	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			R Right L Left  Record Separately if there is a Difference between the two sides			
		MILD WEAKNESS	5																													
		SEVERE WEAKNESS	4																													
		ABNORMAL FLEXION	3																													
		ABNORMAL EXTENSION	2																													
L I M B	LEGS	NORMAL POWER	6	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/						
		MILD WEAKNESS	5																													
		SEVERE WEAKNESS	4																													
		ABNORMAL FLEXION	3																													
		ABNORMAL EXTENSION	2																													
P U P I L S	RIGHT	SIZE	3	3	3	3	3	3	3	2																				+ + Brisk + Slow - No Response		
		REACTION	H	H	H	H	H	H	H	H	H																					
	LEFT	SIZE	3	3	3	3	3	3	3	3	3																					
		REACTION	H	H	H	H	H	H	H	H	H																					
PUPIL SCALE																																
ICP																										+ Intact - Abnormal						
CEREBRAL PERFUSION PRESSURE																																
		VASCULAR ASSESSMENT																														
		HOURS	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23						
↑ left	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			+ + Normal + Weak - Absent 0 Doppler		
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
↓ left	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
edema ↑ left	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
edema ↓ left	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					

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POST-OP DAY								ACTIVITY LEVEL CLASSIFICATION																			
V I T A L S  I N T A K E  O U T P U T	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME								L A B O R A T O R Y	TIME								
										MODE									GLUCOSE								
										F <sub>IO2</sub>									Na/K								
										TV									Cl/CO <sub>2</sub>								
										RATE							BUN/Cr										
										PEEP							WBC/PLATELET										
										A	pH								Hct/Hgb								
											PCO <sub>2</sub>																
											PO <sub>2</sub>																
										B	HCO <sub>3</sub>																
								SAT																			
								BASE																			
								A C T I V I T Y	TIME							T U R N	TIME										
									MOUTH CARE																		
									BATH																		
									SKIN CARE																		
									FOLEY CARE																		
									TRACH CARE																		
									ROM EXERCISES																		
								24 <sup>h</sup> TOTALS				NURSE'S SIGNATURE				INITIALS											
								WT Yesterday							(b)(6)-2				(b)(6)-2								
								INTAKE						(b)(6)-2													
								IV																			
								Urine:																			
								Po																			

POST-OP DAY									ACUITY LEVEL CLASSIFICATION													
V I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME												
										MODE												
										F <sub>i</sub> O <sub>2</sub>												
										TV												
										RATE												
										PEEP												
										A	pH											
											PCO <sub>2</sub>											
											PO <sub>2</sub>											
										B	HCO <sub>3</sub>											
								SAT														
								G	BASE													
I N T A K E	16	17	18	19	20	21	22	23	L A B O R A T O R Y	TIME												
										GLUCOSE												
										Na/K												
										Cl/CO <sub>2</sub>												
										BUN/Cr												
										WBC/PLATELET												
										Hct/Hgb												
O U T P U T									A C T I V I T Y	TIME												
										MOUTH CARE	(b)(6)											
										BATH												
										SKIN CARE	(b)(6)											
										FOLEY CARE												
										TRACH CARE												
										ROM EXERCISES												
									24 <sup>h</sup> 180 TOTALS				NURSE'S SIGNATURE									
									WT Yesterday		wt Today		(b)(6)-2									
									INTAKE		OUTPUT		(b)(6)-4									
									IV		Urine:											
									Po													
									BALANCE													

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)  
QA Apr 8/Mar 89

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

INITIAL SHIFT ASSESSMENT

N E U R O	TIME	INITIALS (b)(6)	INITIALS (b)(6)	INITIALS
	PUPILS	2400	PERLA	PITLA
SENSORIUM		CAOX3	ASOX3, cooperative	
R E S P I R A T O R Y	RESPIRATION PATTERN	regular, unlabored	regular, unlabored	
	BREATH SOUNDS	clear all fields	clear	
	SECRECTIONS		occasional cough	
S K I N	COLOR	wnl	wnl, per nail	
	INTEGRITY	wnl	wnl	
I V S I T E	LOCATION	(2) FA	(2) FA	
	CONDITION	wnd, d/s/d	patent, d/s/d	
G A S T R O	ABDOMEN	SNT @ mucus	S, slightly distended	
	BOWEL SOUNDS	(4) all 4 quadrants	normal, normal	
G U	URINE	voiding & difficulty	voids & difficulty	
	COLOR/CLARITY	dark yellow	clear, yellow	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	1° AV block E	1° AV block E	
		1° CD & accel	occasional PAC	
		PAC	E-cadema BVE	
LEGEND		Cr - Creatinine F <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>i</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive and Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - tracheostomy

(Continue on reverse)

(b)(6)-2 *VCT* DEPARTMENT/SERVICE/CING *ICU* DATE *5 June 89*

PATIENT'S INDICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

#

(b)(6)-4

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

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DATE		PATIENT															HOSPITAL DAY		
5 June 01		CHF															2		
V	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
		BP Arterial line	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
I	BP Cuff	98/62	88/57	98/67	97/72	88/70	88/67	112/61		91/72	71/56	98/60		100/72					
T	Temperature	97.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A	Pulse	70	75	69	77	74	78	83	85	76	73	72		88					
L	Respiratory Rate	18	18	20	18	14	20	18	20	20	22	22		20					
	SpO2	97	97	96	97	97	95	97	99	99	96	97		99					
S																			
I																			
G																			
N																			
S																			
	TIME	24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>
I	IVF: Nacl	30	30	30	30	30	30	30	30	240	30	30	30	IV Nacl 200ml					
N	PO						100			100	400	150	0		200				
T																			
A																			
K																			
E	TOTALS									(340)	430	130	30	0	(210)				
O	URINE	HOOR	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		TOTAL						1450	1450		(140)	1450	400	550	370	1425			
U	NG	OUTPUT																	
		PH																	
		GUAC																	
P	EMESIS																		
P	STOOL																		
U	DRAINS																		
T	TOTALS																		

DATE		PATIENT															HOSPITAL DAY			
5-June-07		CHF															2			
V	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
	BP Arterial line		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
BP Cuff		98/63	83/57	96/67	97/72	84/70	88/76	112/71		44/12	71/56	98/60		102/72						
Temperature		97.9	-	-	-	-	-	-		-	-	96.9		-						
Pulse		70	75	69	77	74	75	83	85		76	73	73				88			
Respiratory Rate		18	18	20	18	14	20	18	20		20	22	22				20			
SpO2		97	97	96	97	97	95	97	99		99	96	97				99			
S																				
I																				
G																				
N																				
S																				
	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
I	IVF: Nacl	30	30	30	30	30	30	30	30	240	30	30	30	30	IV Nacl 2.000L					
N	PO						100			100	400	100							200	
T																				
A																				
K																				
E	TOTALS									(340)	430	130	30	0	(210)					200
O	URINE	HOURLY TOTAL	/	/	/	/	/	/	/	(140)	450	400	300	300	(1425)	/	/	/	/	/
U	NG	OUTPUT																		
P	EMESIS																			
L	STOOL																			
U	DRAINS																			
T	TOTALS																			

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EX4



POSTER DAY									ACUTE LEVEL CLASSIFICATION: <u>0055-04-C10 719-82551</u>																															
V I T A L S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME										A A B G	pH								L A B	GLUCOSE	109									
	76/43	74/51	72/52	109/74	74/40	88/61	88/62	57/65		MODE											NaK	132/41																		
	96 <sup>8</sup>	-	-	-	-	-	-	-		F.O <sub>2</sub>											CHOC <sub>2</sub>	100/21																		
	75	76	72	77	75	91	69	74		TV											BUN/Cr	12/11																		
	18	22	22	20	20	22	20	16		RATE											WBC/PLATELET	8/4/26																		
	94	96	94	95	94	94	98	96		PEEP											Hct/Hgb	57/13.2																		
										BASE											Tropoin 1 Neg																			
I N T A K E	16	17	18	19	20	21	22	23	8°T	A C T I V I T Y	TIME										T U R N	MOUTH CARE	(b)(6)																	
	30	30	30	30	30	30	30	30	240		BATCH									SKIN CARE		(b)(6)																		
	400	20	-	-	-	-	-	300	1020		FOLEY CARE									TRACH CARE																				
											ROM EXERCISES																													
O U T P U T										S U C T I O N	TIME										T U R N																			
	X	650	X	X	X	X	X	1500																																
24 HOURS TOTALS									24 HOURS TOTALS																															
WT Yesterday									wt Today																															
INTAKE									OUTPUT																															
IV 720									Urine 3570																															
Po 3170																																								
TOTAL 3960									TOTAL 3570																															
BALANCE (22)																																								
For Official Use Only / Law Enforcement Sensitive									b(6)-2																															
									46																															
									EX 4																															

		NEUROLOGICAL ASSESSMENT																										
		HOURLY	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND											
C	EYES OPEN	SPONTANEOUSLY	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	C Closed by swelling										
		TO SPEECH	2																									
		TO PAIN	2																									
		NO EYE OPENING	1																									
A	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Y Trauma S Staring D Dysphasia R Responsive E Extremities										
		COMPLETED	4																									
		VERBALIZES	3																									
		VOCALIZES	2																									
		NO VOCALIZATION	1																									
G	BEST MOTOR RESPONSE	OBEYS	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R Right L Left  Record Separately if there is a Difference between the two sides										
		COMPLIES	4																									
		LOCALIZES PAIN	5																									
		FLEXION WITHDRAWAL	4																									
		ABNORMAL FLEXION	2																									
E	EXTENSION TO PAIN	2																										
		NO RESPONSE	1																									
L	ARMS	NORMAL POWER		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R Right L Left  Record Separately if there is a Difference between the two sides										
		MILD WEAKNESS																										
		SEVERE WEAKNESS																										
		ABNORMAL FLEXION																										
		ABNORMAL EXTENSION																										
L	LEGS	NORMAL POWER		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R Right L Left  Record Separately if there is a Difference between the two sides										
		MILD WEAKNESS																										
		SEVERE WEAKNESS																										
		ABNORMAL FLEXION																										
		ABNORMAL EXTENSION																										
P	RIGHT	SEE REACTION		3	3	3	3	3	3	3	3	3	3	3	3	3	3	+ - Brisk + Slow - No Response										
		HEAVY		+	+	+	+	+	+	+	+	+	+	+	+	+	+		+									
P	LEFT	SEE REACTION		3	3	3	3	3	3	3	3	3	3	3	3	3	3	+ - Brisk + Slow - No Response										
		HEAVY		+	+	+	+	+	+	+	+	+	+	+	+	+	+		+									
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm																				
ICP																					+ Intact							
CEREBRAL PERFUSION PRESSURE																					- Abnormal							
		VASCULAR ASSESSMENT																										
		HOURLY	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
Key	R		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ + Normal + Weak - Absent D Doppler R Right	
	L		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Arm	R		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	L		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Edema ↑	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Edema ↓	R		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	L		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

NEUROLOGICAL ASSESSMENT

		HOURS		00	01	02	04	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND			
C	EYES OPEN	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	C Closed by sweating			
		TO SPEECH	3																										
		TO PAIN	2																										
		NO EYE OPENING	1																										
A	BEST VERBAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	T Trunc Embo S Stuttering D Dysphasia R Receptive E Expressive			
		COMPLETED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1																										
C	BEST MOTOR RESPONSE	OBEYS COMMANDS	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
		LOCALIZES PAIN	5																										
		FLEXION WITH PAIN	4																										
		ABNORMAL FLEXION	3																										
		EXTENSION TO PAIN	2																										
L	ARMS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right L Left  Record Separately if there is a Difference between the low sides			
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
M	LEGS	NORMAL POWER		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
PUPILS	RIGHT	SIZE REACTION		3	3	3	3																			- - Brisk + Slow No Response			
	LEFT	SIZE REACTION		3	3	3	3																						
PUPIL SCALE																													
ICP																												+ Intact	
CEREBRAL PERFUSION PRESSURE																												- Abnormal	

VASCULAR ASSESSMENT

		HOURS		00	02	04	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Key	R	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal + Weak - Absent 0 Doppler
	L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Arm	R	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Edema ↑	R	L																							
	L	R																							
Edema ↓	R	L																							
	L	R																							

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA 0055-04-10783-8355/

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)  
0A Apr 89 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0800	(b)(6)-2	1900	(b)(6)-2
	SENSORIUM	PERLA		PERLA	
R E S P I R A T O R Y	RESPIRATION PATTERN	2x3, temperature		CAOX 3	
	BREATH SOUNDS	Regular, unlabored		regular & unlabored	
	SECRETIONS	CTA @		Clear, all fields	
		none			
S K I N	COLOR	2 L/min O <sub>2</sub> via NC			
	INTEGRITY	WNL		WNL	
I V	LOCATION	WNL		WNL	
	CONDITION			WNL	
G A S T R O	ABDOMEN	(L) FA		(D) FA	
	BOWEL SOUNDS	patent, good blood		WNL; 5/5/ab	
G U	URINE	normal; 0 sis infra		NS/C/KO	
	COLOR/CLARITY	clear, 1/2 WNL		clear, 1/2 WNL	
C A R D I O V A S C U L A R	CARDIAC RHYTHM - e/e	3, NT, AD		3, NT (-) noise	
	ST V/V	BSE x 4		(+) all 4 quad	
LEGEND		Cr - Creatinine F <sub>IO</sub> - Fraction of inspired O <sub>2</sub> F <sub>CO2</sub> - Bicarbonate ICP - Intracranial Pressure PAD - PRESSURE OF ARTERIAL CO <sub>2</sub> PEEP - Positive End Expiratory Pressure S/A - Fractional SA1 - Saturation TRACH - Tracheostomy			

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE 4 Jun 04

(b)(6)-4

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

...49

DA FORM 4700 1 MAY 78

DATE		DR															HOSPITAL DAY		
V-ONE		CHF															2		
	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V	SP Arterial line																		
I	SP Cuff	120/85	101/68	93/61	93/63	23/70	136/100	9/62	82/59	24/53	87/59	87/61	91/61	97/64	112/70	83/60	79/44		
T	Temperature	97.8					97.6	-	-	-	97.2	-	-	97.2	-	-	-		
A	Pulse	97	72	67	67	83	101	76	81	-	78	73	68	87	74	82	113	66	
L	Respiratory Rate	24	22	22	24	22	24	22	20	-	20	20	18	18	20	18	20	18	
	O <sub>2</sub>	94%	96%	97%	95%	96%	96%	94	94%	-	94	94	94	95	98	96	95	93	
S																			
I																			
G																			
N																			
S																			
	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
I	NS @ 30	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
N	PO intake	200		200		200	200			800	150	150	150	150	250	200	200	200	1350
T																			
A																			
K																			
E	TOTALS									(1040)	140	180	20	330	380	230	230	230	(590)
O	URINE					400	400			(800)	475			275	500			(1250)	
U	NG																		
T	EMESIS																		
P	STOOL																		
U	DRAINS																	50	

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Ex 4

DATE		PATIENT NAME															HOSPITAL DAY		
TIME		CHF															2		
	MF	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V	BP Arterial line																		
I	BP Cuff	12/85	10/68	93/61	93/63	82/50	85/50	80/52	80/52	84/53	87/59	87/61	91/61	97/64	102/50	83/52	75/41		
T	Temperature	97.8					97.9							97.2					
A	Pulse	97	72	67	67	83	101	76	81	78	73	68	87	74	82	63	66		
L	Respiratory Rate	24	22	22	24	22	24	22	20	20	20	18	18	20	18	20	18		
	O <sub>2</sub>	94%	96%	97%	95%	96%	96%	94	94%	94	94	94	95	98	96	95	93		
S																			
I																			
G																			
N																			
S																			
	TIME	24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>
I	NS @ 30	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
N	PO intake	200		200		200	200			800	150	150	200	250	200	200	200	200	1350
T																			
A																			
K																			
E	TOTALS									1040	140	180	20	330	380	230	230	230	1590
O	URINE					400	400	400	820	800	475			275	500				1250
U	NG																		
T	EMESIS																		
P	STOOL																		
U	DRAINS																		51



NEUROLOGICAL ASSESSMENT

		EDRS	21	23													
C	EYES OPEN	SPONTANEOUSLY	4	✓	✓												
		TO SPEECH	3														
		TO PAIN	2														
		NO EYE OPENING	1														
M	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓												
		CONFUSED	4														
		VERBALIZES	3														
		VOCALIZES	2														
		NO VOCALIZATION	1														
S	BEST MOTOR RESPONSE	OBEYS	6	✓	✓												
		COMMANDS	5														
		LOCALIZES PAIN	4														
		FLEXION WITHDRAWAL	3														
		ABNORMAL FLEXION	2														
		EXTENSION TO PAIN	1														
L	ARMS	NORMAL POWER	6	✓	✓												
		MILD WEAKNESS	5														
		SEVERE WEAKNESS	4														
		ABNORMAL FLEXION	3														
		ABNORMAL EXTENSION	2														
M	LEGS	NORMAL POWER	6	✓	✓												
		MILD WEAKNESS	5														
		SEVERE WEAKNESS	4														
		ABNORMAL FLEXION	3														
		ABNORMAL EXTENSION	2														
P	RIGHT	SIZE	3	3													
		REACTION	+	+													
P	LEFT	SIZE	3	3													
		REACTION	+	+													
PUPIL SCALE																	
ICP																	
CEREBRAL PERFUSION PRESSURE																	

LEGEND  
C Closed by swelling

T Trach Tube  
S Swelling  
D Dysphasia  
R Receptive  
E Expressive

R Right  
L Left  
Record Separately if there is a Difference between the two sides

++ Brisk  
+ Slow  
- No Response

+ Intact  
- Abnormal

VASCULAR ASSESSMENT

		HOURS	21	23												
Leg	R		++	++												
	L		++	++												
Arm	R		++	++												
	L		++	++												
	R															
	L															
	R															
	L															

++ Normal  
+ Weak  
- Absent

0 Doppler  
R Right

53



NEUROLOGICAL ASSESSMENT

		HOURS	21	23		
C O M	EYES OPEN	SPONTANEOUSLY	4	✓	✓	LEGEND C Closed by swelling
		TO SPEECH	3			
		TO PAIN	2			
		NO EYE OPENING	1			
A S	BEST VERBAL RESPONSE	ORIENTED	5	✓	✓	T Trach/ann S Slurring D Dysphasia R Receptive E Expressive
		CONFUSED	4			
		VERBALIZES	3			
		VOCALIZES	2			
C A L	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓	✓	
		LOCALIZES PAIN	5			
		FLEXION WITHDRAWAL	4			
		ABNORMAL FLEXION	3			
L I M B	ARMS	NORMAL POWER	✓	✓	R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS				
		SEVERE WEAKNESS				
		ABNORMAL FLEXION				
M C Y E M E N T	LEGS	NORMAL POWER	✓	✓		
		MILD WEAKNESS				
		SEVERE WEAKNESS				
		ABNORMAL FLEXION				
P U P I L S	RIGHT	SIZE REACTION	3/3	+/+	++ Brisk + Slow No Response	
	LEFT	SIZE REACTION	3/3	+/+		
PUPIL SCALE						
ICP						
CEREBRAL PERFUSION PRESSURE						
		+ Intact - Abnormal				

