

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Red Blood Cells checked), Type of Request (Crossmatch checked), Date Requested (16 Aug 03), and Requesting Physician (b)(6)(c)-2). Includes a handwritten note 'G&W Abdomen'.

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No., Transfusion No., Patient No., Donor, Recipient, and Test Interpretation (Antibody Screen N/A, Crossmatch Comp). Includes a handwritten note 'Exp 19 Aug 03'.

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Inspected and Issued by, AT 0055, ON 17 Aug 03) and Post-transfusion Data (Amount Given 1 unit, Time/Date Completed 17 Aug 03 0300). Includes a signature of the 1st Verifier and a note 'ICU3'.

# [Redacted] (b)(6)(c)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16841

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (5)672
	DATE REQUESTED 16 Aug 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSCW
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER [Redacted]
REMARKS: (5)674	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
		DATE VERIFIED 16 Aug 03 TIME VERIFIED 0709 (5)672

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> SIGNATURE
DONOR ABO A Rh POS	PATIENT NO. [Redacted]	ANTIBODY SCREEN N/A	CROSSMATCH COMPAT	[Redacted]
RECIPIENT ABO A Rh POS		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 16 Aug 03
REMARKS: Exp. Date = 19 Aug 03				

SECTION III - RECORD OF TRANSFUSION

INSPECTED AND [Redacted]	PRE-TRANSFUSION DATA AMOUNT GIVEN 7 U ML REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		POST-TRANSFUSION DATA TIME/DATE COMPLETED/INTERRUPTED 8/16/03 0919 TEMPERATURE 35°C PULSE 78 BLOOD PRESSURE 109/60		
AT (Hour) 0735 ON (Date) 16 Aug 03	IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.				
1st VERIFIER [Redacted] MTC (5)672	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)				
2nd VERIFIER [Redacted] M.D.	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> (Specify) (5)672				
PRE-TRANSFUSION TEMP. 35°C PULSE 93/49 DATE OF TRANSFUSION 8/16/03 TIME STARTED 0900	SIGNATURE [Redacted]				
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)					
[Redacted] (5)674			WARD ENT		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16842

# 2

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 16 Aug 03 DATE AND HOUR REQUIRED	DIAGNOSIS OR OPERATIVE PROCEDURE GSW I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) UNITS ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2	SIGNATURE OF VERIFIER [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED 16 Aug 03
	RHIG TREATMENT? DATE GIVEN:	TIME VERIFIED 0709
	HEMOLYTIC DISEASE OF NEWBORN?	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. 2	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMBAT		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR A POS	PATIENT NO. [REDACTED]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE [REDACTED]
RECIPIENT A POS	ABO A Rh POS	REMARKS: Exp. Date: 19 Aug 03		DATE 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

INSPECTED AND ISSUED [REDACTED]	PRE-TRANSFUSION DATA AMOUNT GIVEN: all ML TIME/DATE COMPLETED/INTERRUPTED: 0830 8/16/03
AT (Hour): 0804 ON (Date): 16 Aug 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 35° PULSE: 90 BLOOD PRESSURE: 86/47
I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	
1st VERIFIER (Signature) [REDACTED] LTC (b)(6)-2	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
2nd Verifier [REDACTED]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)
PRE-TRANSFUSION DATA TEMP: 35° PULSE: 94 BP: 110/57	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)
DATE OF TRANSFUSION: 8/16/03 TIME STARTED: 0815	SIGNATURE OF [REDACTED]
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, street, rank, rate; hospital or medical facility)	
[REDACTED] (b)(6)-4	SEX: M WARD: ENT

BLOOD OR BLOOD COMPONENT TRANSFUSION  
 Medical Record  
 STANDARD FORM 518 (REV. 9-92)  
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1  
 Medical Record Copy

MEDCOM - 16843

#3

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of \_\_\_\_\_ units)

CRYOPRECIPITATE (Pool of \_\_\_\_\_ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) \_\_\_\_\_

VOLUME REQUESTED (If applicable) \_\_\_\_\_ ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED \_\_\_\_\_

DATE AND HOUR REQUIRED \_\_\_\_\_

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (S)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: \_\_\_\_\_ HEMOLYTIC DISEASE OF NEWBORN? \_\_\_\_\_

REQUESTING PHYSICIAN (Print) [Redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [Redacted]

DATE VERIFIED 16 Aug

TIME VERIFIED 1707

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]

TRANSFUSION NO. [Redacted]

DONOR ABO A Rh Pos

RECIPIENT ABO A Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH COMPAT

PREVIOUS RECORD CHECK:  RECORD  NO RECORD

SIGNATURE OF [Redacted]

DATE 16 Aug 03

REMARKS: Exp. Date: 19 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED [Redacted]

AMOUNT GIVEN 74 ML

TIME/DATE COMPLETED/INTERRUPTED 8/16/03

REACTION  NONE  SUSPECTED

TEMPERATURE 35

PULSE 81

BLOOD PRESSURE 82/47

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

DESCRIPTION OF REACTION

URticARIA  CHILL  FEVER  PAIN

OTHER (Specify) \_\_\_\_\_

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO

SIGNATURE [Redacted]

PRE-TRANSFUSION TEMP. 35 C PULSE 88 BP 112/50

DATE OF TRANSFUSION 16 AUG 03 TIME STARTED 0841

PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility)

SEX M WARD Emt

(S)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16844

Medical Record Copy

# 1

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 16 Aug 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) LUNIST ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF _____ DATE VERIFIED 16 Aug 03 TIME VERIFIED 0707

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] TRANSFUSION NO. 2 (b)(6)-7 PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMPAT	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF [REDACTED]
DONOR A POS ABO A Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Exp Date: 19 AUG 03	DATE 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY [REDACTED] AT (Hour) 0800 ON (Date) 16 Aug 03	POST-TRANSFUSION DATA AMOUNT GIVEN 74 ML TIME/DATE COMPLETED/INTERRUPTED 68/4 8/16/03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 35 PULSE 98 BLOOD PRESSURE 119/57
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) [REDACTED] (b)(6)-2 2nd VERIFIER [REDACTED]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) [REDACTED]
PRE-TRANSFUSION TEMP. 95.3 PULSE 91 BP 83/34 DATE OF TRANSFUSION 8/16/03 TIME STARTED 0806	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES SIGNATURE [REDACTED]
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility)	SEX M WARD ENT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16845

**MEDICAL RECORD** **BLOOD OR BLOOD COMPONENT TRANSFUSION**

**SECTION I - REQUISITION**

<p>COMPONENT REQUESTED (Check one)</p> <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	<p>TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)</p> <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH <p>DATE REQUESTED <b>16 AUG 03</b></p> <p>DATE AND HOUR REQUIRED <b>STAT</b></p> <p>KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) <b>(5/6)-2</b></p>	<p>REQUESTOR [REDACTED]</p> <p>DIAGNOSIS OR OPERATIVE PROCEDURE <b>Coagulopathy</b></p> <p>I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.</p> <p>SIGNATURE OF VERIFIER <b>[REDACTED]</b></p> <p>DATE VERIFIED <b>16 Aug 03</b></p> <p>TIME VERIFIED <b>518</b></p>
<p>VOLUME REQUESTED (If applicable) <b>1 UNIT</b> ML.</p>	<p>REMARKS: <b>Original</b> <b>Exp. Date: 6 Jan 04</b></p>	

**SECTION II - PRE-TRANSFUSION TESTING**

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION	PREVIOUS RECORD CHECK:
	PATIENT NO. <b>(5/6)-1</b>	ANTIBODY SCREEN <b>NIA</b>	<input checked="" type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR <b>ABO A</b> <b>Rh POS</b>	RECIPIENT <b>ABO A</b> <b>Rh POS</b>	CROSSMATCH <b>NIA</b>	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
<p><input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE <b>16 Aug 03</b></p> <p>REMARKS: <b>Thrued Exp. Date: 17 Aug 03 1055</b></p>			

**SECTION III - RECORD OF TRANSFUSION**

PRE-TRANSFUSION DATA	POST-TRANSFUSION DATA
INSPECTED AND ISSUED BY (Signature) [REDACTED]	AMOUNT GIVEN _____ ML TIME DATE COMPLETED <b>1048 16 Aug 03</b>
AT (Hour) <b>1117</b> ON (Date) <b>16 Aug 03</b>	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Block Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) <b>[REDACTED] 9/WM6 (5/6)-2</b>	DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____
PRE-TRANSFUSION TEMP. <b>90.2</b> PULSE <b>107/57</b> BP <b>98</b>	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____
DATE OF TRANSFUSION <b>16 Aug 03</b> TIME STARTED <b>1045</b>	SIGNATURE OF PERSON PERFORMING TEST <b>[REDACTED] 07/10</b>
PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries give: NAME - Last, first, middle, rank/rate; hospital number and name of facility.) <b># [REDACTED]</b>	SEX <b>M</b> WARD <b>DR/ICU3</b>

**BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 618 (REV. 8-86)**  
 General Services Administration  
 Interagency Committee on Medical Records  
 FIRMR (41CFR) 201-45,505  
 518-122

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

- RED BLOOD CELLS
- FRESH FROZEN PLASMA
- PLATELETS (Pool of \_\_\_\_\_ units)
- CRYOPRECIPITATE (Pool of \_\_\_\_\_ units)
- Rh IMMUNE GLOBULIN
- OTHER (Specify) \_\_\_\_\_

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING [REDACTED]

DIAGNOSIS OR OPERATIVE PROCEDURE

Coagulopathy

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)

1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

(5)(6)-2

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

REMARKS:

ORIG. DATE: 6/20/04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RHIG TREATMENT? DATE GIVEN:

HEMOLYTIC DISEASE OF NEWBORN?

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

TRANSFUSION NO.

TEST INTERPRETATION

PREVIOUS RECORD CHECK:

ANTIBODY SCREEN

CROSSMATCH

RECORD

NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

DONOR

RECIPIENT

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

ABO

A  
Pos

ABO

A  
Pos

Rh

REMARKS:

Thanked Exp. Date: 17 Aug 03 1055

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)

AT (Hour) 11:15

ON (Date) 16 Aug 03

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient match. The recipient is the same person named on this Blood Component Form and on the patient identification tag.

[REDACTED] (5)(6)-2

POST-TRANSFUSION DATA

AMOUNT GIVEN

TIME DATE COMPLETED

INTERRUPTED

ML

16 Aug 11:35

REACTION

NONE

SUSPECTED

If reaction is suspected - IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

URTICARIA

CHILL

FEVER

PAIN

OTHER

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO

YES (Specify)

SIGNATURE

NOTING ABOVE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SEX

M

WARD

OR/ICU3

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of \_\_\_\_\_ units)

CRYOPRECIPITATE (Pool of \_\_\_\_\_ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) \_\_\_\_\_

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

TYPE AND SCREEN

CROSSMATCH

REQUESTING PHYSICIAN (Print Name)

DIAGNOSIS OR OPERATIVE PROCEDURE

Coagulopathy

DATE REQUESTED  
16 AUG 03

DATE AND HOUR REQUIRED  
STAT

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)  
1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:  
OFFERWAZ  
Exp. Date: 11 Feb 04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

DATE VERIFIED

RhIG TREATMENT? DATE GIVEN:

TIME VERIFIED

HEMOLYTIC DISEASE OF NEWBORN?

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

TRANSFUSION NO.

PATIENT NO. (5)(6)-7

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: W/A

PREVIOUS RECORD CHECK:

RECORD

SIGNATURE

DONOR ABO: A Pos

RECIPIENT ABO: A Pos

Rh: Pos

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED (DATE 16 Aug 03)

Thromb Exp. Date: 17 Aug 03 @ 1144

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED (Signature)

AT (Hour) 1144 ON (Date) 16 Aug 03

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item # \_\_\_\_\_ the same person named on this Blood Component container's patient identification tag.

1st VITALS

2nd VITALS

TEMP. PULSE 102 BP 137/72

DATE OF TRANSFUSION 16 Aug 03 TIME STARTED 1150

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

# [Redacted] (5)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN \_\_\_\_\_ ML

TIME DATE COMPLETED INTERRUPTED

REACTION  NONE  SUSPECTED

If reaction is suspected - IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

URTICARIA  CHILL  FEVER  PAIN

OTHER \_\_\_\_\_

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO  YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE

SEX: M WARD: OR / ICU 3


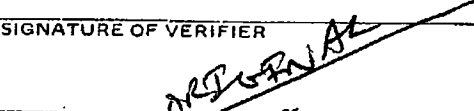
BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)  
 General Services Administration  
 Interagency Committee on Medical Records  
 FIRMR (41CFR) 201-45,505  
 518-122





MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

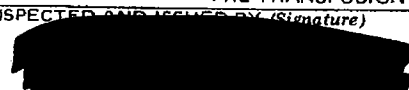




SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of ___ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of ___ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  COAGULOPATHY
	DATE REQUESTED 16 AUG 03 DATE AND HOUR REQUIRED START	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5/6)-2	SIGNATURE OF VERIFIER 
REMARKS: Original Exp Date: 11 Feb 04	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED SEP 5 5/8 TIME VERIFIED _____

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 	TRANSFUSION NO. (5/6)47	TEST INTERPRETATION ANTIBODY SCREEN N/A	CROSSMATCH N/A	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST 
DONOR ABO A Rh POS	RECIPIENT ABO A Rh POS	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Thanks Exp. Date: 17 Aug 03 1120		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature)  AT (Hour) 1717 ON (Date) 16 Aug 03 IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches. The recipient is the same person named on this Blood Component Request Form and on the patient identification tag. 1st  2nd 		POST-TRANSFUSION DATA AMOUNT GIVEN _____ ML TIME DATE COMPLETED _____ INTERRUPTED _____ REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Bloccu Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____ OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE 	
TEMP. _____ PULSE _____ BP _____ DATE OF TRANSFUSION _____ TIME STARTED _____	PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.) #  (5/6)47		

SEX M WARD DR/ICU3

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 17 AUG 03 DATE AND HOUR REQUIRED STAT	DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)61-2	SIGNATURE OF VERIFIER [REDACTED]
REMARKS: Original Exp Date: 07 Feb 04	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED TIME VERIFIED SEE RECORDS SP 518

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. (5)61-4 PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: NA	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
DONOR ABO AB Rh POS	ABO A Rh POS	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Thaved Exp Date: 18 Aug 03 1600	

SECTION III - RECORD OF TRANSFUSION

INSPECTOR [REDACTED]	POST-TRANSFUSION DATA AMOUNT GIVEN: 281 ML TIME/DATE COMPLETED/INTERRUPTED: 17 AUG 03 1705			
	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 98.0	PULSE 114	BLOOD PRESSURE 177/88
AT (Hour): 1645 ON (Date): 17 Aug 03	I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.			
1st VERIFIER (Signature) [REDACTED] (5)61-2	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
2nd VERIFIER (Signature) [REDACTED]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
PRE-TRANSFUSION DATA TEMP. 98.0 PULSE 107 BP 124/71	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____			
DATE OF TRANSFUSION: 17 AUG 03 TIME STARTED: 1650	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]			
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD ICU3	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16850

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED] DIAGNOSIS OR OPERATIVE PROCEDURE G. SWARD
	DATE REQUESTED 17 AUG 03	I have collected a blood specimen on _____ below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	DATE AND HOUR REQUIRED STAT	
	VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

REMARKS:  
 ORIGINAL  
 Exp. Date: 03 Feb 04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:  
 RhIG TREATMENT? DATE GIVEN:  
 HEMOLYTIC DISEASE OF NEWBORN?

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] TRANSFUSION NO. (5)617 PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH N/A	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF [REDACTED]
DONOR ABO AB Rh Pos	RECIPIENT ABO A Rh Pos	DATE 17 Aug 03

REMARKS:  
 Thawed Exp. Date: 18 Aug 03 @ 1730

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPIRED BY (Signature) [REDACTED] AT (Hour) 1758 ON (Date) 17 Aug 03	POST-TRANSFUSION DATA AMOUNT GIVEN 1 Unit ML TIME/DATE COMPLETED/INTERRUPTED 17 AUG 03 / 1815 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 35 PULSE 117 BLOOD PRESSURE 141/60
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) [REDACTED] 2nd VERIFIER (Signature) [REDACTED]	DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
PRE-TRANSFUSION TEMPERATURE 35 PULSE 116 BP 130/65 DATE OF TRANSFUSION 17 AUG 03 TIME STARTED 1806	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE [REDACTED]
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)	SEX M WARD 1023

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

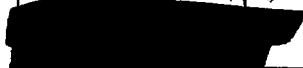

MEDCOM - 16851

Medical Record Copy

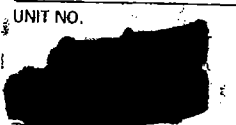
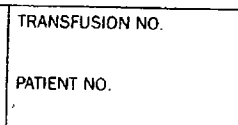

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION






SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD
	DATE REQUESTED 20 AUG 03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT -ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (S)(G)-2	SIGNATURE OF VERIFIER 
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 0705

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 	TRANSFUSION NO. 	TEST INTERPRETATION ANTIBODY SCREEN N/T CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST 
DONOR ABO A Rh positive	RECIPIENT ABO A Rh positive	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT	DATE 20 AUG 03
REMARKS: EXP DATE 27, AUG 03			

SECTION III - RECORD OF TRANSFUSION

INSPECTED AND ISSUED 	AMOUNT GIVEN 350 ML	POST-TRANSFUSION DATA TIME/DATE COMPLETED/INTERRUPTED 1546 20 AUG 03		
AT (Hour) 1100 ON (Date) 20 Aug 03	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.3	PULSE 81	BLOOD PRESSURE 139/68
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.				
If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.				
1st VERIFIER (Signature) 		DESCRIPTION OF REACTION <input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) 		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION TEMP. 100.8 PULSE 88 BP 173/76	SIGNATURE OF PERSON NOTING ABOVE 			
DATE OF TRANSFUSION 20 AUG 03	TIME STARTED 1124	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank; rate; hospital or medical facility) 		
		SEX M	WARD ICU 3	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16852

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 20 AUG 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD
VOLUME REQUESTED (if applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5) (6) - 2	SIGNATURE [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
		TIME VERIFIED 0705
		[REDACTED]

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN N/T	CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO A Rh positive	PATIENT NO. [REDACTED]	REMARKS: 27, AUG 03		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
RECIPIENT ABO A Rh positive		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 20, AUG 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN 300 ML		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		TIME/DATE COMPLETED/INTERRUPTED 114 20 AUG 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.6
1st VERIFIER (Signature) [REDACTED]		PULSE 83	BLOOD PRESSURE 145/69	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
PRE-TRANSFUSION TEMP. 101.5   PULSE 104   BP 155/116		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
DATE OF TRANSFUSION 20 AUG 03		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
TIME STARTED 0800		SIGNATURE OF PERSON NOTING ABOVE [REDACTED]		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; date; hospital or medical facility)		WARD ICU 3		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16853

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) Dr. [REDACTED]
	DATE REQUESTED 28 AUG 03 DATE AND HOUR REQUIRED 15:50 28 AUG 03	DIAGNOSIS OR OPERATIVE PROCEDURE S/P abd washout
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5/6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE [REDACTED]
REMARKS: 1 UNIT	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 0955

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] DONOR ABO A Rh positive	TRANSFUSION NO. [REDACTED] PATIENT NO. [REDACTED] RECIPIENT ABO A Rh positive	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH Compatible <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
REMARKS: B Exp 2, Sept 03		DATE 28 Aug 03	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] ON (Date) 28 Aug 03		POST-TRANSFUSION DATA AMOUNT GIVEN 335 ML TIME/DATE COMPLETED/INTERRUPTED 11:00 28 Aug 03		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) [REDACTED]		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.7	PULSE 83
PRE-TRANSFUSION TEMP 101.2 PULSE 85 BP 104/45		BLOOD PRESSURE 118/49		
DATE OF TRANSFUSION 28 Aug 03 TIME STARTED 0955		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; room number; hospital or medical facility) [REDACTED] (5/6)-4		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
[REDACTED]		WARD M ICU1		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMR, FIRM (41 CFR) 201.9.202-1

MEDCOM - 16854

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) Dr. [REDACTED]
	DATE REQUESTED 28 AUG 03 DATE AND HOUR REQUIRED ASAP 28 AUG 03	DIAGNOSIS OR OPERATIVE PROCEDURE s/p abd washout
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: 1 UNIT	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	TIME VERIFIED 0850

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN N/A	CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO A Rh positive	PATIENT NO. [REDACTED]	REMARKS: EXP 2, Sept 03		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
RECIPIENT ABO A Rh positive	CROSSMATCH NOT REQUIRED FOR THE COMPONENT			DATE: 28 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Signature]		POST-TRANSFUSION DATA AMOUNT GIVEN 307 ML		TIME/DATE COMPLETED/INTERRUPTED 1245 28 AUG 03	
AT (Hour) 1115	ON (Date) 28 Aug 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 105	PULSE 105	BLOOD PRESSURE 150/70
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
1st VERN [REDACTED] (b)(6)-2		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)			
2nd VERN [REDACTED] LT/STW		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			
TEMP. 100.5	PULSE 83	BP 114/49	SIGNATURE OF PERSON NOTING ABOVE [REDACTED]		
DATE OF TRANSFUSION 28 Aug 03	TIME STARTED 1120	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial; rate; hospital or medical facility)		WARD M	[REDACTED]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16855

Medical Record Copy

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

EXAMINATIONS (S) REQUESTED  <i>C X Ray</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE				DATE REQUESTED <i>9/19/03</i>

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

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

RADIOLOGIC REPORT

*No comparison - (L) CP cut-off / notated -*

- 1) Mild RUL persist opacity.*
- 2) Trachea. solely appearing on notated view.*
- 3) artifact/pleural opacity @ upper hemithorax.*

*[Redacted] md  
[Redacted] [Redacted]  
(5)(6)-2*

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

*[Redacted] (5)(6)-7*

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION  
MEDCOM - 16856  
PORT  
CORD

STANDARD FORM 519-B (8-83)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.806-8



ICW1

NSN 7540-01-165-7294

510-201

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

EXAMINATION(S) REQUESTED  Gastroview study of the J-Tube	AGE	SEX	SSN (Spaced)	WARD/CLINIC	REGISTER NO.
	FILM NO.	(b)(6)-4			PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY	(b)(6)-7			TELEPHONE/PAGE NO.
	SIGNATURE	[Redacted]			DATE REQUESTED 18 OCT 03

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

Tube came out last night now with poor flow  
Please put gastroview through tube to assure location  
& patency

DATE OF EXAMINATION (Month, day, year) 18 Oct 03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
---	-----------------------------------	--

Fluoro w/ gastroview

demonstrate small bowel  
filling and peristalsis.

? free air KUB - CT Pndy 2/1  
[Redacted] (b)(6)-7

[Redacted] (b)(2)-2

- CT Abd
- (1) No Free air / No ascites
  - (2) J Tube adqy.
  - (3) 5.5cm length transverse colon is apposed against incision site - maybe adherent. (No obstruction)
  - (4) CRenal Dissem
  - (5) ASVD
  - (6) RUA Shaped.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

[Redacted] (b)(6)-4

**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	HOURS	LIST TIME ORDER NOTED AND SIGN
		(4)(6)-4				
NURSING UNIT			Admit to ICU Sp ex LAP for 2.5w to Abd Cord Guarded Nihil QP & SAT All <del>OK</del> Act Red res nurse Foley to Grady			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
						Initial 18 Aug 03 BOB  1671200
NURSING UNIT			I/O Fr NPO IVF CR @ 150cc/hr Meds Versed drip titrate to effect Hsoy 1-10 mg QP Hhlt N-SPECT			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			Unasyn 3.0g IV Q2h 10 <sup>30</sup> Lab CBC, Chem 12, Chem 8, ABG Q Am plus CBC Q6 Vent: ind 12/750/Per 5/29 Tx 44 hr when work  (4)(6)-2 1125 1130 1130 245 16 Aug 03			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
		(5)(6)-2				
NURSING UNIT						
PATIENT IDENTIFICATION						
NURSING UNIT						
PATIENT IDENTIFICATION						

**DA FORM 4256**  
1 APR 78

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

U.S. GOVERNMENT PRINTING OFFICE: 1980-409-924

"USE BALL POINT"

MEDCOM - 16858

"PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

of this form, see AR 40-66, the proponent agency TSG

THE DOCTOR SHALL RECORD DATE 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]			16 AUG 03	1704 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 AUG 03	1710 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		

170  
① AB's 3 Cycles NOW ✓  
170  
② Fentanyl 100 mc Bolus ✓  
175  
③ Start Fentanyl Drop @ 150 mc/hr ✓  
Hbr ✓  
175  
④ DICMSG ✓

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 AUG 03	1710 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 AUG 03	1835 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		

① Vecuronium 10mg IV q 1hr ✓  
② Vec @ 10mg/hr ✓  
③ NGT HCLIS ✓

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 Aug 03	1835 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 Aug 03	1855 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		

① Transduce CVP. ✓  
② Scribe WSPAN bolus x 1 NOW. ✓  
V.O. Dr. [REDACTED] ✓

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 Aug 03	1855 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			16 Aug 03	1855 HOURS	
NURSING UNIT			ROOM NO.		
[REDACTED]			[REDACTED]		

① ↑ TV 800 + ↑ FiO2 100%. ✓  
V.O. Dr. [REDACTED] ✓

DA FORM 1 APR 79 4256

REPLACES EDI FORM 17, WHICH MAY BE USED.

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

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16859

CLINICAL RECORD - DOCTOR'S ORDERS

of this form, see AR 40-66, the proponent agency DTSG

THE DOCTOR SHALL RECORD DATA SYSTEM IS USED. WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

LIST TIME ORDER NOTED AND SIGN

16 AUG 03

1125

HOURS

- ① Give LR one liter bolus Now - 1125
- ② Increase LR IVF rate to 200ml/hr
- ③ Transfuse Two units RBCs Now
- ④ ↑ RR to 16 and

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 AUG 03

1150

HOURS

- ① Zantac 450 50 mg IV q 3h

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 Aug 03

HOURS

- ① Fentanyl 100mcg IV prn
- V.O. Dr.

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 Aug 03

1625

HOURS

- ① 500cc of 5% Albumin
- V.O. Dr.

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

REPLACES WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1986-409-924

"USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED"

MEDCOM - 16860

(6)16-4

5  
10  
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95  
100

Noted  
to page  
136  
137

Noted  
to page  
137  
138

Noted  
to page  
185  
186

24 Chart ✓ [redacted] 2200 16 Aug 03

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

DATE OF ORDER 16 AUG 03 TIME OF ORDER 2100 HOURS LIST TIME ORDER NOTED AND SIGNATURE

- 1 Tx 24 PRBC
2 500 cc 5% Albumin + 7 Now

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 AUG 03 TIME OF ORDER 0715 HOURS

- 1 500 cc 5% Albumin (U Now)
2 Tap each over 10 minutes

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 AUG 03 TIME OF ORDER 0830 HOURS

- 1 Draw Ccc @ 1300

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 Aug 03 TIME OF ORDER 1424 HOURS

- 1 Draw Coag study.
2 Infuse 2 units FFP Now
V.O. Dr.

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1998-409-924

USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED

MEDCOM - 16861

CLINICAL RECORD - DOCTOR'S ORDERS

For information of this form, see AR 40-66, the proponent agency's DTSG

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

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			17 AUG 03	2200 HOURS	
			① Admit to ICU		
			Dx S/P GSW Abd.		
			cond Stable		
			vitals Q1° SAT 3 I/O		
			A11Ø		
NURSING UNIT	ROOM NO.	BED NO.	Act Bedrest		
			Foley to Gravity		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-7					
			Duodenal tube to Gravity		
			IP's to Bulb Suction		
			Line care		
			A-Line		
NURSING UNIT	ROOM NO.	BED NO.	Vent IMV 16 TV 800 PEEP 5 P02 50%		
			NPO		
			IV LR @ 150 cal/hr		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-2					
			meds		
			versed Drop Whole to effect		
			Fentanyl Drop Whole to effect		
			UNASYN 3.0 gm IV Q8°		
			ZANTAC 60 mg IV Q8°		
NURSING UNIT	ROOM NO.	BED NO.	LAB CBC, ABG, Chem 8 Chem 12 Now		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]					
			and Q Am.		
			Flush Duodenal tube at 10cc/hr Q shift		
			NG to LIS		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1996-409-324

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16862

CLINICAL RECORD - DOCTOR'S ORDERS

Fill in this form, see AR 40-66, the proponent agency's form.

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

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

LIST TIME ORDER NOTED AND SIGN

[Redacted Patient ID]

18 AUG 03

1604

HOURS

Noted 18 Aug 03 [Redacted]

- ① 5% Albumin in 500cc x 1 row.
- V.O. Dr. [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

[Redacted Patient ID]

18 AUG 03

1400

Noted 18 Aug 03 1620 [Redacted]

- ① A drsg midline abd incision wet to dry QD.
- ② A drsg around JP tubes pm.
- V.O. Dr. [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

[Redacted Patient ID]

19 AUG 03

0650

Noted 19 Aug 03 [Redacted]

- ① 40mg<sup>KCl</sup> in 250cc run over 2°
- ② ↓ MIVF to 75cc/h
- V.O. Dr. [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

[Redacted Patient ID]

20 AUG 03

0209

Noted 20 Aug 03 [Redacted]

- ① Tylenol 100mg thru NG Tube for ↑ TEMP 101.4°
- V.O. Dr. [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1986-409-924

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16863

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AF 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: 21 May 03  
 TIME OF ORDER: 0723 HOURS  
 LIST TIME ORDER NOTED AND SIGN: [Redacted]

① 1cc 40mg IV in 100cc NS over 4 hrs  
 [Redacted]

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 21 Aug 03  
 TIME OF ORDER: 0930 HOURS  
 LIST TIME ORDER NOTED AND SIGN: [Redacted]

① 1cc 40mg 500 00  
 [Redacted]

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 21 Aug 03  
 TIME OF ORDER: 1000 HOURS  
 LIST TIME ORDER NOTED AND SIGN: [Redacted]

① 1/4% bleach Dakins soln to midline abd incision + ① Plank BID to dress A.  
 V.O. Dr. [Redacted]

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 21 Aug 03  
 TIME OF ORDER: 1945 HOURS  
 LIST TIME ORDER NOTED AND SIGN: [Redacted]

40mg KCl in 100cc NS IVPB over 2hrs via central line.  
 V.O. Dr. [Redacted]

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

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

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

USE BALL POINT PEN

MEDCOM - 16864

APER REQUIRED



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
[REDACTED]			2110	21 Aug 03 HOURS	
			DIVE to DS 1/2 NS + 2 PKCl @ 7 Sec/hr.		
			VO: Dr [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			21 Aug 03	2:20 HOURS	
			RER going over 8 hours in plus of choice		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			27 AUG 03		
			1 - START JEVING @ 10 c/hr		
			2 - ✓ CBC @ 40		
			3 - ✓ CBC Citron 12, Citron 7 + AB [REDACTED] A.M.		
			4 - Purasys 12 c/hr in D.M.		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			8-22-03	1320 HOURS	
			40mg PKCl in 100ml D5W		
			per U/O Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
ICU 1					

(b)(6)-(7)

Noted  
2140  
26 Aug 03

(b)(6)-(7)

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1986-408-324

"USE BALL POINT PEN" MEDCOM - 16865 "PAPER REQUIRED"

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
(S)(61-4)			25 AUG 03	0600L	
[REDACTED]			NS @ KVO for cordis		noted 29 Aug 03
[REDACTED]			V.O. Dr. [REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.	(S)(61-2)		
			24 <sup>th</sup> Chart Check	[REDACTED]	LT/AW 26 Aug 0030

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]					

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

NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
--------------	----------	---------	------------	--	--

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]					

NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
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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
[REDACTED]			28 AUG 07	1125 HOURS	1130

① Mix egg thru Duodenal Drainage with 3hrs TF and feed out 3hrs.

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			24 AUG 03	0800 HOURS	

① Advance STT 20cm to 24cm @ tip. V.O. Dr. [REDACTED]

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			24 AUG 03	1140 HOURS	

① Portable CXR s/p trials lumen placement

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			24 AUG 03	1435 HOURS	

① Subcutaneous 20mg IUP q6 prn SOB 7:20

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	24° Chautau	[REDACTED]

[REDACTED] 1443 24 Aug 03

DA FORM 4256 1 APR 79

REPLACES EDITION OF [REDACTED] MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD THIS SYSTEM IS USED, WRITE PROBLEM

TIME AND SIGN EACH SET OF ORDERS. IF NUMBER IN COLUMN INDICATED BY ARROW

EM ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 20 Aug 03	TIME OF ORDER 0630	HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			① OTC D Vmaxipr			
[REDACTED]			② Lign 3.375 gm IV q 6 <sup>h</sup>			
[REDACTED]			③ Lign 400 mg IV q 12 <sup>h</sup>			
[REDACTED]			④ Transderm 2 in p/Bc 2 cm x 4 <sup>cm</sup> each			noted 20 AUG 03
[REDACTED]			⑤ KCl 40 meq in 100 cc NS over 4 <sup>h</sup>			0915
[REDACTED]			⑥ Advance ETT 2.0 cm			
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 20 AUG 03	TIME OF ORDER 0805	HOURS	
[REDACTED]			① Advance ETT 1.0 cm			
[REDACTED]			V.O. Dr. [REDACTED]			
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 24 AUG 03	TIME OF ORDER 0830	HOURS	
[REDACTED]			① Midabd and ② puncture wound			noted 0930
[REDACTED]			wet to dry dress BID			20 AUG 03
[REDACTED]			V.O. Dr. [REDACTED]			141/AN
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 27 Aug 03	TIME OF ORDER 2:00	HOURS	
[REDACTED]			CBC, Chem 8, ABG, CXR			NOTED 2100 20 AUG
[REDACTED]			in AM			
NURSING UNIT	ROOM NO.	BED NO.				
24 <sup>th</sup> Chart ✓			[REDACTED]			141/AN 21 AUG 0100

DA FORM 4256 1 APR 79

REPLACES EDITION OF 7 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1986-403-324

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16868

CLINICAL RECORD - DOCTOR'S ORDER

For this form, see AR 40-66, the proponent agency TSG

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

PATIENT IDENTIFICATION [REDACTED] DATE OF ORDER 26 AUG 03 TIME OF ORDER 1425 HOURS LIST TIME ORDER NOTED AND SIGN

- ① Resume previous orders
- ② Hold TF for now

Noted 26 Aug 03  
167/STW

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION [REDACTED] DATE OF ORDER 27 Aug 03 TIME OF ORDER V.O. Dr. HOURS

- 1) Restart TF quantity & level per up to 125 cc/hr in next hours.
- 2) Nil 3 hour distal drainage & 3 hr TF over 3 hours

Noted 27 Aug 03

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION [REDACTED] DATE OF ORDER 8/27 TIME OF ORDER 0830 HOURS

- ① Fluconazole 100mg iv q AM First dose now
- ② CXR now

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION [REDACTED] DATE OF ORDER 27 Aug 03 TIME OF ORDER 1252 HOURS

Δ Fluconazole to 100mg PO QAM (First Dose Now) v.o. per Dr. [REDACTED]

1257  
27 Aug 03

NURSING UNIT ROOM NO. BED NO.