VASCULAR ASSESSMENT

		HOURS	21	23		
Leg	R	+	+/+		++ Normal + Weak - Absent D Doppler R Right	
	L	+	+/+			
Arm	R	+	+/+			
	L	+	+/+			
	R					
	L					
	R					
	L					

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54  
EX 4

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	INTEL (b)(6)-	INTILAS	INTILAS
N E U R O	PUPILS	2100			
	SENSORIUM	Perrla			
		A=O x 3			
R E S P I R A T O R Y	RESPIRATION PATTERN	regular			
	BREATH SOUNDS	crackles/wheezing BLL			
	SECRETIONS	none			
S K I N	COLOR	normal for race			
	INTEGRITY	intact moist			
		WRR			
I V S I T E	LOCATION	@ forearm			
	CONDITION	COI patent			
		NS @ KVO			
G A S T R O	ABDOMEN	soft nontender			
	BOWEL SOUNDS	active x 4			
G U	URINE	voiding			
	COLOR/CLARITY	yellow/clear			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR			
		massive cardiac x1			
		grage			
		hypertension			
	LEGEND	Cr - Creatinine F <sub>IO</sub> - Fraction of inspired O <sub>2</sub> F <sub>O</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(b)(6)-2

(b)(6)-4

(Continue on reverse)

DEPARTMENT/SERVICE/CNCL  
ICU

DATE  
3 Jun 04

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

55

DATE		CA										HOSPITAL DAY							
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V I T A L	BP Arterial line																		
	BP Cuff																		
	Temperature																		
	Pulse																		
	Respiratory Rate																		
S I G N S	O <sub>2</sub>																		
I N T A K E	TIME	24	01	02	03	04	05	06	07	8 <sup>°</sup> T	08	09	10	11	12	13	14	15	8 <sup>°</sup> T
	NS@TKO																		
	Po intake																		
E	TOTALS																		
O U R I N E	URINE																		
	HOUR TOTAL																		
	SP																		
	SA																		
	NG																		
	OUTPUT																		
	D-I																		
	GUAC																		
	EMESIS																		
	STOOL																		
U	DRAINS																		

DATE		DX															HOSPITAL DAY				
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15				
V I T A L	BP Arterial line																				
	BP Cuff																				
	Temperature																				
	Pulse																				
	Respiratory Rate																				
S I G N S	O <sub>2</sub>																				
I N T A K E	TIME	24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	12	13	14	15	8 <sup>°T</sup>		
	NS@TKU																				
	Po intake																				
E	TOTALS																				
O U T	URINE	HOUR TOTAL	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
		SP gr																			
		S.A																			
	NG	OUTPUT																			
PH																					
GUJAC																					
P	EMESIS																				
	STOOL																				
U	DRAINS																				

EX 4

0059 04-0107K-93M1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD      Physicians      PROGRESS NOTES

DATE      NOTES

6/3/04      Admitted for CHF  
see HCP  
(b)(6)-2

7/1/04      Pt about 50% weight gain, about 99% on 2L  
chest completely clear  
w/able to walk down stairs of level of apartment  
admission given  
A CHF  
P.O. control Dues  
② By - [redacted]  
(b)(6)-2

6/13/04      Still slightly dyspneic at rest. Nitro Act and  
Bulbucan can be taken off some cramps off chest  
chest clear  
admission given  
A Primary admission - chest (Bulbucan) added HF  
P transfer to ICU and admit med  
(b)(6)-2

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

DEPART./SERV. CE      HOSPITAL OR MEDICAL FACILITY      RECORDS MAINTAINED AT

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

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

AST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
----------	------------	----------------	-----------

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

6/10/04 Ready for duty to corp

(b)(6)-2

104

101

107

102

107

102

107

59

STANDARD FORM 509 (REV. 5/1999) BACK

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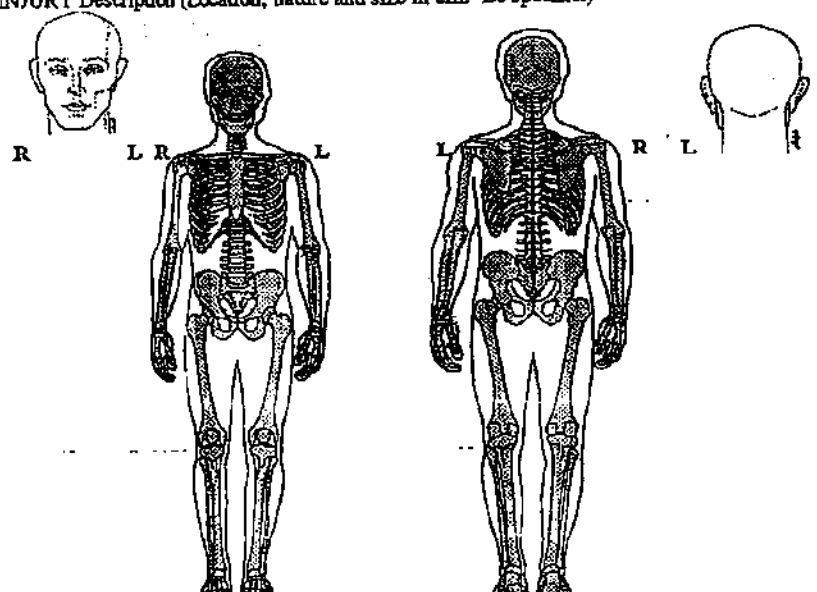
USAPA V1.00

Ex 4

# TLater Trauma Registry Reco

For use of this form, see AR 40-66; the proponent agency is OTSG *61259 04 110715 9399*

<b>AUTHORITY:</b> SOME REGULATION <b>PURPOSE:</b> To provide a standard means of documenting combat trauma for care at echelons 1-3 <b>ROUTINE USES:</b> The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notices apply. <b>DISCLOSURE:</b> This is protected health information. HIPAA laws apply				
<b>MTF DESIGNATION:</b> Number: <i>CDCPH</i> TYPE:	<b>CASUALTY NAME:</b> (b)(6)-4	<b>CASUALTY SSN:</b> (b)(6)-4		
<b>Arrive DTG:</b> <i>10 June 2004</i> <i>1940</i>	<b>Rank:</b>	<b>Date of Birth:</b> <i>01 Jul 52</i>	<b>Gender:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>Unit:</b> <i>Bisson 4</i>
<b>ARRIVAL METHOD:</b> <input type="checkbox"/> WALKED <input checked="" type="checkbox"/> CARRIED <input type="checkbox"/> Non-MED AIR <input type="checkbox"/> OTHER	<input type="checkbox"/> Non-MED GND <input type="checkbox"/> SHIP EVAC <input type="checkbox"/> GND AMB <input type="checkbox"/> DUSTOFF	<b>Nation:</b> <input type="checkbox"/> US <input type="checkbox"/> Host Nation <input checked="" type="checkbox"/> Enemy (Victim) <input type="checkbox"/> Coalition	<b>Service:</b> <input type="checkbox"/> Civilian <input type="checkbox"/> USA <input type="checkbox"/> SOF <input type="checkbox"/> Combatant <input type="checkbox"/> USN <input type="checkbox"/> NGO ( ) <input type="checkbox"/> Contractor <input type="checkbox"/> USMC <input type="checkbox"/> Other <input type="checkbox"/> USAF	
<b>Wound DTG:</b> <i>UNKNOWN</i>	<b>PROTECTION:</b> <i>NA</i>	Not Worn Worn Struck Penetrated	<b>TRIAGE CATEGORY:</b> <input checked="" type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINIMAL <input type="checkbox"/> EXPECTANT	
<b>WOUNDED BY:</b> <input type="checkbox"/> ENEMY <input type="checkbox"/> UNK <input type="checkbox"/> FRIENDLY <input type="checkbox"/> CIVILIAN (Host Country) <input type="checkbox"/> TRAINING <input type="checkbox"/> SELF ACCIDENT <input type="checkbox"/> SELF NON-ACCIDENT <input type="checkbox"/> SPORTS-RECREATION <input type="checkbox"/> OTHER	<i>MIA</i>	<b>HELMET</b> <b>FLAK VEST</b> <b>CERAMIC PLATE</b> <b>EYE PROTECTION</b> <b>OTHER:</b>	<b>GLASGOW COMA SCALE (circle one)</b> (3)    8    12    15 UNK    STUPOR    LETHARGY    ALERT	
<b>MECHANISM OF INJURY:</b> <input type="checkbox"/> MVC <input type="checkbox"/> BURN 1° 2° 3°    %TBSA <input type="checkbox"/> GSW/BULLET <input type="checkbox"/> AIRCRAFT CRASH <input type="checkbox"/> CRUSH <input type="checkbox"/> BLUNT TRAUMA <input type="checkbox"/> KNIFE/EDGE <input type="checkbox"/> FALL <input type="checkbox"/> SINGLE FRAGMENT <input type="checkbox"/> CBRNE <input type="checkbox"/> IED <input type="checkbox"/> MULTI FRAGMENT <input type="checkbox"/> BLAST <input checked="" type="checkbox"/> OTHER <i>Cardiac Resp arrest</i>		<b>VITALS:</b> TIME Pulse Temp B/P Resp SpO <sub>2</sub>		(Handwritten notes: <i>50</i> , <i>60</i> , <i>50</i> )
<b>INJURY Description (Location, nature and size in cm. Be specific.)</b>		<b>TX &amp; PROCEDURES:</b>		SEDATED/IMMOB    Y/N INTUBATED    Y/N CRIC    Y/N NEEDLE DECOMP    Y/N Chest Tube    L R air/blood COLLOID    ml CRYSTALLOID    LRNS/ITS    ml TOURNIQUET    Time on Collar / C-spine    Time off HEMOSTATIC DEVICE    Y/N specify: OXYGEN    Liters/min RBC    Units FFP    Units CRYO    Units Plts    Packs HBOC    ml Fresh Whole Bld    Units
<b>IR Start DTG:</b> Stop DTG:	<b>Vent On DTG:</b> Off DTG:	<b>ICU in DTG:</b> Out DTG:	<b>DISPOSITION:</b> <input type="checkbox"/> RTD <input checked="" type="checkbox"/> DECEASED DTG: <i>0600HRS 10/07/04</i>	<b>EVACUATED to:</b> <input type="checkbox"/> URGENT <input type="checkbox"/> URGENT SURGICAL <input type="checkbox"/> ROUTINE <input type="checkbox"/> MINIMAL
<b>PROVIDE:</b> (b)(6)-2		<b>SPECIALTY:</b> <i>ED</i>	<b>DATE:</b> <i>10/07/04</i>	(Handwritten: <i>60</i> , <i>EX 4</i> )



### Theater Trauma Registry Record

For use of this form, see DA PAM XXX; the proponent agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
OTSG:					A V P U				OTSG:
					A V P U				
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES:

Elderly Deton down 25 mi left ER status by BHS with 8 min Delit 3x2003 CPR 2 mg epinephrine additional shock initiated and oxygen initiated in field and became pink after intubation presented to ER pupils blue legs unresponsive

MEDICATIONS:

LABS:

XRAYs:

PMH:

See Code Sheet

Ø

Ø

Allergies: UNKNOWN

Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest:

Abdomen:

Upper:

Pelvis:

Lower:

Skin:

cardiac arrest and CPR in ER intubation confirmed and good look about 1/2 sec ago and respiratory shock 2003 and given 1mg dose epinephrine 5 amp of Epi followed by 1 amp atropine and 1 amp of bicarb and defibrillated 360 J x 2 no rhythm in pulse was obtained CPR and respiratory monitored through entire process TOP 1555 2000 COD Cardiorespiratory arrest

(b)(6)-2

61

Cause of Death at

Ex 4



### Theater Trauma Registry Record

For use of this form, see DA PAM 2100; the proposing agency is OTSG

Observations/Notes (Holding, En route, etc.)

TIME	BP	PULSE	RESP	SpO <sub>2</sub>	MENTAL Status	DRUG	DOSE	ROUTE	DTG
DTG:					A V P U				DTG:
					A V P U				
					A V P U				
					A V P U				
					A V P U				
					A V P U				

NOTES:

Elderly Deton down 20mi left ER alerted by BAS with 8mm Doff 3x2003 CPR 2mg epi and additional shock mounted and epinephrine initiated in the field and became pink after intubation presented to ER pulseless blue long intubated

MEDICATIONS:

LABS:

XRAYs:

PMH:

See Code Sheet

Ø

Ø

Allergies:  
UNKNOWN

#### Discharge Summary Information (Diagnosis, Procedures and Complications)

Head and Neck:

Chest:

Abdomen:

Upper:

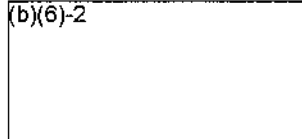
Pelvis:

Lower:

Skin:

cardiac arrest and CPR in ER intubated confirmed and quick look showed V fib 300 epi resp started 2003 and gave high dose epinephrine 5mg of EPI followed by 7mg atropine and 2mg of bicarb and defibrillated 360T x 2 no shock in pulse 2003 started CPR and respiration mounted through code page TOP 1555 COD cardiorespiratory arrest 2000

(b)(6)-2



62

Cause of Death at

ANATOMIC:

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Ex 4

EMT **EMERGENCY RESUSCITATION RECORD - PAI**  
For use of this form see MEDCOM Cir 40-5

0004. 011. C10711. 8311

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE: 02 JUN 2001

2. LOCATION OF RESUSCITATION EVENT  
 MICU  SICU  CCU  NICU  ED  PACU  OR  WARD: \_\_\_\_\_  
 DIAGNOSTIC / PROCEDURE AREA: \_\_\_\_\_  
 OUTPATIENT CLINIC: \_\_\_\_\_  
 OTHER (Specify): \_\_\_\_\_

3. WITNESSED ARREST?  
 YES  NO  UNKNOWN  
 MONITORED AT ONSET?  
 YES  NO

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST) (✓ - INSERTED DURING ARREST) COMMENTS

<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____	<u>Inserted in field</u>
<input checked="" type="checkbox"/> Endotracheal Tube	<input type="checkbox"/> Time: _____	<u>Inserted in field</u>
<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____	
<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____	
<input checked="" type="checkbox"/> Other (Specify): <u>Suction</u>	<input checked="" type="checkbox"/> Time: <u>1935</u>	

5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)

Lethal Arrhythmias  
 Hypotension  
 Respiratory Depression  
 Metabolic  
 Myocardial Infarction or Ischemia  
 Unknown  
 Other: Cardiovascular Arrest

6. RESUSCITATION ATTEMPTED

YES (Check all that were used)  
 Chest Compressions  
 Defibrillation  
 Airway Management

NO (Check one)  
 False alarm/arrest (BLS / ALS not needed)  
 Do not attempt resuscitation (DNAR)  
 Considered futile  Found dead

7. INITIAL CONDITION

CONSCIOUS  
 Yes  No

BREATHING  
 Yes  No

PULSE  
 Yes  No

Site: \_\_\_\_\_

8. INITIAL RHYTHM

Ventricular Fibrillation  Perfusing Rhythm  
 Ventricular Tachycardia  Bradycardia  
 Pulseless Electrical Activity  Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)  
 Returned at: \_\_\_\_\_ : \_\_\_\_\_  Never achieved  
 Unsustained ROSC:  < 20 min  > 20 min

CPR STOPPED AT: 19:58

WHY:  ROSC  DNAR  
 Considered futile  Death

9. EVENT TIMES (Times are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

	HR	MIN
Collapse / Arrest Onset:	_____	_____
CPR Started:	_____	_____
1st Defibrillation:	_____	_____
Airway Achieved:	_____	_____
1st Dose Epinephrine:	_____	_____
Code Team Called:	_____	_____
Code Team Arrived:	_____	_____

Code Team Called:  Yes  No Time: 19:40  
 Code Team Arrived:  Yes  No Time: 19:45

10. GLASGOW COMA SCALE (Post-resuscitation)  
 Circle appropriate scores, then total.

EYE OPENING  
 4 - Spontaneously  
 3 - To voice  
 2 - To pain  
 1 - No response

VERBAL RESPONSE  
 5 - Oriented, converses  
 4 - Disoriented, converses  
 3 - Inappropriate responses  
 2 - Incomprehensible sounds  
 1 - No response

PATIENT DISPOSITION:  
CFO

PATIENT IDENTIFICATION  
 ISN: (b)(6)-4  
Camp Bissell 4

AGE: \_\_\_\_\_  
 GENDER: Male  
 HEIGHT (in): \_\_\_\_\_  
 WEIGHT (lbs): \_\_\_\_\_

MOTOR RESPONSE  
 6 - Obeys verbal commands  
 5 - Localizes painful stimulus  
 4 - Withdraws from pain stimulus  
 3 - Flexion, decorticate posturing  
 2 - Extension, decerebrate posturing  
 1 - No movement

SCORE: 3

EMERGENCY RESUSCITATION RECORD

TIME (Hr/Min):		1950	1951	1952	1953	1954													
VITALS	BLOOD PRESSURE																		
	HEART RATE (° = CPR)	0*	0*	0*															
	RHYTHM	VF	VF	VF															
	PULSE PALPABLE (Y/N)	N	N	N															
	DEFIBRILLATION (Joules: 200, 300, 360)	1950 360	1951 360	1952 360															
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	1950 200																	
	PACING PERFORMED (✓)																		
RESPIRATIONS																			
AIRWAY	BAGGED w / 100% O2 (✓)	✓	✓	✓															
	INTUBATED (✓)	✓	✓	✓															
	MASK (Specify type)	NRB	NRB	NRB															
	% OXYGEN	100	100	100															
	O2 SATS																		
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)	1950 1mg	1952 1mg	1953 1mg	1954 1mg														
	ATROPINE (0.6 - 1 mg - IV / ET tube)	1953 1mg																	
	LIDOCAINE (1-1.5 mg / kg - IV / ET tube)																		
	AMP BICARB	1954																	
IV DRIPS	LIDOCAINE (1 GM / 260cc - IV at 1 - 4 mg / min)																		
	DOPAMINE (400 mg / 200cc - IV at 1 - 20 mcg / kg / min)																		
LABS	POTASSIUM (K)																		
	GLUCOSE																		
	CALCIUM (Ca)																		
	MAGNESIUM (Mg)																		
ABGs	PH																		
	pCO2																		
	pO2																		
	HCO3																		

PHYSICIAN (Signature & Title)  
 (b)(6)-2

*MD*

NURSE (Signature & Title)  
 (b)(6)-2 SGT

MEDCOM FORM 679-R (TEST/MCHO) AUG 99, Back

DEPI  
 1 AFR  
 1 B... } priority  
 arrived

1950  
 300

T00:1959HR) ... 64  
 2000

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Ex 4

EMERGENCY RESUSCITATION RECORD

TIME (Hr/Min): 1950 F 1957

VITALS	BLOOD PRESSURE																						
	HEART RATE (* = CPR)	0*	0*	0*																			
	RHYTHM	VF	VF	VF																			
	PULSE PALPABLE (Y/N)	N	N	N																			
	DEFIBRILLATION (Joules: 200, 300, 360)	1950 360	1957 360	1957 360																			
	CARDIOVERSION (Joules: 50, 100, 200, 300, 360)	1950 200																					
	PACING PERFORMED (✓)																						
RESPIRATIONS																							
AIRWAY	BAGGED w/ 100% O2 (✓)	✓	✓	✓																			
	INTUBATED (✓)	✓	✓	✓																			
	MASK (Specify type)	NRB	NRB	NRB																			
	% OXYGEN	100	100	100																			
	O2 SATS																						
MEDICATIONS	EPINEPHRINE (1 mg - IV / ET tube)	1950 1 mg IV	1952 1 mg	1953 1 mg	1954 1 mg																		
	ATROPINE (0.5 - 1 mg - IV / ET tube)	1953 1 mg																					
	LIDOCAINE (1 - 1.5 mg / kg - IV / ET tube)																						
	AMP BICARB	1954																					
IV DRIPS	LIDOCAINE (1 GM / 250cc - IV at 1 - 4 mg / min)																						
	DOPAMINE (400 mg / 250cc - IV at 1 - 20 mcg / kg / min)																						
LABS	POTASSIUM (K)																						
	GLUCOSE																						
	CALCIUM (Ca)																						
	MAGNESIUM (Mg)																						
ABGs	PH																						
	pCO2																						
	pO2																						
	HCO3																						
PHYSICIAN (Signature & Title)		(b)(6)-2		MD		NURSE (Signature & Title)		(b)(6)-2		XGT													

MEDCOM FORM 675-R (TEST)(MCHO) AUG 99, Book

QRP  
1 Atr  
1 bicarb

priority  
arrived

1950  
200

TOO: 1954 HRJ  
2000

---65

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Ex 4



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**FINAL AUTOPSY REPORT**

Name: (b)(6)-4	Autopsy No.: ME04-435
National Detainee Reporting System (b)(6)-4	AFIP No.: 2931952
Date of Birth: 7 January 1952	Rank: Iraqi civilian
Date of Death: 10 June 2004	Place of Death: Abu Ghraib, Iraq
Date of Autopsy: 19 June 2004	Place of Autopsy: Baghdad, Iraq
Date of Report: 22 September 2004	

**Circumstances of Death:** This 52 year-old male Iraqi civilian collapsed while speaking to other detainees while in US custody at the Baghdad Central Confinement Facility in Abu Ghruyeb, Iraq, and resuscitative efforts were unsuccessful.

**Authorization for Autopsy:** The Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Visual and documentation accompanying the body; fingerprints and DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

00-66

Fx5

**AUTOPSY REPORT ME04-435**

(b)(6)-4

2

**FINAL AUTOPSY DIAGNOSES:**

- I. Atherosclerotic Cardiovascular Disease
  - a. Severe coronary atherosclerosis with calcification
    - i. Left main coronary artery, 50% luminal narrowing by fibrocalcific plaque
    - ii. Total occlusion of proximal left anterior descending artery (LAD) with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by fibroatheroma; 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation
    - iii. Total occlusion of proximal to mid left circumflex artery (LCA) by organized and recanalized thrombus; 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation
    - iv. Right coronary artery (RCA), 25% narrowing of proximal RCA by fibrocalcific plaque; 40% narrowing of mid RCA by fibroatheroma; 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation
  - b. Healed transmural myocardial infarction
    - i. Involves anterior, septal and lateral left ventricle mid ventricle to apex
    - ii. Microscopically, transmural fibrosis and fat replacement in anterior, septal and lateral walls of left ventricle
    - iii. Aneurysmal dilatation
    - iv. Epicardial fibrous adhesions at apex of left ventricle
  - c. Cardiomegaly with biventricular hypertrophy
    - i. Heart 666 gm (predicted normal value 343 gm)
    - ii. Left ventricular cavity diameter 60 mm
    - iii. Left ventricular free wall thickness 10 mm
    - iv. Microscopically, biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis
  - d. Moderate to severe atherosclerosis of the aorta
    - i. Diffuse calcific intimal plaque formation
    - ii. Focal plaque rupture with associated hemorrhage
  - e. Pulmonary edema
    - i. Right lung 965 grams
    - ii. Left lung 818 grams
- II. No evidence of any significant trauma
  - a. Abrasion, 4 x 3 cm on back of right forearm
  - b. Contusion, 7 x 4 cm on back of right hand

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EXS

**AUTOPSY REPORT ME04-435**

3

(b)(6)-4

- III. Additional Findings
  - a. Subcutaneous lipoma of anterior left side of neck
  - b. Right renal calculus (kidney stone)
  - c. Prostatic hypertrophy
  - d. Symmetrically enlarged thyroid gland
  
- IV. Medical Intervention
  - a. Endotracheal tube in place
  - b. Three adhesive EKG tabs on body
  
- V. Early to moderate decomposition
  - a. Diffuse marbling of body
  - b. Corneal opacification
  
- VI. Toxicology (AFIP)
  - a. Volatiles: Heart blood and urine negative for ethanol
  - b. Cyanide: Heart blood negative
  - c. Drugs: Heart blood negative for screened medications and drugs of abuse

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**AUTOPSY REPORT ME04-435**

(b)(6)-4

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**EXTERNAL EXAMINATION**

The body is that of a well developed, well-nourished male clad in a previously cut, white long sleeve shirt-dress ("dish dash") and white boxer shorts. The body weighs approximately 170 pounds, is 71" in height and appears compatible with the reported age of 52 years. The body is cold, the temperature that of the refrigeration unit. Rigor is waning. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure, and is especially pronounced on the face.

Early to moderate decompositional changes are present, consisting of diffuse marbling and discoloration of the body and corneal opacification.

The scalp is covered with black and grey hair in a normal distribution, averaging 4 cm in length. Facial hair consists of a dark mustache and grey facial stubble. The irides appear dark, but are partially obscured by corneal clouding. The sclerae and conjunctivae are congested, especially on the left, with no petechiae. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in good condition.

Examination of the neck reveals the trachea to be midline and mobile. There is a palpable 3 x 2 cm subcutaneous nodule on the anterior left side of the neck. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is slightly protuberant and soft. The extremities are well developed with normal range of motion. There is a 4 x 1.5 cm scar on the upper anterior aspect of the right forearm, and there are irregular scars over the left knee. The fingernails are short and intact. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is an identification tag on the first toe of the left foot.

**EVIDENCE OF THERAPY**

There is an endotracheal tube in place secured with white tape around the head, and there are three adhesive EKG tabs on the body, two on the upper chest and one on the left thigh. There is a band-aid on the right antecubital fossa over a needle puncture mark with surrounding ecchymosis.

**EVIDENCE OF INJURY**

There is a 4 x 3 cm abrasion on the back of the right forearm and there is a 7 x 4 cm contusion on the back of the right hand. On external and internal examination of the body, there is no other evidence of trauma.



## AUTOPSY REPORT ME04-435

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(b)(6)-4

INTERNAL EXAMINATIONBODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision, and the chest plate is removed. There is approximately 50 ml of serosanguinous fluid in each pleural space, and there are multiple pleural adhesions of the right chest cavity. No adhesions or abnormal collections of fluid are present in the peritoneal cavity. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is 4 cm thick. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected, and there is no subgaleal hemorrhage or skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is dark with decompositional change, most prominent over the occiput; however, there is no evidence of any subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1180 grams.

NECK:

On dissection of the soft tissue of the neck, there is a well-circumscribed yellow 3 x 2 cm nodule just under the skin on the anterior left side of the neck, adjacent to the thyroid cartilage. On sectioning, the nodule is uniformly fatty, consistent with a lipoma. Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, otherwise reveals no abnormalities. The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa and is unobstructed. The thyroid gland is large but symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury, hemorrhage, or fractures of the dorsal spinous processes.

CARDIOVASCULAR SYSTEM:

There are dense apical adhesions of the heart to the pericardial sac, and there is marked aneurysmal dilatation of the left ventricle. See "Cardiovascular Pathology Report" below. A moderate amount of epicardial fat is present, and the heart weighs 666 grams. The aorta and its major branches arise normally and follow the usual course. There is diffuse moderate to severe atherosclerosis of the aorta with extensive calcific intimal plaque formation and focal plaque rupture with associated hemorrhage. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

**AUTOPSY REPORT ME04-435**

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(b)(6)-4

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. There are scattered pleural adhesions of the right chest cavity. The pleural surfaces are otherwise smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple and edematous, exuding a moderate amount of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 965 grams; the left 818 grams.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1498 grams.

**ALIMENTARY TRACT:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 100 ml of dark fluid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. There is a single dark calculus in the right renal pelvis. The calyces, pelves and ureters are otherwise unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50 ml of cloudy, yellow urine. The prostate gland is enlarged but symmetrical with lobular, yellow-tan parenchyma and no nodules or masses. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities. The right kidney weighs 207 grams; the left 235 grams.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 278 grams.

**ENDOCRINE SYSTEM:**

The pituitary and adrenal glands are unremarkable. The thyroid gland is symmetrically enlarged, but free of nodules or masses.

**MUSCULOSKELETAL SYSTEM:**

Muscle development is normal. No bone or joint abnormalities are noted.

**AUTOPSY REPORT ME04-435**

(b)(6)-4

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**MICROSCOPIC EXAMINATION**

Heart: See "Cardiovascular Pathology Report" below.

Selected portions of other organs are retained in formalin, without preparation of histologic slides.

**CARDIOVASCULAR PATHOLOGY REPORT**

Department of Cardiovascular Pathology, AFIP:

**"AFIP DIAGNOSIS: ME04-435**

1. **Severe coronary atherosclerosis with calcification, three vessel disease**
2. **Healed transmural infarction with aneurysmal dilatation, anterior, septal, and lateral left ventricle**
3. **Cardiomegaly with biventricular hypertrophy**

**History:** 52 year old male Iraqi detainee, 5'11", 170 lbs, found dead in bed  
**Heart:** 666 grams (predicted normal value 343 grams, upper limit 453 grams for a 170 lbs male); focal epicardial fibrous adhesions at apex of left ventricle; closed foramen ovale; aneurysmal dilatation of left ventricle: left ventricular cavity diameter 60 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 10 mm; right ventricle thickness 4 mm; endocardial thickening in left atrium and left ventricle; unremarkable valves; healed transmural infarct, anterior and septal walls of left ventricle, mid ventricle to apex; subendocardial hyperemia, anterior and lateral walls of left ventricle; histologic sections show biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis; transmural fibrosis and fat replacement in anterior, septal, and lateral walls of left ventricle.

**Coronary arteries:** Normal ostia; right dominance; severe calcific atherosclerosis:

**Left main coronary artery:** 50% luminal narrowing by fibrocalcific plaque

**Left anterior descending artery (LAD):** Total occlusion of proximal LAD with healed plaque rupture and organized thrombus; 75% narrowing of mid LAD by thin capped fibroatheroma and 65% narrowing of distal LAD by fibrocalcific plaque; total occlusion of ramus intermedius by healed rupture with fibrointimal thickening and smooth muscle proliferation

**Left circumflex artery (LCA):** Total occlusion of proximal to mid LCA by organized and recanalized thrombus, 70% fibrocalcific narrowing of distal LCA; 90% narrowing of obtuse marginal artery with fibrointimal thickening and smooth muscle proliferation

**Right coronary artery (RCA):** 25% narrowing of proximal RCA by fibrocalcific plaque, 40% narrowing of mid RCA by thin capped fibroatheroma, and 70% fibrocalcific narrowing of distal RCA; 95% narrowing of posterior descending artery by fibrocalcific plaque and smooth muscle proliferation."

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**AUTOPSY REPORT ME04-435**

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(b)(6)-4

**ADDITIONAL PROCEDURES**

- Full body radiographs are obtained and show no evidence of trauma.
- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, and bile
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

**OPINION**

This 52 year-old male Iraqi civilian in US custody in Iraq died of atherosclerotic cardiovascular disease, with severe coronary artery disease and a healed myocardial infarction (previous heart attack), extensively involving the left ventricle. There is no evidence of any significant trauma.

The manner of death is natural.

(b)(6)-2

LtCol, USAF, MC, FS  
First Chief Deputy Medical Examiner



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence  
2931952                              01

Name  
(b)(6)-4

SSAN:                              Autopsy: ME04-435  
Toxicology Accession #: 043003  
Date Report Generated: June 30, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 6/10/2004      Date Received: 6/22/2004

**VOLATILES:** The **HEART BLOOD AND URINE** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**CYANIDE:** There was no cyanide detected in the heart blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The **HEART BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)-2      PhD  
Certifying Scientist, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

(b)(6)-2  
PhD, DABFT  
Director, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

-74 EX5

0054-04-10779-83991

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) <small>For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.</small>												
VERIFY BY INITIALIZING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION												
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	3	4	5	6	7	8	9	10	11	12	13
3 Jun 04	(b)(6)-2	Cardiac Monitor	07	(b)(6)-2										
			19											
3 Jun 04		Clear liquids	07											
			19											
3 Jun 04		Vitals q 4hr	07											
			19											
3 Jun 04		Bedrest elevate HOB	07											
			19											
3 Jun 04		ToO mag anchor Foley if needed	07											
			19											
4 Jun 04		General Diet	07											
			19											
5 Jun 04		vital signs q 8 <sup>o</sup>	07											
			19											
5 Jun 04		Activity as tolerated	07											
			19											
5 Jun 04		Restraint order - v g 2h + document S+S of strain break	07											
			19											
5 Jun 04	(b)(6)	weekly wt & therapy	07											
			19											

Handwritten notes: TRANSFER TO ICW 5 June 04, Did on 4 June 04, ICU orders transferred to ICW 5 June 04, (b)(6)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: PCN DX: CHF

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

DA FORM 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED

Ex 4-



0054-04-110785-83491

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				For use of this form see A-2 20-2071				the proponent agency is the Office of The Surgeon General.				Mo: <u>JUN</u> Pr: <u>01</u>			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	3	4	5	6	7	8	9	DATE DISPENSED						
3 Jun	(b)(6)	nasix 20mg IVP q 8hr	04 12 20	/	(b)(6)	(b)(6)					A d to PO @ 0830 M 5 Jun (b)(6) 12						
3 Jun	(b)(6)	TUNSE@KUD	07 19	/	(b)(6)						Dic'd on 5 Jun (b)(6) 2						
3 Jun	(b)(6)	ASA 81mg po daily	08	/	(b)(6)												
3 Jun	(b)(6)	Pravil 20mg PO BID	08 20	/	(b)(6)												
3 Jun	(b)(6)	Isordil 20mg po TID	06 14 22	/	(b)(6)												
3 Jun	(b)(6)	O <sup>2</sup> 2L per NC	07 19	/	(b)(6)						O <sub>2</sub> Dic'd @ 0830 (b)(6) 2						
4 JUN		CABETROL 10mg po BID	08	/							order not 4 JUN (b)(6) 12						
4 JUN		HALO-P. SERVO 100 50	20	/													
4 Jun	(b)(6)	Metoprolol .25mg po BID - HIGHS 472 50, HRS 024	18 24	/	(b)(6)-2												
5 Jun	(b)(6)	Zantac 150mg 1 tab q 12 BID	16 22	/	(b)(6)												

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: PCN DX: CHF  
 ADDITIONAL PAGES IN USE:  YES  NO PAGE NO. 1 of 2

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

DA FORM 4678 FEB 79

EO 12812 OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

EX 4

12



0059-04-010789-83FF1

Task Force Alcatraz Baghdad Central Detention Facility Hospital						LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)											
AST, FIRST NAME * (b)(6)-4			Ward: 3 Bed: /CV			STAT Routine			SSN or ISN:			Diagnosis: CHF					
(b)(6)-2						Specimen Date and Time:			Rep: (b)(6)-2			Date and Time: 5.5.04					
Chemistry (-STAT) / Green Top						Chemistry (Piccolo Analyzer) / Green Top						Hematology / Purple Top					
6+ 7+ 8+ Glu Crea						Chem 12 MetLyte8 BMP Liver						CBC Malana H/H					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE		
	Na		128-145 mmol/L		ALB	3.4	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL						
	K		3.3-4.7 mmol/L		ALP	91	53-128 U/L		RBC		4.2-6.1 x10(6)/uL						
	Cl		98-108 mmol/L		ALT	10	10-47 U/L		Hgb		12.0-18.0 g/dL						
	pH		7.35-7.45		AMY	67	14-97 U/L		Hct		35.0-60.0%						
	PCO2		35-45 mmHg		AST	19	11-38 U/L		MCV		80.0-99.0 fl						
	PO2		80-90 mmHg		Tbil	2.5	0.2-1.6 mg/dL		MCH		27.0-31.0 pg						
	TCO2		18-33 mmol/L	X	BUN	9	7-22 mg/dL		MCHC		33.0-37.0 g/dL						
	HCO3		22-28 mmol/L		Ca	8.8	8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL						
	SO2		95-99%	X	Chol	136	100-200 mg/dL		LY%		15.0-50.0%						
	BEecf		(-2) - (+3)		CK		39-380 U/L		LY#		0.7-4.3 x10(3)/uL						
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential								
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs			Mono					
	BUN		7-22 mg/dL	X	Creat	0.7	0.6-1.2 mg/dL		Bands			Eos					
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph			Baso					
	Creat		0.6-1.2 mg/dL		Glu	96	73-118 mg/dL		Atyp Ly			Immature cells					
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:								
	Hgb		12.0-18.0 g/dL		TProtein	6.7	6.4-8.1 g/dL		Plt verify:								
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit								
Urinalysis						Microbiology						Sed Rate / Purple Top					
	Color		Straw/Yellow		Mono		Negative		Thin			No Plasmodium Seen					
	Clarity		Clear		RPR		Negative		Thick			No Plasmodium Seen					
	Glucose		Negative		HIV		Negative		Sed Rate / Purple Top								
	Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate								
	Ketone		Negative		Legionella		Presumptive Negative		1hr = 0-20 mm								
	SG		1.010-1.025		Troponin I		< 0.5 ag/mL		Coagulation (waiting for analyzer)								
	Blood		Negative		Myoglobin		< 80 ng/ml										
	pH		5.0-8.0		RSV		Negative										
	Protein		Negative-Trace		Microbiology												
	Urobili		Negative		Source:												
	Nitrite		Negative		FecLeuk		Negative										
	Leuko		Negative		Gram Stain												
Urine Microscopic						WetPrep						Urine					
	WBC		Epi		KOH		Negative		Serum			Negative					
	RBC		Mucus		OccBld		Negative		Blood Bank / Purple Top								
	Bacteria		Yeast		O&P		No Ova/Parasite		ABO/Rh								
	Casts:		Spermatozoa		Chlamydia		Presumptive Negative		T/C								
	Crystals:		Amorph Sed		Strep A		Negative										
	Other:				Leishmania		Presumptive Negative										
Other lab request to be sent out:																	