DA FORM 1 APR 79 4256

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

MEDCOM - 16869

CLINICAL RECORD - DOCTOR'S ORDERS

For this form, see AR 40-66, the proponent agency 5G

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]			27 Aug 63	2116 HOURS	[REDACTED]
(5) 61-4			① NPO 5 AM.		[REDACTED]
			VODR [REDACTED]		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			8/28	900 HOURS	[REDACTED]
			① Transfused 2cc PRBC now		[REDACTED]
			② Leasix 40mg ev in between shifts		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			8/28	1400 HOURS	[REDACTED]
			① Resume pre op orders		[REDACTED]
			② Start TF at 60 c/min		[REDACTED]
			Admission as tolerated.		[REDACTED]
			③ MBM care		[REDACTED]
			④ Trach care		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.			

Noted  
8/28/63  
1400  
5/61-4

DA FORM 4256 1 APR 79

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

MEDCOM - 16870

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
[REDACTED]	[REDACTED]	0710	30 AUG 03	0705 HOURS	[REDACTED] noted 30 Aug 03
			(1) Hold T.F.		
			(2) V.O. Dr. [REDACTED]		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	0805	1 Sept 03	0720 HOURS	[REDACTED] noted 01 Sept 03
			(1) 20 mg KCl in 100cc NS over 20		
			V.O. Dr. [REDACTED]		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	0755	1		[REDACTED] noted 01 Sept 03
			(1) Labetalol 20mg ip qd		
			[REDACTED]		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]		1 Sept 03	0830 HOURS	[REDACTED] noted 01 Sept 03
			(1) Labetalol 20mg IV q6h prn SBP > 170		
			[REDACTED]		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.			

(5) (6) - 4

(5) (6) - 2

DA FORM 4256 1 APR 79

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

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MEDCOM - 16871

10

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency: TSG

ORIENTED MEDICAL RECORD

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NL

AND SIGN EACH SET OF ORDERS. IF PR IN COLUMN INDICATED BY ARROW BELL

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			01 Sept 03	1600 HOURS	
[REDACTED]			(1) Tylenol 650mg via NGT q 4-6° prn fever. V.O. Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			1 Sept 03	2230 HOURS	
[REDACTED]			(1) ↓ Jevity to 90cc/hr (2) DC Zosyn (3) DC Cipro (4) Rocephin 2gm IVPB QD (5) Unasyn 3.0gm IVPB q 6° (6) Δ Fluoxyclo 400mg IVPB QD (7) Cath tips for culture		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-4					
[REDACTED]					
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.			
24	chart check done	288	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]			28 Sept 03		
[REDACTED]			KCL 40mg in 100cc NS over 2hrs.		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		

(5)(6)-4  
2-19(5)

noted 180  
27

28 Sept 03  
0845

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 TSG

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NUMBER

AND SIGN EACH SET OF ORDERS. IF PROBLEM IS IN COLUMN INDICATED BY ARROW BELOW

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION DATE OF ORDER TIME OF ORDER LIST TIME ORDER NOTED AND SIGN

25 Sep 03 1600 HOURS

Fluconazole to 150mg PO QD v.o. per Dr. [Redacted]

25 Sep 03 [Redacted]

NURSING UNIT ROOM NO. BED NO.

ICU 1 240 Chart v. [Redacted] [Redacted] 1840 22 Sep 03

PATIENT IDENTIFICATION DATE OF ORDER TIME OF ORDER

3 Sept 03 0716 HOURS

- 1 D/C NGT
2 Mg soy 2gm 10 in 250 cc DSW
3 Ice 10 in the same 250 cc DSW
4 Send back Aspirin for ex

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION DATE OF ORDER TIME OF ORDER

3 Sept 2003 0810 HOURS

- 1 Atorvast 25mg po QD
2 1 flumaz 15mg at 100cc/hr with 40KCl

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION DATE OF ORDER TIME OF ORDER

3 Sep 03 1000 HOURS

- 1 Mix TF & 80cc of Feed + 40cc/hr of Doodenl strap and run @ 120cc/hr
12. For 4 hrs with 320 cc Feeds with 140cc Doodenl strap and run @ 120cc/hr

NURSING UNIT ROOM NO. BED NO.

240 Chart v. [Redacted] [Redacted] 1930

DA FORM 1 APR 79 4256

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

(b)(6)-2

35 Sep 03 1626

CLINICAL RECORD - DOCTOR'S ORDERS

For use

this form, see AR 40-66, the proponent agency

TSG

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NUMBER

AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IS IN COLUMN INDICATED BY ARROW BELOW...

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			4 Sep 03	1240 HOURS	
[REDACTED]			① BID Moist Kerlix Dressing to midline wound <i>★</i> be very careful there is bowel under there. Make sure Dressing stays moist. <i>★</i>		
[REDACTED]			② DIC Maint IUF		
[REDACTED]			③ PCXR in AM		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
ICU 1			5 Sept 03	0830 HOURS	
[REDACTED]			① 1 Akrol 5mg po QD		
[REDACTED]			② [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
			05 Sept 03	1600 HOURS	
[REDACTED]			① Pt to CT scan tomorrow		
[REDACTED]			Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	
24° Chart ✓			6 Sep 03	1530 HOURS	
[REDACTED]			① Resume Previous orders & No more Duodenal Tube drainage or Feeds		
[REDACTED]			② Start TF @ 20 cal/hr.		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	

DA FORM 1 APR 79 4256

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

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CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency.  
 THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.  
 SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

SG  
 ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	6 Sep 03	1820 HOURS	



- ① ↑ FiO<sub>2</sub> to 100%
- ② PCXR
- ③ ABG
- ④ JPs # 3 & # 4 to LIS
- ⑤ Repeat ABG



NURSING UNIT	ROOM NO.	BED NO.
ICU 1		

v.o. per Dr. [Redacted]

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [Redacted]	6 Sept 03	2015 HOURS	

- ① All vital signs q 4<sup>h</sup>

Noted with [Redacted]

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]	6 Sep 03	0700 HOURS	

- ① CKR QAM
- ② ↓ CKR to 12
- ③ ABG in 1 hr

Noted 47K 07 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]	16 15 Sept 03	HOURS	

- ① DIC JP LIS to bulb suction
  - ② ↑ TF by 20cc/° until target rate
  - ③ ↓ peep to 5
- v.o. Dr. [Redacted]

Noted 0718 7 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS

5G

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

ORIENTED MEDICAL RECORD

THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER 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]			8 Sep 03	0700 HOURS	
[REDACTED]			① Trach collar for 1 hr then ABC		noted 08 Sept 03 0735
[REDACTED]			② Advance TF to 80 cc/hr		
NURSING UNIT	ROOM NO.	BED NO.	24 <sup>th</sup> Chart Check [REDACTED] 0100		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			9 Sep 03	0650 HOURS	
[REDACTED]			① KCl 40meq in 250 cc D5W over 2 hrs.		done 10/20
NURSING UNIT	ROOM NO.	BED NO.	24 <sup>th</sup> Chart Check [REDACTED] 0130		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			10 Sep 03	0710 HOURS	
[REDACTED]			Use sulfamylon solution for wet to dry dressing changes on back of head, @ shoulder, and B.C.		[REDACTED]
[REDACTED]			v.o. Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	24 <sup>th</sup> Chart Check [REDACTED] 0100 11 Sep 03		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			10 Sep 03	0819 HOURS	
[REDACTED]			KCl 20meq IV PB Now to run over 2 hours		10 Sep 0820
[REDACTED]			v.o. Dr. [REDACTED]		[REDACTED]

DA FORM 4256 1 APR 79

MEDCOM - 16876

INITIAL RECORD - DOCTOR'S ORDERS

For use in the form, see AR 40-66, the proponent agency's form.

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 EPW # [REDACTED] (5)(6)-4	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	11 Sep 03	0030 HOURS	

↓  
 A fentanyl gtt to Morphine gtt. Titrate to effect.  
 VO: Dr [REDACTED] W/AW

(5)(6)-2	NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	CPT / [REDACTED]	24	chart check done

DATE OF ORDER	TIME OF ORDER
11 Sep 03	0705 HOURS

- X ① KCl 40mg in 500cc D5W over 4 hrs.
- X ② send Track by courier

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION EPW # [REDACTED]	DATE OF ORDER	TIME OF ORDER
	11 Sep 03	1000 HOURS

- X ① Start PIU
- X ② D/c central line when PIU Access obtained
- X ③ Start clears as tolerated

NURSING UNIT	ROOM NO.	BED NO.
ICU 1	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION EPW # [REDACTED]	DATE OF ORDER	TIME OF ORDER
	12 Sep 03	1010 HOURS

- X ① D5W 50 cc/hr IV
- X ② Make ALL IV infusions D5W.

NURSING UNIT	ROOM NO.	BED NO.
24 Chart	[REDACTED]	[REDACTED]

DATE OF ORDER	TIME OF ORDER
12 Sep 03	1734

DA FORM 1 APR 79 4256

CLINICAL RECORD DOCTOR'S ORDERS

For use of this form, see AF 40-88, the predecessor agency to OHSU

THE CLERK 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 13 Sept 03	TIME OF ORDER 0940 HOURS	LAST TIME ORDER NOTED AND SIGN
[REDACTED]			① Place emphasis record IP output Q36A		
[REDACTED]			② Demand T/F to 100 cc/hr.		
[REDACTED]			③ saline lock DSW infusion.		

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER 14 Sept 03	TIME OF ORDER 0908 HOURS	
[REDACTED]			① D5W to 50 cc/hr		

PATIENT IDENTIFICATION			DATE OF ORDER 16 Sept 03	TIME OF ORDER 0600 HOURS	
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
240 Chart	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER 16 Sept 03	TIME OF ORDER 1200 HOURS	
[REDACTED]			① Δ D5W infusion to 1/2 NS @ 50 cc/hr		

PATIENT IDENTIFICATION			DATE OF ORDER 16 Sept 03	TIME OF ORDER 1245 HOURS	
[REDACTED]			① OUB to chair BID V.O. Dr. [REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
240 Chart	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER 08/13/03	TIME OF ORDER [REDACTED]	
[REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER 08/13/03	TIME OF ORDER [REDACTED]	
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
240 Chart	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER 08/13/03	TIME OF ORDER [REDACTED]	
[REDACTED]			[REDACTED]		

Noted 14 Sept 03 0950  
Noted 13 Sept 03 1006

noted 16 Sept 03 1012

noted 16 Sept 03 1012

(5)6-7

(5)6-2

(5)6-2

DA FORM 4256 APR 79

U.S. GOVERNMENT PRINTING OFFICE: 1989-309324

USE BALL POINT PEN - PRESS FIRMLY IN TO CASUAL PAPER REQUIRED

CLINICAL RECORD DOCTOR'S ORDERS

For use of this form, see AP 40-85, the procedural agency is OTCB

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

PATIENT IDENTIFICATION: [REDACTED] DATE OF ORDER: 18 Sep 03 TIME OF ORDER: 0705 HOURS: [REDACTED] LIST TIME ORDERED AND SIGN: [REDACTED]

- X ① Fentanyl Patch 50µg/hr to CW Q 3 days
- ② V Moron @ Fentanyl.com
- ③ Ativan 1-2 mg IV Q 4<sup>th</sup> PRN Agitation
- ④ Haldol 5mg IV Q 8<sup>th</sup> PRN Agitation

NURSING UNIT: ICU 1 ROOM NO: [REDACTED] BED NO: [REDACTED]

PATIENT IDENTIFICATION: [REDACTED] DATE OF ORDER: 19 Sep 03 TIME OF ORDER: 1100 HOURS: [REDACTED]

- Admit to PACU → ICU
- S/O STSS to Abd
- Cond stable
- vitals Q 1<sup>st</sup> ESAT 3 I/O
- All - ~~OK~~
- Act Bed Rest
- Nurse, please keep Recheck

NURSING UNIT: [REDACTED] ROOM NO: [REDACTED] BED NO: [REDACTED]

PATIENT IDENTIFICATION: [REDACTED] DATE OF ORDER: [REDACTED] TIME OF ORDER: [REDACTED] HOURS: [REDACTED]

- sedated x 3 days while still h/e's
- NPO No TF x 3 days
- IV D5 1/2 NS 120cc @ 120cc/hr
- Fentanyl Patch 50µg/hr to CW Q 3d
- ZANTAC 50mg IV Q 8<sup>th</sup>

NURSING UNIT: [REDACTED] ROOM NO: [REDACTED] BED NO: [REDACTED]

PATIENT IDENTIFICATION: [REDACTED] DATE OF ORDER: [REDACTED] TIME OF ORDER: [REDACTED] HOURS: [REDACTED]

- Lovencoc 40mg SQ QD
- Dic Rocephin/Unasyn/Fluconazole
- Atenolol 50mg PO QD
- Albuterol nebs Q 4<sup>th</sup>
- Moron 6TT Thru to affect
- Hal Ativan 1mg IV Q 8<sup>th</sup> E Tyg
- IV Q 8<sup>th</sup> PRN Agitation.

NURSING UNIT: [REDACTED] ROOM NO: [REDACTED] BED NO: [REDACTED]

DA FORM 4250 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

(5)161-2  
 14 Sep 03  
 1300

24<sup>th</sup> Chart ✓ [Signature] 20 Sep 03 0855

(5)161-2  
MEDCOM - 16879

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 19 Sep 03	TIME OF ORDER 1100 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			① orders Part II		
NURSING UNIT			LABS CBC Chem 8 QAM.		
ROOM NO.			Tylenol 650 mg P/Tube Q6 <sup>o</sup> PRN Pain		
BED NO.			* Loperamide crushed 2 pills crushed/dia		
			Per T tube Now then one pill		
			Q 12 <sup>o</sup>		
			JP to 125 mmHg such [REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]					
NURSING UNIT					
ROOM NO.					
BED NO.					
			At All LMS		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			20 Sep 03	0445	
NURSING UNIT					
ROOM NO.					
BED NO.					
			24 <sup>o</sup> Chart Check [REDACTED]		
			① At NMW 1-2 mg IV Q 4 <sup>o</sup> PRN Agitation		
			② HAI/dol 5mg IV Q 6 <sup>o</sup> PRN Agitation Not responsive to Atm		
			③ HAI/dol 5 mg IV Q 4 <sup>o</sup> H		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			20 Sep 03	1029	
NURSING UNIT					
ROOM NO.					
BED NO.					
			A Lovensol to 30 mm SQ QD		
			v.o. per Dr. [REDACTED]		

DA FORM 1 APR 79 4256 240 [REDACTED] WHICH MAY BE USED

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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
[REDACTED]			21 SEP 03	2400 HOURS	
[REDACTED]			① DK Coprenone		Wtd by [REDACTED] 9/24/03
[REDACTED]			[REDACTED]		50 SEP 0530
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			22 SEP 03	1230 HOURS	
[REDACTED]			① BID w-d dressing A's to Abd. Place xero form over Graft Area.		[REDACTED]
[REDACTED]			② Start TFC 30cc/hr then ↑ 10 cc/hr Q20 until goal of 100 cc/hr reached		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			22 SEP 03	1230 HOURS	
[REDACTED]			R Pt may try Regular Diet		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			9/23	1630 HOURS	
[REDACTED]			① FL 997 500 mg po tid		[REDACTED]
[REDACTED]			② ↓ IVP to 75cc/hr		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

DA FORM 4256 1 APR 79

OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

AND SIGN EACH SET OF ORDERS. IF SYSTEM ORIENTED MEDICAL RECORD NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] (6)(6)-4			26 SEP 03	1630 HOURS	Noted 26 Sep 03
[REDACTED]			V.O. Changed VS to Q4h Given by DR [REDACTED] TAKEN BY FLESH SEMPLER		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]			27 SEP	11:00 HOURS	Noted 27 Sep 03
[REDACTED]			DC Albuterol V.O. DR [REDACTED] TAKEN BY FLESH SEMPLER		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			29 Sept 03	1629 HOURS	Noted 29 Sep 03
[REDACTED]			X-ray of abd. c contrast. V.O. DR [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			30 Sep 03	2100 HOURS	Noted 30 Sep 03
[REDACTED]			1. DC IV Zantac when Pharmacy supply depleted then begin IV Zantac 2. <del>Zantac 300mg IV 15 min</del>		
NURSING UNIT	ROOM NO.	BED NO.	V.O. Dr. [REDACTED] MAJAN		
			[REDACTED]		

DA FORM 1 APR 79 4256

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

MEDCOM - 16882

CLINICAL RECORD - DOCTOR'S ORDERS

For this form, see AR 40-66, the proponent agency DTSG

THE DOCTOR SHALL RECORD DATE AND SIGN EACH SET OF ORDERS. IF P M 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]			02 Oct 03	0926 HOURS	
[REDACTED]			① DIC. Chlvan 1mg IV Q8h.		[REDACTED]
[REDACTED]			② DIC. Halol 5mg IV QHS.		
[REDACTED]			VO DR [REDACTED]		[REDACTED]
[REDACTED]			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
	ICU1	2			

(b)(6)-1

noted 02 Oct 03 @ 0900

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			02 Oct 03	1450 HOURS	
[REDACTED]			V.O. Maj [REDACTED] - Sat		[REDACTED]
[REDACTED]			Please do wound cultures from the abdominal surgical site & sphenoid wound sites. Mark probe of the source		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		

(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			10/2	1630 HOURS	
[REDACTED]			PT consult		[REDACTED]
[REDACTED]			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		

(b)(6)-2

noted 02 Oct 03 @ 1630

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
240 ✓ 03 OCT 03 4553			1741 20 Oct 07	1715 HOURS	
[REDACTED]			504 0100		[REDACTED]
[REDACTED]			① Vio. Dr Matsumoto / CPT [REDACTED]		
[REDACTED]			Ambien 10mg qHS		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES EDITED 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
			10/7		

- Transfer to ward
- sip liquid Abdomen
- Stable
- Routine VS
- Strict I + O

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	HOURS
ICW I	1	B			

3P x 2 to belly section. Record output q shift  
 Feeding tube: left side of abdomen

- Incentive Spirometer
- Ambulate daily bid
- Dressing change:
  - Trache site: q 2-3 days; Arm: Silverdine bid
  - Abdomen: Wet-dry dressing on granulation tissue only (skin graft in center of wound)

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	HOURS
ICW I	1	B			

Debr. + precautions

- Flush J tube & 10 cc water q shift
- Routine clothing care
- Regular diet
- Tube feeds at 100 cal/hr (Jevit)
- Coarbox 30 mg sq bid

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	HOURS
ICW I	1	B			

Atenolol 50 mg po qd.  
 Pentamyl patch 50mg/hr po cw q 3d.

- Tylenol 400 mg po q 4h bid

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	HOURS
ICW I	1	B			

MA [Signature]

DA FORM 4256 1 APR 79

REPLACES ED

MAY BE USED.

MEDCOM - 16884

**CLINICAL RECORD - DOCTOR'S**      RS  
 use of this form, see AR 40-66, the proponent.      Policy 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]			7 Oct 03	2300 HOURS	
[REDACTED]			Benadryl 25mg IVP q 6 <sup>o</sup> PRN		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	230	_____ HOURS	
PATIENT IDENTIFICATION			[REDACTED]		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				_____ HOURS	
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				_____ HOURS	
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		

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

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

MEDCOM - 16885

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD D  
SYSTEM IS USED, WRITE PROBLE  
ME AND SIGN EACH SET OF ORDERS. IF  
NUMBER IN COLUMN INDICATED BY ARROW b  
EM ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted] (5/16/77)			18 OCT 03	0600 HOURS	
[Redacted] (5/16)-2					
[Redacted] (5/16)-2					
NURSING UNIT	ROOM NO.	BED NO.			
ICW#1	3	F			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
24° V 20 Oct @ 0500			24 OCT 03	0700 HOURS	
[Redacted] (5/16)-2					
[Redacted] (5/16)-2					
NURSING UNIT	ROOM NO.	BED NO.			
[Redacted]	2300	0710			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
24° V 24 Oct @ 0500			24 OCT 03	0700 HOURS	
[Redacted] (5/16)-2					
[Redacted] (5/16)-2					
NURSING UNIT	ROOM NO.	BED NO.			
[Redacted]	2400	1000			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
24° V 21 Oct @ 1800			27 OCT 03	0930 HOURS	
[Redacted] (5/16)-2					
[Redacted] (5/16)-2					
NURSING UNIT	ROOM NO.	BED NO.			
[Redacted]	2900	0440			

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CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(5)1617	[REDACTED]	[REDACTED]	28 OCT 03	0925 HOURS	
<p><i>noted</i></p> <p><i>(5)1612</i></p>			<p>① All skin graft sites:                      BID knee wound &amp; NS                      then Apply silvadene covered                      with gauze BID</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0500	290403	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	29 OCT 03	0900 HOURS	
[REDACTED]			<p>① D/c Jewish                      ② D/c Hep Lock                      ③ D/c Tagamet</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0345	200010	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(5)1617	[REDACTED]	[REDACTED]	5 NOV 03	0945 HOURS	
<p><i>(5)1612 noted</i></p> <p><i>(5)1612</i></p>			<p>① P/C silvadene to skin grafts                      ② Apply Moisturizer to STG-BIV                      ③ Change V→D dressing AS to LLE @ least BID</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0500	5 NOV 03	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	5 NOV 03	1730 HOURS	
[REDACTED]			<p>Cont. using silvadene on                      skin grafts &amp; BID dressing                      v.o. Dr. [REDACTED]</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 2300	5 NOV 03	[REDACTED]	[REDACTED]		

DA FORM 4256 1 APR 79


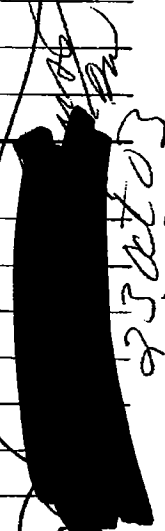
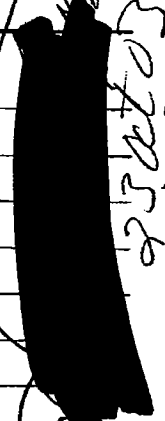
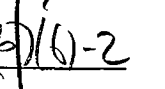
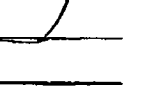
REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 16887

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	
 (5)161-4			23 OCT 03	1030 HOURS	 23 Oct 03	
			Admit to PACU → ICW2			
			Slp Skin-graft to Abd / chest / ARM			
			cond stable			
NURSING UNIT			DATE OF ORDER	TIME OF ORDER		
ICW 1						
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
					 23 Oct 03	
			Ⓡ Lower leg wound			
			Ⓢ Moisten skin-graft Dressing E sulfamylon solution Q6 <sup>0</sup>			
			Regular Diet			
NURSING UNIT			DATE OF ORDER	TIME OF ORDER		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
					 (5)161-2	
			Resume Previous Meds			
			MD will Δ STSG sites in 7-5 days			
NURSING UNIT			DATE OF ORDER	TIME OF ORDER		
240 ✓			24 OCT 03 @ 0500			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
						
NURSING UNIT			DATE OF ORDER	TIME OF ORDER		

DA FORM 4256 1 APR 79

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

MEDCOM - 16888



**MEDICAL RECORD - DOCTOR'S ORDERS**

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled Items)		
X	VS q 5 min X 15 min, then q 15 min until discharge.		
X	Supplemental oxygen. <i>tomantain Sat 7 9590</i>		
X	Morphine / Meperidine <u>10</u> mg IV now and <u>1-2</u> mg q 3-5 min prn pain for a max dose of <u>10</u> mg.		
4	Zofran <u>4</u> mg IV prn N/V q 15 min, may repeat x <u>    </u> .		
5	Metoclopramide <u>10</u> mg IV prn N/V x 1.		
6	Droperidol <u>    </u> mg IV prn N/V x 1.		
7	Phenergan <u>    </u> mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: <u>LK</u> @ <u>100</u> cc/hr.		
10	Discharge <i>[REDACTED]</i> when PACU discharge criteria met. <i>CKNH</i>		
11	<i>May give 15 mg Demerol for shivering x 1</i> <i>[REDACTED]</i> <i>CKNH</i> <i>(5/16)-2</i>		

PATIENT IDENTIFICATION	Complete the following information on page 1 only. Note any changes on subsequent pages.			
	Diagnosis: _____			
	Height: _____		Weight: _____ Diet: _____	
	Allergies: _____			
Nursing Unit PACU, 28th CSH		Room No.	Bed No.	Page No. 1 of 1

**MEDICAL RECORD - DOCTOR'S ORDER**

For use of this form, see MEDCOM Circular 40-3

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
11/17/03 1015	POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.	11/17/03 [redacted]	
2	Supplemental oxygen. $FiO_2$ SAT < 96%	[redacted]	
3	Morphine / Meperidine 3-4 mg IV now and 3 mg q 3-5 min prn pain for a max dose of 20 mg. MAINTAIN RR > 10/min	[redacted]	10:15 [redacted]
4	Zofran 4 mg IV prn N/V q 15 min, may repeat x _____	11/17/03 10:15	
5	Metoclopramide _____ mg IV prn N/V x 1.	[redacted]	
6	Droperidol _____ mg IV prn N/V x 1.		
7	Phenergan _____ mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: LR @ 150 cc/hr.	11/17/03 10:15	10:15 [redacted]
10	Discharge from recovery status when PACU discharge criteria met.	[redacted]	[redacted]
11.	LABELALIN 5mg Q5-10min TO MAX 20mg for SBP > 170 and/or DBP > 90	[redacted]	[redacted]

11/16/03

**PATIENT IDENTIFICATION**

# [redacted] (6)(5)-7

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Diet: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Nursing Unit PACU, 28th CSH	Room No.	Bed No.	Page No. 1 of 1
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form

CLINICAL RECORD - DOCTOR'S ORDERS  
 Use of this form, see AR 40-66, the proponent is OTSG

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

PATIENT IDENTIFICATION [REDACTED]

DATE OF ORDER: 15 NOV 03  
 TIME OF ORDER: 1006 HOURS

① NPO & NIV this Sunday  
 but OK Monday Sat 15/16

NURSING UNIT: 240  
 ROOM NO.: 110003  
 BED NO.: [REDACTED]

PATIENT IDENTIFICATION [REDACTED]

DATE OF ORDER: 19 NOV 03  
 TIME OF ORDER: 0837 HOURS

① May take pt. in a wheelchair to the bathroom. No walking or standing.  
 ② May sit in a chair but must elevate his leg @ all times.  
 ③ No dangling leg

NURSING UNIT: [REDACTED]  
 ROOM NO.: [REDACTED]  
 BED NO.: [REDACTED]

PATIENT IDENTIFICATION [REDACTED]

DATE OF ORDER: 21 NOV 03  
 TIME OF ORDER: 0811 HOURS

① Dry Protection Dressing  
 1x daily to Right thigh donor site

NURSING UNIT: [REDACTED]  
 ROOM NO.: [REDACTED]  
 BED NO.: [REDACTED]

PATIENT IDENTIFICATION [REDACTED]

DATE OF ORDER: 22 NOV 03  
 TIME OF ORDER: 0946 HOURS

① Pt. may ambulate toward from the bathroom  
 ② g day dry dressing to the thigh donor site. **DO NOT** remove the Xeroform  
 ③ g day dressing to the Right lower leg skin graft & Xeroform and dry dressing. Trim the Xeroform to only touch the graft

NURSING UNIT: 240  
 ROOM NO.: 230603  
 BED NO.: 0410

DA FORM 4256  
 1 APR 79

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

MEDCOM - 16891

CLINICAL RECORD - DOCTOR'S ORDERS

Use of this form, see AR 40-66, the proponent is OTSG

THE DOCTOR SHALL RECORD SYSTEM IS USED, WRITE PROBL

TIME AND SIGN EACH SET OF ORDERS.

PROBLEM ORIENTED MEDICAL RECORD

NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<p># [REDACTED] (5)161-4</p>			17 NOV 03	1000	
<p>NURSING UNIT</p>			<p>1. Return to Work, Dr. Ellman 2. Dx: open wound, LLE 3. Wound status = stable 4. NKWT 5. Vitals = q 6 x 24 hours. Then routine 6. Activity = Bed Rest; Strict RLE elevated @ all times and</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
<p>NURSING UNIT</p>			<p>no pressure applied to the posterior portion of his chest 7. Percutaneous Spirometry 10x/6 8. Diet = regular 9. HepLock IV 10. Atenolol 50mg p.o. qd 11. Fentanyl Patch 25mcg/hr</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
<p>NURSING UNIT</p>			<p>change every 72 12. Percocet 5-10 p.o. q 4-6 p.m. break through pain 13. Motrin 300mg SubQ q day 14. Moisturize or other emollientizing cream to chest and abdomen skin grafts BID</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
<p>NURSING UNIT</p>			<p>17 NOV 03 @ 1800 Dr. [REDACTED] / Lt. [REDACTED] Tylenol 650mg PO x 1 now (5)161-2</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
<p>NURSING UNIT</p>			<p>noted 17 Nov 03 @ 1800 [REDACTED]</p>		

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 DAT SYSTEM IS USED, WRITE PROBLEM

AND SIGN EACH SET OF ORDERS. IF P ER IN COLUMN INDICATED BY ARROW BE

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER 24 NOV 63 TIME OF ORDER 1718 HOURS LIST TIME OF ORDER NOTED SIG

- ① Pt may ambulate @ will
- ② Berdon Xeroborn is over Right Lower Leg skin graft

2471105

NURSING UNIT ROOM NO. BED NO.

24/0300 24 NOV 63 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER 25 NOV 64 TIME OF ORDER 0856 HOURS

- ① Moisturize Cream to RLE donor site and skin graft site
- ② W/C Xeroborn Gauze dressing to skin graft
- ③ Dry protective dressing to RLE skin graft p Moisturize applied

Noted 25 NOV 64

NURSING UNIT ROOM NO. BED NO.

24/0300 24 NOV 63 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER 27 NOV 63 TIME OF ORDER 0942 HOURS

- ① W/C Keptant Pads ✓
- ② Narrative is on the Chart ✓
- ③ W/C to prison camp @ next camp ✓

noted 27 NOV 63

NURSING UNIT ROOM NO. BED NO.

24/0300 27 NOV 63 0450 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

(5/6)2

NURSING UNIT ROOM NO. BED NO.

DA FORM 1 APR 79 4256

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

MEDCOM - 16893

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Mo. 02 Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION														
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				10	11	12	13	14	15	16	17	18	19	20		
10 Aug 03	[Redacted]	Start Jevity @ 5cc/hr via DHT	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
10 Aug 03	[Redacted]	Increase TF to 50cc over next 4 hours	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		Check residuals q 4°	12	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		Hold for over 100cc	14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		Restraint when less than 100cc	20	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11 Aug 03	[Redacted]	Increase TF to 100cc/hr over next 4 hrs. ✓ residuals q 2° Hold for > 100cc	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11 Aug 03	[Redacted]	Increase TF to 125cc/hr	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13 Aug 03	[Redacted]	NTO! Elevate arms and heels of bed.	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
12 Aug 03	[Redacted]	Vent settings: SIMV, TV 700, rate 18, FiO <sub>2</sub> 50%, PEEP 5 (14 Aug 03)	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
14 Aug 03	[Redacted]	ABG's - BID - O <sub>2</sub> 100	04	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
14 Aug 03	[Redacted]	SIMV 16, TV 700, FiO <sub>2</sub> 40%, PEEP 5	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
15 Aug 03	[Redacted]	CBC, Chem 7, ABG, CXR QAM	04	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
16 Aug 03	[Redacted]	BID wet to dry dressing Δ to Evision site. Sulfamylon	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

5/6-2

5/6-2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: Solution for dressing Δ.      ADDITIONAL PAGES IN USE:  YES  NO

**NKOA**      **S/P 50% BSA Burns**      PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: [Redacted] (5/6-7)

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing

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

Mo 08 Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
14 Aug 03	[Redacted]	Restart Tube feeds	14 Aug		1015	[Redacted]
14 Aug	[Redacted]	change PR 16	14 Aug		1350	[Redacted]
17 Aug 03	[Redacted]	ABG, chem 7; CBC @ 0400	15 Aug 03	0400	0400	[Redacted]
16 Aug 03	[Redacted]	Resume previous orders.	16 Aug 03		1340	[Redacted]
17 Aug	[Redacted]	KUB + Chest in AM	18 Aug	0400		[Redacted]
17 Aug	[Redacted]	1000cc LR Bolus	17 Aug	1900	1900	[Redacted]
17 Aug	[Redacted]	500cc LR Bolus Now	17 Aug	2200	2200	[Redacted]
17 Aug	[Redacted]	Necoronium 10mg IVP Now	17 Aug	2200	2200	[Redacted]
17 Aug	[Redacted]	ABG/CBC	17 Aug	2215	2215	[Redacted]
17 Aug	[Redacted]	TU PRBC	17 Aug	2100	2100	[Redacted]
		Transfuse TU PRBC	17 Aug	2300	2300	[Redacted]
14 Aug 03	[Redacted]	CBC / chem 7. ABG & Transfusion	18 Aug 03			[Redacted]

2 (6/9)

(5/10) 2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
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USAPA V1.00

**CLINICAL RECORD**

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

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

Mo.      Yr. 2

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																							
16 Aug 83	[REDACTED]	CBC, chem 12, Chem 8; ABG @ Am	04																								
	(S)(G)-Z		18	EXC-2																							

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

**ACTION TIMES**  
USE PENCIL. CIRCLE ACTION TIMES

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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
16 Aug	[Redacted]	US ghr, 130	06 18	16/17/18
16 Aug	[Redacted]	Act: BR	06 18	
16 Aug	[Redacted]	foley to gravity	06 18	
15 Aug	[Redacted]	Diet: NPO	06 18	
16 Aug	[Redacted]	labs: CBL, ch12, ch8,		
16 Aug	[Redacted]	CBL of G°	06 18	
16 Aug	[Redacted]	vent: SIM-12/TU-750/ peep 5/50%	06 18	
16 Aug	[Redacted]	NGT to US	06 18	
16 Aug	[Redacted]	transduce EWP	06 18	

2(6)5

> Add 16 Aug 03 clarification

> See RT flow sheet for vent changes

ALLERGIES:  YES  NO

all φ

PRIMARY DIAGNOSIS:

S/P Excep Gsw to ASD

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

[Redacted]

85 kg

(5/61-4)

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing  
**Therapeutic Documentation Care Plan**  
(NON-MEDICATION)  
Mo \_\_\_\_\_ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
16 Aug 03	[REDACTED]	Transfuse 2 units PRBCs #1	16 Aug 03			
		#2	16 Aug 03			
17 Aug 03	[REDACTED]	500cc 5% Albumin IV now	17 Aug 03 NOW	0800		[REDACTED]
17 Aug 03	[REDACTED]	1 amp CaCl over 10 minutes	17 Aug 03 NOW	0735		[REDACTED]
17 Aug 03	[REDACTED]	Infuse 2 units FFP NOW (5)(6)-2	① 17 Aug 03 NOW ② 17 Aug 03	11250		(5)(6)-2
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																
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Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
16 Aug	[redacted]	Admit to ICU	16 Aug		1012	[redacted]	
16 Aug	[redacted]	Condition Guarded	16 Aug		1012	[redacted]	
16 Aug	[redacted]	Labs: CBC, chem 12, chem 8, ABG	16 Aug		1035	[redacted]	
16 Aug	[redacted]	ABG & lytes NOW	16 Aug		1710	[redacted]	
16 Aug	[redacted]	↑ RR to 16 and TV to 750 ml	16 Aug		1148	[redacted]	
16 Aug	[redacted]	↑ TV 800 + ↑ FiO2 100%	16 Aug		1858	[redacted]	
17 Apr	[redacted]	Draw CBC @ 1300	17 Aug	1300	1230	[redacted]	
17 Apr	[redacted]	Draw Coag. study	17 Aug		1350	[redacted]	
		(6) 6-2				(4) 7/6-2	
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION				
			TIME/DATE COMPLETED				

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Mo.      Yr. 2003

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE			4	5	6	7	8	9	10	11	12	13	14	15	16	17
17 AUG 03	[REDACTED]	Vitals Q 1 <sup>st</sup> & 2 <sup>nd</sup> sat @ 110	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17 AUG 03	[REDACTED]	Act. Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17 AUG 03	[REDACTED]	day to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17 AUG 03	[REDACTED]	JP's bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17 AUG 03	[REDACTED]	CBC, ABG, Chem 8, Chem 12 @ AMU	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
17 AUG 03	[REDACTED]	Flush J-tube @ 10cc NS Q shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
18 AUG 03	[REDACTED]	Δ desq around JP tubes PRN	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

(6)  
(5)

(6)(6) 2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: GP gunshot wound abd.

ADDITIONAL PAGES IN USE:  YES  NO

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

PATIENT IDENTIFICATION: # [REDACTED] (6)(6)-9

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES

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

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**

For use of this form, see AR 40-407;  
the proponent agency is the Office of The Surgeon General.  
Mo. <sup>AUG</sup> ~~SEP~~ 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																			
				31	01	02	03	04	5	6	7	8	9	10	11	12	13						
17 Aug 03	[REDACTED]	Vitals q 1 <sup>o</sup> & sat + I/O	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Act: Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Duodenal tube to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	JPs to bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	line care, A-line	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	CBC, ABG, Chem 8, Chem 4 12 q Am	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Flush duodenal tube and J-tube & 10cc NS q shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	NG-LTS	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18 Aug 03	[REDACTED]	Adrsq around JP tubes pon	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Sep 03	[REDACTED]	Mix TF & 80cc of Feed & 40cc of Duodenal Drainage & run @ 120cc/hr, i.e. For 4 hrs, Mix 320cc Feeds & 160cc Duodenal Drainage	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

20615

(5)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: end run @ 120cc/hr

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO: 1

PATIENT IDENTIFICATION:

# [REDACTED] (5)(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

Rewritten Aug 03 ABZ 0300

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (NO IV-MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																														
				17	18	19	20	21	22	23	24	25	26	27	28	29	30																	
17 Aug 03	[REDACTED]	Vitals q 1° & Sat + I/O	04	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	Act: Bedrest	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	Foley to gravity	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	Duodenal tube to gravity	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	JP's to bulb suction	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	line care, A line	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	vent SIMV 14 TV800, PEEP 5	06	[REDACTED]																														
		FiO2 50%	18	[REDACTED]																														
17 Aug 03	[REDACTED]	NPO	06	[REDACTED]																														
			18	[REDACTED]																														
17 Aug 03	[REDACTED]	CBC, AEC, Chem 8, Chem 12	04	[REDACTED]																														
		q AM		[REDACTED]																														
17 Aug 03	[REDACTED]	Insert duodenal tube and	10	[REDACTED]																														
		J tube & 10 cc NS q	22	[REDACTED]																														
		shift		[REDACTED]																														
17 Aug 03	[REDACTED]	NG - LIS	06	[REDACTED]																														
			18	[REDACTED]																														
18 AUG 03	[REDACTED]	Midline abd drsg wet to	06	[REDACTED]																														
		dry QD	18	[REDACTED]																														
18 AUG 03	[REDACTED]	Δ drsg around JP tubes	06	[REDACTED]																														
		per	18	[REDACTED]																														

(5)(6)2

(5)(6)2

> See RT sheet for vent  
A.S

42  
27 Aug 03

Δ 20 AUG 03

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: sp gunshot wound abd.

ADDITIONAL PAGE:  YES  NO  
PAGE NO: 1

PATIENT IDENTIFICATION:

# [REDACTED] (5)(6)-7

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing

Therapeutic Documentation Care Plan  
(NON-MEDICATION)

Mo \_\_\_\_\_ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
18 Aug	[Redacted]	Admit to ICU		done		[Redacted]
17 Aug	[Redacted]	cond. stable.				[Redacted]
17 Aug	[Redacted]	lab CBC, ABG, Chem 8, Chem 12 Now				[Redacted]
18 Aug	[Redacted]	5% Albumin in 500cc XT now	18 Aug 03		0955	[Redacted]
18 Aug	[Redacted]	40 mEq KCl in 250cc run over 2	19 Aug 03		0810	[Redacted]
20 Aug	[Redacted]	Advance ETT 2.0cm	20 Aug 03		0700	[Redacted]
20 Aug	[Redacted]	Advance ETT 1.0cm	20 Aug 03		0840	[Redacted]
24 Aug	[Redacted]	Advance ETT 2.0cm to 24cm @ lip	24 Aug 03		0800	[Redacted]
24 Aug	[Redacted]	Portable CXR s/p triple lumen placement	24 Aug 03		1200	[Redacted]
26 Aug	[Redacted]	Hold TF for now	26 Aug 03		1640	[Redacted]
27 Aug	[Redacted]	CXR Now	27 Aug 03		1030	[Redacted]
27 Aug	[Redacted]	NPO after Midnight	27 Aug 03			[Redacted]
27 Aug	[Redacted]	NPO 7 AM.	27 Aug 03	PM	PM	[Redacted]
28 Aug	[Redacted]	Resume previous orders	28 Aug 03			[Redacted]
30 Aug	[Redacted]	Hold TF	30 Aug 03			[Redacted]

(5)(6)-2

(5)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																						
			TIME/DATE COMPLETED																						
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USAPA V1.00

Revised 02 Sep 03 10 ALZ

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NO. 1 - MEDICATION)		Mo. Yr. 2003																
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				20	21	22	23	24	25	26	27	28	29	30	31	01	2			
20 Aug 03	[REDACTED]	Mid abd and @ puncture wound wet to dry drsg Δ BID	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Aug 03	[REDACTED]	1/4 strength Dakin's soln to midline abd incision + @ flank BID drsg Δ	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8-23	[REDACTED]	mix 3hrs discolorated drainage c 3hrs TF @ feed over 2hrs	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]	start TF at 60cc/hr advance as tolerated	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug	[REDACTED]	Mouth Care	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug	[REDACTED]	Track care	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 Sep	[REDACTED]	↓ Jevity to 80cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: S/P Gunshot wound Abdomen  
 NKDA  
 ADDITIONAL PAGES IN USE:  YES  NO PAGE NO: 2

PATIENT IDENTIFICATION: [REDACTED] (5)(6)-4

ACTION TIMES  
 USE PENCIL. CIRCLE ACTION TIMES

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



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

Mo \_\_\_\_\_ Yr 2003

516-2

516-2

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo _____	Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
1 Sep	[redacted]	Catheter tips for Cx	1 Sep	2300	0300	[redacted]	
1 Sep	[redacted]	VA for Intine	1 Sep	2300	0300/sep	[redacted]	
3 Sep	[redacted]	Send Trach aspirate for Cx	3 Sep 03		0830	[redacted]	
4 Sep	[redacted]	PCXR in AM	4 Sep 03	0400		[redacted]	
5 Sep	[redacted]	PT to CT scan tomorrow	8 Sep 03	OK	sent to O.R. instead	[redacted]	
6 Sep	[redacted]	Resume previous orders except	6 Sep 03		1700	[redacted]	
		No more Duodenal Tube Drainage					
		or feeds					
6 Sep	[redacted]	PCXR	6 Sep 03		1730	[redacted]	
6 Sep	[redacted]	ABG	6 Sep 03		1715	[redacted]	
6 Sep	[redacted]	Repeat ABG	6 Sep 03		1830	[redacted]	
7 Sep	[redacted]	ABG in 10	7 Sep 03	0755	0755	[redacted]	
8 Sep	[redacted]	Trach collar for 7 hrs then ABG	8 Sep 03		0815	[redacted]	
			8 Sep 03	1015	1015	[redacted]	
11 Sep 03	[redacted]	Send Trach Asp Culture	11 Sep 03		1116	[redacted]	
11 Sep 03	[redacted]	Start PIV	11 Sep 03		1240	[redacted]	
11 Sep 03	[redacted]	OK Central Line when PIV access obtained	11 Sep 03		1248	[redacted]	

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

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.      Mo. Yr. 2003

VERIFY BY INITIALING      INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				03	04	5	6	7	8	9	10	11	12	13	14	15
21 Aug 03	[REDACTED]	1/4 strength Dakins son to	00	[REDACTED]												
		Blank BID 2 drsg A.	20	[REDACTED]												
23 Aug 03	[REDACTED]	Mix 3hrs duodenal drng	06	[REDACTED]												
		C 3hrs TF and feed over	18	[REDACTED]												
		3hrs	X	[REDACTED]												
28 Aug 03	[REDACTED]	Mouth care	06	[REDACTED]												
			18	[REDACTED]												
28 Aug 03	[REDACTED]	Trach care	06	[REDACTED]												
			18	[REDACTED]												
4 Sep 03	[REDACTED]	BID moist Kerlix Dressing	06	[REDACTED]												
		to Huddle wound & be	18	[REDACTED]												
		very careful there is		[REDACTED]												
		bowel under there.		[REDACTED]												
		Make sure dressing		[REDACTED]												
		stays moist		[REDACTED]												
4 Sep 03	[REDACTED]	NIO: ROM exercises	06	[REDACTED]												
			18	[REDACTED]												
6 Sep 03	[REDACTED]	Start TF @ 20cc/hr	06	[REDACTED]												
			18	[REDACTED]												
6 Sep 03	[REDACTED]	JPs #3 + #4 to LIS	06	[REDACTED]												
			18	[REDACTED]												
7 Sept 03	[REDACTED]	CXR QAM	06	[REDACTED]												
7 Sept 03	[REDACTED]	D/C JP WS to bulb	06	[REDACTED]												
		suction	18	[REDACTED]												
7 Sept 03	[REDACTED]	↑TF by 20cc/° until	06	[REDACTED]												
8 Sept 03	[REDACTED]	target rate (advance	18	[REDACTED]												
		TF to 80cc/°)		[REDACTED]												

(5)16-2

21 Aug 03  
 23 Aug 03  
 28 Aug 03  
 28 Aug 03  
 4 Sep 03  
 6 Sep 03  
 6 Sep 03  
 7 Sept 03  
 7 Sept 03  
 7 Sept 03  
 8 Sept 03

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: S/P Gunshot wound abd.  
 NKOT      ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: 2

PATIENT IDENTIFICATION: # [REDACTED] (5)16-4

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

**CLINICAL RECORD**

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

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED								
				05	06	07						
05 Oct 03	[REDACTED]	BID W-D dressing	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Δ's to Abd place	22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		xero form over graft	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		area	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05 Sept 03	[REDACTED]	Start tube feed @	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		30cc/hr then 10cc/hr q 2 <sup>o</sup>	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		until goal of 100cc/hr	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		reached	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05 Sep 03	[REDACTED]	Pt may have reg	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		diet	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05 Sep 03	[REDACTED]	Change VS to Q4h	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-9/03

5/15/03

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

EPW [REDACTED]

(5)(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

MEDCOM - 16907

EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 50 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														
				10	11	12	13	14	15	16								
10 Sep 03	[REDACTED]	Use bullamylon solution for Wet to Dry Dressing Changes on back of Head, Shoulder, & BLE	06 / 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(b)(6)-2
11 Sep 03	[REDACTED]	Start dress as tolerated	06 / 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
11 Sep 03	[REDACTED]	Turning Order for pressure sore dressing change (see above order for solution)																
		① Wipe pressure sore to wet gauze																
		② Apply W-D dressing moist to skin solution (4 strokes) aqueous saline solution.																
		③ Apply to heels area only.																
		④ Cover dressing to Tegaderm to preserve moisture to the wound																
		⑤ Document wound appearance each dressing change.																

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

NKOA

S/P GSW to ABD

ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION:

[REDACTED] (b)(6)-4

PAGE NO:

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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Mo Sep Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED										
				13	14	15	16	17	18	19	20			
13 Sep 03	[REDACTED]	Please empty and record JP output @ shift	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13 Sep 03	[REDACTED]	↑ TF to 100 cc/hr	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Aug 03	[REDACTED]	4 strength Dakins soln to (D) plant. BID & disga	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]	Mouth care	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]	Trach care	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4 Sept 03	[REDACTED]	BID moist kortex drsg to midline wound. Be very careful there is bowel under there. Make sure drsg stays moist	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Sept 03	[REDACTED]	CXR @ AM	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16 Sept 03	[REDACTED]	COB to chair BID	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19765

2-19765

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

S/P GSW to Abd

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO: 3

PATIENT IDENTIFICATION:

EPW [REDACTED] (5)(5)-7

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

**CLINICAL RECORD**

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

For use of this form, see AR 40-407;  
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Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE <i>rewritten</i>	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				03	04	05	06	07	08	09	10	11	12	13	14	15	
19 Sept	[REDACTED]	Activity: Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	JP to bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	CBC, Chem 8 (q) Am	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	Adress around J-tube per	18	See back of this sheet 02 Oct 03													
19 Sept	[REDACTED]	Flush J-tube c 10cc NS	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	(q) shift	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 Sept	[REDACTED]	Δ colostomy Bag pm so	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	Stool will not get into	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	graff site		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-(9)(5)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P STSG to Abd.

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

# [REDACTED]  
(5)(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

MEDCOM - 16910

EDITION OF 4 DEC 77 MAY BE USED

118APA V4 00

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.      Mo. 9 Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION															
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED													
				19	20	21	22	23	24	25	26	27	28	29	30	1	2
19 Sep	[REDACTED]	vital q 1 <sup>o</sup> & rect + T+O	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	actively bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	nurse - please keep relatively sedated x 3 days while STSG takes	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	NPO No TF x 3 days	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	JP to bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	CBC chem & QAM	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	1 day avoid J tube prn	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	blow J tube @ 10cc NS q shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	for leg to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep	[REDACTED]	Δ colostomy bag prn so stool will not get into graft site	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sep 03	[REDACTED]	JP to 125 mm Hg. suction at all times	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19765

(5)(6)-2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: sp STSG to abd      ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION: # [REDACTED] (5)(6)-7

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

THERAPEUTIC DOCUMENTATION CARE PLAN  
(NON-MEDICATION)

Mo \_\_\_\_\_ Yr 2003

by ling	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
		Admit to PACU - 1C6, Covid-stalle	19 Sept	noted		
		X-ray of abd + contrast	29 Sept	29 Sept	29 Sept	
		Please do wound culture from	02 Oct 01	next		
		abdominal surgical site + Shrapal wound		ORCA		
		sites. Mark tubes of the source			(5)(1)-2	
		PT consult.				
		(5)(1)-2				

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

USAPA V1.00



CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 9 Yr. 2003										
VERIFY BY INITIALING		INITIAL PROPER				IN FOLLOWING EACH COMPLETION										
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED												
				22	23	24	25	26	27	28	29	30	1	2	3	4
22 Sep	[REDACTED]	BID W-D dressing	10	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Δ's to abd. Place	22	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Xeroform over	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		graft area.	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Use NS W-D	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		dressing per MD	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Sep	[REDACTED]	Start TF @ 30cc/hr	06	1430	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		then 10 cc/hr @ 2°	18		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		until goal of	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		100 cc/hr reached	X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Sep	[REDACTED]	Pt may have reg.	07	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		low diet	12	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			17		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			X		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
26 Sep	[REDACTED]	change VPT @ 4h	06	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P GSW to the Abd.

ADDITIONAL PAGES IN USE:  
 YES  NO  
PAGE NO: 2

PATIENT IDENTIFICATION:

EPW [REDACTED] (5)(6)-7

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 10 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				7	8	9	10	11	12	13	14	15	16	17	18	19		
7	[REDACTED]	vital signs routine	D	[REDACTED]														
A	[REDACTED]	strict I&O	D	[REDACTED]														
7	[REDACTED]	JP x 2 to bulb Suction - record output q shift	D	[REDACTED]														
7	[REDACTED]	incentive spirometer 10x q 1 <sup>o</sup>	D	[REDACTED]														
7	[REDACTED]	ambulate daily BID	D	[REDACTED]														
7	[REDACTED]	Dressing A'S trach site - q2-3 days <del>as - silvazine BID D/O</del> abdomen - W → D dsgr on granulation tissue only (skin graft in center of wound)	D	[REDACTED]														
7	[REDACTED]	decubitis precautions	D	[REDACTED]														
7	[REDACTED]	routine colostomy care	D	[REDACTED]														
7	[REDACTED]	regular diet	D	[REDACTED]														

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P GSW Abd

ADDITIONAL PAGES IN USE:  
 YES  NO

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

PATIENT IDENTIFICATION:

EPW [REDACTED]

(5)(6)-7

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo	Yr 2003		
Order Date	Clerk Nurse	SINGLE ACTIONS		Date to be Done	Time to be Done	Time Done	Initials	
7		transfer to ward - stable		7				
7		feeding tube left side of abdomen		7				
16		D/C silverside drug, Δ tomatoist today (B) arm/chest; (C) leg		16				
18 Oct 03		Send for contrast study of tube		18 Oct 03				
		(b)(4)-2					(b)(4)-2	

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

New Post-Op ORL: Written's  
Transcribed to new sheet 10/23/03

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 10 Yr. 2003							
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION											
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	16	17	18	19	20	21	22	23		
10/16	[REDACTED]	Moist to dry due Δ to Damp chaps @ 9E BID	10										
10/17	[REDACTED]	Vital signs routine	8:15										
10/17	[REDACTED]	strict I/O	8:15										
10/17	[REDACTED]	Incentive Spirometer 10x q1 <sup>o</sup>	8:15										
10/17	[REDACTED]	Ambulate daily BID	8:15										
10/17	[REDACTED]	reg Δs to trach site q2-3 days	10	/	/	/	/	/	/	/	/	/	/
10/17	[REDACTED]	reg Δ to abd: W→D on granulation tissue only (skin graft in center)	10										
10/17	[REDACTED]	recubitis precautions	8:15										
10/17	[REDACTED]	Routine colostomy care	8:15										
10/17	[REDACTED]	Regular diet	8:15										

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: S/P GSW ABD  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: EPW# [REDACTED] (5)(6)-7

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

penwritten

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Ma 11 Yr. 2003									
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED											
				6	7	8	9	10	11	12	13	14	15	16	17
23 OCT	[REDACTED]	VS: q shift	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 OCT	[REDACTED]	ACT: ad lib	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 OCT	[REDACTED]	BID W → D Dressing	8 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		A to (R) lower leg wound (continue)	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 OCT	[REDACTED]	Regular diet	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 OCT	[REDACTED]	BID - rinse wounds (abd, chest, arm) & NS then apply silvadene cover guard	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05 Nov 03	[REDACTED]	Apply moisturizing to SJSB BID	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05 Nov 03	[REDACTED]	Cont. using silvadene on skin grafts & BID drsg	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: SJS skin graft to abd, chest, arm  
 NKDA  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: [REDACTED] (5)(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

MEDCOM - 16917

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo <u>10</u> Yr <u>2003</u>										
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials											
18 OCT	[REDACTED]	send for contrast study of J-tube	ASAP	ASAP													
23 OCT/03	[REDACTED]	NPO - stop TF	23 OCT 03			[REDACTED]											
23	[REDACTED]	on call to OR (5)(6)-2	23			[REDACTED] (5)(6)-2											
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION														
			TIME/DATE COMPLETED														

# Green Sheet

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 10r. 2003									
VERIFY BY INITIALING		For use of this form, see AR 40-407. the procuring agency is the Office of The Surgeon General.				INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION									
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED											
10/23	[REDACTED]	Vitals q Shift	23	24	25	26	27	28	29	30	31	10/02	03	04	05
10/23	[REDACTED]	Activity: Ad lib													
10/23	[REDACTED]	BID W → D Dressing A to B) lower leg wound (continued)													
10/23	[REDACTED]	Moistened skin graft Dressing c sutures solution q 1h													
10/23	[REDACTED]	Regular diet													
10/23	[REDACTED]	Flush J-tube c Dec NS q 8h													
10/23	[REDACTED]	Disg BID to abd skin graft site c Silvadene cream and dry fluffs													
10/28	[REDACTED]	BID - Rinse wound c NS then apply Silvadene covered gauze BID (ABD)													
05 Nov	[REDACTED]	Apply Moisturin to S/S/G BID													

2-6  
5/16

5/16-2  
2-6

ALLERGIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIMARY DIAGNOSIS: NKDA S/P Skin graft to Abd, Chest & Arm	ADDITIONAL PAGES IN USE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																											
PATIENT IDENTIFICATION: E PWH [REDACTED] (5) 674		PAGE NO: _____																											
ACTION TIMES USE PENCIL. CIRCLE ACTION TIMES																													
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">D</td> <td style="width: 5%;">8</td> <td style="width: 5%;">9</td> <td style="width: 5%;">10</td> <td style="width: 5%;">11</td> <td style="width: 5%;">12</td> <td style="width: 5%;">13</td> <td style="width: 5%;">14</td> <td style="width: 5%;">15</td> </tr> <tr> <td>E</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> </tr> <tr> <td>N</td> <td>24</td> <td>01</td> <td>02</td> <td>03</td> <td>04</td> <td>05</td> <td>06</td> <td>07</td> </tr> </table>			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
D	8	9	10	11	12	13	14	15																					
E	16	17	18	19	20	21	22	23																					
N	24	01	02	03	04	05	06	07																					

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

Mo Oct Yr 2003

Verify by initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo <u>Oct</u> Yr <u>2003</u>
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	initials
<u>10/23</u>		<u>Admit 1 CW, Condition Stable</u>	<u>10/23</u>			
<u>10/23</u>		<u>MD will Δ STSG sites in 3-5 days</u>	<u>10/23</u>			<u>initial</u>
<u>29 Oct</u>		<u>d/c IV</u>	<u>ASAP</u>			<u>(b)(6) (b)(7)</u>
		<u>(b)(6) (b)(7)</u>				

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

USAPA V1.00



**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Ma. / Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION															
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	17	18	19	20	21	22	23	24	25	26	27	28	29	
11/17	[REDACTED]	Vitals q 6 <sup>o</sup> x 24 <sup>o</sup> then routine	16	/													
11/17	[REDACTED]	Activity: Bedrest; strict RLE elevated @ all times and no pressure applied to the positive portion of his dog	18	/													
11/17	[REDACTED]	Incentive Spondylitis 10 x/hr while awake	18	/													
11/17	[REDACTED]	Diet: Regular	18	/													
11/17	[REDACTED]	VITALS: routine	16	/													
11/19	[REDACTED]	May sit in chair to FR: walking/standing	18	/													
11/19	[REDACTED]	May sit in chair but must elevate his leg all times	18	/													
11/19	[REDACTED]	No dangling leg	18	/													
11/19	[REDACTED]	Dry protective dsg As daily to ethion donor site. DO NOT remove the xerform	18	/													

(S)(6)-2

(S)(6)-2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: *Open Wound RLE*      ADDITIONAL PAGES IN USE:  YES  NO  
 NKDA      PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: *# [REDACTED] (S)(6)-4*

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo <u>Nov</u> Yr <u>2003</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
11/16	[Redacted]	Return to ward (Dr. [Redacted])	11/17				
11/16	[Redacted]	Condition: Stable	11/17	noted		[Redacted]	
11/25	[Redacted]	D/C xeroform gauze drsg to skin graft.	11/25			[Redacted]	
11/27	[Redacted]	narrative summary is on the chart	27			[Redacted]	
11/29	[Redacted]	D/C TD prison camp at next camp	29			[Redacted]	
11/28	[Redacted]	n/n.					
11/28	[Redacted]	D/C XEROFO <del>11/28</del>					

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

2-19769

15102

USAPA V1.00

MEDCOM - 16922

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 11 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED															
				22	23	24	25	26	27	28									
22 NOV	[REDACTED]	Pt may amb to and from the bathroom	08:13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 NOV	[REDACTED]	dry dsq to the lower leg skin graft & Xeroform and dry dsq. Trim the Xeroform to only touch the graft	17:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 NOV	[REDACTED]	Pt may ambulate @ will	18:18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 NOV	[REDACTED]	Be sure Xeroform is over (R) lower leg skin graft	18:56	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25 NOV	[REDACTED]	moistunize cream to (R) LE skin graft site and donor site	06:18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25 NOV	[REDACTED]	dry protective dsq to (R) LE skin graft	06:18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		P moistunize applied																	

(b)(6)-2

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: OPEN WOUND RLE

ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO: 2

PATIENT IDENTIFICATION: # [REDACTED] (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

MEDCOM - 16923

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo	11	Yr	2003
Order Date	Clerk Nurse	SINGLE ACTIONS			Date to be Done	Time to be Done	Time Done	Initials		
16 Nov	[Redacted]	NPO $\bar{p}$ MN this Sunday for O.R.			17 Nov	0000				
(5) 16	= 2	Monday for ST-SG.								
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION							
			TIME/DATE COMPLETED							
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CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (ADMINISTRATIONS)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED											
				6	7	8									
16 Aug	[REDACTED]	LR @ 1SD q/hr	06 18												
16 Aug	[REDACTED]	Versed qtl titrate to effect	06 18												
16 Aug	[REDACTED]	MSO4 1-10mg q1 <sup>o</sup> titrate to effect	06 18												
16 Aug	[REDACTED]	Unasyn 3.0 gm IV q 6 <sup>o</sup> 1st dose now	04 10 14 22												
16 Aug 03	[REDACTED]	Zantac 50mg IV Q8 <sup>o</sup>	08 16 24												
16 AUG 03	[REDACTED]	↑ LR IVF rate to 200ml/1 <sup>o</sup>	06 18												
16 Aug	[REDACTED]	start fentanyl drip @ 150mcg/1 <sup>o</sup> titrate	06 18												
16 Aug	[REDACTED]	Vecuronium qtl @ 6mg/1 <sup>o</sup>	06 18												

(b)(6)-2

ALLERGIES:  YES  NO  
all  $\phi$

PRIMARY DIAGNOSIS: S/P  
Ex-lap Gsw to abd

ADDITIONAL PAGES IN USE:  
 YES  NO  
PAGE NO.

PATIENT IDENTIFICATION:  
[REDACTED] (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

THERAPEUTIC DOCUMENTATION CARE PLAN  
(MEDICATIONS)

Mo. \_\_\_\_\_ Yr. 2003

Verify by Initialing		SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
Order Date	Clerk/ Nurse					
11/6/03	[Redacted]	Transfuse 4U FFP when available	① 11/6/03		1435	[Redacted]
			② 11/6/03		1124	[Redacted]
			③ 11/6/03		1150	[Redacted]
			④ 11/6/03		1209	[Redacted]
11/6/03	[Redacted]	Transfuse two units PRBCs now	① 11/6/03 NOW		1225	[Redacted]
			② 11/6/03 NOW		1304	[Redacted]
11/6/03	[Redacted]	Give LR +UF rate <sup>4U2</sup> to one liter bolus now	11/6/03 NOW		1135	[Redacted]
11/6/03	[Redacted]	Fentanyl 1000mcg IVP x 1 now	11/6/03 NOW		1405	[Redacted]
11/6/03	[Redacted]	500cc of 5% Albumin x 1 now	11/6/03 NOW		1625	[Redacted]
11/6/03	[Redacted]	Fentanyl 1000mcg bolus	11/6/03 NOW		1700	[Redacted]
11/6/03	[Redacted]	Vecuronium 10mg IVP x 1 now	11/6/03 NOW		1750	[Redacted]
11/6/03	[Redacted]	500cc hespan bolus x 1 now	11/6/03		1830	[Redacted]
11/6/03	[Redacted]	500cc 5% Albumin x 1 now	11/6/03		2130	[Redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE DISPENSED			

(S)(C)-2

Rewriter 31 Aug 03 AER 0200

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE F- (MEDICATIONS)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																														
				17	18	19	20	21	22	23	24	25	26	27	28	29	30																	
17 Aug 03	[REDACTED]	IVF- LR @ 150	06 18	[REDACTED]																												Did 19 AUG 03		
17 Aug 03	[REDACTED]	versed gtt. titrate to effect	06 18	[REDACTED]																												Did		
17 Aug 03	[REDACTED]	Fentanyl gtt titrate to effect	06 18	[REDACTED]																														
17 Aug 03	[REDACTED]	Unasyn 3.0 gm IV q 6 <sup>o</sup>	04 10 16 22	[REDACTED]																												Did 20 AUG 03		
17 Aug 03	[REDACTED]	Zantac 50mg IV q 8 <sup>o</sup>	06 16 22	[REDACTED]																														
19 AUG 03	[REDACTED]	↓ MIVF to 75cc/1 <sup>o</sup>	06 18	[REDACTED]																												Did 21 AUG 03		
20 AUG 03	[REDACTED]	Zosyn 3.375gm IV Q6 <sup>o</sup>	06 12 18	[REDACTED]																														
20 AUG 03	[REDACTED]	Cipro 400mg IV q 12 <sup>o</sup>	06 22	[REDACTED]																														
21 AUG 03	[REDACTED]	lovenox 40mg SQ QD	10	[REDACTED]																														
21 AUG 03	[REDACTED]	Δ IVF to NS 6 NS + 20cc @ 75cc/1 <sup>o</sup> 30cc/hr	06 18	[REDACTED]																														
24 AUG 03	[REDACTED]	NS @ KVO for cordis	06 18	[REDACTED]																														

(S)(6)-2

(S)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: Slp Gunshot Wound - abd.

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[REDACTED] (S)(6)-7

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo Aug 1993

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				SEP													
				31	01	02	03	04	05	06	07	08	09	10	11	12	13
17 Aug 83	[REDACTED]	Fentanyl gtt. titrate to effect	06	[REDACTED]													
17 Aug 83	[REDACTED]	Zantac 50mg IV q 8°	08	[REDACTED]													
			16	[REDACTED]													
			24	[REDACTED]													
19 Aug 83	[REDACTED]	Zosyn 3.375gm IV q 12°	06	[REDACTED]													
			12	[REDACTED]													
			18	[REDACTED]													
			24	[REDACTED]													
20 Aug 83	[REDACTED]	Cipro 400mg IV q 12°	10	[REDACTED]													
			22	[REDACTED]													
21 Aug 83	[REDACTED]	Lovenox 40mg SQ q day	10	[REDACTED]													
21 Aug 83	[REDACTED]	ΔIVE to 0.5% NS P20	06	[REDACTED]													
			18	[REDACTED]													
24 Aug 83	[REDACTED]	NS KVO for cordis	06	[REDACTED]													
			18	[REDACTED]													
27 Aug 83	[REDACTED]	Δ Fluconazole to 150mg PO q AM (first dose now Δ fluconazole to 400mg IV PB QD.)	08	[REDACTED]													
			18	[REDACTED]													
1 Sep 83	[REDACTED]	↓ Jevity to 80cc/hr	06	[REDACTED]													
			18	[REDACTED]													
1 Sep 83	[REDACTED]	Procephin 2 gm IV PB QD	10	[REDACTED]													
1 Sep 83	[REDACTED]	Urasyn 3.0gm IV PB q 6°	06	[REDACTED]													
			12	[REDACTED]													
			18	[REDACTED]													
			24	[REDACTED]													

(s)(6)-2

(s)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

NKDA

S/P gunshot wound abd.