Ex 4

709-04-00275-83591

**Task Force: atraz**  
**Baghdad Central Detention Facility Hospital**

**LABORATORY RESULTS FORM**  
 (Subject to Privacy Act of 1974)

LAST, FIRST MI: (b)(6)-2  
 (b)(6)-2  
 DOB: (b)(6)-2 RANK: UNIT:  
 Pt: (b)(6)-2 Ward: EMT ~~STAT~~ Routine Specimen Date and Time: 3 JUN 04 1800 Reported by: (b)(6) Date and Time: 3 JUN 04 1845

Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology				
6+	7+	B+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB	4.1	3.3-5.5 g/dL		WBC	5.2	4.8-10.8 x10 <sup>3</sup> /uL	
	K		3.3-4.7 mmol/L		ALP	107	22-128 U/L		RBC	5.87	4.2-8.1 x10 <sup>6</sup> /uL	
	Cl		98-108 mmol/L		ALT	18	10-47 U/L		Hgb	17.4	12.0-18.0 g/dL	
	pH		7.35-7.45		AMY	62	14-87 U/L		Hct	54.8	35.0-60.0%	
	PCO2		35-45 mmHg		AST	30	11-38 U/L		MCV	93.4	80.0-99.0 fL	
	PO2		80-90 mmHg		Tbil	2.2	0.2-1.6 mg/dL		MCH	29.6	27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	14	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	205	130-400 x10 <sup>3</sup> /uL	
	sO2		95-99%		Chol		100-200 mg/dL		LY%	59.1	15.0-50.0%	
	BEecf		(-2) - (+3)		CK	93	39-380 U/L		LY#	3.1	0.7-4.3 x10 <sup>3</sup> /uL	
	AGap		8-18 mmol/L		CL	109	98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2	19	18-33 mmol/L		Segs	29	Mono	5
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands		Eos	5
	Glu		73-118 mg/dL		GGT	112	5-85 U/L		Lymph	61	Baso	
	Creat		0.6-1.2 mg/dL		Glu	90	73-118 mg/dL		Atyp Ly		Immature cells	
	Hct		35.0-60.0%		K	4.4	3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein	7.8	8.4-8.1 g/dL					
	Lactate		0.90-1.70 mmol/L		Na	127	128-145 mmol/L					

Urinalysis		Misc. Chemistry		Microbiology	
Color	Straw/Yellow	Mono	Negative		
Clarity	Clear	RPR			
Glucose	Negative	HIV	Negative		
Bilirubin	Negative	Meningitis	Presumptive Negative		
Ketone	Negative	Legionella	Presumptive Negative		
SG	1.010-1.025	Troponin I	<0.5		
Blood	Negative	Myoglobin	<80 ng/mL		
pH	5.0-8.0	RSV	Negative		
Protein	Negative-Trace				
Urobilin	Negative	Source:			
Nitrite	Negative	FacLeuk	Negative		
Leuko	Negative	Gram Stain			
		WetPrep	Negative		
		KOH	No Fungal Elements		
		OccBld	Negative		
		O&P	No Ova/Parasite		
		Chlamydia	Presumptive Negative		
		Strep A	Negative		
		Leishmania	Presumptive Negative		

Urine Microscopic: WBC, RBC, Bacteria, Casts, Crystals, Other.

Urine: Negative

Serum: Negative

Blood Bank: ABO/Rh

HCG: Negative

Coagulation (waiting for analyzer)

Malaria (waiting for supplies)

Sed Rate: 1hr = 0-20 mm

Bx 4  
 14

Task Force A. Alraz				LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)							
Baghdad Central Detention Facility Hospital				0054-04-4078-2351							
LAST, FIRST, MI. (b)(6)-4		SSN or ISN:		Diagnosis: CHF							
Physician: (b)(6)-2		Ward: Bed:		STAT Routine		Specimen Date and Time: now 0615		Reported by: (b)(6)-7		Date and Time:	
Chemistry (I-STAT) / Green Top				Chemistry (Piccolo Analyzer) / Green Top				Hematology / Purple Top			
6+ 7+ 8+ Glu Crea				Chem 12 MatLyte8 BMP Liver				CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	8.6	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	6.16	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	18.2	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	57.5	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	93.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	27.6	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	12	7-22 mg/dL		MCHC	31.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	202	130-400 x10(3)/uL
	ISO2		95-99%		Chol		100-200 mg/dL		LY%	35.7	15.0-50.0%
	BEecf		(-2) - (+3)		CK	72	39-380 U/L		LY#	3.1	0.7-4.3 x10(3)/uL
	AGap		8-18 mmol/L		CL	100	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	21	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	1.1	0.8-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	109	73-118 mg/dL		Atyp Ly		immature cells
	Hct		35.0-60.0%		K	4.1	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:		
	Lactate		0.90-1.70 mmol/L		Na	132	128-145 mmol/L		Spun Crit		35-60%
Urinalysis				Misc. Chemistry				Malaria / Purple			
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Seen
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium Seen
	Glucose		Negative		HIV		Negative		Sed Rate / Purple Top		
	Bilirubin		Negative		Meningitis		Presumptive Negative		Sed Rate		1hr = 0-20 mm
	Ketone		Negative		Legionella		Presumptive Negative		Coagulation (waiting for analyzer)		
	SG		1.010-1.025		Troponin I	NEG	< 0.5 ng/mL				
	Blood		Negative		Myoglobin		< 80 ng/mL				
	pH		5.0-8.0		RSV		Negative				
	Protein		Negative Trace	Microbiology							
	Urobili		Negative		Source:						
	Nitrite		Negative		FecLeuk		Negative				
	Leuko		Negative		Gram Stain				HCG		
	Urine Microscopic				WetPrep		Negative		Urine		Negative
	WBC		Epi		KOH		No Fungal Elements		Serum		Negative
	RBC		Mucus		OccBld		Negative		Blood Bank/ Purple and Red Top		
	Bacteria		Yeast		O&P		No Ova/Parasite		ABO/Rh		
	Casts:		Spermatozoa		Chlamydia		Presumptive Negative		T/C		
	Crystals:		Amorph Sed		Strep A		Negative				
	Other:				Leishmania:		Presumptive Negative				
Other lab request to be sent out:											

FORM 67th CSHLAB-1 27 May 14

Ex 4

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0054-04 CID 789-8351

**CERTIFICATE OF DEATH**  
For use of this form, see AR 190-6; the proponent agency is DCSPER. INTERMENT SERIAL NUMBER

FROM:

TO:

ISN (b)(6)-4  
Camp Bissonay

NAME (Last, First, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH		DATE OF BIRTH	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
PLACE OF BURIAL		DATE OF BURIAL	
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)  
 RETAINED BY DETAINING POWER   
 FORWARDED WITH DEATH CERTIFICATE TO (Specify)   
 FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).  
Patient arrived with CHF already under way. Cardiac Monitor showed Ventricular fibrillation. Despite CPR, Medications, and defibrillation attempts, patient expired @ 0600H 11/23/04. Death declared by physician.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE	(b)(6)-2	LOCAL OFFICER
	SIGNATURE OF CORONER		
	WITNESSES		
SIGNATURE	(b)(6)-2	(b)(6)-2	
SIGNATURE		ADDRESS	

DA FORM 2589-R, May 82

EDITION OF 1 JUL 63 IS OBSOLETE.

Ex 4

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*Instructions - Medical Officer in attendance will:*  
 Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.  
 Give, in one copy only, items 1 through 10 and sign item 11.  
 If type entries.

**SECTION A - ATTENDING MEDICAL OFFICER'S REPORT**

**PERSONAL DATA**

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) SN: (b)(6)-2 Bissoni 4	2. TIME OF DEATH (Hour-day-month-year) 2:50 6/10/01	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION Catholic	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH N/A		

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, i.e., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Cerebral artery aneurysm	7 hours
7b. ANTICIPATED CAUSES (Metabolic conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) Hypertension (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	
9. DATE 6/10/01	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2

**SECTION B - ADMINISTRATIVE ACTION**

TYPE OF ACTION	HOOR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19					

**SECTION C - RECORD OF AUTOPSY**

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

Ex 4  
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0054-04-C10775-93651

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT	ROOM NO.	BED NO.		11/16/14	12:30	
				11/16/14	12:30	
				11/16/14	12:30	
				11/16/14	12:30	
				11/16/14	12:30	

(b)(6)  
4

Ex 4

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CLINICAL RECORD

HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstances of admission)

22 yr MWM 2 years Mx on ASAD present 6 days  
 through SOB then pedal edema 3 chest pain 4 dyspnea on  
 exertion  
 Presently just at Hx on 6/12 23 day present 20 day Inf  
 AKA 30 day Israd 20/10

HISTORY OF PRESENT ILLNESSES

HPI as above  
 HEENT clear  
 chest ~~clear~~ bilateral rales ca. in Pn occ. JVC  
 @ scattered wheezes  
 dist lungs  
 @ lower pedal edema  
 AOC U #  
 @ Hx ASAD  
 P @ admits  
 @ ACE  
 @ Diuretics  
 @ Beta-blockers  
 @ Nitro

(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

HISTORY—Part I  
Standard Form 504

Ex 4

0055-04-(10785-8355)

NAME (Last, First, MI)		WEIGHT REGISTER					
(b)(3) 4		For use of this form, see AE 190-4; the proponent agency is OCS&ER.					
WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE

DA FORM 2664-R, MAY 82

EDITION OF 1 JUL 83 IS OBSOLETE

USAPPC V1.00

Ex 4



0256-04-010-775-83551

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			6/4/04	0715 HOURS	<p>① Begin labetalol 100 mg po BID just down</p> <p>② Hold for SBP less than 90 or HR less than 50</p>
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	<p>① Lupa Bun, creat, serum checked in AM 6/5/04</p> <p>②</p>
(b)(6)-4			6/4/04	0730 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	<p>① Dil Labetalol (not started)</p> <p>② Metoprolol 25mg Po BID</p>
(b)(6)-4			6/4/04	0810 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	<p>① Genstat</p> <p>②</p>
(b)(6)-4			6/4/04	1600 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

DA FORM 4256 1 APR 79

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

Ex 4

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0254-04-010725-83551

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			6/5/04	0809 HOURS	
			<ul style="list-style-type: none"> <li>① Transfer to ICU</li> <li>② ASA 81mg IV</li> <li>③ Vitals q 8hs</li> <li>④ Gaiting w/bed</li> <li>⑤ oral diet</li> <li>⑥ Lorazepam 150mg PO BID</li> <li>⑦ ASA 81mg PO daily</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			↑	HOURS	
			<ul style="list-style-type: none"> <li>① Lorazepam 20mg PO BID</li> <li>② Promethazine 20mg PO daily</li> <li>③ Lorazepam 20mg PO q AM</li> <li>④ Isordil 20mg PO TID</li> <li>⑤ PCN allergy</li> <li>⑥ ASA 81mg PO daily</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE	TIME OF ORDER	
(b)(6)-4			6/6/04	1230 HOURS	
			<ul style="list-style-type: none"> <li>① Patient to comp</li> <li>② ASA 81mg PO daily</li> <li>③ Lorazepam 20mg PO BID</li> <li>④ Lorazepam 20mg PO q AM</li> <li>⑤ Isordil 20mg PO TID</li> <li>⑥ Promethazine 20mg PO daily</li> </ul>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4					
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 78

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

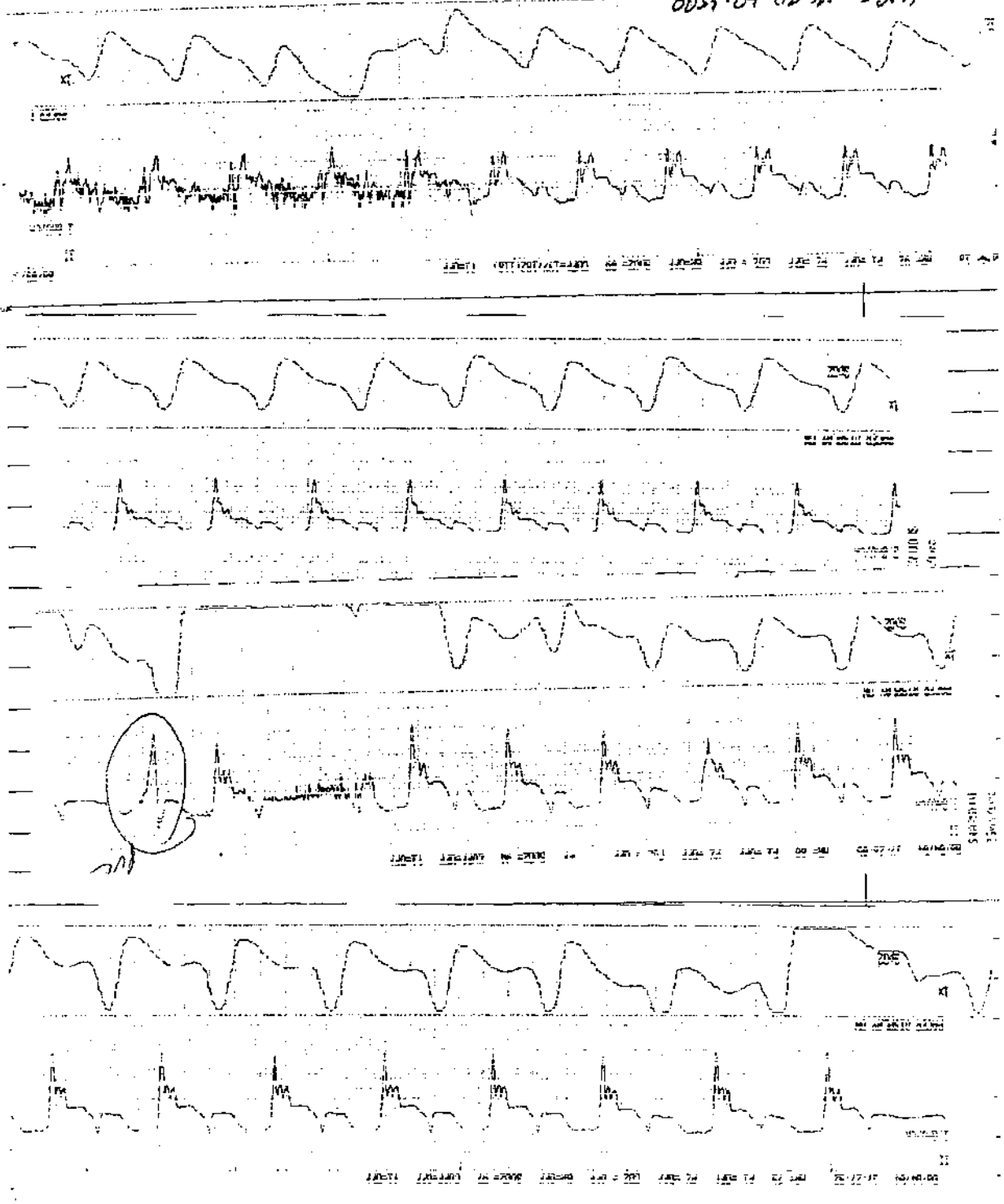
U.S. GOVERNMENT PRINTING OFFICE, 1996-409-924

Ex 4

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0055-04 CID 781-83551



Ex 4

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Bison LI

(b)(6)-4

0035-04-00711-83(15)  
AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CONSULTATION SHEET

REQUEST  
TO: LT, (b)(6)-2 FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and Findings)  
52 y/o M C/O SHORT OF BREATH, CHEST PAIN SINCE LAST NITE  
Hx AT ATTACK. TAKES CAPTOPRIL, ISORDIN, ASA, ~~DIJONAL~~

PROVISIONAL DIAGNOSIS  
HTZ, ASA, EXERCISE INT, PAINFUL  
HT DISEASE

DOCTOR'S SIGNATURE APPROVED PLACE OF CONSULTATION  
ROUTINE 72 HOURS TODAY EMERGENCY

CONSULTATION REPORT  
RECORD REVIEWED YES NO PATIENT EXAMINED YES NO TELEMEDICINE YES NO

BP-116/90  
P 92  
R-16

S) 52 y/o M admitted referred by MDIC FOR EVALUATION OF CHEST PAIN & SOB  
since last night. Pt presents with C/O SOB and was given 1 nitro which  
resolved with auto. Diagnosis he has H/O HTZ AND IS ON HTZ, ASA, EXERCISE INT  
PRESENT.