YES  NO

PAGE NO. 1

PATIENT IDENTIFICATION:

# [REDACTED] (s)(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



**TRAUTMAN AUTIC DOCUMENTATION CARE PLAN  
(MEDICATIONS)**

Mo. \_\_\_\_\_ Yr. 2003

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
20 Aug 03	[Redacted]	Transfuse 2 U PRBC over 4 <sup>o</sup> each	20 Aug 03	Now	0800	[Redacted]
20 Aug 03	[Redacted]	KCl 40meq in 100cc NS over 4 <sup>o</sup>	20 Aug 03	Now	1120	[Redacted]
21 Aug 03	[Redacted]	KCl 40meq IV in 100cc NS over 4 <sup>o</sup>	21 Aug 03		0845	[Redacted]
21 Aug 03	[Redacted]	40meq KCl in 100cc NS over 2hrs via Central Line	21 Aug 03		2000	[Redacted]
21 Aug 03	[Redacted]	KCl 80meq over 8 hrs in fluid of choice.	21 Aug 03	done		[Redacted]
20 Aug 03	[Redacted]	Resume previous orders	20 Aug 03	done		[Redacted]
28 Aug 03	[Redacted]	Transfuse 2 U PRBC Now	28 Aug 03	Now	0955	[Redacted]
28 Aug 03	[Redacted]	Lasix 40meq IVP in between units of PRBC	28 Aug 03	Now	1115	[Redacted]

2-1916

(5)16-2

Order/ Expir Date	Clerk/ Nurse	MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE DISPENSED			
30 Aug 03	[Redacted]	Tylenol Tab 650mg Thru NG Tube for ↑ temp. 84-6 <sup>o</sup> PRN	20 Aug 03	0712	0712	0712
24 Aug 03	[Redacted]	Labetalol 20mg IVP Q 6 <sup>o</sup> PRN SBP >170	24 Aug 03	1448		

(5)16-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo.	Yr.
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
01 Sept 03	[Redacted]	20 mEq KCl in 100cc NS over 2 <sup>o</sup>	01 Sept 03		0805	[Redacted]	
01 Sept 03	[Redacted]	Labetalol 20mg IVP x 1	01 Sept 03		0755	[Redacted]	
25 Sept 03	[Redacted]	KCl 40 meq in 100cc NS over 2 hrs	25 Sept 03		0747	[Redacted]	
30 Sept 03	[Redacted]	MgSO4 2gm IV in 250cc D5W x 2 hrs	30 Sept 03		0815	[Redacted]	
		KCl 40 meq in the same 250cc D5W x 2 hrs	/		/	/	
06 Sept 03	[Redacted]	↑ FiO <sub>2</sub> to 100%	06 Sept 03		1700	[Redacted]	
07 Sept 03	[Redacted]	↓ RR to 12	07 Sept 03		0655	[Redacted]	
07 Sept 03	[Redacted]	ABG in 1 <sup>o</sup>	07 Sept 03		0755	[Redacted]	
07 Sept 03	[Redacted]	↓ pO <sub>2</sub> to 5	07 Sept 03		1600	[Redacted]	
09 Sept	[Redacted]	KCl 40mEq in 250cc D5W over 2 hours	09 Sept		[Redacted]	[Redacted]	
10 Sept 03	[Redacted]	KCl 20 meq IVPB Now to run over 2 hrs	10 Sept 03 Now		0950	[Redacted]	
11 Sept 03	[Redacted]	KCl 40 meq in 300cc D5W over 4 hrs	11 Sept 03		1040	[Redacted]	
Order/ Expir Date	PRN Medication, Dose, Frequency	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION					
		TIME/DATE DISPENSED					
01 Sept 03	Labetalol 20mg IVP Q6 <sup>o</sup> pm SBP 170	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	
01 Sept 03	Tylenol 650mg via NGT Q4-6 pm fever	01 Sept 1207 03 2015 1600 650mg	25 Sept 03 2508 1050 165	05 Sept 0410 0824 1100	06 Sept 03 0824 1100	[Redacted]	
		(5)(6)-2					

(5)(6)-2  
 (5)(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)										Mo. <u>    </u> Yr. <u>    </u>																																				
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																																														
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																																												
				14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
14 Aug 03	[REDACTED]	Zantac 50mg IV Q 8 <sup>o</sup>	08	[REDACTED]																																												
21 Aug 03	[REDACTED]	Lovenox 40mg SQ Qday	10	[REDACTED]																																												
01 Sept 03	[REDACTED]	Kocephin 2gm IV PB QD	10	[REDACTED]																																												
01 Sept 03	[REDACTED]	Unasyn 3.0 gm IV PB Q 16 <sup>o</sup>	06	[REDACTED]																																												
14 Sept 03	[REDACTED]	↑ DSW to 50 cc/hr	06	[REDACTED]																																												
02 Sept 03	[REDACTED]	Δ Fluconazole to 150mg PO QD	10	[REDACTED]																																												
05 Sept 03	[REDACTED]	↑ atenolol to 50mg PO QD	10	[REDACTED]																																												
05 Sept 03	[REDACTED]	Albuterol nebs q 4 <sup>o</sup>	04	[REDACTED]																																												
11 Sept 03	[REDACTED]	MSCo <sub>2</sub> gtt, titrate to effect	06	[REDACTED]																																												
13 Sept 03	[REDACTED]	Make all IV fluids infusion in DSW	06	[REDACTED]																																												
16 Sept 03	[REDACTED]	Δ DSW infusion to 1/2 NS @ 50cc/h	06	[REDACTED]																																												

2-1919

Ad 16 Sept 03

Ad see below

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: NKDA      S/P Gunshot Wound Abcd

PATIENT IDENTIFICATION: EPM# [REDACTED] (5)(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

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)						Mo. Aug 1. 03	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION							
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	27	28	29	30	31	32
27 Aug 03	[Redacted]	Δ Fluconazole to 150mg PO QAM (First Dose Now)	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				(5)(6)-2					
				Rewritten 31 Aug 03					

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: SIP Gunshot wound to Abdomen      ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO. 2

PATIENT IDENTIFICATION: [Redacted] (5)(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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. Sep Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS. DOSE. FREQUENCY	HR	DATE DISPENSED											
				2	3	4	5	6	7	8	9	10	11	12	13
25 Sep 03	[Redacted]	Δ Fluconazole to 150mg PO QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
30 Sep 03	[Redacted]	Atenolol 25mg PO QD	10	X	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
30 Sep 03	[Redacted]	↑ fluids DS 1/2 NS @ 100cc/hr with 40KCl	06	X	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
30 Sep 03	[Redacted]	↑ atenolol to 50mg po QD	10	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Dis Sep 03	[Redacted]	Albuterol q 4 hrs	04	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			08	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			12	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			16	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			20	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			24	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11 Sep	[Redacted]	Δ fentanyl gel to msd4 q 4h, titrate to effect	06	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
12 Sep 03	[Redacted]	DSW 50cc/hr IV	06	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13 Sep 03	[Redacted]	Make all IV infusions in DSW	06	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13 Sep 03	[Redacted]	Saline Lock DSW infusion	6	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13 Sep 03	[Redacted]	Make all IV infusions in DSW	6	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	/	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

2-(9)(9)

2-(9)(9)

ALLERGIES:  YES  NO  
NKDA

PRIMARY DIAGNOSIS: SIP GSW to ABD

ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO. 2

PATIENT IDENTIFICATION:

[Redacted] (5)(6)-4

DISPENSING TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. _____	Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
18 Sep 03	[REDACTED]	↓ MSO4 @ Fentanyl comes in (5) 6-2	18 Sep 03			
		(5) 6-2				
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE DISPENSED			
18 Sep 03	[REDACTED]	Labetalol 200mg IV Q6° PRN SBP > 170				
18 Sep 03	[REDACTED]	Tylenol 650mg via NGT Q4-6° PRN Pacer				
18 Sep 03	[REDACTED]	Ativan 1-2 mg IV Q4° PRN Agitation	18 Sep 03 0726 2 mg			
18 Sep 03	[REDACTED]	Haldol 5mg IV Q8° PRN agitation unresponsive to Ativan				

USAPA V1.00

MEDCOM - 16934



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 20/yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED												
				19	20	21	22	23	24	25	26	27	28	29	30	1
19 Sep	[Redacted]	NS 5 NS + 20 KCl @ 120	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		c/lh	18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	fantanyl patch 50mcg/pl	16	X	X	[Redacted]	X	X	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		to CW q 3d	10	X	X	[Redacted]	X	X	[Redacted]	X	X	[Redacted]	X	X	[Redacted]	X
19 Sep	[Redacted]	Zantac 50mg IV q 8 <sup>o</sup>	08	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	lovenox 40mg SQ qd	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	atenolol 50mg po qd	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	albuterol neb q 6 <sup>o</sup>	00	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			12	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			24	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	MSO <sub>4</sub> gtt tetraste to effect	00	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	ativan 1mg IV q 8h	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 Sep	[Redacted]	loperamide (immadium) 1mg	16	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		+ pill q 12 <sup>o</sup> , per tube crushed	25	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20 Sep 03	[Redacted]	Haldol 5mg IV QHS	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			18	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20 Sep 03	[Redacted]	Haldol 5mg IV QHS	22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			X	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20 Sep 03	[Redacted]	Loxenol 30mg SQ QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

2-(975)

(5) 10-2-97

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: s/p ST SG to abdomen

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. 1

PATIENT IDENTIFICATION:

DISPENSING TIMES

# [Redacted] (5)(C)-4

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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. OCT Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE <i>rewritten</i>	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				03	04	05	06	07	08	09	10	11	12	13	14	15	16
18 Sept	TB/ [redacted]	Fentanyl patch 50mcg/h to CW @ 3day	10		X	X		X	X		X	X		X	X		X
19 Sept	TB/ [redacted]	Atenolol 50mg po qd	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
19 Sept	TB/ [redacted]	MSD ugtt titrate to effect	06	0	0	0											
			18	0	0	0											
20 Sept	[redacted]	Loverox 30mg SQ qd	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
5 Oct	[redacted]	Ambien 10mg po qhs	22	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
23 Sep <i>recepted</i>	[redacted]	Flagyl 500mg PO TID	08	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			16	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			24	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23 Sep <i>recepted</i>	[redacted]	D5.45NS ± 20KCl @ 75cc/hr	06	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			18	X	X	X	X	X	X	X	X	X	X	X	X	X	X
30 Sep <i>recepted</i>	[redacted]	Tagamet 300mg IVPB Q6H	06	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			12	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			18	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			24	X	X	X	X	X	X	X	X	X	X	X	X	X	X

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P STSSG to Abd.

ADDITIONAL PAGES IN USE:  
 YES  NO

PATIENT IDENTIFICATION:

# [redacted] (6)(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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.  
MEDCOM - 16937

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>sep</u>	Yr. <u>03</u>
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
19 Sep	[redacted]	loperamide crush 2 pills per J tube	19 Sep	noon	1110	[redacted]	
		(5)(6)-2					
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
19 Sep	[redacted]	ativan 1mg IV q 8 hrs prn agitation	[redacted]	20 Sep 03	[redacted]	0903	
19 Sep	[redacted]	tylenol 650 mg J tube q 6° prn pain	[redacted]	(5)(6)-2			
20 Sep 03	[redacted]	Ativan 1-2 mg IV Q4° PRN Agitation	20 Sep 03 1536	20 Sep 03 2233	21 Sep 03 1144	21 Sep 03 1830	
20 Sep 03	[redacted]	Haldol 5mg IV Q6° PRN Agitation	20 Sep 03 1536	20 Sep 03 2233	21 Sep 03 1144	21 Sep 03 1830	
		Not responsive to Ativan	[redacted]	[redacted]	[redacted]	[redacted]	
		Ativan 1-2 mg IV Q4 Prn Agitation	23 Sep 03 1700	[redacted]	[redacted]	[redacted]	

USAPA V1.00

PHYSICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo Sep 1903

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																		
				23	24	25	26	27	28	29	30	1	2	3	4	5	6					
9/23	[REDACTED]	Flaxge 500mg p.o. TID	09 16 24	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
9/23	[REDACTED]	D5 1/2 NS + 20 kcal @ 75cc/d6 low	18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
30 Sep 03	[REDACTED]	Tagamet 300mg IV PB Q6h	6 12 18 24	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

(6)(6)-2

(6)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: GSW

ADDITIONAL PAGES IN USE:

YES  NO

SIP 5156 to add

PAGE NO. 2

PATIENT IDENTIFICATION:

EPW [REDACTED] (6)(6)-7

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



CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) Mo. 10 yr. 05

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL. PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
ORDER DATE	CLERK/ NURSE			DATE DISPENSED																
F	[REDACTED]	Flush J tube c 10cc water QD	D	7	8	9	10	11	12	13	14	15	16	17	18	19	20	[REDACTED]		
F	[REDACTED]	tube feeds @ 100cc/hr (Jevity)	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
F	[REDACTED]	levorox 30mg SQ BID	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
F	[REDACTED]	atenold 50mg PO QD	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
F	[REDACTED]	Gentamyl patch 50mg/1hr q 72° (3days)	D	X	4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
F	[REDACTED]	tagamet 400mg PO BID	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
SEP 03	[REDACTED]	levorox 30mg SQ QD	D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		

(b)(6) 2-19-09

(b)(6) 2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: S/P GSW Abd ADDITIONAL PAGES IN USE:  YES  NO PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: @EPW [REDACTED] (b)(6)-4 DISPENSING TIMES USE PENCIL. CIRCLE MED TIMES  
 D 7 8 9 10 11 12 13 14  
 E 15 16 17 18 19 20 21 22  
 N 23 24 01 02 03 04 05 06

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 10 Yr. 03		
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials
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Order/ Explr Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY			INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
					TIME/DATE DISPENSED			
10/01	[REDACTED]	Benadryl 25 mg			10/01			
		IV q 6 <sup>h</sup> PRN			02300			
		(5)/6-2			02500			

USAPA V1.00

MEDCOM - 16942

CLINICAL RECORD

Therapeutic Documentation Care Plan (Medications)

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

Mo. \_\_\_ Yr. \_\_\_

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																		
				21	22	23	24	25														
7	[REDACTED]	Flush to hr 2	D																			
		10cc water QS	N																			
7	[REDACTED]	tube feeds @ 100cc/hr	D																			
		Intuity	N																			
7	[REDACTED]	Atenolol 50mg PO	10																			
		QD	/																			
7	[REDACTED]	Fentanyl Patch	10																			
		50mcg/hr q 72 hours	/																			
7	[REDACTED]	Tagament 400mg	10																			
		PO BID	22																			
24 Sep 83	[REDACTED]	Loxox 30mg Sp	10																			
		QD	/																			

(b)(6)(g)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: S/P GSW Abd

ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: EPW [REDACTED]  
(b)(6)(g)

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 11 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED															
				03	04	05	06	07	08	09	10	11	12	13	14	15	16		
07 Oct 03	[Redacted]	Atendol 50mg po QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
07	[Redacted]	Fentanyl patch 50mcg	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
(b)(7)E		hr q 72 (3 days)		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
29 Oct 03	[Redacted]	Lorox 30mg SQ QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

(b)(7)E

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: S/P GSW to ABD

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO.

PATIENT IDENTIFICATION:

# [Redacted] (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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 16944



Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____ Yr. _____									
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials									
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION												
			TIME/DATE DISPENSED												
2-2-71	[Redacted]	Benadrol 25mg													
(S) 10-7		IVP 96 PRN													

U.S. GPO: 1998-454-110/95216

MEDCOM - 16945

CLINICAL RECORD

THE MEDICINE DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. \_\_\_ Yr. \_\_\_

VERIFY BY INITIALING

INITIAL PROPER COL

FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				17	18	19	20	21	22	23										
07OCT	[REDACTED]	Atenolol 50mg po QD	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07OCT	[REDACTED]	Fentanyl patch 50mcg hr q72 (3days)	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29OCT	[REDACTED]	Lovenox 30mg SQ QD	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	(S)(6)P																			

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

S/P GSW TO ABD

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

[REDACTED] (S)(6)P

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

Re-written  
MEDCOM - 16946

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo.	Yr.	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials			
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	-----								
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION						
			TIME/DATE DISPENSED						
07/04/	[Redacted]	Benadryl 25mg IVP	O/I						
		q6 <sup>o</sup> PRN	P/I						

MEDCOM - 16947

USAPA V1.00

CLINICAL RECORD

Therapeutic Documentation Care Plan (Medications)

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

MOC Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				20	21	22	23	24	25	26	27	28	29	30	31	NOV 01	02
07 Oct	[Redacted]	Flush J-Tube 2	D	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		10 cc H <sub>2</sub> O Qs	N	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
07 Oct	[Redacted]	Jevity @ 100cc/hr	D	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		via J-Tube	N	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
07 Oct	[Redacted]	Atenolol 50mg	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		P.O QD	X	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
07 Oct	[Redacted]	Fentanyl Patch	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		50mcg/hr Q 72h (3day)	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
07 Oct	[Redacted]	Tagamet 400mg	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		P.O BID	22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20 Oct	[Redacted]	Lorenax 30mg SQ	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Oct	[Redacted]	Restart Jevity @	6	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		75cc/hr	B	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
				[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
29 Oct	[Redacted]	Lorenax 30mg SQ	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
		QD	10	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

(S)(6)(9)

(S)(6)(9)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS

S/P GSW ABD

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:



(S)(6)(9)

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

EDITION OF MEDCOM - 16948

EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <i>Oct</i> Yr. <i>03</i>	
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
<i>10/23</i>	<i>[Redacted]</i>	<i>Resume previous Meds</i>	<i>10/23</i>	—		<i>[Redacted]</i>	
<i>2003</i>	<i>[Redacted]</i>	<i>dlc Tagamet &amp; Sevity</i>	<i>ASAP</i>	—		<i>[Redacted]</i>	
		<i>(b)(6)-2</i>					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION									
			TIME/DATE DISPENSED									
<i>7 Oct</i>	<i>[Redacted]</i>	<i>Benzdryl 25mg I.V.P Q6<sup>o</sup> PRN</i>	<i>25mg</i>									
		<i>(b)(6)-2</i>	<i>[Redacted]</i>									

**THERAPEUTIC DOCUMENTATION CARE PLAN  
(MEDICATIONS)**

Mo. 11 Yr. 19

Verify by Initialing		SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
Order Date	Clerk/Nurse					
05 NOV	[REDACTED]	DC Silvadene to skin grafts	05 NOV			[REDACTED]
		(5/6)-2				

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																			
			TIME/DATE DISPENSED																			
01 OCT	[REDACTED]	Benedryl 25mg IV q 6 <sup>o</sup> prn	DA																			
			DA																			

\*U.S. GPO: 1998-454-110/95216

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 11 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				17	18	19	20	21	22	23	24	25	26	27	28	29	
1/17	[REDACTED]	Keplack IV	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Atenolol 50mg po. q d.	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Fentanyl Patch 25mcg/hr change q 72h	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Lovenox 30mg SQ q d.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Moisturize or other moisturizing cream to chest & abdomen skin grafts BID	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19-09

(5) (6) (7)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION:

Open Wound RIF

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

# [REDACTED] (5) (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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 16951

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. <u>Nov</u> Yr. <u>03</u>	
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
<u>17</u> <u>NOV</u>	[Redacted]	Tylenol 650 mg PO x 1 now	<u>17</u> <u>NOV</u>		Did not give <u>17 NOV</u> <u>0800</u>	
<u>27</u> <u>NOV</u>	[Redacted]	PC Fentanyl patch	<u>27</u>			[Redacted]
		(S)(6)-2				(S)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION									
			TIME/DATE DISPENSED									
<u>11/17</u>	[Redacted]	<u>Pericort 1-11</u> <u>p.o. q 4-6 pm</u>	Date	17 NOV	18 NOV	19 NOV	20 NOV	21 NOV	22 NOV	23 NOV	24 NOV	25 NOV
			Time	<u>1800</u>	<u>0700</u>	<u>1300</u>	<u>2000</u>	<u>0805</u>	<u>1500</u>			
			Time									
			Time									
		(S)(6)-2										

\*U.S. GPO: 1998-454-110/95216

MEDCOM - 16952



REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
**QA APPR 08MAR8**

(5)(6)-2

**INITIAL SHIFT ASSESSMENT**

<b>N</b>		Time: 1015 Initials: [REDACTED]	Time: 1850 Initials: [REDACTED]
<b>E</b>	Pupils	3mm sluggish PERL	3mm PERL. Pt is sedated and
<b>U</b>	Sensorium	sedated & versed + msou	paralyzed on vic, versed and
<b>R</b>	LOC / GCS	ggt for pain	pentanyl. Pt not responsive to
<b>O</b>			any stimuli
<b>C</b>	Cardiac Rhythm	SR & occasional PVCs 4x90-96	Sinus tach & occasional PVCs.
<b>A</b>	PRI: / QRS:	-	Rate 130's. SI-S2. +2 (B) radial
<b>R</b>	Pulse Strength	+1 pulses palpable in all 4 ext.	pulses, +2 (B) pedal pulses. Cap
<b>D</b>	Cap Refil / JVD	> 3 sec, 0 JVD	refill < 3 sec.
<b>I</b>	Edema	0 noted @ this time	
<b>A</b>	Chest Pain	UTA	
<b>C</b>			
<b>R</b>	Respiratory Pattern	ETT #8 @ 24cm @ lip: SIMV,	ETT #8 @ 22cm @ lip. SIMV @ 16,
<b>E</b>	Breath Sounds	16, FIO2 50%, TV 750, pup 5	800, FIO2 100%, PEEP 5, peak pressures
<b>S</b>	Secretions	peak 27	28-30. SpO2 100%. Rhonchi noted
<b>P</b>	Cough	Rhonchi throughout	bilat. & secretions & suction.
		0 secretion or cough	
<b>S</b>	Color	WNL for race, pt cold to touch	Skin warm & dry. Large abd wounds
<b>K</b>	Integrity	GSW abd. Drsg mid abd O+1	Drsg to mid line abd incision & some
<b>I</b>	Backside	Drsg @ + (C) flank saturated	bloody drng noted, (B) flank drsg &
<b>N</b>		& sanguinous fluid	serosanguinous drng
	Access Devices	18 gauge (C) FA, 16 gauge (C) hand	16G PIV (C) AC, 18G PIV (C) HAND, 20G (C)
<b>I</b>	Location	20 gauge (C) FA, (C) radial x-line	FA saline locked (C) Sc cordis inserted
<b>V</b>	Condition	& 0 % of infection	today. UR @ 200cc/hr, versed @ 10mg/hr (cc/hr)
	Abdomen	soft, nondistended, NGT @ nare	vacuum @ 10mg/hr (cc/hr) & (150mg/hr
<b>G</b>	Bowel Sounds	clamped, 0 bowel sounds	(15cc/hr). ABD soft and nondistended.
<b>I</b>	Stoma/Ostomy	throughout.	NGT to (C) nare to LIS. & BS. Small
	Device	Aoley to gravity draining	Aoley to gravity drng & urine @
<b>G</b>	Color / Clarity	dark yellow urine	-This -Dime
PREPARED BY (Signature & Title)		DEPARTMENT/SERVICE/SUINIC	DATE
[REDACTED] (5)(6)-4		ICU3, [REDACTED]	(5)(6)-2 11/6 AUG 83

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

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

ICU Flowsheet

Patient Name:

Date: / / 2003

Vital Signs	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Temperature													98.2	98.4	99.4	99.4	95.4	96.1	97.1	98.3	98.4	98.5	98.5	98.5	
Pulse													85	99	93	94	94	143	119	126	133	127	127	133	122
B/P A-Line													121	84	151	147	147	138	140	111	111	113	112	108	118
MAP													81	64	103	104	104	91	73	69	59	73	71	57	61
B/P Cuff													97	71	121	132	143	149	85	83	73	89	95	72	86
Respirations													11	9	50	147	167	134	104	114	114	122	14	11	15
SaO2													100	100	28	19	14	11	15	34	15	15	10	10	16
Source													vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent
Intake	24	01	02	03	04	05	06	07	08	09	10	11	50	50	50	50	50	50	50	50	100	100	100	100	100
Output	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
NG Tube													0	50	100	50	250	350	0	0	40	110	70	100	50
Drains #1													50	100	50	200	250	350	0	0	40	110	70	100	50
Drains #2													50	100	50	200	250	350	0	0	40	110	70	100	50
Emesis/Stool																									
O.R. OUT																									
Totals													125												

24 hour input	
24 hour output	
24 hour balance	

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
**QA APPR 08MAR8**

(b)(6)-2

INITIAL SHIFT ASSESSMENT		Time: 0615 Initials: [REDACTED]	Time: 2245 Initials: [REDACTED]
N	Pupils	2mm, P2R, Oxn to light	2mm PERRL Pt is sedated & versed and vecuronium
E	Sensorium	Sedated & versed and vecuronium	versed and fentanyl qtt. Still
U	LOC / GCS	fentanyl qtt for pain control	& remnants of vecuronium. Pt
R	Cardiac Rhythm	ST & PVCs q 4 <sup>th</sup> beat	is not responsive to stimuli
A	PRI: / QRS:	—	Sinus tach. Rate 100's. Pt
R	Pulse Strength	+2 palpable radial, +1 palpable BLE	Frequent PVCs noted. @ 2
D	Cap Refil / JVD	φ JVD. Cap refill < 3sec.	(B) radial pulses (F) 2 (B) pedal
I	Edema	φ noted @ this time	pulses. Cap refill < 3sec.
A	Chest Pain	UTA	
C	Respiratory Pattern	Vent: #8 @ ETT 20cm @ lip SIMV 16, 800, 50%	vented, intubated #8.0 ETT,
R	Breath Sounds	5, peak 31. Equal chest rise. Rhonchi throughout	@ 22cm @ lip. SIMV 16, 800,
E	Secretions	Suctioned mouth, bloody drainage noted	50% peak upper 20's. Rhonchi
S	Cough	φ cough	noted @. Equal chest expansion
S	Color	low for race. warm to touch. GS to abd	Norm. for race. Warm & dry. JP drain
K	Integrity	midline. Drsg to midline abd @ (K) Flank Dr I	x2 to abd, @ chestomy @ J-tube, and
I	Backside	old drainage noted. Burn to @ shoulder.	@ duodenal tube to gravity drng & green
N	Access Devices	Drsg DI.	brown liquid drng noted
I	Location	@ FA PIV, @ Hand PIV, @ FA PIV, @ radial	@ SC cords. + inserted 10 ft ago. LR @ 15
V	Condition	x-line, @ SC cords & @ %s of infection	versed @ 3mg/hr and fentanyl @ 10mcg/hr
		All lines started 16 Aug 03	@ FA PIV, @ hand, @ FA PIV Saline locked
	Abdomen	soft	A line to @ radial artery zeroed + leveled.
G	Bowel Sounds	φ bowel sounds throughout	Abd soft. No bowel sounds noted
I	Stoma/Ostomy	φ noted	NG tube to @ nose to LRS with
		NGT @ nose to LRS small amt brown fluid	no output noted
G	Device	Foley to gravity draining dark yellow	Foley to gravity drng clear dark yellow
	Color / Clarity	urine	urine.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
 ICU3, [REDACTED] (b)(2)-2

DATE  
 17 AUG 03

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

[REDACTED] (b)(6)-4

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

ICU Flowsheet

Patient Name: [REDACTED]

Date: 08 / 17 / 2003

(5) (6) 7

Vital Signs	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
Temperature	99°	99°	99°	99°	99°	97°	98°	99°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°	98°
Pulse	114	114	114	117	112	115	116	117	123	118	108	111	105	102	105	107	107	111	110	109				
B/P A-Line	91/60	97/58	112/50	108/74	105/62	124/57	114/55	117/46	84/41	102/40	105/38	99/39	105/75	125/64	120/44	124/63	125/68	123/68	125/68	132/67				
MAP	72	70	74	95	78	85	81	82	84	81	88	83	94	93	80									
B/P-Corr CVP																								
Respirations	16	8	8	15	10	17	12	16	16	16	16	16	16	16	16	14	14	14	14	14	14	14	14	14
SaO2	100%	100%	100%	100%	100%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Made	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent
Fid2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
Intake	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IVF	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
INPB	100	500	500	1000																				
VO2	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
VO2 reversed	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
feeding	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
PO intake																								
O.R. IN																								
Totals																								
Output	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urine Hourly	50	45	105	110	120	150	170	135	130	130	130	135	130	130	130	130	130	130	130	130	130	130	130	130
NG Tube	50	45	105	110	120	150	170	135	130	130	130	135	130	130	130	130	130	130	130	130	130	130	130	130
Drains #1																								
Drains #2																								
Drains #3																								
Emesis/Stool																								
O.R. OUT																								
Totals																								

24 hour input	4185
24 hour output	3960
24 hour balance	225

1170  
1245  
2465

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 08MAR8

(5)(6)-2

INITIAL SHIFT ASSESSMENT

N		Time: <del>1600</del> Initials:	Time: 2000 Initials:
E	Pupils	3mm, PERBL	Percl 3mm
U	Sensorium	sedated & versed, pain control	pt continues sedation & versed & fentanyl. slightly
R	LOC / GCS	& fentanyl, pt slightly moves	moves @ arm and head
O		@ arm and head	
C	Cardiac Rhythm	ST & occasional PVCs	ST
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 pulses in all 4 extremities
D	Cap Refil / JVD	cap refill < 3 sec, @ JVD	cap refill < 3 sec, @ JVD
I	Edema	slight edema BLE	+1 edema BLE
A	Chest Pain	@ CP	@ CP
C			
R	Respiratory Pattern	Vented #8 @ 20cm @ Lip SIMV 16, 55%	Vented #8.0 20cm @ Lip SIMV
E	Breath Sounds	800, S, peak 37. Bronchi throughout	20 BPM, TV 800, peak 33, FiO2 50
S	Secretions	thick white secretions from ETT	Lung sounds - rhonchi
P	Cough	@ cough	throughout.
S	Color	wNL for race. Body warm to touch	@ cough
K	Integrity	burn dsq @ shoulder dtl, abd dsq @ dtl	Normal for race, do not drain
I	Backside	flank dtl, 2 JP drains abd. @ duodenal	dry to @ shoulder & dtl, abd dsq
N		drain, JP clamped, @ colostomy	@ & @ flank dsq COE, 2 JP's to bulb suction @ colostomy, J-Tube
I	Access Devices	@ SC cordis, @ hand PIV, @ FA PIV, @	
V	Location	radial - A-line, @ FA PIV @ 0% of infection	
V	Condition	All PIV lines H.L. @ SC cordis - AB @ 150 cc, versed 5mg, fentanyl 80mcg	
G	Abdomen	soft	
G	Bowel Sounds	@ bowel sounds, NGT to US, brown	
I	Stoma/Ostomy	fluid noted, Colostomy & scant amt sanguinous fluid	
G	Device	Poley to gravity draining dark yellow	
U	Color / Clarity	wine. @ 750 cc	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (5)(6)-2

DATE  
18 AUG 83

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

(5)(6)-4

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

ICU3

Patients Name:

# [redacted] (5/16/14)

Date:

18 Aug 2013

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total	
A-Line	124/72	119/67	123/71	112/60	133/70	144/74	149/75	137/62	120/66	129/70	147/70	147/68	149/70	149/70	149/70	143/73	135/74	135/74	133/73	133/73	133/73	133/73	133/73	133/73	133/73	133/73
NBP																										
TEMP	99.8	99.2	99.2	99.1	99.3	99.4	99.6	99.1	99.1	99.1	99.1	99.3	99.9	99.9	99.9	99.6	99.6	99.6	98.7	98.7	98.7	98.7	98.7	98.7	98.7	98.7
HR	113	112	113	111	108	108	108	111	107	112	107	97	94	101	101	108	103	106	104	97	97	92	95	92	92	92
RR	16	16	16	16	16	15	16	16	20	16	16	16	16	16	15	25	24	23	20	18	18	18	18	18	18	
Sao2	100%	97%	97%	98%	99%	98%	99%	99%	97%	99%	100%	100%	100%	97%	98%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	
FIO2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	
Source	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	
P	83	90	84	84	89	94	77	83	84	94	92	93	93	87	85	82	84	94	95	94	100	92	92	92	92	
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
IVPB			50										50													
NGT																										
WVSD	5	5	5	5	5	7	5	5	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
Feat	16	16	16	16	16	18	16	8	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE	100	110	30	30	30	110	75	120	115	100	95	120	157	130	200	200	200	120	140	160	120	180	120	100	100	200
NGT																										
STOOL																										
DRAIN																										
Pa1	86	46	25	25	25	30	30	35	35	26	26	136	15	15	20	20	10	10	15	15	10	10	10	10	10	
Pa2	55	30		25	25	20	20	20	20	20	20	70	30	30	10	10	20	10	10	10	10	10	10	10	10	
diaphragm tube	155	100		100	100	90	90	90	90	110	110	635	200	200	150	150	150	150	150	150	150	150	150	150	150	
Total																										

MEDCOM - 16958

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
**QA APPR 08MAR8**

INITIAL SHIFT ASSESSMENT		
N		Time: 0610 Initials: (b)(6) (b)(7)(C)
E	Pupils	3mm PERL sluggish scleral edema
U	Sensorium	Secluded & versed @ 8mg/° Pt moves
R	LOC / GCS	all extremities when versed turned off
O		
C	Cardiac Rhythm	SR @ ectopy @ this time. HR 90s
A	PRI / QRS:	
R	Pulse Strength	+2 pulses palpable in all extremities
D	Cap Refil / JVD	< 3sec. @ JVD
I	Edema	generalized edema throughout
A	Chest Pain	(CP (UTA)
C		
R	Respiratory Pattern	Ventil: ETT #8.0 @cme @ lip: SIMV 18,
E	Breath Sounds	S, 790, 50%. Rhonchi throughout
S	Secretions	thin white secretions throughout
P	Cough	ETT
S	Color	w/ for race. body warm to touch. @
K	Integrity	shoulder burn disq. midline abdominal
I	Backside	disq. RT JP, J-tube, duodenal tube, + colostomy
N		intact
	Access Devices	@ FA PIV + @ hand PIV + @ FA PIV H.L., @ SC
I	Location	cordis + @ radial @ line @ 9/5 of infect
V	Condition	Versed + pentanyl + LR throughout @ SC cordis
	Abdomen	Soft
G	Bowel Sounds	@ bowel sounds
I	Stoma/Ostomy	Colostomy & scant amt sanguinous
		drainage
G	Device	Blky to gravity draining dark yellow
U	Color / Clarity	urine w/ > 100cc / °

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2  
 ICU3

(Continue on reverse)  
 DATE

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

(b)(6) (b)(7)(C)  
 (5/6)-4

19 JUL 83

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

# ICU3

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

(5/6) 4

Date: 19 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	148/87	148/87	138/65	138/65	157/92	157/84	158/71	149/75	149/75	149/75	149/75	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60	129/60
NBP																									
TEMP	99.7	99.7	99.8	99.8	99.9	99.9	99.9	99.9	100.1	100.7	100.7	100.4	100.6	100.7	100.8	100.8	100.8	100.8	100.8	100.8	100.8	100.8	100.8	100.8	100.8
HR	92	98	99	109	118	117	106	114	114	109	108	108	108	108	108	108	108	108	108	108	108	108	108	108	108
RR	18	18	18	18	21	20	18	25	25	18	18	21	18	18	18	18	18	18	18	18	18	18	18	18	
SaO2	100	97.1	99.1	97.1	97.1	98.1	99.1	99.7	99.7	100.1	100.1	100.1	98	98	98	98	98	98	98	98	98	98	98	98	98
FIO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Source	Vent	Vent	Vent	Vent	split	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
MAP	91	93	87	99	101	110	100	105	105	105	90	88	87	88	87	87	87	87	87	87	87	87	87	87	87
CVP	10	11			9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	150	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
IVPB	-	-	50		100								150	150	150	150	150	150	150	150	150	150	150	150	150
NGT	-	-											150	150	150	150	150	150	150	150	150	150	150	150	150
Fentanyl	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Vecsed	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
KCl		250											250	250	250	250	250	250	250	250	250	250	250	250	250
PO																									
Total	173	346	148	98	198	100.5	100.5	118	118	118	218	98	180	180	180	180	180	180	180	180	180	180	180	180	180
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	140	70	130	120	150	140	40	150	100	100	60	120	180	50	100	100	100	100	55	60	65	60	70	50	65
NGT													300	300	300	300	300	300	300	300	300	300	300	300	300
STOOL																									
DRAIN																									
SP#1	10				20	10							50	50	50	50	50	50	50	50	50	50	50	50	50
SP#2	10				25	30							90	90	90	90	90	90	90	90	90	90	90	90	90
Abx 10.1 thru 50	40				110	50							100	100	100	100	100	100	100	100	100	100	100	100	100
	130	130	120	307	230	60	135	150	100	120	400	200	180	180	180	180	180	180	180	180	180	180	180	180	180