97% on sat

a) 1/2 of mild respiratory distress relieved after sublingual nitro  
Lungs - clear  
Heart - RR 22, S2, S4  
? Review next door  
ADON

WIL - ANGINA  
MIS  
H/O - EXERCISE, ANGINA, HTZ, ASA 2 H/O NITRO  
Allergies - PCN

A) 1. UNSTABLE ANGINA

P) 1. TRANSFER TO CCU for further evaluation and recommendations  
2. care and plan initiated @ length to get through interphase

(Continue on reverse side)

SIGNATURE AND TITLE (b)(6)-2 PA-C ICU SP USIT DATE 3 JUN 87

HOSPITAL RECORDS MAINTAINED AT DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR SPONSOR'S NAME (Last, first, middle) SPONSOR'S ID NUMBER (SSN or Other)

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

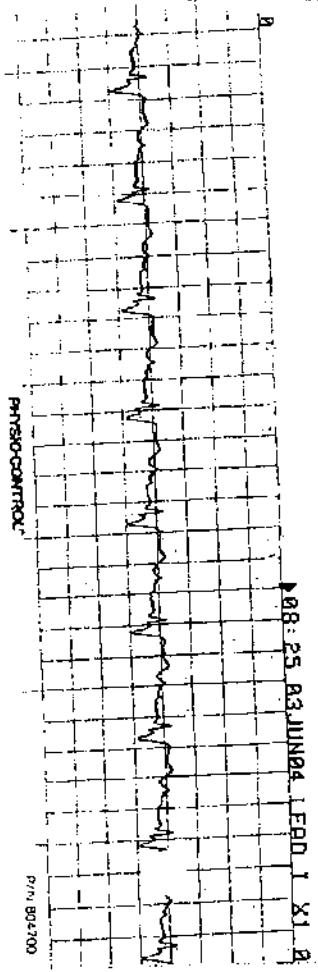
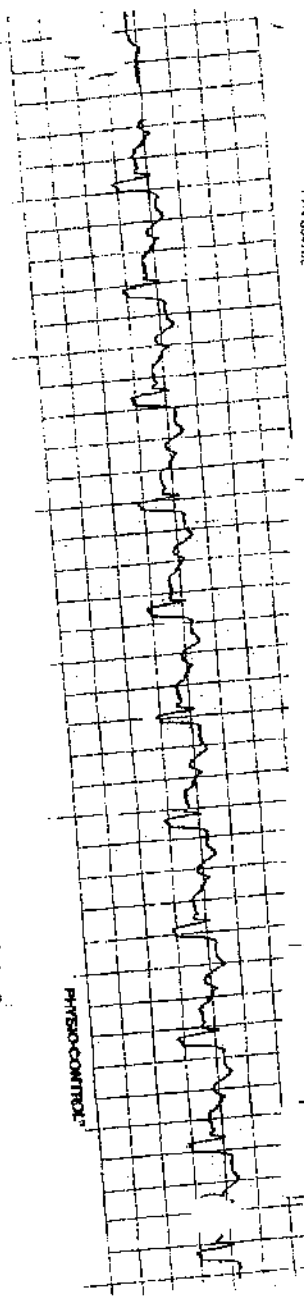
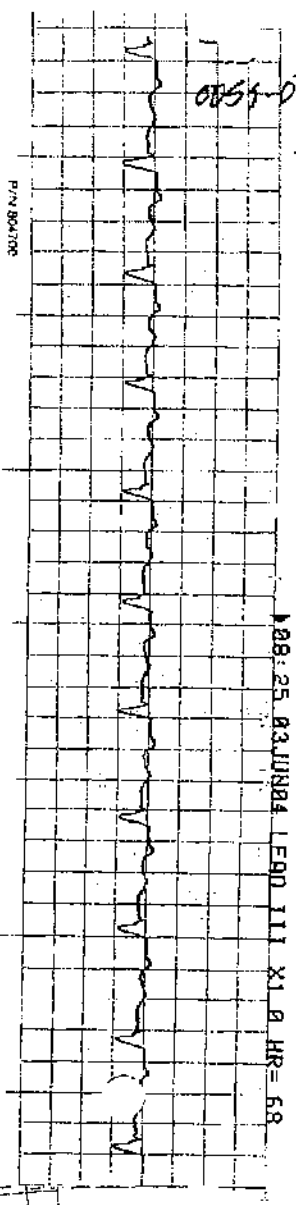
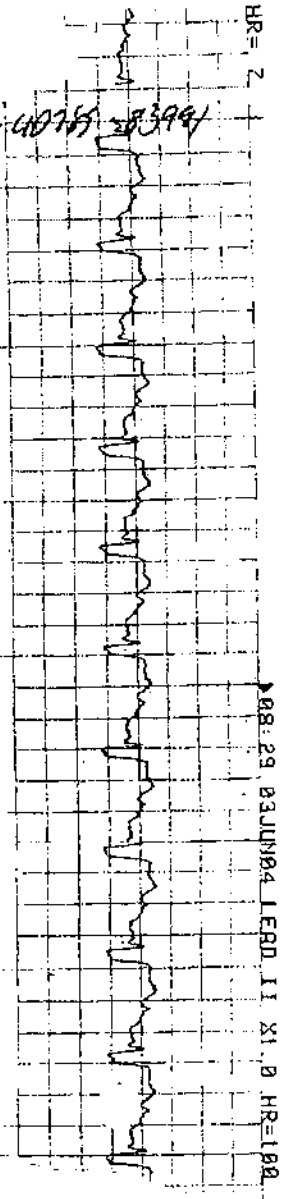
(b)(6)-4

Bison #4

CONSULTATION SHEET  
Medical Record

STANDARD FORM 513 (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)  
USAPA v1.00

EX 4



EX 4

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0959-04-C10 789-20551

SECTION III - PATIENT INTERVENTIONS & TEACHING

N E U R O V A S C U L A R	SITE:	TIME:	09								TIME:	09								
	COLOR	P									S	ID band visible/legible	DG							
	CAPILLARY REFILL	1								A	Orient to environment pm	DG								
	TEMPERATURE	W								F	Side rails (2/4) up	NA								
	EDEMA	LFE Other 0								E	Bed position low	DG								
	SENSATION	S								Y	Call light within reach	NA								
	MOTION	R																		
	PASSIVE FLEXION	0										Review & post lab results	DG							
	PERIPHERAL PULSE	2										Notify MD abnormal labs	DG							
	<b>LEGEND</b>																			
Color: P-pink (normal); C-cyanotic; W-pale, white																				
Capillary Refill: 1-(0-2 secs); 2-(3-6 secs); 3-(> 5 secs)																				
Temperature: C-cool; W-warm; H-hot																				
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting																				
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)																				
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM																				
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain																				
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;																				
D-doppler, P-palpable																				
D I E T	BREAKFAST			LUNCH			DINNER													
	TYPE: <u>Engl</u>			TYPE:			TYPE:													
	PERCENT CONSUMED: 100%			PERCENT CONSUMED:			PERCENT CONSUMED:													
	HOW TOLERATED: <u>well</u>			HOW TOLERATED:			HOW TOLERATED:													
A D I S	0700-1500			1500-2300			2300-0700													
	BATH/ORAL CARE			BATH/ORAL CARE			BATH/ORAL CARE													
	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE			<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE			<input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE													
	<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL			<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL			<input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL													
TYPE OF ACTIVITY (Circle all that apply)			TYPE OF ACTIVITY (Circle all that apply)			TYPE OF ACTIVITY (Circle all that apply)														
BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST			BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST			BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST														
AMBULATE <input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST			AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST			AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST														
BSC # TIMES/SHIFT			BSC # TIMES/SHIFT			BSC # TIMES/SHIFT														
BRP			BRP			BRP														
CHAIR			CHAIR			CHAIR														
T E A C H I N G	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:		
	CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:		CONTENT:	
	<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding	
PATIENT IDENTIFICATION				INITIALS	SIGNATURE				SHIFT											
(b)(6)-4				(b)(	(b)(6)-2				D											
(b)(6)-4																				

Ex 4

27





#2

# Theater Trauma Registry Record

For use of this form, see AR 40-66; the proposing agency is OTSO *0035-04-010776-23511*

AUTHORITY: SOME REGULATION  
 PURPOSE: To provide a standard means of documenting combat trauma for care at echelons 1-3  
 ROUTINE USES: The "Blanket Routine User" set forth at the beginning of the Army compilation of systems of records notice apply.  
 DISCLOSURE: This is protected health information. HIPAA laws apply

MTF DESIGNATION: *BCOF* CASUALTY NAME: *(b)(6)-2* CASUALTY SSM: *(b)(6)-2*

Arrive DTG: *1740 3 JUN 04* Rank: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female Unit: \_\_\_\_\_

ARRIVAL METHOD:  WALKED  Non-MED GND  SHIP EVAC  
 CARRIED  GND AMB  Host Nation  US DETAINEE  USA  SOF  
 Non-MED AIR  DUSTOFF  Enemy( )  Combatant  USN  NGO ( )  
 OTHER \_\_\_\_\_  Coalition( )  Contractor  USMC  Other  
 USAF

Wound DTG: *N/A* PROTECTION: *N/A* TRIAGE CATEGORY:  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

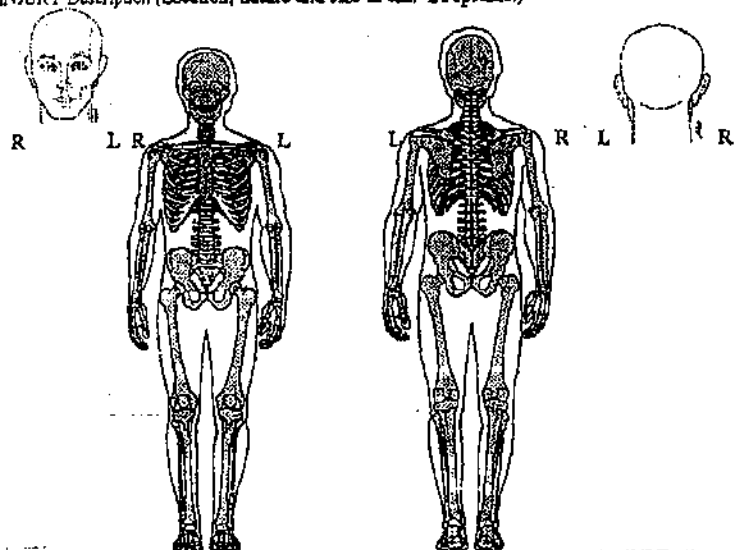
WOUNDED BY:  ENEMY  UNK  FRIENDLY  CIVILIAN (Host Country) *N/A*  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: \_\_\_\_\_

HELMET \_\_\_\_\_ FLAK VEST \_\_\_\_\_ CERAMIC PLATE \_\_\_\_\_ EYE PROTECTION \_\_\_\_\_ OTHER: \_\_\_\_\_

GLASCOW COMA SCALE (circle one): 3 8 12 (15) UNC STUPOR LETHARGY ALERT

MECHANISM OF INJURY:  MVC  BURN 1° 2° 3° \_\_\_\_\_ %TBSA  CRUSH  AIRCRAFT CRASH  KNIFE/EDGE  FALL *N/A*  IED  SINGLE FRAGMENT  CBRNE  OTHER \_\_\_\_\_  BLAST  MULTI FRAGMENT

INJURY Description (Location, nature and size in cm. Be specific.)



VITALS:

TIME	<i>1740</i>	<i>1810</i>	<i>1850</i>
Pulse	<i>103</i>	<i>82</i>	<i>96</i>
Temp	<i>95.9</i>		
B/P	<i>144/103</i>	<i>119/82</i>	<i>112/74</i>
Resp			
SpO <sub>2</sub>	<i>95% RA</i>		<i>95%</i>

TX & PROCEDURES:

SEDATED	Y/N
IMMOB	
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	L/R/S/HITS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify:
OXYGEN	<i>12L/15</i> Liters/min.
RBC	Units
FFP	Units
CRYO	Units
Pts	Packs
HBOC	ml
Fresh Whole Bld	Units

OR Start DTG: \_\_\_\_\_ Stop DTG: \_\_\_\_\_ Vent On DTG: \_\_\_\_\_ Off DTG: \_\_\_\_\_ ICU in DTG: \_\_\_\_\_ Out DTG: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION:  RTD  DECEASED  EVACUATED to: \_\_\_\_\_ DTG: *2100 3 Jun*  URGENT  URGENT SURGICAL  ROUTINE  MINIMAL

MEDCOM Test Form 1381, OCT 2003

*TRK-ICU*

*Ex 4*

0055-04-110711-83951

### MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

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

#### SECTION I - PATIENT ASSESSMENT

DATE: 5 June 04 PATIENT ACUITY LEVEL: \_\_\_\_\_ POST OP DAY: \_\_\_\_\_ HOSPITAL DAY: 8

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER OR TELEPHONE REPORT

Time: 1230 To: ICU From: ICU  Ambulatory  Bedrest  Wheelchair  Stretcher

Total ER RR/PACU time: \_\_\_\_\_ Physician: (b)(6)-2 Anesthesia (Specify): \_\_\_\_\_

Procedure/Diagnosis: CHF BP: 103/76 P: 83 R: 16 T: 98°

LOC: Alert, oriented Neurovascular checks: \_\_\_\_\_ Tubes: 0

Dressing/cast: 0

Intake (IV, PO): PO Output (EBL, other): \_\_\_\_\_ Voiced:  No  Yes Amount: \_\_\_\_\_

Medication: see flow sheet

Other: \_\_\_\_\_

Report From: (b)(6)-2 ICU Received By: (b)(6)-2 LTCAN -

TIME	1230	1400	1800	2030					
BP ARTERIAL LINE									
BP CUFF	103/76	103/76	103/76	103/76					
TEMPERATURE	98°	97°	97°	97°					
PULSE	83	74	74	87					
RESPIRATORY RATE	16	16	16	16					
OXYGEN (L%)	-	-	-	-					
PULSE OXIMETER	95%	94%	94%	94%					
O <sub>2</sub> METHOD	RA	RA	RA	RA					

Oxygen Method Key: NC - Nasal cannula, MT - Mist tent, NR - Non rebreather, PR - Partial rebreather, FM - Face mask, A - Aerosol, VM - Venturi mask, TC - Trache collar

TIME	1230	1945									TIME: 1230	1945
PAIN INTENSITY	10										SPECIAL NEEDS	*Skin breakdown prevention *Falls prevention protocol *Restraint protocol *Seizure precautions *Isolation precautions YESTERDAY'S WEIGHT: _____ TODAY'S WEIGHT: _____ WEIGHT CHANGE: _____ <small>*Per hospital policy</small>
	5											
	0											
	MED ADMINISTERED (Y/N)	N	N									
RELIEF ACCEPTABLE (Y/N)	N	NR										
OTHER												
FINGER STICK GLUCOSE	134											
INSULIN (Y/N)												

24 HOUR TOTALS	PO	IV #1	IV #2	TOTAL IN	Urine	Stool	TOTAL OUT
----------------	----	-------	-------	----------	-------	-------	-----------

PATIENT IDENTIFICATION: (b)(6)-4

DIAGNOSIS: CHF

DRG: \_\_\_\_\_ ADMISSION DATE: 6-4-04

LOS: \_\_\_\_\_ EXPECTED RELEASE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

PRIMARY CARE MANAGER: (b)(6)-2

ISOLATION REQUIRED: ISOLATED

0056-14-10741-9331

SECTION III - PATIENT INTERVENTIONS & TEACHING

N E U R O V A S C U L A R	SITE:	TIME: 1230	1945							TIME: 1230	1945		
	COLOR	P	P							(b)(6)	(b)(6)		
	CAPILLARY REFILL	1	1							-2	-2		
	TEMPERATURE	W	W							N/A	N/A		
	EDEMA	0	0							N/A	N/A		
	SENSATION	S	S							N/A	N/A		
	MOTION	R	R							N/A	N/A		
	PASSIVE FLEXION	0	0							N/A	N/A		
	PERIPHERAL PULSE	1	1							N/A	N/A		
	<p><b>LEGEND</b></p> <p>Color: P-pink (normal); C-cyanotic; W-pale, white          Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(&gt;5 secs)          Temperature: C-cool; W-warm; H-hot          Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4 pitting          Sensation: A-absent; N-numb; T-tingling; S-sensation (present)          Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM          Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain          Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding;          0-goppler, P-palpable</p>										S A F E T Y	ID band visible/legible	(b)(6)
Orient to environment prn	-2	-2											
Side rails (2-4) up													
Bed position low													
Call light within reach													
Review & post lab results													
Notify MD abnormal labs													
Incontinent urine/stool													
Linon change prn													
Turn/reposition q2h													
ROM q2h if immobile													
Antiemetic hose													
D I E T	BREAKFAST		LUNCH		DINNER								
	TYPE: <del>ICM</del>		TYPE: <del>ICM</del>		TYPE: <del>ICM</del>								
	PERCENT CONSUMED: <del>ICM</del>		PERCENT CONSUMED: <del>ICM</del>		PERCENT CONSUMED: 50%								
HOW TOLERATED: <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE		HOW TOLERATED: <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE		HOW TOLERATED: well <input checked="" type="checkbox"/> SELF <input type="checkbox"/> ASSIST <input type="checkbox"/> COMPLETE									
A D L S	0700-1500		1600-2300		2300-0700								
	BATH/ORAL CARE <input type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL		<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL		<input checked="" type="checkbox"/> SELF <input type="checkbox"/> COMPLETE <input type="checkbox"/> ASSIST <input type="checkbox"/> TOTAL								
	TYPE OF ACTIVITY (Circle all that apply) BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST AMBULATE <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR		BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <del>AMBULATE</del> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR		BEDREST <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST <del>AMBULATE</del> <input type="checkbox"/> SELF <input type="checkbox"/> ASSIST BSC # TIMES/SHIFT BRP CHAIR								
T E A C H I N G	TIME:	INITIALS:	TIME:	INITIALS:	TIME:	INITIALS:							
	CONTENT 1. One to two Report S/S CP/SOB		CONTENT:		CONTENT:								
	<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding		<input type="checkbox"/> Patient/Family Verbalizes Understanding								
PATIENT IDENTIFICATION 151729			INITIALS (b)(6)-2	SIGNATURE (b)(6)-2 LTC. AN (b)(6)-SGT	SHIFT (b)(6)-2								

EX 4

		NEUROLOGICAL ASSESSMENT																											
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND	
C	EYE/COGNITION	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	C Closed by stimulus	
		TO SPEECH	2																										
		NO EYE OPENING	1																										
A	USUAL MENTAL RESPONSE	ORIENTED	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	T Trained S Seizing D Dysphasic R Receptive E Expressive	
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1																										
C	BEST MOTION OF EXTREMITY	GRIPS	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right L Left  Record Separately if there is a Difference between the two sides	
		COMPLIANCE	4																										
		LOCALIZES PAIN	3																										
		FLEXION WITHDRAWAL	2																										
		ABNORMAL FLEXION	1																										
L	ARMS	NORMAL POWER	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS	4																										
		SEVERE WEAKNESS	3																										
		ABNORMAL FLEXION	2																										
		ABNORMAL EXTENSION	1																										
L	LEGS	NORMAL POWER	5	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS	4																										
		SEVERE WEAKNESS	3																										
		ABNORMAL FLEXION	2																										
		ABNORMAL EXTENSION	1																										
PUPILS	RIGHT	SIZE	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	+ Brisk - Slow = No Response	
	LEFT	SIZE	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
PUPIL SCALE																													
ICP																												+ Intract	
CEREBRAL PERFUSION PRESSURE																												- Abnormal	

		VASCULAR ASSESSMENT																											
		HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
↑ left	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Normal	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
↓ left	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
edema	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- Absent	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
↑ left edema	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0 Doppler	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
↓ left edema	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	R Right L Left	
	L	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		



PATIENT									POLY-LEVEL OBSERVATION: 0035-04-010 771-82151													
V I S I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME												
	/									MODE												
	70/45	71/51	72/53	74/58	74/58	74/58	74/58	74/58		74/58	F.O <sub>2</sub>											
	91	-	-	-	-	-	-	-		-	TV											
	75	76	72	77	75	91	69	74			RATE											
	18	22	20	20	20	22	20	16			PEEP											
	94	96	94	95	96	96	98	96			A A	PH										
											PCO <sub>2</sub>											
I N T A K E O U T	16	17	18	19	20	21	22	23	L A B O R A T O R Y	TIME	0715											
	30	30	30	30	30	30	30	30		GLUCOSE	169											
	400	20	-					300		KaK	1.3											
											CHCO <sub>2</sub>	4.1										
											BUN/Cr	100										
											BUN/Cr	1.1										
											WBC/PLATELET	8.4										
											Hemoglobin	5.1										
										Tropenin I	neg											
O U T P U T	430	50	30	30	30	30	30	370	A C T I V I T Y	TIME	0730											
	X	X	X	X	X	X	X	X		MOUTH CARE	(b)(6)											
										BATH												
										SKIN CARE	(b)(6)											
										POLEY CARE												
										TRACH CARE												
										ROM EXERCISES												
24 HRS TOTALS									NURSE SIGNATURE													
WT Yesterday									wt Today													
INTAKE									OUTPUT													
IV 720									Urine 3570													
PO 3170																						
TOTAL 3840									TOTAL 3570													
BALANCE 330									EX 4													