REPORT TITLE:  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT		Time: 0624 Initials: [REDACTED]	Time: 1900 Initials: [REDACTED]
N	Pupils	3mm, PERRL (sluggish) scleral edema	PERRLA
E	Sensorium	Sedated & versed. Moves	Versed 9mg Fentanyl 1.75 mg/hr
U	LOC / GCS	all 4 ext. when versed turned off	
R	Cardiac Rhythm	SR & occasional PVCs	SR S1/S2
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 palpable x 4 extremities
D	Cap Refil / JVD	<3 sec. Ø JVD	<3 sec
I	Edema	scleral edema, +1 edema BUE	+2 BUE
A	Chest Pain	UTA	
C			
R	Respiratory Pattern	Ventil: SIMV 18 800, 5, 50%, peak 37	Simv 18 TV 800 Peep 5 Fio2 50
E	Breath Sounds	Rales throughout	Peak 36.
S	Secretions	Yellow tinged sputum from ETT, pink frothy sputum from mouth	Minimal secretions from ETT.
P	Cough		
S	Color	W/M for race. Mid abd incision drsg	Normal for Race Mid abd drsg CDI B JP drains
K	Integrity	Ø M, Ø JP + Ø JP tube Ø T-tube, Ø duodenal tube to gravity, Ø puncture wound drsg intact	Ø J-tube, Ø duodenal tube drain to gravity
I	Backside		
N			
I	Access Devices	Ø FA PIV H/L, Ø radial A-line, Ø Hand PIV H/L, Ø FA PIV H/L, Ø SC Cordis versed, fentanyl + IR @ 75cc <sup>1</sup> infusing + CVP, Ø 3/4 of infection of all lines	PIV Ø FA H/L. PIV Ø Hand, H/L. PIV Ø FA H/L. Ø Radial A-Line. Ø SC Cordis, LR @ 75cc <sup>1</sup> .
V	Location		
V	Condition		
G	Abdomen	soft, nondistended	Round, soft
I	Bowel Sounds	Ø bowel sounds, NGT to US pink/brown tinged fluid noted, Ø colostomy & scant amt bloody drainage	Ø NGT US Reddish brown Ø colostomy & dk brn liquid stool
I	Stoma/Ostomy		
G	Device	Foley to gravity draining dark yellow urine & some sediment noted	Foley to gravity, dk orange urine, & small amount of sediment
U	Color / Clarity		

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
 ICU3, [REDACTED]

(Continue on reverse)  
 DATE

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

20 Aug 03

Civ. # [REDACTED] (5)614

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

# ICU3

Patients Name:

Rev. # [redacted] (b) (6) (7) (C)

Date: 20 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	142/87	152/80	143/68	114/58	104/52	151/60	129/75	103/54	138/69	154/73	122/61	114/64	157/73	153/72	181/83	128/65	128/61	182/70	148/61	115/60	109/60	88/64	102/61	102/64	101/64
NBP																									
TEMP	101.6	101.9	101.5	101.4	101.1	100.8	100.7	100.4	100.4	100.5	100.1	100.1	100.0	99.8	99.8	99.8	99.7	99.7	99.3	99.3	99.3	99.7	99.3	99.3	99.4
HR	92	103	104	92	91	83	91	88	84	86	76	81	81	76	95	78	72	74	75	75	75	73	80	80	76
RR	12	16	18	19	18	18	18	18	18	19	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
SaO2	99.7	99.4	98.2	98.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
FiO2	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
MAP	91	99	91	79	84	94	100	105	96	103	83	95	100	99	116	88	83	119	89						
CVP														9	11	9	10	12	12	9	9	10	7	8	
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75
IVPB	50	50	50	50	50	50	50	50	50	50	50	50	400	50	50	50	50	50	50	50	50	50	50	50	50
NGT													125	125	125	125	125	125	125	125	125	125	125	125	125
KCl	100												100	100	100	100	100	100	100	100	100	100	100	100	100
blood	350	350											700	700	700	700	700	700	700	700	700	700	700	700	700
hous	8	8	8	8	8	8	8	8	8	8	8	8	103	9	10	10	10	10	10	10	10	10	10	10	10
Penicillin	15	15	15	15	15	15	15	15	15	15	15	15	175	35*	35	35	35	35	35	35	35	35	35	35	35
PO																									
Total																									
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	55	55	65	55	90	50	105	130	70	110	70	75	930	55	70	50	60	60	55	70	60	65	60	65	65
NGT																									
STOOL					450								1250												
DRAIN																									
SP1		5											25												
SP2		10											15												
diuretic			110										250												
Total	55	55											55	55	70	50	60	60	55	70	60	65	60	65	65

\* Strength Changed

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA APPR 08MAR8

(5) (6) - 2

INITIAL SHIFT ASSESSMENT		
N	Time: 1600	Initals: [REDACTED]
E	Pupils	3mm PERRL (sluggish)
U	Sensorium	Sedated & versed @ 10mg/°
R	LOC / GCS	
O		
C	Cardiac Rhythm	SR & occasional PVCs
A	PRI: / QRS:	
R	Pulse Strength	+2 palpable in all 4 ext
D	Cap Refil / JVD	< 3 sec. @ JVD
I	Edema	sclera edema bilat generalized edema
A	Chest Pain	throughout, UTA CP
C		
R	Respiratory Pattern	Vented SIMV 18, FIO <sub>2</sub> 5, 50%, peak 32 strats
E	Breath Sounds	Rales throughout. Thin white
S	Secretions	secretions noted.
P	Cough	
S	Color	WNL for race. Md abd incision drsg C, D, I
K	Integrity	(D) flank drsg C, D, I, (D) puncture wound drsg
I	Backside	C, D, I, (D) JP, (D) JP intact, (D) duodenal tube
N		drainage well, (D) colostomy & liquid stool, J tube
I	Access Devices	(D) FA-PIV - (D) FA PIV & 1/2 of infection, H.L.
V	Location	(D) radial A-line 1/2 of infection, (D) SC cordis
V	Condition	& versed, fentanyl + LR infusing @ 1/2 of infection, (D) Hand PIV infiltrated
G	Abdomen	soft, nondistended
G	Bowel Sounds	(D), NGT to US (brown colored drainage)
I	Stoma/Ostomy	(D) colostomy & large amt liquid brown stool
G	Device	Foley to gravity draining amber urine.
U	Color / Clarity	

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
 ICU3, 28th Combat Support Hospital 21/AUG 03

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

[REDACTED] (5) (6) - 4

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

# ICU3

Patients Name: [REDACTED]

(5)(6)4

Date: 20 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	14/88	13/87	12/83	12/88	12/89	12/92	13/91	11/90	13/90	12/90	12/90	9/91	14/94	13/94	14/98	13/95	11/94	10/97	10/95	13/97	11/97	11/97	11/97	11/97	11/97	110/94	
NBP	162/77	147/60	150/62	147/60	145/66	144/62	141/61	141/61	133/61	147/61	147/61	143/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	147/61	
TEMP	99.5	99.5	99.2	99.2	99.4	99.2	99.2	99.2	99.6	99.4	99.4	99.4	99.8	99.8	99.8	99.8	99.4	99.4	99.5	99.5	99.5	99.5	99.5	99.5	99.5	144/61	
HR	83	76	72	74	81	73	80	73	85	70	70	78	83	80	100	83	90	91	90	91	91	91	91	91	91	144/61	
RR	18	18	18	18	18	25	19	18	18	18	18	19	18	18	19	18	18	18	18	18	18	18	18	18	18	144/61	
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
FiO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
MAP	109	89	92	93	93	100	93	87	94	90	89	91	101	94	114	77	97	99	78	91	91	91	91	91	91	109	
CVP	9	9	9	9	10	9	11	10	10	11	11	11	12	12	11	13	97	99	78	91	91	91	91	91	91	109	
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	75	900
IVPB	50												400													400	
NGT																										400	
Penamyl	20	20	20	20	20	20	20	20	20	20	20	20	240	20	20	20	20	20	20	20	20	20	20	20	20	240	
Vered	10	10	10	10	10	10	10	10	10	11	11	11	104	11	11	11	11	11	11	11	11	11	11	11	11	132	
KCl			100																							132	
PO																										132	
Total													110/94													1100	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	80	80	55	60	50	50	50	50	65	50	45	55	445	55	100	50	60	40	50	45	50	55	45	45	45	585	
NGT																											
STOOL																											
DRAIN													425	425												250	
SP1													5													250	
SP2													20													5	
diuretic/renal/late													120													5	
Total													1355													1100	

T.N = 3038

OUT = 2455 = 1183

**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

(b)(6)-2

**INITIAL SHIFT ASSESSMENT**

N		Time: 0610 Initials: [redacted]	Time: 1000 Initials: [redacted]
E	Pupils	3mm PERRL	3mm PERRL sluggish, sedated
U	Sensorium	Sedated & versed, pain control	2 Comp versed, 15mg fentanyl, p.c. dose
R	LOC / GCS	2 fentanyl	not open eyes, no gag reflex
O			2 deep sedation
C	Cardiac Rhythm	SL 2 occasional PVCs	NSR 2 COPKSS
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 radial & pedal pulses bilat
D	Cap Refil / JVD	<3 sec. 0 JVD	3 sec. 0 JVD
I	Edema	scalar bilat, generalized edema thru	bilat periorbital edema, generalized
A	Chest Pain	UTA	edema throughout torso & UE & UE +2 pitting
C			bilat hands & feet. UA check pain
R	Respiratory Pattern	Ventil: SIMV 16, T90, 5, 50%, peak 30	bilat bilobed: vent SIMV 16, 800, 5, 50%
E	Breath Sounds	Rales @ Lung, Rales @ Upper lobe	Coarse BS upper mid lower of bases.
S	Secretions	Thin white secretions	thick mod amount white foam secretions
P	Cough	# 2 @ shiley 24 @ lip	# 2 shiley 22 @ lip @ cough
S	Color	WNL for race, midline abd incision H @ flank	appropriate for race
K	Integrity	wound drsg C, D, I. @ shoulder / hot drsg	See progress note
I	Backside	C, I, @ punctum wound drsg C, D, I	
N			
I	Access Devices	@ FA PIV, @ FA PIV, @ radial art line	@ radial art line @ SC cordis @ AC
V	Location	(positional) @ SC cordis @ 50% NS	PIV, @ AC PIV.
V	Condition	2 @ SKL infusing, versed & fentanyl	
G	Abdomen	soft, nondistended, @ BS @ NGT	soft non distended
I	Bowel Sounds	to LIS @ brown/red drainage	@ BS, @ NG & LIS @
I	Stoma/Ostomy	@ colostomy @ liquid brown stool	soft light brown drainage @ colostomy
G	Device	foley to gravity draining dark yellow	2 peak stool, @ jejunostomy, @ duodenal
U	Color / Clarity	urine.	drain @ mod yellow drainage

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

ICU # [redacted]

DATE

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

NAME:

# [redacted] (b)(6)-7

RANK:

AGE:

UNIT:

GENDER:

STATUS: US: AD / CIV

IRAQI: CIV / EPW

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES

- FLOW CHART
- OTHER (Specify)

22 Aug 03

MEDCOM - 16965

REATMENT

# ICU3

Patients Name: [REDACTED]

6/6/14

Date: 08 AUG 2013

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	110/69	97/64		114/84	97/66																				
NBP	137/57	117/53		144/69	120/54																				
TEMP	98.5	98.4		98.4	98.1																				
HR	73	73		79	73																				
RR	18	16		14	18																				
SaO2	100	100%		100%	100%																				
FiO2	50%	50%		50%	50%																				
S	92	92		92	94																				
I																									
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	75	75		75	75								835	75	75										
IWPB	100	100			350								650	100											
NGT																									
Feint	20	20		20	15								180	15	14										
Worsed	11	11		6	6								61	7	8										
KPI	25	25											100												
Spont													100												
Total													1906												
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	55	65		140	45	70							820	55	55										
NGT													30	30											
STOOL																									
DRAIN																									
Abdominal drain				40									80												
TP #1													180	120											
TP #2													10	10											
Classroom													15	15											
Total													1906	1895	1885										

MEDCOM - 16966

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

N		Time: 0610 Initial [redacted]	Time: 1830 Initials [redacted]
E	Pupils	3mm, PERBL	3mm PERBL Pt is sedated on
U	Sensorium	Sedated c propofol @ 50mg	propofol @ 90mcg/kg/min and fentanyl
R	LOC / GCS	K/min, fentanyl @ 60 mcg/hr for	@ 10mcg/hr.
O		pain control. Easily arousable off propofol	
C	Cardiac Rhythm	SR	SINUS rhythm to sinus tach. Late
A	PRR / QRS:		90's - 100's. Frequent PVCs noted. (2)
R	Pulse Strength	+2 palpable in all 4 ext.	(2) radial pulses, (2) pedal pulses.
D	Cap Refil / JVD	<3sec, 0 JVD	<3sec cap refill. Generalized edema
I	Edema	+3 pitting BUE, generalized throughout	noted.
A	Chest Pain	UTA	
C			
R	Respiratory Pattern	Ventil: SIMV 16, 80%, 5, 40%. ETT	Pt is ver intubated. #8 ETT, 24cm @
E	Breath Sounds	#8 @ 22cm @ lip. Anonchi	teeth. SIMV 16, TV 800, PEEP 5, FIO2 40%.
S	Secretions	+ throughout. Thin white secretions	Peak pressures low 30's. Coarse breath
P	Cough	noted.	sounds noted bilat. SpO2 99-100% Pt over breath
S	Color	WPL for race. Midline abd incision, (2)	Warm and dry. Multiple abd wounds. Large mid
K	Integrity	shoulder burn, @ exit wound drags	line abd inc. & drug intact. (2) flank wounds.
I	Backside	G, D, I, JP (2) + (2) abd in place c	(2) chest drags clear and dry.
N		serous fluid.	
	Access Devices	(2) Sc cordis c propofol, fentanyl &	(2) Sc cordis and TIC cve inserted 8/24/83. Fentanyl
I	Location	DS/2NS c 20cc/hr infusing. (2) radial	and propofol infusing via medial port c DS/2NS
V	Condition	a-line. 0 S/S of infection.	+ 20cc/hr. NS @ 30cc/hr infusing via
	Abdomen	Soft. NGT to (2) nose. US	Abd soft. BS present. (2) side colostomy c
G	Bowel Sounds	normal BS in all 4 quad. Jevity	pasty yellow/green drng. (2) J-tube c Jevity +
I	Stoma/Ostomy	+ duodenal juice in J-tube, (2) colostomy	duodenal drainage @ 125cc/hr. (2) duodenal drng
		c light brown semifformed stool	red/brown/green liquid drng. JP drng x 2 c yellow
G	Device	Foley to gravity draining amber	liquid drng.
U	Color / Clarity	urine. UO > 30cc/hr	Foley to gravity drng tea colored urine.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2  
 ICU #1 [redacted]

DATE  
 24 AUG 83

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

NAME: [redacted] RANK: AGE: GENDER: (b)(6)-7  
 STATUS: US: AD / CIV IRAQI: CIV (EPW)

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

16301 Patients Name:



16301

Date: 8/29/05

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line																									
NBP	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	
TEMP	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	
HR	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	
RR	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
FI02	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	
Source	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	
MAP																									
CvS																									
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
IVPB	50												450	30											
NGT													100												
Feet	12	14	14	18	12	12	12	9	12	12	12	12	12	12	12	12	12	12	12	10	10	10	12	12	12
Respiratory	25	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5
SpO2	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
NS																									
PO																									
Total																									
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
JRINE	140	70	73	60	55	80	63	63	64	60	45	65	740	70											
NGT																									
STOOL																									
DRAIN																									
SPHL																									
SPWZ																									
Overcub																									
Total																									

IN 3751 out 2645

1100

3751  
1100  
7100  
7100  
7100

MEDCOM - 16968



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** (b)(6)-2

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	1200			1830
	SENSORIUM	3mm PERRL Obedient to propofol Fentanyl for pain Gag reflex present			2mm Perri. Pt is Sedated on propofol and fentanyl aft.
	RESPIRATORY PATTERN	Unaided, #8 @ 26cm lip			Intubated, PTT #8 @ 26cm lip
R E S P I R A T O R Y	BREATH SOUNDS	SIMV 16, 80%, E, 16, 40%			up. SIMV 16, F 42%, TV 800, Peep 5. Peak pressures upper 30's lower 40's. R bronchi noted bilateral Equal chest expansion.
	SECRECTIONS	peak al. Night ranch @ bases. Thin white secretions			
	COLOR	Midline abd incision (R)			TP ARRS X3. Large midline abd. incision & drsg. D+E.
S K I N	INTEGRITY	flank incision drsg (R) stage I decub sacrum 2 JP tubes in abd yellowish drainage			Abdominal wound.
	LOCATION	R radial a-line, (R) SC			R radial a-line. - Not working (DSC cordis + TLC NS infusing via cordis. Propofol @ 100mcg/kg/min + fent @ 1.25 mcg/hr and BS 1/2 NS @ 25ml/hr 20cc @ 30cc/hr. Inserted 24 Aug 88
S I T E	CONDITION	cordis / 3 lumen c propofol fentanyl, drsg @ 2 & 4 cc/hr infusing @ 4% of infection			
	ABDOMEN	soft, NGT @ nose to US	drain & drainage of amber		Abd soft & non-tender. hypod BS @ colostomy 3 drsg. Stoma pink & edematous. J-tube clamped duodenal tube to drsg c brown, green liquid drsg. NG-tube @ nose to US c mid amount.
G A S T R O	BOWEL SOUNDS	brown/red fluid noted, BS in all 4 quad @ ostomy c semi formed stool, (R) duodenal	color		
	URINE:	flow to gravity draining amber urine NO > 30cc			brown drsg. flow to gravity drng tea reduced intake. NSR. Rate 80's. Occasional PVCs. Generalized edema. Cap refill < 4 sec
G U	COLOR/CLARITY				
	CARDIAC RHYTHM	SR-ST c occasional PVCs generalized edema thru chest airing edema. BUN + BLE cap re fill < 3 sec. small ext. 2+ palpable subes small ext			
C A R D I O V A S C U L A R	LEGEND	Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate	ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure	SIA - Fractional SAT - Saturation TRACH - Tracheostomy	

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC

DATE

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

ICU 1

26 JUL 83

# [Redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 16969

WAMC OP 375 (Redesignated)

DATE		DT														HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
V	BP Arterial Line	133																		
I	BP Cuff	61	122/54	118/53	125/50	134/5	129/50	137/50	158/61			124/52		110/54	119/49	104/47	120/50	119/47		
T	Temperature	100 <sup>+</sup>	100 <sup>s</sup>	100 <sup>s</sup>	100 <sup>s</sup>	100 <sup>o</sup>	100 <sup>2</sup>	99 <sup>9</sup>	100 <sup>s</sup>			100 <sup>s</sup>		98 <sup>s</sup>	99 <sup>7</sup>	99 <sup>5</sup>	99 <sup>7</sup>	100 <sup>+</sup>		
A	Pulse	109	97	94	96	107	102	102	111			101		102	89	80	99	91		
E	Respiratory Rate	16	32	22	21	23	16	16	17			18		16	16	16	16	16		
S	MAP	89	78	77	85	85	76	84	92			78		72	69		17	110		
I	SPO <sub>2</sub>	99	100/	100/	99%	97%	96/	98%	98%			99%		93%	97%	100%	97%	99%		
G	FIO <sub>2</sub>	40	40	40	40	40	40	40	40			40		40	40	40%	40%	40%		
N	Mode	vent	vent	vent	vent	vent	vent	vent	vent			vent		vent	vent	vent	vent	vent		
S																				
TIME		06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>o</sup>	
I	NS	30	30	30	34	30	34	34	240	30	2500	30	30	30	30	30	30	30	268	
N	DS 1/2	30	30	30	34	34	34	34	240	30			30	30	30	30	30	30	180	
T	IVPS	50	-	50	-	260	-	50	-	350			50	50					100	
A	Fent	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	1100	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100	
K	Propofol	51.0	51.0	51.0	51.0	51.0	51.0	51.0	51.0	400	51.0			51.0	51.0	51.0	51.0	51.0	300	
E	TF	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	300	
TOTALS										2237									330	
O	URINE	HOUR TOTAL	68	180	60	55	65	65	70	90	2237								330	
I	NG	OUTPUT	68	180	60	55	65	65	70	90	2237								330	
T	EMESIS																			
P	STOOL																			
U	DRAINS	JPI								300	300									
T	DRAINS	JP2								scant	scant			40		20				
T	DRAINS	Duoden	90							10	10			100		30				
TOTALS		JP3								325	415	300		200						
													50		50					

MEDCOM - 16970

POST-OP DAY									ACUITY LEVEL CLASSIFICATION									
V	22	23	24	01	02	03	04	05	B E S P I R A T O R Y	TIME	08:00							
I	120/53	105/60	121/57	121/57	95/48	99/50	112/101	119/100		MODE	SIMV							
T		101 <sup>S</sup>	100 <sup>S</sup>	101 <sup>S</sup>	100 <sup>S</sup>	100 <sup>S</sup>				F <sub>O2</sub>	40							
A	90	102	105	112	97	94	101	105		TV	800							
L	16	16	16	16	16	16	18			RATE	16							
S	100%	100%	98%	98%	98%	98%	99%	98%		PEEP	5							
I	40%	40%	40%	40%	40%	40%	40%			A A	pH	7.43						
E	VENT	vent	vent	vent	vent	vent	vent				PCO <sub>2</sub>	38.0						
N											PO <sub>2</sub>	119						
S											HCO <sub>3</sub>	26						
									G	SAT	99%							
										BASE	2							
									TIME	09:45								
I	22	23	24	01	02	03	04	05	8° T	A B C D E F G	GLUCOSE	138						
N	30	30	30	30	30	30	30	30	300		Na/K	137/4.0						
T	30	30	30	30	30	30	30	30	300		Cl/CO <sub>2</sub>	114/22						
A	200		50	50					300		BUN/Cr	11/0.6						
K	12.5	12.5	12.5	12.5	15	12.5	12.5	12.5	100		WBC/PLATELET	21.4/139						
E	51	51	51	51	51	51	51	51	408		Hct/Hgb	29.5/9.3						
										O B Y	CAT#	7.7						
										A C T I V I T Y L E V E L D N G	TIME							
											MOUTH CARE							
											BATH							
											SKIN CARE							
											FOLEY CARE							
											TRACH CARE							
										ROM EXERCISES								
										24 HOURS TOTALS			NURSE'S SIGNATURE	INITIALS				
										wt Yesterday	wt Today							
										INTAKE	OUTPUT							
										IV	Urine: 1630							
										PO								
										TOTAL	7118	TOTAL	1630 3615					
										MEDCOM - 16971								

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT	
		TIME	INITIALS
N E U R O	PUPILS	4/6/10	[Redacted]
	SENSORIUM	3mm PERRL Sedated even sed qtt @ 100mcg/h. fentanyl qtt @ 125mcg/h for pain control jaundice bilat eyes	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	Vented SIMV 16, 800, 5, 40%	[Redacted]
	BREATH SOUNDS	Peak @ 26. Clear bilat tubes some crackles bilat & lobes	[Redacted]
	SECRETIONS	Thin white secretions ETT # 8.6 @ same @ lip	[Redacted]
S K I N	COLOR	Midline abd + @ flank wound	[Redacted]
	INTEGRITY	drsg @ D, I, TP1 + TP2 yellowish drainage, burn drsg @ shoulder, D, I	[Redacted]
L O C A T I O N	LOCATION	@ Radial Artery + @ SC	[Redacted]
	CONDITION	cordis/3 lumen @ NSO 30cc/hr fentanyl @ 125mcg/hr, propofol @ 100mcg/hr and DS 1/2 20KCl @ 30cc/hr infusing. @ 5% of infection	[Redacted]
A B D O M E N	ABDOMEN	soft, NGT @ rare @ US	[Redacted]
	BOWEL SOUNDS	light green fluid noted. BS @ normal all quad. duodenal drain @ side draining amber bile	[Redacted]
U R I N E	URINE:	plus to gravity draining	[Redacted]
	COLOR/CLARITY	amber urine	[Redacted]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	SR @ occasional PVCs, +2 palpable pulses in all ext. < 3 sec cap refill, generalized edema throughout upper body	[Redacted]

**LEGEND**  
 Cr - Creatinine  
 FiO2 - Fraction of Inspired O2  
 HCO3 - Bicarbonate  
 ICP - Intracranial Pressure  
 PCO2 - Pressure of Arterial CO2  
 PEEP - Positive End Expiratory Pressure  
 SA - Fractional  
 SAT - Saturation  
 TRACH - Tracheostomy

PREPARED BY (Signature & Title) \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC \_\_\_\_\_ DATE 25 Aug 83  
 (Continue on reverse)

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

# [Redacted]  
 (b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 16972

WAMC OP 375 (Revised 11/82)

DATE		DX																	HOSPITAL DAY			
TIME		00	07	08	09	10	11	12	13	14	14	15	16	17	18	19	20	21	22	✓		
V I T A L S T G N S	BP Arterial Line																					
	BP Cuff	108/58	135/67	120/62	124/60	127/60	119/62	130/62	113/67		80/49	136/64	147/60	135/63	143/59	127/55	139/61	137/62				
	Temperature	100.4	101.0	100.5	100.4	100.4	100.4	100.4	100.3		100.4	100.5	100.4	101.3	101.5	101	100.5	100.4				
	Pulse	95	103	92	91	91	94	92	118		114	109	106	106	109	111	112	114				
	Respiratory Rate	16	15	12	16	16	16	16	20		19	16	16	16	16	16	19	17				
	SpO2	98%	99%	97%	99%	99%	96%	99%	98%		95%	99%	99%	99%	100%	99%	100	100				
	FIO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%				
	Mode	None	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	vent	vent	vent	vent	vent				
		TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8°		
I N T E R A L K E	IVF	30	30	30	30	30	30	30	30	250	20	30	30	30	30	30	30	30				
	Cent	125	125	125	125	125	125	125	125	98	125	125	125	125	125	125	125	125				
	Propofol	51	51	51	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	357	459	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>				
	IVPB	50	-	50	-	50	-	50	-	350	-	-	50	-	50	-	-	-				
	NS	30	30	30	30	30	30	30	30	250	30	30	30	30	30	30	80	30				
	TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125				
	TOTALS																					
	O U T P U T	URINE	HOUR TOTAL	60/60	80/140	65/205	60/265	85/350	70/420	70/490	65/555	535	700/635	55/690	70/760	20/880	55/935	60/1000	90/1090	50/1140		
NG		OUTPUT																				
		PH																				
		GUAC																				
EMESIS																						
STOOL			200		175			150		515	175						200					
D R A I N S	JP1										5											
	JP2							50		20	20			20								
	duodenal		90																			
MEDCOM - 16973																						

POST-OP DAY										ACUITY LEVEL CLASSIFICATION														
V I T A L S  E M S	22	23	24	01	02	03	04	05		R E S P I R A T O R Y	TIME	0412												
	150	152	144	148	160	143	151	148			MODE	SPMV												
	163	162	162	159	162	160	160	165			F <sub>O<sub>2</sub></sub>	40%												
	100 <sup>0</sup>	100 <sup>0</sup>	100 <sup>0</sup>				100 <sup>7</sup>				TV	8000												
	114	111	112	112	111	106	101	111			RATE	16												
	16	24	24	27	16	25	30	16			PEEP	5												
	100	100	99	99	99	99	99	99			A A A B G	pH	7.489											
	40%	40	40	40	40	40	40	40				PCO <sub>2</sub>	35.7											
	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent				PO <sub>2</sub>	127											
												HCO <sub>3</sub>	25											
									SAT	99%														
									BASE	2														
									TIME	0846														
I N T A K E	22	23	24	01	02	03	04	05	8° T	L A B O R A T O R Y	GLUCOSE	151												
	30	30	30	30	30	30	30	30			Na/K	133/38												
	125	125	125	125	125	125	125	125			ClCO <sub>2</sub>	109/21												
	51°	51°	51°	51°	51°	51°	51°	51°			BUN/Cr	14/0.7												
	200	—	50/50	—	—	—	—	—			WBC/PLATELET	233/577												
	30	30	30	30	30	30	30	30			Hct/Hgb	23.3/9.9												
	125	125	125	125	125	125	125	125			Ca <sup>++</sup>	7.6												
O U T P U T	20	100	105	68	50	56	100	20		A C T I V I T Y	TIME													
	700	300	405	433	523	539	621	549			MOUTH CARE													
											BATH													
											SKIN CARE													
											FOLEY CARE													
											TRACH CARE													
											ROM EXERCISES													
										24 HOURS TOTALS					NURSE'S SIGNATURE					INITIALS				
										wt Yesterday					wt Today									
										INTAKE					OUTPUT									
										IV					Urine:									
										PO														
										TOTAL					TOTAL									
										BALANCE														
										MEDCOM - 16974														

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 (L) (6) - 2

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

		INITIAL ASSESSMENT	
	TIME	INITIALS	INITIALS
NEUROLOGIC	PUPILS	07:00 2mm PERRL	AJZ
	SENSORIUM	PT sedated on Propofol	PERL vented - Sedated
RESPIRATORY	RESPIRATORY PATTERN	ETT - 8 26cm	vent mode SIMV
	BREATH SOUNDS	Lips VENT Mode	TV 800 BPM 16 Peep 5
	SECRETIONS	SIMV TV 800 TR 16 PEEP 5 FIO <sub>2</sub> 40%	FIO <sub>2</sub> 40%
		Ronchi bilat.	
SKIN	COLOR	NFR	Normal for race
	INTEGRITY		Incision to abd & sutures intact.
WOUND SITE	LOCATION	TLC to (R) Subclavicular	Cordis to @ SC
	CONDITION	Medis to (R) Subclavicular A-Line to (L) Iliac	A-Line @
GASTRO	ABDOMEN	+BS +4 gased	abd soft & mildly distended. Incision to abd & sutures intact
	BOWEL SOUNDS	Abd soft & gased	
GU	URINE:	Clear, dark Amber	amber; 7IC to BS
	COLOR/CLARITY	Foley to spanty	
CARDIOVASCULAR	CARDIAC RHYTHM	S S <sub>2</sub> + 2 Pulses x4 extremities	+PULSES to ↑&↓ extremities. UR 114 Edema to ↑&↓ extremities

LEGEND: Cr - Creatinine, F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>, HCO<sub>3</sub> - Bicarbonate, ICP - Intracranial Pressure, PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub>, PEEP - Positive End Expiratory Pressure, S/A - Fractional, S/AI - Saturation, TRACH - Tracheostomy

PRE (b) (6) - 2 DEPARTMENT/SERVICE/CLINIC ICU 1 DATE 27 Aug 89

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

# (b) (6) - 4

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

DA FORM 1 MAY 78 4700

MEDCOM - 16975

VAMC OP 375 (Redesignated)

DATE 27 Aug 83

DX

HOSPITAL DAY

TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
BP Arterial Line																
BP Cuff	115/73	117/59	117/55	117/53	115/51	110/52	113/52	117/54	120/59	122/57	119/60	117/55	114/54	115/56	131/53	131/55
Temperature	100°	101°	101°	100.7	100.9	100.7	100.7	100.9								
Pulse	100	99	96	97	94	96	96	103	100.8		100.7	100.3	100.3	100.5	101.3	100.6
Respiratory Rate									10	10	10	9	10	10	11	11
SpO2	98%	99%	99%	99%	99%	99%	99%	99%	98%	98%	99%	99%	98%	98%	96%	96%
FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Mode	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT

TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8°
OS 1/2 NS + ZK	30	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	240
NS	30	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	240
I.V.P.B.	50		50		200		50		350					50				50
Fentanyl	125	125	125	125	125	125	125	125	100	125	125	125	125	125	125	125	125	100
Propofol	51	51	51	51	51	51	51	51	200	51	51	51	51	51	50	51	51	400
TF		60	60	60	80	80	80	80	400	180	125	125	125	125	125	125	125	97

TOTALS		06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8°
URINE	HOUR TOTAL	30	50	35	34	35	45	55	30	70	40	45	55	70	70	80	60		
	SP GR	38	88	13	15	12	21	22	30	70	10	155	210	280	350	430	40		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUAC																		
ENTRYS	CHOCNGL	70								250									
STOOL																			
DRAINS	JP #1	20														200	150		
	JP #2	15			50							10					5		
	JP #3	10			15							30					25		
TOTALS											20						20		

MEDCOM - 16976



POST-OP DAY									ACTIVITY LEVEL CLASSIFICATION													
V I T A L S  S I G N S	22	23	00	01	02	03	04	05	E S P I R A T O R Y	TIME	0400											
	135/60	124/54	121/51	106/51	117/46	114/46	109/47	114/46		MODE	vent											
	100 <sup>8</sup>	100 <sup>5</sup>	100	110 <sup>3</sup>	100	110 <sup>2</sup>	100 <sup>1</sup>	100 <sup>5</sup>		F <sub>I</sub> O <sub>2</sub>	45%											
	104	109	105	101	95	92	92	92		TV	2000											
	116	116	116	116	116	116	116	116		RATE	16											
	98	98	99	99	100	100	100	100		PEEP	5											
	40%	40%	40%	40%	40%	40%	40%	40%		A A B G	PH											
	vent	vent	vent	vent	vent	vent	vent	vent			PCO <sub>2</sub>											
											pO <sub>2</sub>											
											HCO <sub>3</sub>											
I N T A K E  O U T  P O U N D I N G									L A B O R A T O R Y	TIME												
										GLUCOSE												
	30	30	30	30	30	30	30	30		Na/K												
	30	30	30	30	30	30	30	30		Cl/CO <sub>2</sub>												
	50	50								BUN/Cr												
	15	15	15	15	15	15	15	15		WBC/PLATELET												
	51	51	51	51	51	51	51	51		Hct/Hgb												
	125	125	NPO	NPO	NPO	NPO	NPO	NPO														
O U T  P O U N D I N G									A C T I V I T Y  L E V E L  D I S C I P L I N E	TIME	9100											
										MOUTH CARE												
										BATH												
										SKIN CARE	✓											
										FOLEY CARE	✓											
										TRACH CARE												
										ROM EXERCISES	✓											
									24 HOURS TOTALS													
									wt Yesterday					wt Today								
									INTAKE					OUTPUT								
									IV					Urine:								
									PO													
									TOTAL					TOTAL								
									MEDCOM - 16977													

TURN SUCCTION

TIME	1800	2000	2300	0500
BACK	Back	Side	Side	Side

(5)(6)-2

# ICU1

Patients Name:

EPW

(G)104

Date:

28 5/10/03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
A-Line																											
NBP	120/70				118/71					117/71																	
TEMP	37.0				37.1					37.1																	
HR	98				81					83																	
RR	27				23					24																	
SaO2	100				99					100																	
FI02																											
Source	RA				RA																						
MAP																											
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900														
IVPB			50										100														
NGT/E	100	100	100	100	100	100	100	100	100	100	100	100	1200														
MS04	5	5	5	5	5	5	5	5	5	5	5	5	60														
PO																											
Total													1260														
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE					550								550														
NGT					550								550														
STOOL																											
DRAIN																											
Total																											

MEDCOM - 16978

# [redacted] (5)16-4

28 AUG 83

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** (5)16-2

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

		TIME	INITIALS	INITIALS	TIME	INITIALS
U R O	PUPILS	0630	[redacted]	[redacted]	1830	[redacted]
	SENSORIUM		2mm PERRL			PERRLA 3mm sluggish
			PT sedated on Propofol			Propofol 100 mcg/kg/min
R E S P I R A T O R Y	RESPIRATORY PATTERN		EET Size 8 Vent			SIMV 16 TV 800 PEEP 5
	BREATH SOUNDS		settings TV-800			FiO2 40 SaO2 98
	SECRETIONS		PEEP 5 RR-16			#8 Eff #8 Trach
			FiO2 40% SIMV			Expiratory rhonchi
			EET 26cm at Lips			@lobe
S K I N	COLOR		NFR Abdominal			Normal for Race
	INTEGRITY		incision Dsg, CDI			Abd sutures intact, dsg CDI
V E S S E L S	LOCATION		TCC to Subclavian			RLE Dsg CDI, Blister RLE
	CONDITION		Cordis (R) Subclavian			(R) SC TLC, Flushed &
			A-Line (L) Radial			10cc NS each port, Cordis flushed
						(L) Rad A-Line
G A S T R O	ABDOMEN		Soft & distention			Soft Round
	BOWEL SOUNDS		Hypoactive BS			
			NG tube to (L) nose			NGT @ Nare to LIS
G U	URINE:		Clear Amber			Foley to gravity
	COLOR/CLARITY		Foley to gravity			DK yellows clear
C A R D I O V A S C U L A R	CARDIAC RHYTHM		S1S2 +2 pulses			SR S1/S2
			x4 extremities			generalized edema ±
			HR-95			+4 pitting to extremities
						Cap Refill < 3 sec
						Pulses +2 x 4 extremities

LEGEND: Cr - Creatinine ICP - Intracranial Pressure SA - Fractional  
 FiO2 - Fraction of Inspired O2 PCO2 - Pressure of Arterial CO2 SAt - Saturation  
 HCO3 - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

(Continue on reverse)

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

PRE [redacted] (5)16-2 DEPARTMENT/SERVICE/CLINIC **ICU** DATE **28 AUG 83**

# [redacted] (5)16-4

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

# [REDACTED] (5)(6)-4

DATE		08/11/03													DX		HOSPITAL DAY												
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22											
V	BP Arterial Line																												
V	BP Cuff	118/47	117/50	108/47	110/46	105/42	110/49			85/33	100/62	117/63	114/62	115/63	113/59	109/59	112/58												
T	Temperature	101.4	101.1	101.2	101.0	100.9	100.7																						
T	Pulse	94	102	94	88	85	85				99.8	99.9	100.1	99.5		100.4	99.2												
A	Respiratory Rate									133	94	90	93	94	94	94	96												
E	SPO2	99	95	99	100	100	100							13	12	16	12												
E	FI02	40%	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%	40	40	40												
S	MODE	simv	simv	simv	simv	simv	simv			simv	simv	simv	simv	simv	simv	simv	simv												
I																													
G																													
N																													
S																													
TIME		06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8T										
I	NS	30	30	30	30	30					30	30	30	30	30	30	30	30											
N	IVPB	50	50	50	50	50					50	50	50	50															
N	TF																												
T	Propofol	51	51	51	51	51	51				51	51	51	51	51	51	51	51											
T	Fentanyl	15	15	15	15	15	15				15	15	15	15	15	15	15	15											
A	D <sup>5</sup> 1/2 NS	30	30	30	30	30	30				30	30	30	30	30	30	30	30											
K																													
E																													
TOTALS																													
O	URINE	HOUR TOTAL	55/55	55/110	65/175	60/175	70/205	50/355	700/1055	230/1055	230/230	200/430	100/530	100/630	80/710	75/785	90/875	875/875											
U	NG	OUTPUT								25				20															
F	EMESIS	Dodeneal				375				5				10															
F	STOOL																												
U	DRAINS	JP 1				20				30				25															
U	DRAINS	JP 2				20				30				5															
U	DRAINS	JP 3				10				10																			
TOTALS																													



MEDICAL RECORD-SUPPLEMENTAL MEDICAL D  
 For use of this form 40-66, the proponent agency is The Office of [redacted] geon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
N E U R O	PUPILS	0600	[redacted]	[redacted]	1850
	SENSORIUM	3mm PERRL Sedated & propofol @ 100 mcg/kg/min Fentanyl @ 150 mcg/ <sup>o</sup> for pain control			3mm PERRL. Pt is sedated & revised anal fentanyl drip.
	RESPIRATION PATTERN	Vented: #8 Shiley trach			#8 Shiley trach. 2 CMV 16,
R E S P I R A T O R Y	BREATH SOUNDS	SIMV 16, 800, 5, 40%			TV 800, Fio2 40% PEEP 5, peak pressures 27-28. O2 sats 99%. Pt not overbreathing vent.
	SECRETIONS	Peak 28 O2 sats 99-100% rates @ W, diminished Dh.			Chronic rales bilat - Equal chest expansion
	COLOR	BUSTER @ ext. midline			Midline abd. incision & staples intact
S K I N	INTEGRITY	abd incision staples intact discol. @ flank wound dress (A)			TPXS intact & sponges drng replaced @ flank wound & drng
	LOCATION	@ SC cordis & NS @ 30cc/ <sup>o</sup>			RT
	CONDITION	& 3-lumen cath @ propofol Fentanyl + NS @ NS @ 30cc/ <sup>o</sup> @ 30cc/ <sup>o</sup> & 0% of infection @ radial x-line flushes well			@ SC cordis & TRC. Cor Inserted 24 Aug 03. NS @ 30cc/hr via cordis. Propofol @ 100 mcg/kg/min @ 0.5% @ 125mcg/hr & NS @ NS @ 20cc @ 30 via proximal port.
G A S T R O I N T	ABDOMEN	soft nondistended @ nare			radial A-line - only draws blood abd soft. NG to LES. @ colostomy & passy yellow green em, Jt ubl & edema + distended drng @ 15cc/hr
	BOWEL SOUNDS	NGT @ HS (+) hypoactive throughout @ colostomy & semiformed brown stool			distended drain & brown/green liquid drng. Foley to gravity abd clear yellow urine.
	URINE	Foley to gravity draining clear yellow urine			NSR, rate 90's. No ectopy noted. +3 @ pedal + radial pulses. Pitting edema noted to hands, feet.
C A R D I O V O L U M E	CARDIAC RHYTHM	SR @ ext. noted +2 palpable pulses in all 4 ext. Pitting edema @ 12 @ 18 generalized edema			
	LEGEND	Cr - Creatinine F <sub>I</sub> O <sub>2</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	

(Continue on reverse)

PREPARED BY (Signature & Title)

[redacted] ILT (AW)

DEPARTMENT/SERVICE/CINC

CCU

DATE 20 AUG 03

PATIENT'S INDICATIONS (For type of service, give: Name - Last, First, middle; grade; date; hospital or medical facility)

[redacted] (6)(6)-2  
 [redacted] (6)(6)-4

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIGNOSTIC STUDIES
- TRETMENT
- FLOW CHART
- OTHER (Specify)

DA FORM 4700  
 1 MAY 78  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 16982

DATE		29 AUG 03														DX		HOSPITAL DAY					
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21						
VITALS	BP Arterial line																						
	BP Cuff	118/79	109/65	107/54	110/64	125/76	122/59	114/66	113/51	119/55	113/61	115/53	112/52	115/53	111/51	108/50	111/50						
	Temperature	99.4	99.4	99.3	97.9	98.1	97.7	98.1	97.6	98.1	98.1	99.0	99.1	99.4		100.8							
	Pulse	90	88	86	93	93	90	97	84	85	84	84	85	88	91	92	92						
	Respiratory Rate	16	16	16	20	8	16	26	16	16	16	16	16	16	16	16	16						
	SaO2	100	100	100	100	100	100	100	99	99	100	100	99	99	99.2	99.1	100.0						
	FiO2	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40						
	Mode	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv						
INTENSIVE	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T				
	IVF	30	30	30	30	30	20	30	30	20	30	30	30	30	30	30	30	30	20				
	IVPB	50		50		50		50		35		50		50					100				
	TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000				
	Propofol	51	51	51	51	51	51	51	51	408	51	51	51	51	51	51	51	51	408				
	Fentanyl	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	120				
	DE 1/2 NS 20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240				
	NGT meds/flush			60						60													
	TOTALS									248									2108				
	OUTPUT	URINE	HOUR TOTAL	100	120	90	100	80	145	100	115	110	105	90	85	65	70	85	60	1540			
SP gr			10	220	310	410	490	655	810	915	1005	1085	1175	1260	1325	1355	1480	1540					
S/A																							
NG		OUTPUT																					
PH																							
EMESIS	GUAC																						
	EMESIS / chondena	300					400		700	875				300			550	1125					
	STOOL						50		50														
	DRAINS	JPI						10		20	scant				scant								
	JP2						10		20	10				5									
	JP3						5		20	10				10									
	JP4						5		20	10				10									
	JP5						40		40	20				10									
TOTALS																							

MEDCOM - 16983

POST-OP DAY										ACUITY LEVEL CLASSIFICATION									
22 23 24 01 02 03 03										TIME 0421									
130/64 122/54 121/51 118/50 112/52 117/51 131/51										MODE SIM									
100 100 100 99 100 100										F <sub>IO2</sub> 40									
109 103 98 96 91 91 115										TV 800									
30 22 17 16 16 16 25										RATE 16									
98% 97% 96% 99% 99% 99% 97%										PEEP 5									
40% 40% 40% 40% 40% 40% 40%										A pH 7.31									
SIM SIM SIM SIM SIM SIM SIM										A PCO <sub>2</sub> 38.6									
										B PO <sub>2</sub> 108									
										HCO <sub>3</sub> 26									
										G SAT 96%									
										BASE -6									
14 17 18 19 20 21 22 23 8°T										TIME 0421									
30 30 30 30 30 30 30 30 30										GLUCOSE 138									
200 50 50 300										Na/K 13/38									
115 125 125 125 125 125 125 125 1000										C/CO <sub>2</sub> 102/16									
51 51 51 51 51 51 51 459 402										BUN/Cr 17/1.0									
15 15 15 15 15 15 15 15 120										WBC/PLATELET 15.6/1000									
30 30 30 30 30 30 30 30 240										Hct/Hgb 27.7/9.6									
										Ca <sup>++</sup> 7.9									
										TIME									
										MOUTH CARE									
										BATCH									
										SKIN CARE									
										FOLEY CARE									
										TRACH CARE									
										ROM EXERCISES									
80 90 120 100 80 90 100 100 220										24 HOURS TOTALS									
1620 1710 1830 1930 2010 2100 2170 2270 2200										NURSE'S SIGNATURE									
200 100 400										INITIALS									
										WT Yesterday									
										wt Today									
										INTAKE									
										OUTPUT									
										IV									
										Urine:									
										Po									
20 15 20										TOTAL 1828									
30 30 30										TOTAL 4850									
10 30										BALANCE +1978									
50 80																			



For use of this form MF RECORD-SUPPLEMENTAL MEDICAL R 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

(5)(6)-2

OTSG APPROVED (Date)  
GA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT							
	TIME	0600	INTILAS		INTILAS	1830	INTILAS
NEURO	PUPILS	3mm PERL				PERL 3mm	
	SENSORIUM	Sedated & propofol @ 90mcg/kg/min + fentanyl @ 150mcg/h for pain control				Propofol 100mcg/kg/min Fentanyl 150mcg/h	
RESPIRATORY	RESPIRATION PATTERN	Ventil: #8 Shiley trach				Shiley #8	
	BREATH SOUNDS	Simv 16, 800, S, 40%				Simv 16, TV 800, PEEP 5	
	SECRETIONS	Rales @ base + Dk 0 secretions @ this time				FIO2 40 Rhonchi @ Upper Lobes clears & suctioning thick greenish yellow secretions	
SKIN	COLOR	stage 1 decub back head, blisters				Normal for Race	
	INTEGRITY	BLE, midline abd + @ flank drsg C, D, I, 5TP tubes to hold on				Drsg BLE CDI, Mid Abdrsg CDI	
IV SITE	LOCATION	(1) Radial A-line in > 5 days					
	CONDITION	reddened, (2) SC cordis / 3 - wires 2 fentanyl, propofol, NSE 3drugs, NS @ 20Kci @ 30cc infusing					
GASTRO	ABDOMEN	soft, nondistended				Soft Round	
	BOWEL SOUNDS	+ normal throughout Jevity duodenal juice @ 125 cp, NPT to US @ ware				⊕, Jevity/duodenal fluid off pending surgery 5 JP drains	
GU	URINE	foley to gravity draining				foley to gravity	
	COLOR/CLARITY	clear yellow urine				dark orange, clear	
CARDIOVASCULAR	CARDIAC RHYTHM	ST @ to ectopy, + 2 palpable pulses in all 4 ext, pitting edema @ E - @ UE				SR S1/S2 generalized edema + 3 pitting BLE/BUE. Cap Refill < 3 sec Pulses + 2 x 4 extremities	
	LEGEND	Cr - Creatinine FiO <sub>2</sub> - Fraction of inspired O <sub>2</sub> HCO <sub>3</sub> <sup>-</sup> - 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			

(Continue on reverse)

PATIENT NAME: (b)(6)-2 / PT / (b)(6)-2 DEPARTMENT/SERVICE/CINC: DATE: 30 Aug 83

PATIENT INFORMATION: typed or written entries give: Name - Last, First, middle initial; date; hospital or medical facility

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

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

MEDCOM - 16985

DATE		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V I T A L S	BP Arterial line																		
	BP Cuff	106/60	103/60	103/59	104/52	114/55	111/53	109/51	107/50		109/50	116/53	125/60	131/63	135/65	136/62			
	Temperature	100.5	100.0	99.9	99.3	99.4	99.7	99.7	100.0		99.8	99.1	99.4	99.9	99.4	100.4			
	Pulse	115	114	101	86	82	85	85	82		81	78	78	85	89	87			
	Respiratory Rate	27	29	19	16	16	16	16	16		16	16	16	16	16	20			
	SpO2	97%	97%	97%	90%	90%	90%	90%	99%		100%	100%	100%	100%	100%	100	98		
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40			
	Mode	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV		SMV	SMV	SMV	SMV	SMV	SMV			
	MAP														89	89			
	MAP																		
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
I N T R A V E N U E	IVF	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	70		
	IVPB	50		50		200		50	350			50		50			100		
	TF	125	125	Hold	Hold	Hold	Hold	Hold	Hold	125	125	Hold	Hold	Hold	Hold	Hold			
	Propofol	45 <sup>9</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	402 <sup>9</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51	300		
	Fentanyl	15	15	15	15	15	15	15	15	400	15	15	15	15	15	15	90		
	D5/NS 20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	180		
	NGT med/flush					55				55									
	TOTALS										1800							740	
	O U T P U T	URINE	HOUR TOTAL	70	110	90	85	80	125	65	75	70	65	100	130	65	75	90	90
			SP gr	70	100	90	355	85	500	125	110	110	105	66	995	806	155	125	135
NG		S/A																	
		OUTPUT																	
		PH																	
GUAC																			
EMESIS		400				400				400		300							
STOOL																			
JP		1	2																
		3	4		10					10		35			5			5	
DRAINS	5			5					5		15			5			15		
	5			20					15		35			15			15		
TOTALS																			

SURG BTRY

POST-OPERATIVE DAY										ACUITY LEVEL CLASSIFICATION												
22   23   24   01   02   03   ML REST																						
V I T A L S I G N S	14	17	18	19	20	21	22	23	24	R E S P I R A T O R Y L A B O R A T O R Y A N D T R A C H C A R E M O U T H C A R E B A T H S K I N C A R E F O L E Y C A R E T R A C H C A R E R O M E X E R C I S E S	TIME	irgeo'										
	114	107		105	101	104	102	110	102		MODE											
	100	100		100	100						F <sub>IO</sub> 2											
	118	109	109	104	102	95	93	89			TV											
	16	16	16	16	16	17	16	20			RATE											
	94	93	96	97	98	99	99	99			PEEP											
	40	40	40	40	40	40	40	40			A pH											
	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV			A PCO <sub>2</sub>											
	75	71									B pO <sub>2</sub>											
											B HCO <sub>3</sub>											
									G SAT													
									G BASE													
I N T A K E O U T	14	17	18	19	20	21	22	23	24	L A B O R A T O R Y A N D T R A C H C A R E M O U T H C A R E B A T H S K I N C A R E F O L E Y C A R E T R A C H C A R E R O M E X E R C I S E S	TIME											
	22	23	24	01	02	03	04	05	06		CLUCOSE											
	30	30	30	30	30	30	30	30	30		Na/K											
	250	50							240		C/CO <sub>2</sub>											
	60	70	80	80	80	90	90	110	100		BUN/Cr											
	51	51	51	30	20	20	20	20	265		WBC/PLATELET											
	15	15	15	15	10	10	10	10	100		Hct/Hgb											
	30	30	30	30	30	30	30	30	240													
O U T P U T	90	90	85	80	70	55	80	80	95	A N D T R A C H C A R E M O U T H C A R E B A T H S K I N C A R E F O L E Y C A R E T R A C H C A R E R O M E X E R C I S E S	TIME											
	90	180	265	315	385	440	500	600			MOUTH CARE											
											BATCH											
											SKIN CARE											
											FOLEY CARE	230 N/A										
											TRACH CARE	234 N/A										
											ROM EXERCISES											
24 HOURS TOTALS										NURSES SIGNATURE												
WT Yesterday										wt Today												
INTAKE										OUTPUT												
IV										Urine:												
Po																						
TOTAL 6170										TOTAL 3255												
BALANCE +3921										(5)16-2												

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Apr 8 Mar 89

(5)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	1940
NEURO	PUPILS	0600			3mm PERL
	SENSORIUM				3mm PERL. Pt remains sedated on propofol @ 40mcg/kg/min, Fentanyl @ 100mcg/h for pain control
RESPIRATORY	RESPIRATION PATTERN				Ventil #8 Shiley trach SIMV
	BREATH SOUNDS				16 SIBB, S, 40% peak AT.
	SECRETIONS				Clear throughout @ this time. @ secretions noted @ this time
SKIN	COLOR				stage I decub back head, midline
	INTEGRITY				abrt @ pant wound drsg, @ @ shoulder burn drsg, @ @ stage I, @
IV SITE	LOCATION				@ radial @ line redness
	CONDITION				@ SC cordis @ 3-lumen @ @ @ 2/3 of infection @ propofol @ 50mcg/kg @ 100, @ @ 100, Fentanyl infusion
GASTRO	ABDOMEN				soft, nondistended
	BOWEL SOUNDS				+hall for quads active! NGT to US @ rare
GU	URINE				ilexptogravit & draining
	COLOR/CLARITY				amber urine
CARDIOVASCULAR	CARDIAC RHYTHM				SR @ decory noted @ this time. Pitting edema @ @ + @ @ + 2 palpable pulses throughout. < 3 sec cap refill
	LEGEND				Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- Bicarbonate
					ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure
					S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE ICU 31 AUG 03

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

# [Redacted Signature]

(5)(6)-4

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

DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 875 (Redesignated) 1 APR 90 (HSXC - NU)

DATE		DX												HOSPITAL DAY					
V I T A L S I G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
		BP Arterial line																	
	BP Cuff	109/53	116/58	117/58	120/60	124/71	114/65	151/71	121/64	119/58	142/71	113/71	124/66	132/71	120/71	129/69	141/71		
	Temperature	99.3	99.3	99.4	99.4	99.2	99.0	99.0	98.9	99.1	99.2	99.5	99.5	99.6		99.4			
	Pulse	89	93	109	94	105	118	117	109	105	100	103	112	114	119	110	111		
	Respiratory Rate	16	16	16	16	27	20	31	22	17	18	16	16	22	20	22	16		
	SpO2	100%	99%	99%	100%	99%	98%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%		
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%		
	Mode	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV	SDMV		
I N T A K E	TIME	06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>
	DS 1/2 NS 20K	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	940
	NS	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
	Propofol	20	10.2	10.2	10.2	10.2	10.2	10.2	10.2	91.8	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2	91.8
	Fentanyl	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	80
	TF	120	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000
	IVPB	50		50		200		50		350			50		50				100
	NGT med flush			60						60									
	TOTALS									2001									1751
	U R I N E	HOUR TOTAL	80	75	100	75	100	110	110	165	845	95	110	140	85	80	115	115	100
SP gr																			
S/A																			
OUTPUT																			
PH																			
E M E S I S	EMESIS / chondral			300		125			425	200									200
	STOOL					100			100				225						225
D R A I N S	JP1		10																15
	JP2		10						30	10			5						15
	JP3		5	5					20	10			5						15
	JP4																		15
	JP5		35						40	75	25			15					40
TOTALS									1050										585

POST-OP DAY									ACUITY LEVEL CLASSIFICATION											
VITAL SIGNS	<b>22</b>	<b>23</b>	<b>24</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>		TIME	0334									
	<i>128</i>			<i>174</i>	<i>131</i>	<i>112</i>	<i>134</i>	<i>135</i>		MODE	SIMV									
	<i>72</i>	<i>112/44</i>		<i>99S</i>	<i>131/A</i>	<i>992</i>				F <sub>IO2</sub>	40									
	<i>111</i>	<i>106</i>	<i>115</i>	<i>119</i>	<i>117</i>	<i>107</i>	<i>102</i>	<i>101</i>		TV	800									
	<i>16</i>	<i>16</i>	<i>28</i>	<i>28</i>	<i>30</i>	<i>16</i>	<i>16</i>	<i>16</i>		RATE	16									
	<i>100</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>	<i>100%</i>	<i>100%</i>		PEEP	5									
	<i>40</i>	<i>40%</i>	<i>40%</i>	<i>40%</i>	<i>40%</i>	<i>40%</i>	<i>40%</i>	<i>40%</i>		A	pH	7.45								
	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>	<i>SMV</i>			PCO <sub>2</sub>	30.8								
										B	PO <sub>2</sub>	84								
											HCO <sub>3</sub>	20								
									G	SAT	97%									
										BASE	-5									
LABS	<b>22</b>	<b>23</b>	<b>24</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	8°T	TIME	0334									
	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>240</i>	GLUCOSE	124									
	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>240</i>	Na/K	<i>4/1</i>									
	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>10.2</i>	<i>9.8</i>	CVCO <sub>2</sub>	<i>10/18</i>									
	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>110</i>	BUN/Cr	<i>15/5</i>									
	<i>125</i>	<i>125</i>	<i>125</i>	<i>125</i>	<i>125</i>	<i>125</i>	<i>125</i>	<i>125</i>	<i>1000</i>	WBC/PLATELET	<i>20.7/1050</i>									
	<i>200</i>	<i>100</i>						<i>300</i>	<i>110</i>	Hct/Hgb	<i>28.4/9.4</i>									
										Ca <sup>++</sup>	<i>8.0</i>									
ADT	<i>110</i>	<i>110</i>	<i>120</i>	<i>100</i>	<i>100</i>	<i>110</i>	<i>100</i>	<i>100</i>	<i>100</i>		MOUTH CARE									
	<i>1915</i>	<i>1925</i>	<i>1945</i>	<i>2045</i>	<i>215</i>	<i>2055</i>	<i>230</i>	<i>240</i>	<i>240</i>	BATCH										
										SKIN CARE										
										FOLEY CARE										
										TRACH CARE										
										ROM EXERCISES										
24 HR TOTALS										NURSE'S SIGNATURE			INITIALS							
										WT Yesterday	WT Today									
										INTAKE	OUTPUT									
										IV	Urine:									
										Po										
										TOTAL	TOTAL									
										BALANCE	BALANCE									

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D  
 For use of this form (40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

(5)6-7

INITIAL SHIFT ASSESSMENT						
	TIME	INITIAL	INITIALS	TIME	INITIALS	
NEURO	PUPILS	0610	[REDACTED]	1800	[REDACTED]	
	SENSORIUM	3mm PERRL		PERRL 3mm		
RESPIRATORY	RESPIRATION PATTERN	Sedated @ propofol @ 20mcg/kg/min & Fentanyl @ 100mcg/hr		Pt. sedated @ Propofol @ 30mcg/kg/min & Fentanyl @ 100mcg/hr		
	BREATH SOUNDS	Ventilator: SIMV 16, 800, 5, 40%		Ventilator: SIMV 16, 800, P-5, FIO2 40%		
	SECRETIONS	Peak @ Trach #8 Shiley Coarse BILK, Diminished OLT Thick white secretions		Peak 29, Trach #8 Shiley, lungs COPD filter & thick white secretions		
SKIN	COLOR	skin dry, stage 1 decub back of head		WNL, stage 1 decub back of head, @ arm		
	INTEGRITY	@ shoulder burn dress, 0.1. mictub @ flank wound dress C/D		axillary burn dress, mictub, @ flank wound dress @ LE burn dress all C/D		
IV SITE	LOCATION	@ radial A-line reddened		@ SC cordis / triple lumen @ Propofol, N3		
	CONDITION	around insertion site. Flushes well. @ SC cordis / 3 lumen @ propofol, Fentanyl, NS @ 20KCl + NS infusing @ 0.5 of infection		Fentanyl/NS @ 20KCl infusing 3 1/2 of inf. @ radial A-line reddened around insertion site, cont. to flush well		
GASTRO	ABDOMEN	soft, nondistender		Round, soft non tender		
	BOWEL SOUNDS	normal in all 4 quadrants @ rare NGT to US @ 125cc/hr gravity @ 125cc/hr @ duodenal drain		@ in all 4 quadrants, @ rare NGT to US @ 2-tube infusing 100 @ 125cc/hr @ duodenal drain @ side chest tube		
GU	URINE	free to gravity draining		Free to gravity		
	COLOR/CLARITY	dark yellow urine		Dark yellow urine		
CARDIOVASCULAR	CARDIAC RHYTHM	ST. HR 109, +2 palpable pulses in all 4 ext. @ 19 generalized edema throughout. @ 3sec cap refill		ST, HR 123, @ pulses x4 @ cap refill < 3 sec, +2 pitting & generalized edema throughout		
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy		

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

ICU 9/1/89

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

# [REDACTED]

(5)6-7

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

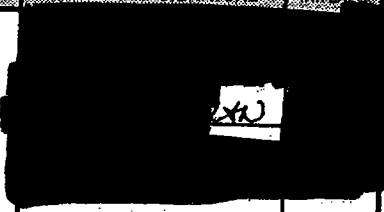
DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

DATE		DX		HOSPITAL DAY																
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
V I T A L S I N T A K E	BP Arterial line																			
	BP Cuff	152/70	144/84	140/82	155/88	130/60	136/72	147/70	130/60		113/53	110/54	121/56	116/50	122/60	155/77	152/73	159/74		
	Temperature	99.4	99.3	101.0	100.9	100.0	99.3	100.2	100.4		101.6	101.3	101.4	101.6	101.5	101.5	101.3	101.4		
	Pulse	101	110	145	112	106	107	117	114		108	109	110	111	114	122	124	116		
	Respiratory Rate	16	20	30	21	16	24	24	21		19	19	21	20	21	33	39	29		
	SpO2	100%	100%	100%	98%	99%	99%	99%	100%		99%	100%	100%	100%	100%	98%	99%	98%		
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40%	40%		
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		
	TIME		06	07	08	09	10	11	12	13	8 <sup>°T</sup>	14	15	16	17	18	19	20	21	8 <sup>°T</sup>
I N T A K E	DS. 45NS+20	30	30	30	30	30	30	30	30	240	20	30	30	30	30	30	30	30	480	
	NS	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	480	
	IVPB	50		50		50		50		350			50		50				450	
	Propofol	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	15.3	15.3	15.3	15.3	15.3		15.3	15.3	15.3	15.3	15.3	15.3	15.3	15.3	137.7	
	Fentanyl	20	20	20	20	20	20	20	20		20	20	20	20	20	20	20	20	110	
	TF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	1000	
	KCl			100							100								1000	
	NGT ME DS/FLUSH			50							50							40	90	
TOTALS																				
U R I N E	URINE	HOUR	85	95	130	140	100	125	100	150	100	100	80	85	75	120	120	100		
	TOTAL	85	95	130	140	100	125	100	150	100	100	80	85	75	120	120	100			
	SP gr			310	450	550	679	819	800	1000	1000	1164	1249	1444	1529	1629	1669			
	S/A																			
	OUTPUT																			
N G	PH																			
	GUAC																			
EMESIS	Duodenal	190	20		60			80	180			60								
STOOL		35			425				75	325					5		325			
D R A I N S	JP1	10	2		10	5			27	10	2									
	JP2	3	3		3	5			15	3	5									
	JP3	10			10				25	10										
	JP4	15	10		15	10			25	10										
	JP5	15			15				25	10										
TOTALS																				

SOURCE: HOSPITAL CHART



POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S	22	23	24	01	02	03	05	R E S P I R A T O R Y	TIME	0330									
	157/71	134/71	135/75	140/79	170/64	169/75	160/73		MODE	SPONT									
	91/149	103/83	138/78	141/78	153/91	157/91	136/91		F <sub>O2</sub>	40									
		101 <sup>6</sup>	105 <sup>6</sup>		102 <sup>2</sup>	100 <sup>6</sup>	100 <sup>8</sup>		TV	80									
	117	113	104	111	112	112	112		110	RATE	16								
	17	17	16	24	22	39	42		38	PEEP	5								
	98%	99%	99%	98%	99%	98%	99%		99%	A	pH	7.39							
	40%	40%	40%	40%	40%	40%	40%		40%	PCO <sub>2</sub>	36								
	SUMV	SUMV	SUMV	SUMV	SUMV	SUMV	SUMV		SUMV	PO <sub>2</sub>	93								
										B	HCO <sub>3</sub>	22							
								G	SAT	97%									
								BASE	-3										
I N T A K E	14	17	18	19	20	21	22	23	8°T	E A B O R A T O R Y	TIME	0344							
	30	30	30	30	30	30	30	30	720		GLUCOSE	163							
											Na/K	14/30							
											Cl/CO <sub>2</sub>	110/33							
											BUN/Cr	17/14							
											WBC/PLATELET	14.5/195							
											Hct/Hgb	42/12							
O U T P U T	100	100	140	120	100	100	110	75	A C T I V I T Y	TIME									
	1769	1880	2029	2149	2249	2349	2459	2534		2534	MOUTH CARE								
											BATCH								
											SKIN CARE								
											FOLEY CARE								
											TRACH CARE								
											ROM EXERCISES								
24 HOURS TOTALS								NURSE'S SIGNATURE											
WT Yesterday				wt Today															
INTAKE				OUTPUT															
IV 3367.7				Urine: 2534															
Po 98 drains 2829																			
TOTAL 3457.7				TOTAL 5363															
BALANCE 1905.3								(5)(6)-2											

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D  
For use of this form 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8Mar 89

(5)(6)-2

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0715	INTILAS	INTILAS	R80	INTILAS
	PUPILS	PEARLA				
SENSORIUM	sedated - Propofol & Receiving Fentanyl for pain					2mm PEARLA. Pt is sedated on propofol and fentanyl.
RESPIRATORY	RESPIRATION PATTERN	Tachypneic				#8 trach stoley. VENT. SEMI
	BREATH SOUNDS	Coarse Throughout				No, TV800, FOL 46, PAP 5, peak pressures low 20's. Breath sounds coarse bilateral. Equal chest expansion.
	SECRECTIONS	Thick Yellow from trach Thin white oral				SpO2 97-98%. RR 17-22/min
SKIN	COLOR	Normal for Race				Multiple abd wounds. large midline incision & sutures intact. Some redness normal edema. (R) flank wound used JP XS & some drainage (L) wounds edema dry & intact. (R) chest burn & drain intact.
	INTEGRITY	Stage II Decub back of Head Mid-line (R) flank wound				(L) SC TUC CVC inserted 1 Sep 03. DS 1/2 NS 10cc (R) 20cc/hr, (L) 100cc/hr (low hr) and propofol 40cc/hr (50cc/hr) via proximal port - Distal & medial port clamped. Bradycardia/dmg hard. (R) radial A-line inserted 1 Sep 03. Good wave from square wave. Fimel + levelled. Correlates to NIBP
IV SITE	LOCATION	(R) Subclavian TUC				abd soft / non distended. NG to (R) cecum & small amount bloody drng. (Proctostomy & small amount paddy yellow drng) (D) duodenal tube to drng & yellow through drng. (D) tube & cavity + duodenal drng @ 20cc/hr. Foley to gravity drng clear dark yellow urine. Some tach. Patel No 5. No edema noted. (R) (D) radial + (D) pedal pulses. (D)
	CONDITION	- Patent, Ø 5/5 of infection (R) Radial Aline - Patent, Ø 5/5 of infection, sharp wave form				
GASTRO	ABDOMEN	Soft, Ø Distension				
	BOWEL SOUNDS	Active NG (R) Nare to (L) S LIS				
GU	URINE	Foley to Gravity				
	COLOR/CLARITY	Dark Yellow				
CARDIOVASCULAR	CARDIAC RHYTHM	ST Ø ectopy Ø JVP. + 2 Pitting edema BUE + BLE				
	LEGEND	Cr - Creatinine FiO <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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy		

(Continue on reverse)

PREPARED BY (Signature & Title) [Redacted] / [Redacted]

DEPARTMENT/SERVICE/CINC: [Redacted] DATE: 2 Sep 03

PATIENT'S INDICATIONS (For type of admission, name—Last, First, middle; grade; date; hospital or medical facility)  
[Redacted] (5)(6)-7