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA (0053-04 (D 785-8895))  
 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  
 DTSG APPROVED (Date): QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS (b)(6)	TIME	INITIALS (b)(6)
N E U R O	PUPILS	0800	PERLA	1900	PERLA
	SENSORIUM		NOX3, responsive		CAOX3
R E S P I R A T O R Y	RESPIRATION PATTERN		Regular, unlabored		regular & unlabored
	BREATH SOUNDS		CTA @		clear all fields
	SECRECTIONS		none		
S K I N	COLOR		WNL		WNL
	INTEGRITY				WNL
I V S I T E	LOCATION		U FA		D FA
	CONDITION		patent, good blood return; NSIA TRD		WNL; 5/5 soft
G A S T R O	ABDOEN		SNT, ND		SNT (-) none
	BOWEL SOUNDS		BBOX4		Ⓢ all 4 quadrants
G U	URINE		Clear, WNL urine		clear, voiding 5 difficulty
	COLOR/CLARITY		WNL		clear yellow
C A R D I O V A S C U L A R	CARDIAC RHYTHM - ECG		NSIC, 1 lead (normal B lead)		PAV block = 1 lead
	ST WAVE		PULSES: 5/2/3 = 4		ventricular arrests
			Cap. Ref. = 35 c.c. / 4		ST A + P & C 3
			E. Heimerl's sign: PBL		

LEGEND  
 Cr - Creatinine  
 FiO<sub>2</sub> - Fraction of Inspired O<sub>2</sub>  
 F<sub>CO<sub>2</sub></sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 Pao<sub>2</sub> - PRESSURE OF ARTERIAL CO<sub>2</sub>  
 PEEP - Positive End Expiratory Pressure  
 S.A. - Fractional  
 SAI - Saturation  
 TRACH - Tracheostomy

(b)(6)-2 (Continue on reverse)

DEPARTMENT/SERVICE/CINC: ICU DATE: 4 Jun 04

Name: Last, First, Middle Initial: \_\_\_\_\_

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

PAGES OF DAY								PONTIAC HEALTHCARE SYSTEM 0055-04-C10719-93491																						
V I T A L S  S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME										L A B O R A T O R Y	TIME									
										MODE											GLUCOSE									
							125	115		105	F.O <sub>2</sub>											NaK	/	/	/	/	/	/	/	
							90	84		77	TV											CaCO <sub>3</sub>	/	/	/	/	/	/	/	
							976				RATE											Electrolytes	/	/	/	/	/	/	/	
							87	86		74	PEEP											WBC/PLATELET	/	/	/	/	/	/	/	
							32	34		22	A											Hgb	/	/	/	/	/	/	/	
							93	94		97	B																			
											G																			
I N T A K E  O U T  T O D A Y	16	17	18	19	20	21	22	23	A C T I V I T Y	TIME								T U R N  S U C T I O N	TIME											
										MOUTH CARE																				
							30	30		30	BATCH																			
							200			200	SKIN CARE																			
											FOLEY CARE																			
											TRACH CARE																			
											ROM EXERCISES																			
											(b)(6)-2																			
24 HOURS TOTALS								NURSE'S SIGNATURE (b)(6)-2																						
WT Yesterday				WT Today																										
INTAKE				OUTPUT																										
IV 90				Urine 700																										
Po 400																														
TOTAL 490				TOTAL 700																										
BALANCE 210								EXN																						



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 Apr 8/Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	DATE	INITIALS	INITIALS
N E U R O	PUPILS	2100	(b)(6)-		
	SENSORIUM	Pericla			
R E S P I R A T O R Y	RESPIRATION PATTERN	regular			
	BREATH SOUNDS	crackles/wheezing BLL			
	SECRECTIONS	none			
S K I N	COLOR	normal for race			
	INTEGRITY	intact moist warm			
I V S I T E	LOCATION	@forearm			
	CONDITION	COI patent NSGRVO			
G A S T R O	ABDOMEN	soft nontender			
	BOWEL SOUNDS	active x 4			
G U	URINE	no diary			
	COLOR/CLARITY	yellow/clear			
C A R D I O - V A S C U L A R	CARDIAC RHYTHM	NSR			
		maximal cardiac x1 yr ago			
		LEGEND	Cr - Creatinine FiO <sub>2</sub> - Fraction of inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate	MAP - Mean Arterial Pressure PaO <sub>2</sub> - PRESSURE OF ARTERIAL O <sub>2</sub> PEEP - Positive End Expiratory Pressure	SA - Fractional SAI - Saturation TRACH - Tracheostomy

(b)(6)-2

(b)(6)-4

(Continue on reverse)

TREATMENT/SERVICE/CNC: ICU      DATE: 3/26/04

HISTORY/PHYSICAL       FLOW CHART

OTHER EXAMINATION OR EVALUATION       OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

MEDICAL RECORD		Physician's		PROGRESS NOTES	
DATE		NOTES			
6/3/54		Admitted for CHF see report (b)(6)-2			
7/4/54		Pt shows further improvement 99% on 2 <sup>nd</sup> chest completely clear would be well because of level of oxygen admin given A CHF P. O. control Dexam ② Ben. Labetal (b)(6)-2			
8/10/54		Still slightly dependent at times Nitro Ace and Bubbler can take lot of some oxygen off etc chest clear admin given A Pharmacy admin - chest (b)(6)-2 added HF P. Transfer to Iowa admt mid (b)(6)-2			
RELATIONSHIP TO SPONSOR		LAST		MI	
DEPART /SERVICE		HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)				REGISTER NO.	
				WARD NO.	

PROGRESS NOTES  
 Medical Record

STANDARD FORM 509 (REV. 6/1964)  
 Prescribed by GSA/COMR FPMR (41 CFR) 101-11.203-6.(10)  
 USAPA V1 00

Ex 4

# Trauma Registry Record

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

01059 04 00715 93591

**AUTHORITY:** SOME REGULATION  
**PURPOSE:** To provide a standard means of documenting combat trauma for care at echelons 1-3  
**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.  
**DISCLOSURE:** This is protected health information. HIPAA laws apply

**MTF DESIGNATION:** Number: CDCFH TYPE: \_\_\_\_\_ **CASUALTY NAME:** (b)(6)-4 **CASUALTY SSN:** (b)(6)-4

**Arrive DTG:** 10 June 2004 1940 **Rank:** \_\_\_\_\_ **Date of Birth:** 01 Jul 52 **Gender:**  Male  Female **Unit:** Bisson 1

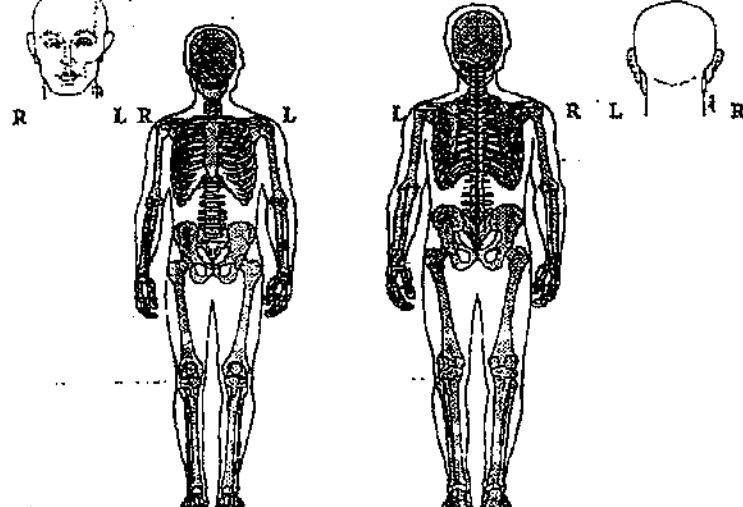
**ARRIVAL METHOD:**  Non-MED OND  SHIP EVAC  WALKED  GND AMB  CARRIED  Non-MED AIR  DUSTOFF  OTHER \_\_\_\_\_  
**Nation:**  US  Host Nation  Enemy (Victim)  Coalition ( )  
**Service:**  USA  SOF  Civilian  USN  NGO ( )  Combatant  USMC  Other  Contractor  USAF

**Wound DTG:** Unknown **PROTECTION:** \_\_\_\_\_ **TRIAGE CATEGORY:**  IMMEDIATE  DELAYED  MINIMAL  EXPECTANT

**WOUNDED BY:**  ENEMY  FRIENDLY  CIVILIAN (Host Country)  TRAINING  SELF ACCIDENT  SELF NON-ACCIDENT  SPORTS-RECREATION  OTHER: \_\_\_\_\_  UNK **MIA**  
**HELMET:** \_\_\_\_\_ **FLAK VEST:** \_\_\_\_\_ **CERAMIC PLATE:** \_\_\_\_\_ **EYE PROTECTION:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_  
**GLASCOW COMA SCALE (circle one):** 3 8 12 15  
**DIRC STUPOR LETHARGY ALERT**

**MECHANISM OF INJURY:**  MVC  BURN 1" 2" 3" \_\_\_\_\_ %TBSA  GSW/BULLET  AIRCRAFT CRASH  CRUSH  BLUNT TRAUMA  KNIFE/EDGE  FALL  SINGLE FRAGMENT  CBRNE  IED  MULTI FRAGMENT  BLAST  OTHER: Cardiac Resp arrest

**INJURY Description (Location, nature and size in cm. Be specific.)**



TX & PROCEDURES:	
SEDATED/IMMOB	Y/N
INTUBATED	Y/N
CRIC	Y/N
NEEDLE DECOMP	Y/N
Chest Tube	L R air/blood
COLLOID	ml
CRYSTALLOID	TRANSFUS ml
TOURNIQUET	Time on
Collar / C-spine	Time off
HEMOSTATIC DEVICE	Y/N specify
OXYGEN	Liters/min
RBC	Units
FFP	Units
CRYO	Units
Pls	Factor
HBOC	ml
Fresh Whole Bld	Units

**IR Start DTG:** \_\_\_\_\_ **Went On DTG:** \_\_\_\_\_ **ICU in DTG:** \_\_\_\_\_ **DISPOSITION:**  RTD  EVACUATED to \_\_\_\_\_  DECEASED  URGENT  ROUTINE  MINIMAL  
**Stop DTG:** \_\_\_\_\_ **Out DTG:** \_\_\_\_\_ **DTG:** 060625 103104

**PROVIDER:** (b)(6)-2 **SPECIALTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDCOM:** \_\_\_\_\_

EX 4

**EML** **EMCY RESUSCITATION RECORD - PAI**  
 For use of this form see MEDCOM Cir 40-5 *0022.001-C1078-8311*

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

<p>1. DATE: <u>10 June 2004</u></p> <p>3. WITNESSED ARREST?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                  MONITORED AT ONSET?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>2. LOCATION OF RESUSCITATION EVENT</p> <p><input type="checkbox"/> MICU <input type="checkbox"/> SICU <input type="checkbox"/> CCU <input type="checkbox"/> NICU <input checked="" type="checkbox"/> ED <input type="checkbox"/> PACU <input type="checkbox"/> OR <input type="checkbox"/> WARD: _____</p> <p><input type="checkbox"/> DIAGNOSTIC / PROCEDURE AREA: _____</p> <p><input type="checkbox"/> OUTPATIENT CLINIC: _____</p> <p><input type="checkbox"/> OTHER (Specify): _____</p>																														
<p>4. INTERVENTIONS ( / - IN PLACE AT START OF ARREST) ( / - INSERTED DURING ARREST) COMMENTS</p> <table style="width:100%;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> IV Access</td> <td style="width:20%;"><input type="checkbox"/> Time: _____</td> <td style="width:30%;">I/Inserted in field</td> </tr> <tr> <td><input checked="" type="checkbox"/> Endotracheal Tube</td> <td><input type="checkbox"/> Time: _____</td> <td>Inserted in field</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Ventilation</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Arterial Line</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Central Venous Line</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pulmonary Artery Catheter</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nasogastric Tube</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pacing Device (Specify type): _____</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Implantable Defibrillator / Cardioverter</td> <td><input type="checkbox"/> Time: _____</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (Specify): <u>Suction</u></td> <td><input checked="" type="checkbox"/> Time: <u>1935</u></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> IV Access	<input type="checkbox"/> Time: _____	I/Inserted in field	<input checked="" type="checkbox"/> Endotracheal Tube	<input type="checkbox"/> Time: _____	Inserted in field	<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Pacing Device (Specify type): _____	<input type="checkbox"/> Time: _____		<input type="checkbox"/> Implantable Defibrillator / Cardioverter	<input type="checkbox"/> Time: _____		<input checked="" type="checkbox"/> Other (Specify): <u>Suction</u>	<input checked="" type="checkbox"/> Time: <u>1935</u>	
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<input checked="" type="checkbox"/> Other (Specify): <u>Suction</u>	<input checked="" type="checkbox"/> Time: <u>1935</u>																														
<p>5. IMMEDIATE CAUSE OF ARREST / EVENT (Check one)</p> <p><input type="checkbox"/> Lethal Arrhythmias  <input type="checkbox"/> Hypotension  <input type="checkbox"/> Respiratory Depression  <input type="checkbox"/> Metabolic  <input type="checkbox"/> Myocardial Infarction or Ischemia  <input type="checkbox"/> Unknown  <input checked="" type="checkbox"/> Other: <u>Cardiovascular Arrest</u></p>	<p>6. RESUSCITATION ATTEMPTED</p> <p><input checked="" type="checkbox"/> YES (Check all that were used)</p> <p><input checked="" type="checkbox"/> Chest Compressions  <input checked="" type="checkbox"/> Defibrillation  <input checked="" type="checkbox"/> Airway Management</p> <p><input type="checkbox"/> NO (Check one)</p> <p><input type="checkbox"/> False alarm/arrest (BLS / ALS not needed)  <input type="checkbox"/> Do not attempt resuscitation (DNAR)  <input type="checkbox"/> Considered futile <input type="checkbox"/> Found dead</p>	<p>7. INITIAL CONDITION</p> <p>CONSCIOUS  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>BREATHING  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PULSE  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Site: _____</p>																													
<p>8. INITIAL RHYTHM</p> <p><input checked="" type="checkbox"/> Ventricular Fibrillation <input type="checkbox"/> Pertussing Rhythm  <input type="checkbox"/> Ventricular Tachycardia <input type="checkbox"/> Bradycardia  <input type="checkbox"/> Pulseless Electrical Activity <input type="checkbox"/> Asystole</p> <p>RETURN OF SPONTANEOUS CIRCULATION (ROSC)  <input type="checkbox"/> Returned at: _____ : _____ <input type="checkbox"/> Never achieved  <input type="checkbox"/> Unsustained ROSC: <input type="checkbox"/> &lt; 20 min <input type="checkbox"/> &gt; 20 min</p> <p>CPR STOPPED AT: <u>19:58</u></p> <p>WHY: <input type="checkbox"/> ROSC <input type="checkbox"/> DNAR  <input type="checkbox"/> Considered futile <input checked="" type="checkbox"/> Death</p> <p>PATIENT DISPOSITION:  <u>CED</u></p>	<p>9. EVENT TIMES (Times are required to calculate the American Heart Ass'n and European Resuscitation Council In-hospital state of survival)</p> <table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">HOUR</td> <td style="text-align: center;">MIN</td> </tr> <tr> <td>Collapse / Arrest Onset:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CPR Started:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1st Defibrillation:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Airway Achieved:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>1st Dose Epinephrine:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Code Team Called:</td> <td colspan="2">Time: <u>19:40</u></td> </tr> <tr> <td>Code Team Arrived:</td> <td colspan="2">Time: <u>19:45</u></td> </tr> </table>		HOUR	MIN	Collapse / Arrest Onset:	_____	_____	CPR Started:	_____	_____	1st Defibrillation:	_____	_____	Airway Achieved:	_____	_____	1st Dose Epinephrine:	_____	_____	Code Team Called:	Time: <u>19:40</u>		Code Team Arrived:	Time: <u>19:45</u>		<p>10. GLASGOW COMA SCALE (Post-resuscitation) (Circle appropriate scores, then total)</p> <p>EYE OPENING                  4 - Spontaneously                  3 - To voice                  2 - To pain                  1 - No response</p> <p>VERBAL RESPONSE                  5 - Oriented, converses                  4 - Disoriented, converses                  3 - Inappropriate responses                  2 - Incomprehensible sounds                  1 - No response</p> <p>MOTOR RESPONSE                  6 - Obeys verbal commands                  5 - Localizes painful stimulus                  4 - Withdraws from pain stimulus                  3 - Flexion, decorticate posturing                  2 - Extension, decerebrate posturing                  1 - No movement</p> <p>SCORE: <u>3</u></p>					
	HOUR	MIN																													
Collapse / Arrest Onset:	_____	_____																													
CPR Started:	_____	_____																													
1st Defibrillation:	_____	_____																													
Airway Achieved:	_____	_____																													
1st Dose Epinephrine:	_____	_____																													
Code Team Called:	Time: <u>19:40</u>																														
Code Team Arrived:	Time: <u>19:45</u>																														
<p>PATIENT IDENTIFICATION</p> <p>ISN: <u>(b)(6)-2</u></p> <p><u>Camp BISSON 4</u></p>		<p>AGE: _____</p> <p>GENDER: <u>Male</u></p> <p>HEIGHT (in): _____</p> <p>WEIGHT (lbs): _____</p>																													

Ex 4.



0167-04-CID 519

Diagnosis (From Page 1)	Internment Serial Num. <input type="text" value="(b)(6)-4"/>
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S: Doing well on Z pack. Now w/ ABD pn and aching

O: HEENT - neg

Neck- neg

Lungs- CTA

COR-RRR

ABD- no HSM

168/98

A: HTN

P: RHD

Atenolol 50mgQD

Cimitidine 400mg BID

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

000. 51

EXH 18

Comments (From Page 1)	Internment Serial Num. <input type="text" value="(b)(6)-4"/>
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0000 52

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

EXHIBIT 1E





0107-04-C17514

Diagnosis (From Page 1)	Internment Serial Num. (b)(6)-2
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S: dizziness when standing- pt on PenVK, Phenergan, Atenolol  
O: 142/82, p-100, r-16, SaO2 96%  
A: Postural Hypotension  
P: 2000 cc NS in R AC 20gu.

0000 31

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

EXH 18

C 107-04 - C 12519

Comments (From Page 1)	Internment Serial Num. (b)(6)-4
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**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

0000 35



0107-04-01125.9

Diagnosis (From Page 1)	Internment Serial Num. (b)(6)-4
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S: reeval ekg for heart pain

O ekg attached hp 154/79 p 75

A: Rheumatic heart disease

P: refill atenelol 50 mg 5 days pheogrin 25mg once daily 5 days.

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

0000 58

Comments (From Page 1)	Internment Serial Num. (b)(6)-4
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**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

0000 38

EXH 78



0107-04-012519

Diagnosis (From Page 1)	Internment Serial Num. (b)(6)-4
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B: F/U ONLY

RHEUMATIC HEART ON PCN 500mg QD

TENORMIN 50mg PO QD. NKDA. PAIN IN CHEST RADIATING TO BACK.