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


DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 16994

DATE		25 SEP 03		DX				HOSPITAL DAY											
V I T A E S I G N S	TIME	06	07	09	10*	11	12	13	14	16	17	18	19	20	21*				
	BP Arterial line		166/75	173/79	166/75	146/72	159/75	158/74	114/57	134/65	126/60	152/73	154/76	146/76	142/73	125/60	111/58		
BP Cuff		148/37	151/39	151/36	159/39	144/35				140/36	143/38	144/40	149/38	146/36	130/37	103/35			
Temperature				101 <sup>3</sup>	101 <sup>3</sup>	101 <sup>4</sup>	101 <sup>6</sup>		98 <sup>6</sup>			101 <sup>1</sup>	101 <sup>2</sup>	101 <sup>1</sup>	101 <sup>5</sup>	101 <sup>3</sup>	101 <sup>1</sup>		
Pulse		112	115	115	112	115	114	97	101	106	118	116	119	118	113	104	105		
Respiratory Rate		31	30	27	24	16	16	16	16	16	16	18	24		16	16			
MAP		104	109	105	91	104	101	74	87	81	99	100	98	95	82	65	74		
SpO2		99	99	99	99	99	99	99	99	98	97	98	97	97	98	98	98		
O2		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%		
Mode		SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV		
I N T A K E	TIME	06	07	08	09	10*	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21*	8 <sup>T</sup>
	05 1/2 E 20 KCl	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240
	Fentanyl	20	20	20	20	20	20	20	20	150	10	10	10	10	10	10	10	10	80
	Propofol	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	285 <sup>6</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	30 <sup>6</sup>	25 <sup>5</sup>	270.3
	TF	80	80	80	80	80	80	90	80	640	80	80	80	80	80	80	80	80	640
	IVPB	100		50		100		100		350			50		100				150
	KCl			50	50					100									
	JTUBE					30	10		20	60				40					
	Duodenal						10			10									
	TOTALS									1835 <sup>6</sup>									1360
O U T P U T	URINE	HOUR TOTAL	100	100	100	115	115	105	70	100	100	120	100	55	45	125	85	40	1360
	SP gr										70	95	105	110	120	130	115	195	
	S/A																		
	NG	OUTPUT										250						250	
	EMESIS / Duodenal				40					150	190				325			450	775
STOOL					130		200			330									
J P D R A I N S	JP	1/2			12/10					12/10				10/5				10/5	
	3/4				8/12				20/12	20/12			3/8				3/8		
	5				30				12	42									
TOTALS									1429								1531		

MEDCOM - 16995

POST-OP DAY										ACUITY LEVEL CLASSIFICATION										
V I T A L S	22	23	24	05	02	03	05			TIME	0309									
	147	140	120	115	115	107	121	123		MODE	SIMN									
		138		132						F <sub>i</sub> O <sub>2</sub>	40%									
		994	984		991	991		987		TV	800									
		119	111	96	90	92	91	85	89	RATE	16									
		16	32	16	16	16	16	16	16	PEEP	5									
		97	92	78			85	78	82	A pH	7.416									
		98%	98%	98%	99%	99%	100%	99%	98%	A PCO <sub>2</sub>	31.9									
		40%	40%	40%	40%	40%	40%	40%	40%	B PO <sub>2</sub>	129									
		80	80	80	80	80	80	80	80	B HCO <sub>3</sub>	20									
									G SAT	99										
									G BASE	-4										
I N T A K E	14	23	24	01	02	03	04	23	8°T	TIME	0317									
	30	30	30	30	30	30	30	30	240	CLUCOSE	145									
	10	10	10	10	10	10	10	10	80	Na/K	152 3.1									
	25	25	80	30	30	30	30	35	239	Cl/CO <sub>2</sub>	122 23									
	80	80	80	80	80	80	80	80	640	BUN/Cr	18									
		100	50						150	WBC/PLATELET	143 92									
										Hct/Hgb	26 37									
											34.7 11.4									
O U T P U T	90	105	75	90	90	90	80	90		TIME										
	100	100	160	115	115	115	115	115	2115	MOUTH CARE	1400 92									
										BATH BATH	1200 92									
										SKIN CARE /shave	1430 92									
										FOLEY CARE	1245 92									
										TRACH CARE	1830 92									
										ROM EXERCISES	1200 92									
24 HRS TOTALS										NURSE'S SIGNATURE										
WT Yesterday					wt Today															
_____					_____															
INTAKE					OUTPUT															
IV _____					Urine: _____															
Po _____					_____															
TOTAL 4564					TOTAL 4480															
BALANCE +84cc																				

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

(5)(6)-2

## INITIAL SHIFT ASSESSMENT

NEURO	TIME	0730	INTILAS	INTILAS	185	INTILAS
	PUPILS	PERLA				
SENSORIUM	Opens eyes spontaneously Does not follow commands				2mm bil. Pt remains on propofol and verse pentamyl for sedation. Pt does not move extremities.	
RESPIRATORY	RESPIRATION PATTERN	Regular, unlabored				#8 shiley trach. Vented 8cm H <sub>2</sub> O, TRSO, FiO <sub>2</sub> 40%, PEEP 5, PIP 26-27, SpO <sub>2</sub> 93-99% PR 28. Equal chest expansion. Rhonchi heard bilat, Clears & suctioning.
	BREATH SOUNDS	Coarse throughout				
	SECRETIONS	Thick yellow from Trach Thin white from Mouth				Multifocal abd wounds JPXS, JPXS does not hold suction. Purulent to serous drainage. Dress intact to plant wound, midline abd incision (A) (B) (C) chest burn wound (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)

LEGEND Cr - Creatinine ICP - Intracranial Pressure S/A - Fractional  
 FiO<sub>2</sub> - Fraction of inspired O<sub>2</sub> PCO<sub>2</sub> - PRESSURE OF ARTRIAL CO<sub>2</sub> SAI - Saturation  
 F<sub>1</sub>O<sub>2</sub> - Bicarbonate PEEP - Positive and Expiratory Pressure TRACH - tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted] / AN DEPARTMENT/SERVICE/CINC: DATE: 03 Sep 03

PATIENT'S ID: [Redacted] (es give: Name—Last, First, middle; grade; date; hospital or medical facility)

# [Redacted] (5)(6)-4

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

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

DATE		DX														HOSPITAL DAY			
3 SEP 03																			
V I T A E S I G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial line	136/70	162/90	154/79	155/77	157/78	135/69	107/53	100/50	137/64	158/75	157/71	106/50	108/51	98/50	108/54	101/49		
BP Cluff		145/92	142/75	141/75	143/77	130/69		121/60	129/66	153/84	147/84	124/68	126/60						
Temperature	98.8			99.3				99.6			99.8					100			
Pulse	90	99	100	107	113	97	91	86	97	105	108	94	93	95	97	97			
Respiratory Rate	16	16	16	16	24	16	16	16	16	16	36	26	27	23	19	23			
SpO2	98%	98	99	98	99	99	99	100	100	100	96	98	98	99%	98%	99%			
FIO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%			
Mode	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV			
MAP	93	110	103	106	105	92	71	68	91	104	101	69	70	66	72	67			
TIME		06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>
DS.4SNS+20Kcl	30	30	25	30	100 <sup>DS 1/2</sup>	100 <sup>NS2</sup>	100 <sup>40 KCl</sup>	100	515	100	100	100	100	160	100	100	100	800	
Propofol	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>9</sup>	275 <sup>A</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	255	
Fentanyl	10	10	10	10	10	10	10	7.5	7.5 <sup>S</sup>	7.5	7.5	7.5	10	10	10	10	10	72.5	
TF	80	80	80	80	233	233	233	167	146	167	167	100	120	120	120	120	120	109	
IVPB	100		50		100		100		350		50		100					150	
KCl/H <sub>2</sub> O			125	125					250										
J Tube					40				40										
Duodenal Drain					10				10										
TOTALS									2703.9									733.5	
URINE	HOUR	80	90	145	100	160	225	125	110	965	165	125	100	125	125	170	105	104	
	TOTAL									2703.9	1130	125	135	1480	1005	1145		1580	
NG	SP gr																		
	S/A																		
	OUTPUT																		
EMESIS / Duodenal Drainage	PH																		
	GUIAC																		
	OUTPUT				550			300	850	250								250	
STOOL				100									100					100	
DRAINS	JPs	1/2			1/2				10/12				10/10					10/10	
	3/4				18/-				14/-				15/10					15/10	
	5				20				20				25					25	
TOTALS									187.5										

POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S	22	23	24	01	02	03	05	R E S P I R A T O R Y	TIME	0700									
	113/68	121/62	100/69	122/56	108/67	118/68	106/52		122/50	MODE	SIMV								
										F <sub>I</sub> O <sub>2</sub>	40%								
		100 <sup>3</sup>				100 <sup>0</sup>	100 <sup>2</sup>			TV	800								
	104	107	107	99	96	102	101		99	RATE	16								
	19	16	16	21	20	21	24		32	PEEP	5								
	98%	96%	98%	90%	99%	98%	98%		96%	A	pH	7.43							
	40%	40%	40%	40%	40%	40%	40%		40%	PCO <sub>2</sub>	36								
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	PO <sub>2</sub>	133								
	75	82	91	79	81	81	84		79	B	HCO <sub>3</sub>	22							
I N T A K E	22	23	24	01	02	03	04	05	8°T	L A B O R A T O R Y	TIME	0354							
	100	100	100	100	100	100	100	100	800		GLUCOSE	131							
	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	15 <sup>3</sup>	20 <sup>6</sup>	30 <sup>6</sup>	35 <sup>7</sup>	35 <sup>7</sup>	245		Na/K	15/3.4							
	10	10	10	10	10	10	7.5	10	77.5		Cl/CO <sub>2</sub>	123/23							
	120	120	120	120	120	120	120	120	960		BUN/Cr	20/1.0							
			150								WBC/PLATELET	16.1/941							
											Hct/Hgb	21.9/9.0							
O U T P U T	100	100	120	140	110	140	170	100	3100	A C T I V I T Y	TIME								
											MOUTH CARE								
											BATCH								
											SKIN CARE								
											FOLEY CARE								
											TRACH CARE								
											ROM EXERCISES								
T E M P E R A T U R E	34.0							30.0	6.10	T U R N S I G N A T U R E	24 HRS TOTALS								
											NURSES SIGNATURE								
											INITIALS								
											WT Yesterday								
											wt Today								
											INTAKE								
											OUTPUT								
											N								
											Urine:								
											Po								
									TOTAL	7266	TOTAL	5145							
									BALANCE	+2121									

MEDCOM - 16999

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

(b)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
NEURO	PUPILS	0710		1845	
	SENSORIUM	PERLLA Opens eyes spontaneously, Does Not Follow Comes out to Commands		PERLL 3mm Propofol 50 mcg/kg, Fentanyl 180 mcg/hr. PE does not move extremities	
RESPIRATORY	RESPIRATION PATTERN	Regular		ventilator # 8 shiley trach	
	BREATH SOUNDS	Coarse in R/L		Coarse throughout, clear E neck	
	SECRETIONS	Trach - Thick Yellow Oral - Thin, White		Thick white FIO <sub>2</sub> 40%, P5, TV 800, RR 16, PIP 32-34	
SKIN	COLOR	Normal for face		WNL	
	INTEGRITY	Drugs cloth on R shoulder, Mild Abr. on R flank etc.		Drugs to mid abd, R flank, R axil axillary & R LE etc.	
IV SITE	LOCATION	(C) Subclavian TCC		BSC triple lumen 5 1/2 of intx	
	CONDITION	Ø S/S of infection, all ports patent (R) Radial A line Ø S/S of infection A line bandaged & dressed - <sup>unusually</sup> sharp		(R) radial A line 5 1/2 of intx All ports to 3C patent & A line patent & zeroed	
GASTRO	ABDOMEN	soft, non distended		Round, soft, non tender	
	BOWEL SOUNDS	Active T-Tube, Duodenal Drain, + 5 JP drains intact		Active x4 quadrants Abdominal drain brown/green, 4 JP drains intact	
GU	URINE	Foley to gravity		Foley to gravity	
	COLOR/CLARITY	Dark yellow c sediments		dark yellow c sediment	
CARDIOVASCULAR	CARDIAC RHYTHM	ST E wave, PVCs Cap refill < 3 secs Ø JVD, +2 pitting, edema in R/L E + BLE, rectal edema		SR cap refill < 3 sec, +2 pitting edema & generalized throughout	
	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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title)

(b)(6)-2

DEPARTMENT/SERVICE/CINC ICU 1

DATE 4 Sep 83

PATIENT'S INDICATIONS (For type, middle, grade, date, hospital or medical facility)

Last, First

(b)(6)-4

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

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

MEDCOM - 17000



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

PAGE 1 OF 4

For use of this form (R 40-66; the proponent agency is The Office of Surgeon General)

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
NEURO	PUPILS	0710	[REDACTED]	[REDACTED]	1845
	SENSORIUM	PERRLA			PERRL 3mm
		Opens eyes spontaneously, Does Not Follow Comprehends Commands			Propofol 50 mcg/kg Fenatyl 180 mcg/hr. PC does not move extremities
RESPIRATORY	RESPIRATION PATTERN	Regular			Wentel & # 8 sily trach
	BREATH SOUNDS	Coarse in RLL			Coarse throughout, clears & suction
	SECRETIONS	Trach - Thick Yellow Oral - Thin, White			Thick white FIO <sub>2</sub> 100%, P <sub>50</sub> TV 800, RR 16, PIP 32-34
SKIN	COLOR	Normal for face			WNL
	INTEGRITY	Drags cloth on shoulder, Mid-Abd. Pain @ flank #1			Drags to mid abd @ flank @ oral axillary & PLEONE
IV SITE	LOCATION	(L) Subclavian TCC			(L) SC triple lumen 5 1/2 of infx
	CONDITION	0 SLs of infection, all ports patent			(R) radial A-line 5 1/2 of infx
		(R) Radial A line 0 SLs of infection Aline labeled depressed - uniform change			All ports to SC patent & Aline patent & zeroed
GASTRO	ABDOMEN	Soft, Non distended			Round, soft, non tender
	BOWEL SOUNDS	Active			Active x4 quadr
GU	URINE	I-Tube, Duodenal Drain, & 5 JP drains intact			(Duodenal) drain, brown/green, 4 JP drains intact
	COLOR/CLARITY	Foley to gravity Dark yellow & sediments			Foley to gravity dark yellow & sediment
CARDIOVASCULAR	CARDIAC RHYTHM	ST & nage PVCs Cap refill < 3 secs DJVD, +2 pitting edema in BUE & BLE, rectal edema			SR cap refill < 3 sec, +2 pitting edema & generalized throughout
	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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - tracheostomy	

PREPARED BY (Signature & Title) [REDACTED] DEPARTMENT/SERVICE/CINC ICU DATE 4 5 89 03

PATIENT'S INDICATIONS (For type, middle; grade; date; hospital or medical facility) [REDACTED] Last, First, (b)(6)-2 (b)(6)-7

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIGNOSTIC STUDIES
- TRETMENT
- FLOW CHART
- OTHER (Specify)

DA FORM 4700 1 MAY 78 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17001

DATE		DX		HOSPITAL DAY																			
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21						
V	BP Arterial line	133/60	143/64	143/66	152/70	150/72	137/63	119/53	115/52	105/48	117/60	114/61	102/51	97/50	111/55	136/69	131/65						
	BP Cuff	133/60		146/57	154/59	147/86	135/77						103/57	110/60	111/63	126/70	129/65						
T	Temperature			100		100 <sup>4</sup>		99 <sup>8</sup>				99 <sup>1</sup>			100 <sup>6</sup>	101 <sup>1</sup>	102 <sup>8</sup>	103 <sup>3</sup>					
A	Pulse	100	105	103	104	106	92	90	90			89	93	97	90	91	94	106	104				
L	Respiratory Rate	22	20	26	28	20	19	21	21			22	34	16	16	16	24	27	25				
S	SpO2	98%	98	98	99	98	98	99	99			99	97	98	98	99	99	98	97				
	FiO2	40%	40	40	40	40	40	40	40			40	40	40	40	40	40	40	40				
I	Mode	STAN	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV					
	MAP	82	91	93	98	99	89	74	72			65	79	81	68	65	71	89	85				
TIME		06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>				
I	DS.15+4DKCI	100	100	100	100	100	100	100	100	700	700	700											
	IVPB	100		50		100		100		350			50		100				500				
N	Propofol	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	200 <sup>1</sup>		30 <sup>6</sup>	30 <sup>6</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	188.7				
	Fentanyl	10	10	10	10	10	10	10	10	40	10	10	10	8	8	8	8	8	708				
T	TF	120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	920				
	J Tube				50					50													
TOTALS										2400									1218.7				
O	URINE	HOUR TOTAL	90	200	150	120	180	190	140	125	1233	100	200	225	95	85	125	150	190				
	SP gr		90	290	470	590	770	910	1108	1233	1333	1533	1758	1853	1931	1963	2113	2253	2253				
U	NG	OUTPUT																					
	PH																						
P	EMESIS	dundnd				40					40	200					2218		460				
	STOOL						100				100			100					240				
L	JP DRAINS	1/2				10/9					10/9	4/5				3/3			22				
		3/4				10/20					10/20	15/18				2/0			27				
T	TOTALS					10				80	10								1432				
																			2817				

MEDCOM - 17002

POST-UP DAY

ACUITY LEVEL CLASSIFICATION

POST-UP DAY									ACUITY LEVEL CLASSIFICATION								
V	22	23	24	04	02	03	05		R	TIME	0341						
	138	139	140	144	137	149	142	142	E	MODE	SIMV						
	121	121	103	140	134	148	136	147	S	F <sub>IO2</sub>	40						
	108	108	99	99		100	100	100	P	TV	800						
	102	94	97	105	106	108	107	107	I	RATE	16						
	20	16	16	27	23	28	30	37	A	PEEP	5						
	98%	98%	98%	99%	96%	97%	97%	98%	B	pH	7.37						
	40%	40%	40%	40%	40%	40%	40%	40%	A	PCO <sub>2</sub>	40.2						
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	B	PO <sub>2</sub>	90						
	88	90	70	98	90	96	88	93	G	HCO <sub>3</sub>	24						
										SAT	97						
										BASE	-2						
									L	TIME	0347						
									A	GLUCOSE	143						
									B	Na/K	1.1						
									D	Cl/CO <sub>2</sub>	22/24						
									R	BUN/Cr	22/0.8						
									A	WBC/PLATELET	20.3/208						
									T	Hct/Hgb	28.5/9.1						
									A								
									C	TIME							
									D								
									I	MOUTH CARE							
									L	BATCH							
									T	SKIN CARE							
									I	FOLEY CARE							
									L	TRACH CARE							
									E	ROM EXERCISES							
									S								
									N								
									D								
									F								
										24 HR TOTALS							
										WT Yesterday	wt Today						
										INTAKE	OUTPUT						
										IV 2206.6	Urine: 736.8						
										Po 2930	1607						
										TOTAL 5136.6	TOTAL 8975						
										BALANCE 3838.4							

MEDCOM - 17003

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA  
 For use of this form AR 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

(5)(6)-2

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIAL	INITIALS	TIME	INITIALS
NEURO	PUPILS	0615	[REDACTED]		1845	[REDACTED]
	SENSORIUM	4mm PERL sluggish Sedated & pupillary 50 mcg/kg/min & Fentanyl @ 80 mcg/h			PERL 3mm Propofol 25 mcg/kg/min, Fentanyl 90 mcg/hr, pt opening & closing eyes spontaneously	
RESPIRATORY	RESPIRATION PATTERN	Trach # 8 shiley, vented 9mm			Vented, Trach # 8 shiley	
	BREATH SOUNDS	16, 800, 5, 40% O <sub>2</sub> peak			CTA	
	SECRETIONS	exp wheezes @ lung & 1 lobes. Thick white secretions RL 30s.			SIMV-16, TV-800, P-5, FiO <sub>2</sub> -100%	
SKIN	COLOR	midline abd. incision open w/ to			WNL	
	INTEGRITY	dry, JP drains to bulb suction, @ shoulder burn drs @ C, D, I, BSE burn drs @ C, D, I			@ axillary, @ LE, midline abd drs @ C, D, I, BSE burn drs @ C, D, I	
IV	LOCATION	@ 3-lumen SC, @ propofol & fentanyl infusing, all port flush well. @ radial x-line reading & flush well. @ 5% of infection @ x-line, some redness around @ SC 3-lumen			@ SC triple lumen, @ radial x-line & 5% of inf. @ line flush well Triple lumen infusing propofol & Fent.	
	CONDITION					
GASTRO	ABDOMEN	soft, nondistended			bowel soft, nondistended	
	BOWEL SOUNDS	int throughout all 4 quadrants @ colostomy @ msty brown yellow feces			@ bowel sounds x 4 quadrants @ colostomy, @ duodenal to drain	
GU	URINE	flow to gravity @ dart,			flow to gravity	
	COLOR/CLARITY	yellow white.			near yellow urine	
CARDIOVASCULAR	CARDIAC RHYTHM	ST @ octony noted, HR 112, +2 palpable pulses in all 4 ext @ 17mm edema + 2-3 @ UE + @ LE, generalized edema throughout			ST @, pulses in all extremities @ 17mm edema in extremities generalized edema throughout	
	LEGEND	Cr - Creatinine F <sub>1</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>1</sub> O <sub>2</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		

(Continue on reverse)

9/10/83  
 DEPARTMENT/SERVICE/CINC: ICU #1  
 DATE: 5 Sep 83

For written entries give: Name—Last, First, Middle; grade; date; hospital or medical facility

(5)(6)-2

# [REDACTED] (6)(6)-4

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


DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 17004

DATE		DX																HOSPITAL DAY				
TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21						
	BP Arterial line	146/74	151/70	117/60	115/60	109/60	175/80	116/97	169/82	113/76	117/60	105/71	128/72	131/75	144/73	140/72	146/74					
BP Cuff	143/73							153/87	152/59	159/95	164/61	145/73	133/70	146/75	145/73	145/78						
Temperature	100.4	100.5	101.1	99.1	98.8	100.1	101.1	100.5	100.8	100.4	100.2	101.3	101.6	101.3	100.8							
Pulse	109	112	110	78	105	117	117	105	105	110	110	98	100	106	109	110						
Respiratory Rate	27	29	16	40	28	35	26	31	31	36	28	22	22	25	19	20						
SpO2	98%	94%	97%	96%	94%	96%	97%	98	98%	98%	99%	99%	99%	99%	99%	99%						
EtO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%						
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV						
Map	93	90	98	78	85	116	123	110	106	117	123	86	97	98	98	100						
TOTALS																						
TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8T				
Propofol	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	0	0	0	0	100	0	0	100	120	120	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	76.8				
Fentanyl	8	9	9	9	9	9	9	9	71	9	9	9	9	9	9	9	9	72				
IRP/B	100	-	50	-	100	-	100	-	350	-	-	50	-	100				500				
Tube Feed	120	120	120	120	120	120	120	120	90	20	120	120	120	120	120	120	120	1920				
T Tube	-	-	-	-	60	30	-	-	90	-	-	-	-	-	-	-	-					
TOTALS																						
URINE	HOUR	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21					
	TOTAL	180	130	140	110	100	120	120	160	150	140	120	130	170	100	165	120	120				
SP gr																						
S/A																						
NG	OUTPUT																					
	PH																					
	GUIAC																					
EMESIS	dundum				600			300	900		100			280			1340					
STOOL							125		125													
JP DRAINS	1/2																					
	3/4							10/10	20				5/5				30					
							5/10		15				1/0				30					
TOTALS																						

MEDCOM - 17005

POST-OP DAY								ACUITY LEVEL CLASSIFICATION															
V I T A L S	22	23	24	09	00	03	05	TIME	10:00														
	108/76	135/96	151/78	139/92	115/60	130/66	174/69	154/76	MODE	SMV													
	110/73	137/76	156/78	152/80	121/62	119/68	139/74	137/80	F <sub>i</sub> O <sub>2</sub>	40%													
	101/81	101	101	100	101	100	101	101	TV	800													
	104	110	114	117	105	113	115	121	RATE	16													
	110	25	22	22	16	20	21	25	PEEP	5													
	98%	96%	99%	98%	98%	98%	99%	99%	A pH														
	40%	40%	40%	40%	40%	40%	40%	40%	A PCO <sub>2</sub>														
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	B PO <sub>2</sub>														
	91	96	106	107	88	89	94	102	B HCO <sub>3</sub>														
I N T A K E	22	23	24	09	00	03	05	8° T	CLUCOSE														
	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	28.2	Na/K													
	9	9	9	9	9	9	9	9	215	Cr													
			150						650	BUN/Cr													
	120	120	120	120	120	120	120	120	280	WBC/PLATELET													
							50		190	Hct/Hgb													
O U T P U T	110	105	90	80	115	90	90	105	TIME														
	138	130	245	255	240	260	280	295	295	MOUTH CARE													
										BATCH													
										SKIN CARE													
										FOLEY CARE													
										TRACH CARE													
										ROM EXERCISES													
24*100 TOTALS								NURSE'S SIGNATURE				INITIALS											
WT Yesterday				wt Today																			
INTAKE				OUTPUT																			
IV 1146.2				Urine: 2955																			
Po 3000				2367																			
TOTAL 4166.2				TOTAL 5322																			
BALANCE -1155.8																							

DATE		DX													HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V I T A L S I G N S	BP Arterial line	140/70	137/60	117/60	115/60	109/60	106/60	106/97	109/83	103/74	100/60	103/60	126/60	131/75	144/73	148/72	146/74		
	BP Cuff	148/75							153/87	150/99	159/95	164/91	145/73	133/70	146/75	145/74	145/80		
	Temperature	100.1	100.5	101.1	99.1	98.8	100.1	101.1	100.5	100.6	100.4	100.2	101.3	101.6	101.3	100.5			
	Pulse	109	112	110	78	105	117	117	105	105	110	110	98	100	106	109	110		
	Respiratory Rate	27	29	16	40	28	35	26	31	31	30	28	22	22	25	19	20		
	SpO2	98%	98%	97%	96%	94%	96%	97%	98	98%	98%	99%	99%	99%	99%	99%	99%		
	EtO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%		
	Arde	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV	5mV		
	Map	93	90	98	78	85	116	123	110	100	117	123	86	97	98	98	100		
	TIME		06	07	08	09	10	11	12	8°T	14	15	16	17	18	19	20	21	8°T
N T A K E	Propofol	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	∅	∅	∅	∅	100	∅	∅	100	100	120	120	120	76.8	
	Fentanyl	8	8	9	9	9	9	9	71	9	9	9	9	9	9	9	9	72	
	IVPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100	-	-	500	
	Tube Feed	120	120	120	120	120	120	120	120	90	120	120	120	120	120	120	120	120	
	I Tube	-	-	-	-	60	30	-	-	90	-	-	-	-	-	-	-	-	
	TOTALS																		
O U T P U T	URINE	HOUR TOTAL	130	130	140	110	100	120	110	160	150	140	140	130	170	160	120	120	
		SP gr																	
	NG	OUTPUT																	
		PH																	
		GUIAC																	
	EMESIS	duodenal																	
	STOOL																		
	DRAINS	1/2																	
		3/4																	
	TOTALS																		

MEDCOM - 17007

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form since 10-66; the proponent agency is The Office of Technology Assessment

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)  
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT		TIME	INITIAL	INITIALS	1830	INITIALS
NEURO	PUPILS	0630			PERLA	Perla, 2mm. Pt opens eyes spontaneously. Not moving extremities @ this time. It is indicated on the prepapal and jugular qtt.
	SENSORIUM				Opens eyes spontaneously, Moves hands, Nonpurposeful movement	#8 trach stilet vented. SIMV 16, TVSDO FIO2 100%, PEEP 5. SPO2 99-100%. Diminished breath sounds on (C). Coarse breath sounds heard on (D). Unequal chest expansion. MD. aware.
RESPIRATORY	RESPIRATION PATTERN				Regular, unlabored	
	BREATH SOUNDS				Coarse in Middle Lobes	
	SECRETIONS					
SKIN	COLOR				Normal for face	Large midline incision & dress. intact
	INTEGRITY				Bleedings to back of head, B shoulder, BLE on flank and mid-thighs & crease	Dress intact to chest, (B) & (C). TRACH to U5, #1+2 to bulb SK.
IV SITE	LOCATION				TLC in (C) Subclavian	EXC TLC. CVC inserted of Sep 03
	CONDITION				All ports patent to flush, & signs of infection	Tennox @ 90mg/hr (or/hr) and propofol @ 10mg/kg/min (5.1cc/hr) via proximal port. Distal and medial port clamped. (Radial A-line) sharp, & signs of infection
GASTRO	ABDOMEN				Soft, nondistended	4 fluid 800 square wave. No reflux / drug noted.
	BOWEL SOUNDS				A & active BS	Abd soft. Hypo BS. J tube on (D) & 4 cavity plus @ 20cc/hr. (D) colostomy. Stoma pink & moist.
GU	URINE				Foley to Gravity	Foley to gravity drng show yellow urine. <1cc/kg/hr.
	COLOR/CLARITY				Dark Yellow & sediments	
CARDIOVASCULAR	CARDIAC RHYTHM				ST E rose. PVCs	NSR rate 80's to low 90's. Cap refill < 2sec + 2 pitting edema to (B) hands, feet.
					PTVD, cap refill < 3 sec, & edema in BUE, BLE, and scrotum	
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 end Expiratory Pressure S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [REDACTED] # [REDACTED] (b)(6)-2  
 DEPARTMENT/SERVICE/CINC: [REDACTED] RUC #1  
 DATE: 6 Sep 83  
 Typed or written entries give: Name—Last, First, middle; grade, date; hospital or medical facility)  
 HISTORY/PHYSICAL  FLOW CHART  
 OTHER EXAMINATION OR EVALUATION  OTHER (Specify)  
 DIAGNOSTIC STUDIES  
 TREATMENT

DA FORM 4700  
1 MAY 78  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)



DATE		DX												HOSPITAL DAY					
6 Sep 83		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V	BP Arterial line	156/77	120/60	137/67	172/62	167/61	125/64	101/47	88/43	133/40	119/57	106/55	102/54	101/50	107/51	100/51	100/51		
I	BP Cuff	158/80	119/64	130/71	154/73	125/72	129/75	103/50	101/54	120/72	100/52	102/54	108/56						
T	Temperature	101	101	101	101	101	101	100	102	101	99						100		
A	Pulse	120	109	110	124	120	95	85	83	92	97	91	88	88	88	87	87		
L	Respiratory Rate	23	16	16	33	21	16	16	16	18	16	17	16	16	16	16	16		
S	SPO2	99%	97	99	99	96	97	98	98	97	91	99	98	96	96	96	96		
I	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	100%	100%	50%	50%	50%	50%		
S	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		
I	Map	101	78	90	113	107	82	65	57	100	95	72	70	77	77	73	73		
N																			
S																			
I	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
N	Propofol	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	/	12 <sup>8</sup>		5.1	→	5.1	5.1	5.1	5.1	5.1	
N	Fentanyl	9	9	9	9	9	9	9	9	9		5.9	→	9	9	9	9	9	
T	IVPB	50	50	50	100	100					50	100							
T	J-Tube			60	60							60							
A	Tube Feed	120	120	120	120	HELD							20	20	20	20	40		
K																			
E	TOTALS																		
O	URINE	HOUR TOTAL	100	100	135	65	130	75	40	90	90	150	160	80	100	100	100		
U	NG	OUTPUT																	
T	EMESIS					58				350									
F	STOOL					300													
U	JP DRAINS	1/2				10/8						20/5							
T	TOTALS																		

MEDCOM - 17009

POST-OP DAY								ACUITY LEVEL CLASSIFICATION												
V I T A L S I G N S	22	23	24	01	02	03	04	25	R E S P I R A T O R Y	TIME	0451									
	121/161	138/165	138/165	106/57	134/66		121/105	132/70		MODE	SINU									
										F <sub>IO2</sub>	40%									
		100%						99%		TV	800									
	90	91	101	98	97			89		100	RATE	16								
	116	22	116	17	21			19		116	PEEP	5								
	96%	97%	98%	98	99	99%	99%	99%		99%	A pH	7.427								
	50%	40%	40%	40	40	40	40	40		40%	A PCO <sub>2</sub>	39.2								
	8mm	8mm	8mm	SIMV	SIMV	8mm	8mm	8mm		8mm	B pO <sub>2</sub>	80								
	716	88	87	74	89			82		91	B HCO <sub>3</sub>	26								
I N T A K E	22	23	24	01	02	03	04	05	8°T	L A B	TIME	0451								
	5.1	10 <sup>2</sup>	6 <sup>4</sup>	10 <sup>2</sup>	10.2	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	194.7		GLUCOSE	160								
	9	10	10	10	10	10	10	10 <sup>2</sup>	205		Na/K	148/4.2								
		100	50						650		CVCO <sub>2</sub>	113/22								
									180		BUN/Cr	22/1.4								
	20	20	20	20	20	20	20	20	180		WBC/PLATELET	22.5/770								
									700		Hct/Hgb	33/10.4								
									100											
O U T										A C T I V I T Y	TIME									
											MOUTH CARE									
											BATCH									
											SKIN CARE									
											FOLEY CARE									
											TRACH CARE									
											ROM EXERCISES									
T P U R N										T U R N S U C T I O N	TIME									
								24 HR TOTALS				NURSE'S SIGNATURE				INITIALS				
									WT Yesterday		wt Today									
									INTAKE		OUTPUT									
									IV		Urine:									
									Po											
									TOTAL	2750	TOTAL	3137								
									BALANCE	= 387										

DATE		OX												HOSPITAL DAY					
6 Sep 83																			
V I T A L S I N G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial line		156/79	120/60	137/67	172/62	167/61	125/64	101/49	88/43	133/80	119/57	106/55	102/54	101/50	109/51	100/51		
BP Cuff		153/80	119/64	130/71	154/73	125/72	129/75	103/50	101/54	120/72	100/52	102/54	108/56						
Temperature		101 <sup>5</sup>	101 <sup>5</sup>	101 <sup>9</sup>	101 <sup>5</sup>	101 <sup>7</sup>	101 <sup>4</sup>	100 <sup>5</sup>	102 <sup>1</sup>	101 <sup>8</sup>	99 <sup>4</sup>					100 <sup>3</sup>			
Pulse		120	109	110	124	120	95	85	83	92	97	91	88	88	88	87			
Respiratory Rate		23	16	16	33	21	16	16	16	18	16	17	16	16	16	16			
SpO2		97%	97	99	99	96	97	98	98	97	91	99	98	91	91	91			
FiO2		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	100%	100%	50%	50%	50%			
Mode		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			
Map		104	78	90	113	107	82	65	57	100	95	72	70	77	77	73			
	TIME	06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>
	Propofol	12 <sup>8</sup>	12 <sup>3</sup>	12 <sup>3</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>2</sup>	/	12 <sup>8</sup>		5.1	→	5.1	5.1	5.1	5.1		
	Fentanyl	9	9	9	9	9	9	9	9	9		5.9	→	9	9	9	9		
	IVPB	50	50	50	100	100					50		100						
	J-Tube			60	60							60							
	Tube Feed	120	120	120	120	HELD								20	20	20	20	40	
												LR 700-OR							
												Album 100-OR							
TOTALS																			
O U T P U T	URINE	HOUR TOTAL	100	100	135	65	130	75	40	90	90	150	160	80	109	100	100		
	NG	OUTPUT																	
	PH																		
	GUJAC																		
	EMESIS	Adverse rxn				58				350									
	STOOL					300													
	JP DRAINS	1/2				10/8						20/5							
		3/1				5/5						1/10							
TOTALS																			

MEDCOM - 17011

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-98; the proponent agency is the Office of The Surgeon General.