O: BP- 142/80 T-98.9 SPO2 97 % P- 87

A: RHEUMATIC HEART

P: ALLEGRA 180mg QD x 14D

ATENOLOL 50mg QD x 14D

PCN VK 500mg QD x 14D

CELEBREX 100 mg BID x 14D

F/U 14D

0000 60

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

C107-04-10514

Comments (From Page 1)	Internment Serial Num. (b)(6)-4
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FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

0000 61





0107-04-010919

Diagnosis (From Page 1)	Internment Serial Num. (b)(6)-4
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S: Heart Problem, Hx of Rheumatic Fever, Says this environment isn't good for him, wants to return to Abu Gharib

O: P-108, R: 34, BP: 160/62, MS Mitral Valve, LSC

A: Mitral vavle Defect

P: Cont. PCN VK 500mg qd  
Tenormin 50mg p.o. qd x7d  
RTC 7D, count excusal

000 63

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

FXM 11

0107-04-010919

Comments (From Page 1)	Internment Serial Num. (b)(6)-4
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0000.64



Diagnosis (From Page 1)

Internment Serial Num.

(b)(6)-4

- S: heart valve problem, on long acting benzola, pcn, dizziness
- O: lungs NAD, cor 2/6 sigs ao valve
- A: rheumatic heart
- P: Pen VK 250 mg bid, continuous

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Law Enforcement Sensitive

JUN 65

0107-04-1129.9

Comments (From Page 1)	Internment Serial Num. (b)(6)-4
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0000.07

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

EXH 18

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 May 04 1635 G starts 950p P 58 R 18	<p>SECURITY DETAINEE</p> <p>S: Called to fire 1-A to see a detainee in cell #9. [redacted] stated to me that they heard a loud noise from cell #9. When they checked they found detainee [redacted] lying on his stomach and the @ side of his face. I called out to the detainee and saw his eyes blink. When I entered the cell he refused to speak to me. One ammonia inhalant used to wake same detainee was not successful. He then got up and sat on the edge of his bed. Upon examination a dark red hematoma was noted on his @ cheek. That was not present during morning sick call. Detainee had been refusing to eat x 5 days. When asked why he stated that he could not breathe while eating. Detainee was allowed to step outside his cell to get more air. While there he was offered the cell directly across from #9. He got up and started to walk to the new cell. He was then told that he could go in there for the night if he would eat first. Detainee</p>

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	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.	

VIGILANT  
ISN# [redacted]  
COMPOUND 1-A cell #9

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 800 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM 141 CFR 201-9.202-1  
JSAFA 07 00

SECURITY DETAINEE

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ENC Exhibit

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 May 04	SECURITY DETAINEE
	<p>S: Then sat back down and started to eat. At 1700 when I left the area he was eating and laughing to other detainees close to him. Lt. (b)(6)-2 was notified of the situation. Advised that weight be taken and documentation started. No weight was taken since detainee was now eating and in a better mood.</p> <p>(b)(6)-2</p> <p>21430</p> <p>21430</p>

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/D 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.

VIGILANT  
ISN# (b)(6)-4 cell #11  
COMPOUND 1-12

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
Medical Record  
**STANDARD FORM 600** (REV. 6-97) JUN 04  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1 USAPA V2 00

SECURITY DETAINEE

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Exhibit 4



**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 15 APR 78  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: (b)(6)-2  
COMPOUND: NO  
DATE: 1968  
ISN: (b)(6)-4  
AGE: 36

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?

None

2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED?

No

- A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES  NO
- B) HAVE YOU BEEN COUGHING BLOOD? YES  NO
- C) HAVE YOU BEEN LOSING A LOT OF WEIGHT? YES  NO

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):

none

4) MEDICATION:

none

5) ARE YOU ABLE TO WALK UNASSISTED?  YES NO

6) ARE YOU ABLE TO FEED YOURSELF?  YES NO

8) PULSE: 65 BLOOD PRESSURE: 116/78 RESPIRATORY RATE: 18

WEIGHT: 218 lbs HEIGHT: 60"

ALLERGIES?

none

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO BN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

**MD/PA FOLLOW UP NOTE** DATE:

ASSESSMENT:

RECOMMENDATIONS:

(b)(6)-4

**MEDICAL RECORD**

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 May 04	SECURITY DETAINEE
1635 O starts 9500 P 58 R 18	S: Called to floor 1-A to see A detainee in cell #9. I started to me that they heard a loud noise from cell #9. When they checked they found detainee (b)(6)-4 lying on his stomach and the @ side of his face. I called out to the detainee and saw his eyes blink. When I entered the cell he refused to speak to me. One ammonia inhalant used to wake since detainee was not unconscious. He then got up and sat on the edge of his bed. Upon examination a dark red hematoma was noted on his @ cheek that was not present during morning sick call. Detainee had been refusing to eat x 5 days. When asked why he stated that he could not breathe while eating. Detainee was allowed to get outside his cell to get more air. While there he was offered the cell directly across from #9. He got up and started to walk to the new cell he was then told that he could go in there for the night if he would eat first. Detainee

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/D 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.	

VIGILANT  
 ISN# (b)(6)-4  
 COMPOUND 1-A Cell #9

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-87)  
 Prescribed by GSA/ICMR  
 FIRMH (41 CFR) 201-9.202-1 USAPA V2 00

SECURITY DETAINEE

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ENC Exhibit

060010

7/20 0930

DD FORM 1300-101 (REV. 10-1-85)  
AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD**

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17/10/04	SECURITY DETAINEE
	<p>S: then sat back down and started to eat. At 1700 when I left the area he was eating and laughing &amp; other detainees close to him. Lt. (b)(6)-2 was notified of the situation. Advised that weight be taken and documentation selected. No weight was taken since detainee was now eating and in a better mood. (b)(6)-2</p>
	<p style="text-align: right;">7/20/04 RW30</p>

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	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.
---	--------------	----------

VIGILANT  
ISN# (b)(6)-4 cell #5  
COMPOUND 1-A

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

SECURITY DETAINEE

For Official Use Only  
Law Enforcement Sensitive

Exhibit

000011

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 5APR04  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: (b)(6)-4  
COMPOUND: NO  
DATE: 1968  
ISN: (b)(6)-4  
AGE: 36

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?

None

2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED?

No

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES  NO  
B) HAVE YOU BEEN COUGHING BLOOD? YES  NO  
C) HAVE YOU BEEN LOSING A LOT OF WEIGHT? YES  NO

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE): none

4) MEDICATION: none

5) ARE YOU ABLE TO WALK UNASSISTED?  YES NO  
6) ARE YOU ABLE TO FEED YOURSELF?  YES NO

8) PULSE: 65 BLOOD PRESSURE: 116/78 RESPIRATORY RATE: 18  
WEIGHT: 218lbs HEIGHT: 6'0"

ALLERGIES? none

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO DN MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTIONS 6 OR 7 ALSO REQUIRE MD/PA EVALUATION.

MD/PA FOLLOW UP NOTE DATE:

ASSESSMENT:

RECOMMENDATIONS:

For Official Use Only  
Law Enforcement Sensitive

Exhibit \_\_\_\_\_  
ENC 4

000012



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name: [b)(6)-4]

SSAN: [b)(6)-4]

Date of Birth: Unknown

Date of Death: 24 May 2004

Date of Autopsy: 1 June 2004

Date of Report: 1 June 2004

Autopsy No.: ME04-388

AFIP No.: Pending

Rank: Civ

Place of Death: Balad, Iraq

Place of Autopsy: BIAP Morgue

**Circumstances of Death:** By verbal report, this Iraqi male was shot in a firefight and lived to be transported to a US hospital where he underwent multiple surgeries but died due to complications of his wounds.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** By prisoner number only, DNA sample obtained

**CAUSE OF DEATH:** Gunshot wound of the abdomen

**MANNER OF DEATH:** Homicide

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

(b)(6)-4

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. History of remote gunshot wound of the abdomen
  - A. No gunshot wound defect or tract evident due to multiple surgical interventions
  - B. Direction of wound indeterminate
  - C. Status post small bowel resection and anastomosis with sigmoid colostomy, and rectal stump
  - D. Feculent peritonitis (300 ml of pus and feces) and fibrinous adhesions
  - E. Right pleural adhesions and bilateral purulent pleural effusions, status post chest tube placement
  - F. Pulmonary edema and bilateral pneumonia (right lung 1150 grams, left lung 1000 grams)
  - G. Purulent pericardial effusion (50 ml)
  - H. Minute radiopaque fragments visible on sub optimal radiographs, no projectiles recovered
- II. No other significant trauma
- III. Toxicology and histology pending

(b)(6)-2

(b)(6)-2 MD

**MAJ, MC, USA**  
Deputy Medical Examiner

**CERTIFICATE OF DEATH (OVERSEAS)**  
Acte de décès (D'Outre-Mer)

(b)(6)-4		D I Linc, Pinc, Middle		Nom du décédé (Nom ex-entier)		GRADE Grade		BRANCH OF SERVICE Armée		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation						NATION (e.g., United States) Pays		DATE OF BIRTH Date de naissance		SEX Sexe <input type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race			MARITAL STATUS Etat Civil			RELIGION Culte					
CAUCASOID Caucasoïde			SINGLE Célibataire			PROTESTANT Protestant			OTHER (Specify) Autre (Spécifier)		
NEGROID Négroïde			MARRIED Marié			CATHOLIC Catholique					
OTHER (Specify) Autre (Spécifier)			WIDOWED Veuf			JEWISH Juif					
NAME OF NEXT OF KIN Nom du plus proche parent						RELATIONSHIP TO DECEASED Parenté du décédé avec le mort					
STREET ADDRESS Domicile à l'étranger						CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)					
<b>MEDICAL STATEMENT Déclaration médicale</b>											
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)										INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				Cardiac arrest							
ANTECEDENT CAUSES Symptômes précurseurs de la mort		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		GSw Abd s/p multiple Ex-lap							
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause fondamentale, s'il y a lieu, ayant mené à la cause primaire		③ chest lbn							
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives											
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant par des causes extérieures					
NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie									
ACCIDENT Mort accidentelle											
SUICIDE Suicide		NAME OF PATHOLOGIST Nom du pathologiste									
HOMICIDE Homicide		SIGNATURE Signature				DATE Date		AVIATION ACCIDENT Accident à l'air <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non			
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)				PLACE OF DEATH Lieu du décès							
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et le constaté que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.											
NAME OF MEDICAL OFFICER Nom du médecin militaire				TITLE OR GRADE Titre ou grade							
(b)(6)-2				LPT, MC				MD			
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse		DATE Date		SIGNATURE Signature					
03		(b)(3)-1		24 May '04		(b)(6)-2					
(State disease, injury or complication which caused or contributed to the death) (État de la maladie, blessure ou complication qui a causé ou contribué à la mort)						heart failure, etc. insuffisance cardiaque, etc.					

NEUROLOGICAL ASSESSMENT

		HOURS		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	LEGEND		
C	EYES OPEN	SPONTANEOUSLY	4			✓																					C Closed by swelling		
		TO SPEECH	3				✓	✓	✓					✓															
		TO PAIN	2	✓	✓									✓	✓	✓													
		NO EYE OPENING	1																										
A	BEST VERBAL RESPONSE	ORIENTED	5																								T Trunc/Eyes S Staring D Dysphasia R Receptive E Expressive		
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
C	BEST MOTOR RESPONSE	OBEYS COMMANDS	6			✓																						R Right L Left  Record Separately if there is a Difference between the two sides	
		LOCALIZES PAIN	5	✓	✓		✓					✓																	
		FLEXION WITHDRAWAL	4																										
		ABNORMAL FLEXION	3																										
		EXTENSION TO PAIN	2																										
		NO RESPONSE	1												✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
L	ARMS	NORMAL POWER																										R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																											
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
L	LEGS	NORMAL POWER																										R Right L Left  Record Separately if there is a Difference between the two sides	
		MILD WEAKNESS																											
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
P	RIGHT	SIZE		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	+ + Brisk + Slow - No Response	
		REACTION		H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H		H
P	LEFT	SIZE		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
		REACTION		H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H		H
PUPIL SCALE																													
ICP																													+ Intact
CEREBRAL PERFUSION PRESSURE																													- Abnormal

VASCULAR ASSESSMENT

		HOURS		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
↑ left	R			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ + Normal	
	L			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+
↓ right	R			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ Weak
	L			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	R																												- Absent
	L																												
	R																												d Doppler
	L																												
	R																												R Right
	L																												



DAILY PATIENT LAB VALUES

	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
<b>CHEM</b>	5/20/13	21 MAY 2013							
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
ALB		1.6		1.8					3.3-5.5 g/dL
ALP		87							53-128 U/L
ALT		76		85					10-47 U/L
AMY		40							14-87 U/L
AST		99		75					11-38 U/L
Tbil		7.4		7.8					0.2-1.8 mg/dL
BUN		23		26					7-22 mg/dL
Ca		9.3							8.0-10.3 mg/dL
Chol		109		116					100-200 mg/dL
CK									30-380 U/L
CL									98-108 mmol/L
TCO2		13							18-33 mmol/L
Creat		1.0 (stat)							0.6-1.2 mg/dL
GGT				29					5-65 U/L
Glu		87		98					73-118 mg/dL
K		2.4		1.4					3.3-4.7 mmol/L
TProtein		7.2		6.1					6.4-8.1 g/dL
Na		153		153					128-145 mmol/L
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
<b>HEME</b>									
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
WBC		13.4							4.8-10.8 x10 <sup>3</sup> /uL
RBC		3.46							4.2-6.1 x10 <sup>6</sup> /uL
Hgb		10.2							12.0-18.0 g/dL
Hct		32.3							35.0-60.0%
MCV		93.2							80.0-99.0 fL
MCH		29.4							27.0-31.0 pg
MCHC		31.5							33.0-37.0 g/dL
Plt		119							130-400 x10 <sup>3</sup> /uL
LY%		6.9							15.0-50.0%
LY#		0.9							0.7-4.3 x10 <sup>3</sup> /uL
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
<b>UA</b>									
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
Color	Amber	Amber							Straw/Yellow
Clarity	HAZY	HAZY							Clear
Glucose	NEG.	NEG.							Negative
Bilirubin	2+	2+							Negative
Ketone	NEG.	NEG.							Negative
SG	1.020	1.023							1.010-1.025
Blood	3+	3+							Negative
pH	5.0	5.0							5.0-8.0
Protein	1+	1+							Negative-Trace
Urobilin	0-2	0-2							Negative
Nitrite	NEG.	NEG.							Negative
Leuko	NEG.	NEG.							Negative

WBC - 6-1  
 RDW - 4-6  
 EPIM - 0-1



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

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

20 May 2004 Surgey #10 / 19  
 1800 Still long PAK throughout night ↑ P. 12 hr

20 Syn 10/0 this a.m.  
 Alembic RA - 30-403 01-121/20  
 I 4888 O: 4865 NAT-1980  
 Long Course BS throughout Am. 650  
 C<sub>2</sub> NAT - 92-1000  
 Com - 115-1303  
 ASD - (F) drainage - old blood - trace d fluid  
 (F) penrose withdrawn  
 LAG

12.1 / 39.0  
 12.0 / 39.0

(A) Respiratory status continues to be borderline with his persistent work of breathing. Oxygenation has improved but I am concerned that his increased effort may be burning calories and delaying healing. It did have some improvement with aggressive pulmonary toilet.

H/A - It is not clear if pt is draining blood tinged fluid.  
 I/D - wbc has remained stable but pt does have bacteremia possibly representing pulmonary source of infection.

- (D) last dg of Surgey
- (E) T&C
- (F) ✓ H&G

(b)(6)-4

(b)(6)-2

WARD FORM 509 (REV. 6/1989) BACK  
 USAFA VI.03



**CLINICAL RECORD - DOCTOR'S ORDERS**

For use of this form, see AF 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			↓ DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="border: 1px solid black; width: 150px; height: 50px; margin-bottom: 5px;"></div>			21 May 78	1150 HOURS	
			D Transfer to 31st CSH to Balah		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

**DA** FORM 4256  
1 APR 78

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1966-409-924

**CLINICAL RECORD - DOCTOR'S ORDERS**  
 For use of this form, see AR 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			20 May 2004	2205 HOURS	
NURSING UNIT			↓		
ICU	ROOM NO.	BED NO.	Post Op Orders <input checked="" type="checkbox"/> Do. Rectal Stump Abscess is <input checked="" type="checkbox"/> Intra-abdominal Sepsis <input checked="" type="checkbox"/> Ileus/perforation <input checked="" type="checkbox"/> Guarded Condition <input checked="" type="checkbox"/> IV - LR @ 200 cc/h <input checked="" type="checkbox"/> LABS: ABG SMA-7, CBC - Now		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			<input checked="" type="checkbox"/> Serial Syg IV @ 1/1hr <input checked="" type="checkbox"/> Versed drip 2-4 g/h Titrate to effect <input checked="" type="checkbox"/> Demoral 75g IM @ 30 PRN <input checked="" type="checkbox"/> Paspun 3.37g IV @ 60 <input checked="" type="checkbox"/> Portable Ock Now		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]					
NURSING UNIT			<input checked="" type="checkbox"/> Met Settings <input checked="" type="checkbox"/> IMV - 14 <input checked="" type="checkbox"/> TV - 500 <input checked="" type="checkbox"/> FIO2 titrate to 50 E O2 SAT ≥ 90% <input checked="" type="checkbox"/> ABG Now AND in AM Labs <input checked="" type="checkbox"/> He...		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]			21 May 2004	2325 HOURS	
NURSING UNIT			Anal L/S: @ OPA CBC SMA-7 ABG <input checked="" type="checkbox"/> Portable CXR @ 0800 Bolus 1 L LR Now		

DA FORM 4256 24<sup>th</sup> APR 79 **REPLACE EDITION OF 1 JUL 77, WHICH MAY BE OBSOLETE** 24<sup>th</sup> APR 79 @ 0830 on 21 May 04 [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
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-4                 </div>			↓	18 May 2004 1100 HOURS	
			① Abnormal NGS @ 4 <sup>th</sup> PMN ② ABG Now ③ Port CXR - Done ④ Red Rubber Catheter @ 4 <sup>th</sup>	[Redacted] (b)(6)-2 [Redacted] (b)(6)-2	
			NURSING UNIT	ROOM NO.	BED NO.
			<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-2                 </div>		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-4                 </div>				18 May 2004 1510 HOURS	
			① Transfuse 2u PRBC's over 4 hrs ↓ IVF when running transfusion ② ✓ CBC 2 hours p transfusion	[Redacted] (b)(6)-2 [Redacted] (b)(6)-2	
			NURSING UNIT	ROOM NO.	BED NO.
			<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-2                 </div>		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-4                 </div>				18 May 2004 2345 HOURS	
			① Transfuse 2u PRBC's over 4 hrs ② ✓ CBC in AM p transfusion	[Redacted] (b)(6)-2 [Redacted] (b)(6)-2	
			NURSING UNIT	ROOM NO.	BED NO.
			<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-2                 </div>		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-4                 </div>				19 May 2004 1610 HOURS	
			① ABG Now - Done ② Portable CXR - Done ③ check ④ Chest PT @ 2 <sup>o</sup> ⑤ JABG @ 1930	[Redacted] (b)(6)-2 [Redacted] (b)(6)-2	
			NURSING UNIT	ROOM NO.	BED NO.
			<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;">                     (b)(6)-2                 </div>		

DA FORM 4256 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[b)(6)-4]			15-May-09	0645 HOURS	
[b)(6)-4]			(1) Abdominal masses x 4 New (2) [b)(6)-2]		Metal @ OSDD on 15/5/09 [b)(6)-2]
[b)(6)-4]			[b)(6)-2]		

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[b)(6)-4]			18 May 2004	0850 HOURS	
[b)(6)-4]			(1) Portable CXR this on ip abd lectus (2) Chest Physiotherapy TID (3) see TPN order (4) Am Labs 15 May 2004: (5) SMA-7 Amy, LFTs (6) CBC (7) ALBUMIN		Metal [b)(6)-2]
[b)(6)-4]			[b)(6)-2]		

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[b)(6)-4]			18 May 2004	0850 HOURS	
[b)(6)-4]			(1) ALBUMIN 25% Bolus Now		Metal [b)(6)-2]
[b)(6)-4]			[b)(6)-2]		

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[b)(6)-4]			18 May 2004	1010 HOURS	
[b)(6)-4]			Chest tube placement (1) Pleurovac, chest tube to bedside (2) Ativan 1mg IV x 1 @ start (3) Lidocaine 1% 50, 25 gauge needle (4) Betadine solution (5) O-silk sutu (6) Sterile gloves		Metal [b)(6)-2]
[b)(6)-4]			[b)(6)-2]		

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

b(6)-4

### 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

ADULT PARENTERAL (TOTAL AND PERIPHERAL) NUTRITION ORDER FORM

DTSG APPROVED (Date)

#### CHECK (✓) AND COMPLETE APPROPRIATE ORDERS WHERE INDICATED

VOLUME (✓):	50% DEXTROSE (3.4 kcal/g) (✓):	LIPIDS (✓):	8.5% AMINO ACIDS (✓): (4.0 kcal/g)
1 Liter / day = 42 mL/hr (Initial rate)	Standard Central = initial dose (150 gm/L; 510 kcal)	<input type="checkbox"/> 10% at 21mL/hr (550 kcal; standard)	Standard Central (45 gm/L (180 kcal))
2 Liters / day = 83 mL/hr (adult; maintenance)	Standard Central = maintenance (200 gm/L; 680 kcal)	<input checked="" type="checkbox"/> 20% at 21mL/hr (1110 kcal)	Standard Peripheral (30 gm (120 kcal))
<input checked="" type="checkbox"/> 3 Liters / day = 125 mL/hr	Standard Peripheral = maintenance (85 gm/L; 289 kcal)	<input type="checkbox"/> 20% at 41mL/hr (2016 kcal)	Other = _____ gm/L
Other = _____ mL/hr	Other = _____ gm/L	<input type="checkbox"/> 10% at _____ mL/hr <input type="checkbox"/> 20% at _____ mL/hr	

\* May not want to exceed 100 gm/L of dextrose in PPN due to increased risk of phlebitis

ELECTROLYTES (✓):	DAILY REQUIREMENTS	STANDARD	INDIVIDUAL
Sodium Chloride	Sodium: 60 - 160 mEq	40 mEq/L	_____ mEq/L
Sodium Acetate		0	_____ mEq/L
Potassium Chloride	Potassium: 60 - 120 mEq	20 mEq/L	_____ mEq/L
Potassium Acetate		0	_____ mEq/L
Calcium Gluconate	Calcium: 10 - 15 mEq**	5 mEq/L	_____ mEq/L
Magnesium Sulfate	Magnesium: 10 - 20 mEq	8 mEq/L	_____ mEq/L
Potassium Phosphate	Phosphate: 15 - 40 mM **	7.5 mM/L	_____ mM/L
Trace Elements	2 mL	2 mL/day	_____ mL/day
MVI - 12	10 mL	10 mL/day	_____ mL/day
Sterile H2O For Injection	QSAD	QSAD	QSAD

SPECIAL INSTRUCTIONS: TPN must be filtered using a 0.22 micron filter. Lipid infusions must be filtered using the 1.2 micron filter \*\* Amounts of Calcium & Phosphorus will be dependent upon solubility. See reverse side for how to calculate a TPN.

ADDITIONAL MEDS (✓):	ADDITIVES (✓):
Vit K: 5 mg SQ weekly or _____ IM now	1 Insulin: _____ U/Day
Folic Acid: 1 mg / day or _____ mg / day	2 Ranitidine: 150 mg or _____ mg/day
Hydrocortisone: 5 mg/L (for PPN only)	3 Cimetidine: 800 mg or _____ mg/day
Heparin: _____ U/Liter	4 Other: _____
Other: _____	

#### Standard Orders To Be Transcribed:

1. Central (TPN), check for central line placement - STAT CXR.
2. Consult to Registered Dietitian AND Pharmacy; forward copy of TPN orders to Pharmacy
3. Use TPN line (distal port) for TPN only.
4. If TPN interrupted, hang D10W at the same rate for 4 hours or until TPN is re-started.
5. Strict I & O's, daily weights VS a minimum of q 8 hours, call physician if Temp  $\geq$  101.
6. Fingerstick glucose q 6 hours; call physician if  $\geq$  200.
7. Triglycerides on day 1; and then q 7 days.
8. Chem 12, P04, Mg ++ on days 1,2, and 3; and then q 7 days; do not draw from tube site.
9. CBC/Diff (automatic), PT/PTT on day 1; and then q 7 days
10. 24-hour UUN on day 7; and then q 7 days
11. Other:

START TIME: New orders or changes to existing orders should be received by 1300 hours. In extreme cases, changes will be made other than on the day start.

PREPA

DEPARTMENT/SERVICE/CLINIC

DATE

Name - last

HISTORY/PHYSICAL

FLOW CHART

OTHER EXAMINATION OR EVALUATION

OTHER

DIAGNOSTIC STUDIES



DAILY PATIENT LAB VALUES

	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
CHEM	5/6 1000	5/7 0700	5/8 1155	5/8 2357	5/19 0731	5/19 1940	5/19 1756	5/20 0745		
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
ALB										3.3-5.5 g/dL
ALP										53-128 U/L
ALT										10-47 U/L
AMY										14-87 U/L
AST										11-38 U/L
Tbil										0.2-1.8 mg/dL
BUN	21	23								7-22 mg/dL
Ca	7.9	7.9	10.6 1.11			11.69 1.12	1.14	1.15		8.0-10.3 mg/dL
Chol										100-200 mg/dL
CK										39-380 U/L
CL	99	103								88-108 mmol/L
TCO2	27	25				30	29	28		18-33 mmol/L
Creat	0.5	0.8								0.6-1.2 mg/dL
GGT										5-65 U/L
Glu	221	156								73-118 mg/dL
K	3.3	3.9	3.5			3.4	3.2	3.4		3.3-4.7 mmol/L
TProtein										6.4-8.1 g/dL
Na	145	146	146			148	147	148		128-145 mmol/L
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
HEME										
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
WBC	15.2	13.7		14.1	12.5				12.6	4.8-10.8 x10 <sup>3</sup> /ul
RBC	3.08	2.42		3.4	3.31				4.10	4.2-5.1 x10 <sup>6</sup> /ul
Hgb	9.1	7.2	17	8.8	10.1	11	12	10.1		12.0-18.0 g/dL
Hct	29.8	23.4	49	28.6	31.4	33	34	34.0		35.0-60.0%
MCV	96.9	96.7	286	82.7	98.9	97.5	97.57	95.1		80.0-98.0 fl
MCH	28.4	28.7	28.7	28.6	30.5	32.2	31.7	28.6		27.0-31.0 pg
MCHC	30.4	30.7	30.5	30.9	32.2	33	31.7	31.1		33.0-37.0 g/dL
Plt	350	339	35	342	275	29	28	332		130-400 x10 <sup>3</sup> /ul
LY%	6.5	6.4	4.0	5.8	5.6	6.6	5	6.5		15.0-50.0%
LY#	0.9	0.9	0.9	0.8	0.7	0.8	0.8	0.8		0.7-4.3 x10 <sup>3</sup> /ul
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
UA										
TEST	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	RESULT	REF. RANGE
Color									SG 5.9	Straw/Yellow
Clarity									SG 17	Clear
Glucose									SG 12	Negative
Bilirubin									SG 7	Negative
Ketone									SG 7	Negative
SG									ADD	1,010-1,025
Blood									PH 7.58	Negative
pH									PH 7.58	7.35-7.45
Protein									PH 7.58	Negative-Trace
Urobili									PH 7.58	Negative
Nitrite									PH 7.58	Negative
Leuko									PH 7.58	Negative

6X8-4

56 96%



### RADIOLOGIC CONSULTATION REQUEST REPORT

(Radiology/Nuclear Medicine/Diagnostic/Interventional Radiology Examinations)

EXAMINATION(S) REQUESTED  <b>CHEST CT w/IV CONT.</b>	AGE/SEX (DOB) (Required)	WARD/CLINIC	REGISTER NO.
	FILE NO.	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ORDERED BY (Phys)	TELEPHONE/PAGE NO.	
	DATE REQUESTED	21 May 04	

SPECIFIC REASON(S) FOR REQUEST (Complete and Indicate)

POST SURG.

DATE OF EXAMINATION (Month, Day, Year) <b>21 May 04</b>	DATE OF REPORT (Month, Day, Year)	DATE OF TRANSCRIPTION (Month, Day, Year)
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RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (Type/Print or written outside glass Name - last, first, middle, initials, initials)  <b>1521</b>	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY

DEPARTMENT OF THE ARMY  
TASK FORCE ALCATRAZ  
PRISON HOSPITAL  
ABU-GHRAIB, APO-AE 09342

22 MARCH 2004

SUBJECT: Check-off list for patient transfers

Below is a list of items that **MUST** be completed in order for the TOC to get a patient transferred. Once these steps have been completed TOC personnel will make the proper arrangements for the transfer to take place.

Patient identification:

Discharge or transfer order complete: Dr. signature/date/time  3/21/1145

Doctor-Doctor update complete: Dr. signature/date/time  3/21-1145

Nurse-Nurse update complete: Nurse signature/date/time \_\_\_\_\_

Mode of transportation requested: Air  Ground \_\_\_\_\_

Priority level of patient: Urgent  Non-urgent \_\_\_\_\_

MP Guard required: Yes \_\_\_\_\_ No

\*\*\*\*If any item above is not applicable place N/A in the box and initial.\*\*\*\*

\*\*If any special equipment is needed for the transport please list items required below\*\*

Portable Oxygen  
Portable ventilator.  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

TOC Personnel to complete items below this line:

Patients records copied: signature/date/time: \_\_\_\_\_

Transportation requested: signature/date/time: \_\_\_\_\_

Time patient left Alcatraz: \_\_\_\_\_ *Frough frough frough*

*Central line*  
*Art. line*  
*ventilator*      *possible send down of neck stuff*      *vent on*  
*over...*      *send*

DATE		INTRAABDOMINAL ABSCESS, NECROTIC RECTAL SPECIMEN														HOSPITAL DAY			
21 May 67																21			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V	BP Arterial line	101/58	114/60	98/61	90/60	106/66	101/64	107/67	100/60	111/67	134/68	147/60	139/72	132/64					
	BP Cuff	101/61	114/61	107/62	100/60	109/63	107/65	109/67	103/62	110/67	140/69	105/60	147/61	139/69	124/62				
T	Temperature		101.0				101.2			101.1	-	-	-	97.8					
A	Pulse	116	122	136	132	139	136	132	128	128	122	122	119	117	113				
L	Respiratory Rate	30	30	34	36	44	38	36	37	37	10	10	18	20	20				
S	sat	100	99	96	97	95	97	99	97	98	95	96	96	98	98				
TIME		24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>
I	miv	200	200	200	200	200	200	200	200	1000	200	200	250	250	250	250			
N	Verid	4	5	5	5	6	5	5	5	40	5	5	5	5	5	5			
T	Bolus	-	-	1000	-	-	-	-	-	1000	-	-	1000	-	-	-			
A	Zojen	50	-	-	-	-	-	50	-	100	-	-	-	-	50	-			
K	Vecuronium											10	10	10	10	-			
E	Albumin												100	-	-				
TOTALS		254	205	205	207	206	205	255	205	1000	205	215	215	215	215	255			
O	URINE	HOUR TOTAL	60	70	80	110	10	95	145	90	100	70	105	120	110	130			
		SP gr	60	70	80	110	10	95	145	90	100	70	105	120	110	130			
U	NG	OUTPUT						500	500	500				400					
		GRAC																	
P	EMESIS																		
P	STOOL																		
U	DRAINS	Heisterberg													25				
TOTALS																			

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
Mar 84 0830	<p>NRSG: ↑ in PT agitation from 0730-0800. PT given 75mg Deminol @ 0800. PT now resting peacefully in bed. PT sedated &amp; reseed @ 5ml/hr PT on vent - SIMV mode. TV @ 500, Fio<sub>2</sub> @ 50%, RR 10. ET checked @ 24 cm. BS to all wing fields, etc. Vt to R base. <del>HR tach</del> PT breathing against vent - RR mid 30's. HR - tachy ranges 120-135 bpm. Cap refill &lt; 3 sec x 4 ext. pulses + 2/4 x 4 ext. PT has antine to C radial artery. Good wave form &amp; pressures coincide w/ BP cuff. BS - 4 pitting edema to all extremities. ⊖ BS x 4, abd s. ND, appropriately tender. Midline abd incision covered w/ 4x4's + ABS pack. Scrotae &amp; neurs dang noted to inferior 1/2 of dng. PT has Ileostomy to RUC. Stoma appears moist &amp; pink; draining small amt bloody fluid into colostomy bag. Colostomy to LUC. Stoma pink &amp; moist, covered w/ moist 4x4, mucous dang present. Foley to gravity draining dark amber urine. NGT to (L) nasogastric to LCS draining dark brown fluid. CL to (R) SC. Patient w/ good blood return x 3. LUC @ 200 cc/hr intubating w/ difficulty. Will continue to monitor cases -</p>

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

(b)(6)-4

PROGRESS NOTES  
Medical Record  
STANDARD FORM 508 (REV. 5/1998)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAFV 91.00

VENT CHECK SHEET

VENT START DATE 2/14/10

DATE/TIME	MODE	VT	RR/FIO2	TOTAL RR	PEEP	ALARM	SPO2	PIP	COMMENT	INT
1400	SVN	750	12 90	20	5	50 15	100	28	Pr. Acquired FEAR ENT & ROETIB 2222 PIPs DIMINISHED	
0015	SVN	750	12 50	20	5	50 15	100	30	FOCUS/UPWARD TIME	
0100	SVN	750	12 50	16	5	50 15	100	31	SX SMALL AIRWAY DIF MOD THICK YELLOW WHITE	
0150	SVN	750	12 50	22	5	50 15	100	31		
0200	SVN	750	12 50	24	5	50 15	100	33	SX: Tachy small white	
0205	SVN	750	12 50	15	5	50 15	96	26	SX: tachy	
0200	SVN	750	12 50	20	5	50 15	97	35	PR TX XQ 90 started. SX: lg thick PIR like	
0200	SVN	750	12 50	18	5	50 15	95	30	ATX given SX: Mod thick 2 year	
0200	SVN	750	12 50	24	5	50 15	95	35	ATX given SX: small thick 1g FC mouth	
0210	SVN	750	12 50	14	5	50 15	95	35	BR: TX given SX: small. 1 tube repositioned	
0215	SVN	750	12 50	18	5	50 15	97	31	TX given SX: Small white (short tube placed in)	
0220	SVN	750	12 50	12	5	50 15	92	39		
0225	SVN	750	12 50	12	5	50 15	92	39		
0230	SVN	750	12 50	12	5	50 15	92	39		
0235	SVN	750	12 50	12	5	50 15	92	39		
0240	SVN	750	12 50	12	5	50 15	92	39		
0245	SVN	750	12 50	12	5	50 15	92	39		
0250	SVN	750	12 50	12	5	50 15	92	39		
0255	SVN	750	12 50	12	5	50 15	92	39		
0300	SVN	750	12 50	12	5	50 15	92	39		
0305	SVN	750	12 50	12	5	50 15	92	39		
0310	SVN	750	12 50	12	5	50 15	92	39		
0315	SVN	750	12 50	12	5	50 15	92	39		
0320	SVN	750	12 50	12	5	50 15	92	39		
0325	SVN	750	12 50	12	5	50 15	92	39		
0330	SVN	750	12 50	12	5	50 15	92	39		
0335	SVN	750	12 50	12	5	50 15	92	39		
0340	SVN	750	12 50	12	5	50 15	92	39		
0345	SVN	750	12 50	12	5	50 15	92	39		
0350	SVN	750	12 50	12	5	50 15	92	39		
0355	SVN	750	12 50	12	5	50 15	92	39		
0400	SVN	750	12 50	12	5	50 15	92	39		

MEDICAL RECORD      PROGRESS NOTES

DATE	NOTES
0930 <i>20 May 54</i>	WOUNDING: Lower 1/2 of incision - sutures intact, edges open, draining serous to brown foul smelling fluid. Penrose drain in place. Dressing changed, collected by own penrose area. Sterile pack, mucus drainage present. Tissues at open area of incision pink. <div style="text-align: right;">(b)(6)-2    RN</div>
1030	Postural drainage/percussion per RT. Breath sounds coarse throughout. Abnormal. <div style="text-align: right;">(b)(6)-2    RN</div>
1200	Respirations regular, breath sounds less coarse. <div style="text-align: right;">(b)(6)-2    RN</div>
5/20/54 M. Davis	P6 suddenly began bloody BRB out of Penrose drain to abdomen as well as out of rectum for about 45 min. HB 12.1 the AM. P 1104 BP 87/54 SpO2 95 (2) attend bloody drain no DIC P. (2) central oxygen to consider explant no Trench (2) FFP support (3) FFP (4) Blood typed cross and on field

RELATIONSHIP TO SPONSOR		SPONSOR'S NAME		SPONSOR'S ID NUMBER	
LAST	FIRST	MI	(ASH - 011-1)		
PART/SERVICE		HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)				REGISTER NO.	WARD NO.

**PROGRESS NOTES**  
 Medical Record  
**STANDARD FORM 509 (REV. 5/1998)**  
 Prescribed by GSA/NCMR FPMR (41CFR) 101-11.203(b)(10)  
 USAPA V.1.00





LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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9 May 04 Received pt alert & orient O2 sat 89-91 on 2lt air concentrator, lungs congested throughout Foley to gravity; amber but clear. bloody stool bright red small liquid LR 50cc/hr TPW @ 125cc/hr, Lipid 21cc/hr, NJ dark green drainage; ~~cont suction~~ cont suction, see flowsheet for assessment ~~of vital~~

9 May 04 Neb given chest pt conducted 9-2200 nasopharynx suction conducted, sputum withdrawal O2 sat >94%.

20 May 04 FS 164 neb treatment given chest pt conducted pt unable to cough up sputum, perform BS well.

20 May 04 Dressing change pt set up on side 2500 at bed & staff assistance per rose drain 550cc blood tinged brownish drainage, bright red blood noted to rectum.

20 May 1000 neb treatment given chest pt conducted, blood work drawn see flowsheet for vitals & finger stick.

(b)(6)-4