REPORT TITLE Post-Anesthesia Care Unit (PACU) Flow Sheet DTSG APPROVED (Date)

Date: 6 Sep 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1540 IV Sedation Nerve Block  
 Allergies: None OR Intake: Crystalloid 700 Colloid 100 25% Albumin  
 Pre-op V/S: OR Output: UOP 150 EBL Minimal  
 Procedures: Ex Lap Washout Meds/Times: smg Versed, 20mg H5O4  
DuoDenal Drain DC'd

- |         |        |
|---------|--------|
| Drains  | Airway |
| Hemovac | Nasal  |
| NG      | Oral   |
| JP      | ETT    |
| J-tube  | Trach  |
| Foley   | Other  |
| TLS     |        |

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	16/16 - - - 16	
T	99	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
<b>Activity</b> (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1		1	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula V = Vent V/S X = A-line BP = Cuff BP = Pulse	
<b>Airway</b> (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	0		0	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
<b>Blood Pressure</b> (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2		2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
<b>Consciousness</b> (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1		1		
<b>Color</b> (2) Baseline color & appearance (1) Pale, mottled, jaundiced (0) Cyanotic	2		2		
<b>Circulation (Peds &lt; 5 Years)</b> (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	/		/		
<b>TOTALS: Must be 8 or greater to D/C, otherwise needs anesthesia approval for D/C.</b>	6		6		

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

PREPARED BY: [Redacted] DEPARTMENT/SERVICE/CLINIC: KU 1 DATE: 6 Sep 03

PATIENT'S IDENTIFICATION [Redacted] Name - last, first, middle, grade, date; hospital or medical facility.  
(b)(6)-2  
(b)(6)-4

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

DA FORM 4700, MAY 78

WAMC OP 173-E. (Revised) 1 Apr 01 (MCXC-DN)

Previous edition is obsolete

USAPPS V2.00

MEDCOM - 17012

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

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

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Discharge Criteria:  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ PARS: *in ICU*  
 BP: \_\_\_\_\_ T: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ SaO2: \_\_\_\_\_  
 Pain Level at D/C (0-10): \_\_\_\_\_  
 Intake: \_\_\_\_\_ Output: *770*  
 Additional Data: *Remain*  
 Transferred To: \_\_\_\_\_  
 Report Given To: \_\_\_\_\_  
 Transferred Via: W/C Litter Gurney Ambulance  
 Transferred By: \_\_\_\_\_  
 Cleared IAW Recovery Room SOP B-3  
 Charge Nurse Signature: \_\_\_\_\_

MEP RECORD-SUPPLEMENTAL MEDICAL DATA  
 For use of this form 49-66, the proponent agency is The Office of J General

REPORT FILE

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

**INTENSIVE CARE NURSING FLOW SHEET**

(5)(6)-2

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS	INITIALS	TIME	INITIALS
NEURO	PUPILS	0615	[Redacted]	[Redacted]	071815	[Redacted]
	SENSORIUM	3mm PERRL Sluggish Open eyes spontaneously moves BLK unpurposeful Sedated c propofol @ 20 mcg/kg/min + Fentanyl 100mcg q4h			3mm PERRL. Pt opens eyes and lifts head off bed. Moves BLK & unpurposeful movements It is sedated on propofol & fentanyl q4h.	
RESPIRATORY	RESPIRATION PATTERN	Trach #8 shiley vented SIM			#8 shiley trach. Vented. SIMV 12, FIO2 40%, PEEP5, TV 800, peak pronounced	
	BREATH SOUNDS	lb, 800, 10, 40% Hz, peak 34			20's - irregular chest expansion. Breath sounds diminished to @ lower	
	SECRETIONS	Diminished BS @ Lung Coarse BS @ Lung. Unequal chest expansion			lobe, otherwise coarse @. PR 17-20. SpO2 99-100%	
SKIN	COLOR	midline abd + @ flank wound			Drsg intact to @ chest, neckline	
	INTEGRITY	drsg c, D, L, TP + 3 bulb suction JTB + 4 @ chest suction			abd incision, @ flank wound. TPX4 bulb suction	
IV SITE	LOCATION	@ SC 3 - turned c propofol + Fentanyl infusing. All port push easily c @ BS @ infection.			@ SC TIC CVC inserted @ 1 sep 83 Fentanyl @ 70mcg/hr (calculated) propofol q4h @ 20mcg/kg/min @ 10.2cc/h via proximal port. Medial & Distal port clamped @ radial A-line & good & labeled. Correlates. Good square	
	CONDITION	@ radial A-line c @ BS c infection. Reading well.				
GASTRO	ABDOMEN	Soft. Hypoactive BS			Wave. No redness/drg noted.	
	BOWEL SOUNDS	throughout @ colostomy c @ feces @ T-tube c Jevity @ 20cc/hr infusing. Some mist			abd soft. BS x4. @ colostomy. @ T-tube c Jevity @ 20cc/hr	
GU	URINE	Flow to gravity draining			Flow to gravity drng clear yellow	
	COLOR/CLARITY	clear yellow urine. No strd			urine. > 1cc/hr	
CARDIOVASCULAR	CARDIAC RHYTHM	SR rate 180s-90s. r3+4 pitting edema BLK @ B&E. Generalized edema throughout			NR. Rate 80's-90's. @ 3 pitting edema to @ hands + feet @ w/tilt < 3secs. @ 2 @ radial pulses. @ 2 @ pedal pulses.	
	LEGEND	Cr - Creatinine FIO <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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy		

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINIC ICU1

DATE 7 Sep 83

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

EPW [Redacted] (5)(6)-4

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

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

DATE		DX		HOSPITAL DAY																							
TIME		06 07		08 09		10 11		12 13		14		15 16		17 18		19 20		21									
V I T A L S	BP Arterial line	138/71	136/91	144/103	135/89	133/76	157/93	143/82	141/73	140/71	137/70	150/74	141/77	140/74	145/116	131/115	157/70										
	BP Cuff		104/60	136/82	121/60	122/71	135/83	144/71	125/74	130/71	117/64	131/73	136/75	143/79													
	Temperature	99.1	99.0	98.8	97.8	97.0	95.4	97.1	97.6	98.8	98.6	98.7	98.2	99.2	98.7												
	Pulse	95	90	91	81	78	77	74	73	76	83	89	94	93	82	18	12	14									
	Respiratory Rate	16	16	24	12	12	22	12	19	21	13	9	8	22	18	12	14										
	SpO2	98%	99%	99%	99%	100%	100%	100%	100%	100%	97%	99%	99%	98%	100%	100%	100%										
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%										
Mode	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV						
I N T A K E	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T								
	Propofol	10 <sup>2</sup>	10 <sup>3</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	90 <sup>0</sup>	5.1	5.1	7.7	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	108.9								
	Fentanyl	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	80 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	7.0	7.0	7.0	10	10	71								
	IVPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100												
	TF	20	20	20	20	20	20	20	20	140	20	20	40	40	40	40	40	40	40	150							
	F-tube flush/med	-	-	-	-	50	-	-	-	50	-	-	-	-	-	-	-	-	-	780							
	TOTALS									710										509							
O U T P U T	URINE	HOUR TOTAL	80	140	220	96	140	150	110	110	100	110	85	80	90	125	75	135	135	200	509						
	SP gr																				(170)						
	SIA																										
	NG	OUTPUT																									
	PH																										
EMESIS																											
STOOL																											
D R A I N S	JP43																				100						
	JP1																				70						
	JP2																				70						
TOTALS																					5						

POST-OP DAY										ACUITY LEVEL CLASSIFICATION									
<b>22 23 24 01 02 03 04 05</b> 114/55 122/70 135/60 118/53 119/54 120/55 128/56 108/52										TIME MODE F <sub>i</sub> O <sub>2</sub> TV RATE PEEP A pH A PCO <sub>2</sub> B pO <sub>2</sub> B HCO <sub>3</sub> G SAT G BASE									
97% 98% 80 78 77 84 90 83 80 89 32 17 15 13 19 12 12 12 100% 100% 100% 100% 100% 100% 100% 99% 40% 40% 40% 40% 40 40 40% 40% SIMN SIMN SIMN SIMN										TIME CLUCOSE Na/K Cl/CO <sub>2</sub> BUN/Cr WBC/PLATELET Hct/Hgb									
<b>22 23 24 01 02 03 04 05</b> 8°T 102 102 102 102 128 128 128 143 10 10 10 10 10 10 10 80 150 150 40 40 40 40 50 50 50 280										TIME MOUTH CARE BATCH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
140 75 80 90 110 109 100 110 723 755										TIME TURNOVER SUCTION									
(JPH 10) 10 (JPH 35) 35 (JPH 15) 15 (JPH 10) 10										24 HOURS TOTALS NURSE'S SIGNATURE INITIALS									
WT Yesterday _____ wt Today _____ INTAKE _____ OUTPUT _____ IV _____ Urine: _____ Po _____ TOTAL 2002 TOTAL 2190 BALANCE = 788										(L) (6) - 2									

MEDCOM - 17016



MEDICAL RECORD-SUPPLY GENERAL MEDICAL

For use of this form R 40-66, the proponent agency is The Ohio State Hospital, Columbus, Ohio

REPORTABLE

OTSG APPROVED (Date)

QA Appr 8Mar 89

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

INITIAL SHIFT ASSESSMENT

	TIME	INTILAS	INTILAS
NEURO	PUPILS	3mm PERRL, Opens	PERRLA 3mm
	SENSORIUM	eyes spontaneously, moves BLUE unpurposefully, Sedated e propofol @ 25mcg/kg/min + fentanyl @ 100mcg/hr	Eyes open Moves extremities Does not follow commands Fentanyl 40mcg/hr
	RESPIRATION PATTERN	Trach B Shiley, Vented: SIMM	#8 Shiley
RESPIRATORY	BREATH SOUNDS	R, 8/10, 5, 4/10 peak 23	TC 50% FiO2 SaO2 100%
	SECRETIONS	R3 diminished @ LLL + coarse @ LL, Copious yellow-tinged sputum. Co casts 100%	RLL < LLL diminished @ LL. Rhonchi Bronchi Thick white e yellow tinged sputum
	COLOR	Midline abd incision @ flank	Normal for Race, Warm, dry
SKIN	INTEGRITY	drsg C, D, L, 4 JP's to bub suction	Mid abd drsg CDI, RU drsg @ Flank drsg CDI
	LOCATION	D9 3 - Wound @ peritoneal +	@ SE TIC
IV SITE	CONDITION	Fentanyl infusion @ 2% of infection @ radial x line e @ 5% of infection. Arm placed on arm splint to keep x line positioned.	Ports flushed e 10cc NS each. Drsg CDI
	ABDOMEN	soft, bowel sounds @ in abd	Round, Soft, Nontender
GASTRO	BOWEL SOUNDS	4 quads. Ostomy stomal ml + most. DJ tube e july e 50cc/hr infusing	@ x 4 quads e BM
	URINE	Foley to gravity e clear	Foley to gravity
GU	COLOR/CLARITY	yellow urine. uo > 10cc/hr	Clear yellow
	CARDIAC RHYTHM	SR. @ ectopy noted, + 1 pitting edema B/S + B/L. Cap refill < 3 sec. + 2 palpable pulses mally ext.	SR S1/S2, Cap Refill e 3 sec + 2 pitting edema extremities Pulses 2+ each extremity Occasional PVCs noted
LEGEND		Cr - Creatinine FiO2 - Fraction of inspired O2 FIO2 - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure S/A - Fractional SAI - Saturation TRACH - tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU1

DATE 08 Sep 03

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

# [redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

MEDCOM - 17017

DATE		DX												HOSPITAL DAY						
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
V I T A L	BP Arterial line	144/106	153/99	154/96																
	BP Cuff		153/90	154/86	160/87	152/84	145/82	151/89	143/84	150/78	155/83	151/85	152/80	150/78	138/69	139/71	131/78			
	Temperature		98.7	98.7	98.8	99.4	98.8	98.6	99.1	98.8	98.7	99.1	98.7	99.0		99.1	99.4			
	Pulse	90	91	104	101	94	89	94	92	85	88	87	86	89	83	83	91			
	Respiratory Rate	12	26	34	19	13	41	14	17	23	36	26	33	37	26	31	33			
	SpO2	99%	100%	99%	96%	96%	99%	100%	98%	98%	99%	100%	100%	98%	100	100	98			
	FiO2	40%	40%	40%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50	50	40			
	Mode	SIMV	SIMV	SIMV	STAN	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC			
I N T A K E	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T	
	Propofol	12 <sup>8</sup>	∅	∅	∅	∅	∅	∅	∅	0.8	∅	∅	∅	∅	∅					
	Fentanyl	10	∅	∅	∅	∅	0.5	1.0	1.5	0.5	7.0	3.0	3.0	3.0	3.0	4.0	5.0	6.0	30	
	IVPB <sup>8</sup>	100	-	50	-	100	-	100	-	350	-	-	50	-	100				150	
	TF	50	50	80	80	80	80	80	80	50	80	80	80	80	80	80	80	80	80	640
	Etube med/fluid	-	-	-	-	50	-	-	-	50	10	-	-	-	-					10
	TOTALS									1005 <sup>3</sup>										830
	O U T P U T	URINE	HOUR TOTAL	20/80	14/30	12/34	10/40	16/60	18/76	11/28	10/20	10/20	20/22	12/34	14/38	15/38	9/25	9/25	10/20	20/20
SP gr																				
S/A																				
NG		OUTPUT																		
PH																				
GUIAC																				
EMESIS																				
STOOL						3/6				3/6					3/6					
D R A I N S	JP1/JP2				10/2				12			2/10								
	JP3				20				20			10								
	JP4				2				2			2								
	TOTALS																			

MEDCOM - 17018

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

	<b>22</b>	<b>23</b>	<b>24</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>
V								
I	152/80	144/77	140/74	149/74	152/74	143/76	150/78	153/80
T			99 <sup>2</sup>			98 <sup>7</sup>		
A	97	91	91	91	87	93	92	
L	38	22	28	34	29	38	33	
S	97	98	100	98	100	100	96	
I	40	40	40	40	35	35	35	
G	TC	TC	TC	TC	TC	TC	TC	

	<b>22</b>	<b>23</b>	<b>24</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>	<b>05</b>	8°T
I									
N	6°	6°	6°	6°	6°	6°	6°	6°	48
T			150						150
A	80	80	80	80	80	80	80	80	640

									838
O	110/215	100/215	140/235	120/240	100/250	150/270	120/285	110/295	

R	TIME				
E	MODE				
B	F <sub>IO2</sub>				
P	TV				
D	RATE				
I	PEEP				
A	A	pH			
B		PCO <sub>2</sub>			
A		PO <sub>2</sub>			
T	B	HCO <sub>3</sub>			
O		SAT			
R	G	BASE			

L	TIME				
A	CLUCOSE				
B	Na/K	/	/	/	/
O	Cl/CO <sub>2</sub>	/	/	/	/
D	BUN/Cr	/	/	/	/
R	WBC/PLATELET	/	/	/	/
A	Hct/Hgb	/	/	/	/

A	TIME				
C	MOUTH CARE	2330			
T	BATCH				
A	SKIN CARE				
I	FOLEY CARE	2330			
L	TRACH CARE	2330			
E	ROM EXERCISES				
S					
I					
E					
V					

	TIME				
T	2100	2330			
U					
R					
N					
S	1830	1915	2015	2140	2320
U	0015	0210	0410		

24 HR TOTALS		NURSE'S SIGNATURE	INITIALS
WT Yesterday	wt Today	[REDACTED]	
INTAKE	OUTPUT		
IV 1005	Urine:		
Po 830			
TOTAL 2673	TOTAL 7955	(5)(6)-2	
BALANCE			

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

SHIFT ASSESSMENT

(b)(6)-2

		TIME: 0700	INITIALS:	TIME: 1830	INITIALS:
N E U R O	PUPILS	PERRL		PERRLA 3mm Brisk	
	SENSORIUM	Doesn't follow commands		Sometimes follows commands	
	EXTREMITY MOVEMENT	All extremities		Moves extremities independently	
	SEDATION	Restless & agitated but fully awake		ϕ	
	PAIN CONTROL	unable to verbalize no indication of pain @ this time		Fentanyl 60mcg/hr Restless	
R E S P	RESPIRATORY PATTERN			RRR	
	BREATH SOUNDS			Inspiratory/Expiratory Wheezes	
	SECRETIONS			Thick white secretion, moderate	
	O2 SOURCE/FLOW/SAO2			TC FIO2 35% SaO2 98%	
	VENTILATOR SETTINGS			ϕ	
C V	CARDIAC RHYTHM			SR/ST, SI/S2	
	CAPILLARY REFILL			<3 sec x 4 extremities	
	PULSES			+3 x 4 extremities	
	EDEMA			extremities +2 A Line values do not correspond = NBP	
G I	ABDOMEN			Round, Soft, Nontender	
	BOWEL SOUNDS			+	
	BOWEL MOVEMENT			colostomy RLQ, soft stool	
	NGT/OGT			J-tube UQ infusing TF	
	TUBE FEEDINGS			Jevity 80cc/h (goal)	
	DRAINS			JPx4 to mid abd surgical site	
G U	VOIDING			Foley to gravity	
	COLOR/CLARITY			clear yellow	
S K I N	COLOR			Normal for Race	
	INTEGRITY			mid abd surgical site drsg CDI 3° burn (R) upper Arm / (R) upper chest 3° to posterior (B) LE; drsg CDI 2° decub to posterior scalp	
				TLC / (L) SC CDI	
A C C E S S	#1 TYPE/LOCATION/SIZE			ϕ, Fentanyl 6cc <sup>o</sup> (60mcg <sup>o</sup> )	
	DRESSING CONDITION			A-Line (R) radial	
	IV FLUID/RATE			CDI, Armboard & Kerlex wrap	
	#2 TYPE/LOCATION/SIZE			ϕ	

(Continue on reverse)

PREPARED BY: [Redacted] ILT/AU DEPARTMENT/SERVICE/CLINIC: (b)(2)-2 DATE: 9 SEP 03  
 ICU #1: [Redacted]

PATIENT NAME: [Redacted] RANK: AGE: GENDER: STATUS: US: AD / CIV IRAQI: CIV / (EPW)

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

ICU1

Patients Name: [REDACTED]

Date: 9 Sep

(6) (6) (7) Central 50 mg 250 mg

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line																								
VBP	162	152	144	137	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134	134
TEMP	98.2	98.1	98.8	97.7	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8
HR	92	95	91	89	83	81	77	80	98	88	88	86	83	93	98	92	99	97	91	100	99	95	95	95
RR	38	31	22	36	35	31	18	21	24	42	29	29	42	30	39	46	35	31	20	33	25	31	30	38
SpO2	100	100	107	100	100	99	100	100	100	100	97	97	95	94	95	97	99	99	99	100	96	98	97	98
FiO2	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC
MAP	104	103	103	105	113	108	96	94	94	104	104	112	110	106	104	109	105	91	106	113	112	105	110	104
PAKE	500	500	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
URINE	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
NGT	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
STOOL																								
DRAIN																								
JP 1																								
JP 2																								
JP 3																								
JP 4																								
Total																								

MEDCOM - 17021

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

SHIFT ASSESSMENT		TIME: 0700	INITIALS: [REDACTED]	TIME: 1900	INITIALS: [REDACTED]
N E U R O	PUPILS	PERRLA		PERRLA, Awake, Alert, Moves all	
	SENSORIUM	Alert, Does not Follow Commands		extremities, Feat @ 50 mcg/hr	
	EXTREMITY MOVEMENT	Moves all extremities			
	SEDATION	None			
	PAIN CONTROL	Fentanyl qtl @ 50mcg/hr			
R E S P	RESPIRATORY PATTERN	Tachypneic		- Even, unlabeled, shallow, tachyp	
	BREATH SOUNDS	Coarse in R Lobe, @ Lobe CTA		- Coarse crackles bilaterally	
	SECRETIONS	Moderate Thick, Yellow		- moderate amt, thick, yellow sputum	
	O2 SOURCE/FLOW/SAO2	35% O2 via Trach Collar		- good strong cough, requires frequent	
	VENTILATOR SETTINGS			suctioning, 35% O2, 98%	
C V	CARDIAC RHYTHM	5L, Q, ectopy		- SR, Bectry, Ss, cap refill	
	CAPILLARY REFILL	4.3 sec		< 3 sec x 4 dept, + 2 pulse x	
	PULSES	+ 3 in all extremities		- dept, resolving edema	
	EDEMA	+ 2 pitting BLE		- ext warm & dry	
G I	ABDOMEN	Soft, Nondistended		- soft, NP, BS x Q good	
	BOWEL SOUNDS	Active		- 4 JP drains to hwb suction	
	BOWEL MOVEMENT	Liquid BM via Colostomy		- Jtube JP @ 80 cc/hr	
	NGT/OGT	J Tube		- brown liquid BM via colostomy	
	TUBE FEEDINGS	Density @ 80cc/hr		- mid ab incision CPE	
	DRAINS	JP Drains x 4			
G U	VOIDING	Foley to Gravity		- Foley, dark yellow adequate	
	COLOR/CLARITY	Golden E. Sediments		amt, clear	
S K I N	COLOR	Normal for Race		- normal for race	
	INTEGRITY	Dressings to back of Head, (C) shoulder, BLE, (B) flank, + mid line abdominal dressings C/D/E		- dressing to back of head, (B) UE, (C) Pecs/shoulder, abdomen	
A C C E S S	#1 TYPE/LOCATION/SIZE	TLC (D) bil. clavian, All		- (D) sc 3cc, 0 S/S of infxn	
	DRESSING CONDITION	poorly patent, 0 S/S of infection		all ports patent	
	IV FLUID/RATE	(B) Radial Arline			
	#2 TYPE/LOCATION/SIZE	0 S/S of infection, site positional			
DRESSING CONDITION	w/cover strips, covered + covered				
IV FLUIDS/RATE					

(Continue on reverse)

PREPARED (b)(6)-2 [REDACTED] CR/IN

DEPARTMENT/SERVICE/CLINIC (b)(2)-2

DATE 10 Sep 83

PATIENT'S NAME: (b)(6)-4  
(When entries give: Name - last, first, middle; grade; date; hospital or medical facility)


RANK: AGE:

UNIT: (b)(6)-4 GENDER: M

STATUS: US: AD / CIV IRAQI: CIV (EPW)

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

# ICU1

Patients Name: 

(5)(6)-N

Date: 10/5/2003

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	75/42	
NBP	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	
TEMP			98.4				99.2				99.3																
HR	97	92	98	97	81	86	88	86	85	93	85	86	92	92	88	97	97	98	110	89	102	103	97	98			
RR	35	32	33	33	26	28	32	28	29	28	21	20	28	30	28	29	28	32	38	30	21	20	30	29			
SaO2	95	97	99	98	98	99	99	99	97	99	99	100	98	98	100	100	95	95	96	95	95	96	95	95			
FIO2	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%			
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		
MAP	109	103	110	111	100	107	114	109	113	131	110	108	121	109	96		112	108	116	106	114	107		120			
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF																											
IVPB	100		50		100		100				50		400	100				150								250	
NGT																											
Penicillin	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	60	
TF	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	960
KCl				50	50								100													100	
J Tube					50								50													50	
PO																											
Total					1570								1570													1570	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	30	300	80	160	140	115	110	150	150	150	150	90	1261	135	135	80	80	80	80	80	80	80	80	80	80	80	1505
NGT																											
STOOL		250			200																						
DRAIN JP#1					10																					15	
JP#3					10																					18	
JP#4					8																					15	
JP#1					9																					15	
Total													2581													1568	

MEDCOM - 17023

TAL=2000 A.M.T-4.10.9 - 11.00

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

(b)(6)-4

SHIFT ASSESSMENT

		TIME: 0700	INITIALS: [REDACTED]	TIME: 1800	INITIALS: [REDACTED]
N E U R O	PUPILS	PERRLA		PERRLA, 2mm, MSD+ 4mg/hr c	
	SENSORIUM	Alert, Does not follow commands		adequate pain control, MSE, does not	
	EXTREMITY MOVEMENT	Active ROM in all extremities		intact & gestures, won't follow commands	
	SEDATION	None		does not fight restraints	
	PAIN CONTROL	Morphine @ 5mg/hr			
R E S P	RESPIRATORY PATTERN	<del>Regular</del> Unlabored, Tachypneic		even, unlabored, coarse crackles	
	BREATH SOUNDS	Coarse Throughout		bilaterally, 24% TC humidified	
	SECRETIONS	Thick yellow sputum - Trach		SPo2 96%, small and thin	
	O2 SOURCE/FLOW/SAO2	24% O2 via Trach Collar		white/dark secretions, cuff inflated	
	VENTILATOR SETTINGS	None (Humidified)			
C V	CARDIAC RHYTHM	ST & occasional PVCs		S1 S2, N3R P ectopy, <3 sec cap	
	CAPILLARY REFILL	<3 sec		refill x 4 ext, +2 pulses x 4 ext	
	PULSES	+3 x 4 extremities		relating edema on @ LE	
	EDEMA	+2 pitting BLE @ JVD			
G I	ABDOMEN	Soft, Nondistended		soft, NT, + BS x 4 good, colostomy	
	BOWEL SOUNDS	Active		draining liquid stool, Jevity @ 80	
	BOWEL MOVEMENT	Liquid BM via Colostomy		c/hr via J-tube, JP drains on bulb	
	NGT/OGT	J Tube		suction, ab dressings CDI	
	TUBE FEEDINGS	Jevity @ 80 c/hr			
	DRAINS	JP's x 4			
G U	VOIDING	Foley to Gravity		Foley, dark yellow & sediment	
	COLOR/CLARITY	Golden & Sediments			
S K I N	COLOR	Normal for race		normal for race, dressings on back of	
	INTEGRITY	Crossings to back of Head @ shoulder, @ flank, Mid-Abdomen, and BLE CDI		head, @ LE → tegaderm intact @ chest/shoulder CDI	
A C C E S S	#1 TYPE/LOCATION/SIZE	@ Subclavian TCC		(R) hand PIV CDI @ s/s of infus	
	DRESSING CONDITION	CDI, @ s/s of infection			
	IV FLUID/RATE	All ports patent to NS flush			
	#2 TYPE/LOCATION/SIZE				
	DRESSING CONDITION				
	IV FLUIDS/RATE	(b)(6)-2			

PREPARED BY (Signature & Title)

[REDACTED] SS/tn

DEPARTMENT/SERVICE/CLINIC

(b)(2)-2

DATE

11 Sep 03

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

NAME: RANK: AGE:

UNIT: (b)(6)-4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

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



# ICU1

Patients Name: [REDACTED]

(5)(6)-y

Date: 11 Sep 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05		
A-Line																										
NBP	155/85	146/80	154/80	159/85	159/87	157/76	132/82	130/73	133/73	134/76	130/70		110/74	121/72	137/58	106/72	130/75	119/61	132/73	114/73	121/74	121/66	148/74	150/79		
TEMP		99.6				99.1							98.7	98.7	98.1	98.1	98.1	98.1				98.8				
HR	104	101	96	101	91	89	85	85	84	78	76	78	77	78	80	80	81	81	79	85	85	80	84	91		
RR	34	30	22	33	29	23	26	25	27	25	20	18	22	20	24	22	20	24	24	20	20	22	20	25		
SaO2	93	97	97	96	98	98	98	98	97	97	97	98	96	96	94	96	100	95	95	96	96	96	95	96		
FiO2	RA	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	RA	24	24	24	24	24	24	24	24	24		
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		
MAP	107	110	105	122	111	117	95	90	92	94	95	94	89	92	92	84	95	85	93	88	93	85	99	104		
TAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
3	100		50		100		100				50		400	100					100						50	
Phone Tube	5	5	5	5	5	5	7	7	7	7	7	7	72	7	7	7	4	4	4	4	4	4	4	4	79	
					60							60									60				120	
	80	80	80	80	80	80	80	80	80	80	80	80	960	80	80	80	80	80	80	80	80	80	80	80	960	
PO																										
Total													1992												2560	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	115	20	160	125	100	120	100	86	85	60	60	50	50	50	50	60	60	60	60	60	60	60	60	60	60	480
NGT																										
STOOL																										
DRAIN																										
JP #1										10															15	
#2										12															17	
#3										30															80	
#4										10															15	
Total																										

MEDCOM - 17025

(b)(6)-2

MILITARY RECORD-SUPPLEMENTAL MEDICAL REPORT

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

SHIFT ASSIGNMENT

	TIME: 0630 INITIALS: [REDACTED]	TIME: 1840 INITIALS: [REDACTED]
<b>N</b> PUPILS	2mm PERL	PERLA 3mm
<b>E</b> SENSORIUM	Awake moves extremities	Alert at times, does not
<b>R</b> EXTREMITY MOVEMENT	x 4 2 purposeful movement	follow commands. moves
<b>O</b> SEDATION	4mg MSO4/hr	extremities on command
<b>P</b> PAIN CONTROL		spontaneously
<b>R</b> RESPIRATORY PATTERN	RRR coarse sounds to (R)	RRR
<b>E</b> BREATH SOUNDS	Some clear sounds on (L)	CTAB suctioning
<b>S</b> SECRETIONS	Thick secretions cleared by	Thick white
<b>P</b> O2 SOURCE/FLOW/SAO2	cough	TC 24% > 95%
<b>V</b> VENTILATOR SETTINGS	TC at 24% - P <sub>EEP</sub> 5 - S <sub>DI</sub> 94-98%	
<b>C</b> CARDIAC RHYTHM	S, S <sub>2</sub> + 2 pulses x 4 extremities	SR/ST SI/SZ
<b>V</b> CAPILLARY REFILL	< 3 cap refill	< 3 sec x 4 ext
<b>P</b> PULSES		+ 3 x 4 ext
<b>E</b> EDEMA		Ø noted
<b>G</b> ABDOMEN	+BS x 4 quadrants soft	Ø flat, round, nontender
<b>I</b> BOWEL SOUNDS	non-tender	Ø
<b>B</b> BOWEL MOVEMENT	ostomy to (R) of midline	ostomy to (R) of
<b>NGT/OGT</b>	TP @ 80 cch/hr gravity	TF (gravity) 80 cch (goal)
<b>T</b> TUBE FEEDINGS		
<b>D</b> DRAINS		4 mid abd drains
<b>G</b> VOIDING	Foley to gravity	Foley to gravity
<b>U</b> COLOR/CLARITY	Clear yellow	Clear yellow
<b>S</b> COLOR	Normal for race	Normal for Race, Warm, Dry
<b>I</b> INTEGRITY		mid abd / (R) flank incisions
<b>N</b>		3° burn to (R) arm / (R) lat upper chest. Burn to posterior (R) LE, drsg cPT, Drsg posterior (L)
<b>A</b> #1 TYPE/LOCATION/SIZE	18 ga to (R) wrist - MSO4	18G PIV (R) wrist
<b>C</b> DRESSING CONDITION	@ 2cc/hr	MSO4 5cc/hr
<b>IV</b> IV FLUID/RATE		DS @ 50cc/hr
<b>#2</b> #2 TYPE/LOCATION/SIZE		
<b>D</b> DRESSING CONDITION		
<b>IV</b> IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY: [REDACTED] (b)(6)-2 DEPARTMENT/SERVICE/CLINIC: [REDACTED] (b)(6)-2 DATE: 12 Sep 83  
 ICU #1: [REDACTED]

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
 NAME: EPW [REDACTED] RANK: AGE:  
 UNIT: (b)(6)-4 GENDER:  
 STATUS: US: AD / CIV IRAQI: CIV / EPW

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

# ICU1

Patient's Name: [REDACTED]

(5)(6)-9

Date: 12 Sept 83

MEDCOM - 17027

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	114/74	112/71	118/72	122/73	122/73	133/74	135/75	133/74	140/75	137/74	135/73	137/74	133/73	129/72	129/72	140/73	143/73	143/73	143/73	135/72	133/73	133/73	133/73	133/73	133/73	133/73	
NBP	114/74	112/71	118/72	122/73	122/73	133/74	135/75	133/74	140/75	137/74	135/73	137/74	133/73	129/72	129/72	140/73	143/73	143/73	143/73	135/72	133/73	133/73	133/73	133/73	133/73	133/73	
TEMP	97.1	97.1	97.3	97.3	97.3	97.3	97.6	97.4	97.1	97.2	97.2	97.2	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	
HR	84	84	87	87	92	91	89	88	85	79	78	79	79	86	90	85	83	85	85	88	88	90	88	87	84	84	
RR	22	25	25	27	32	27	29	28	25	22	21	22	25	24	34	28	31	29	34	34	27	30	26	26	30	30	
Sao2	91	95	98	96	95	94	97	98	97	98	99	97	98	100	100	97	95	95	94	94	96	95	95	95	95	95	
FIO2	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	
MAP																											
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF 0.5%									50	50	50	50		50	50	50	50	50	50	50	50	50	50	50	50	50	50
IVPB	50		50		100									100													
NGT																											
IF	80	80	80	80	80	80	80	80	80	80	80	80		80	80	80	80	80	80	80	80	80	80	80	80	80	
IT, De					50																						
Fentanyl														5	5	5	5	5	5	5	5	5	5	5	5	5	
PO																											
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	60	210	110	60	60	90	50	150	140	110	120	110	130	140	90	100	90	90	90	110	110	120	110	110	110	110	
NGT																											
STOOL																											
DRAIN																											
JP #1																											
# 2																											
# 3																											
# 4																											
Total																											

AL RECORD-SUPPLEMENTAL MEDICAL  
 For use of this form AR 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(6)-2

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
N E U R O	PUPILS	0700	PERRL	1830	PEPRT
	SENSORIUM		pt. Alert to stimulation		pt. Alert to stimulation
R E S P I R A T O R Y	RESPIRATION PATTERN		RR-27 POx 97%-4L		28
	BREATH SOUNDS		Clear on @ side @		COUBID @IL
	SECRETIONS		side diminished in lower lobes		Trach collar @ 4L O2
			Secretion @ C. Productive cough		Trach collar @ 4L O2
S K I N	COLOR		Normal for Race		Normal for Race
	INTEGRITY		wound dry, GSW to Abdomen		Wound dry, GSW to Abdomen
I V S I T E	LOCATION		@ wrist infusing DSW		@ wrist infusing DSW
	CONDITION		@ 50cc/hr @ Femoral @ morphine Sc@hr Dressing CDI		@ 150cc/hr @ 150cc/hr Saline lock @ Morphine Sc@hr @ infiltration to site @, present time
G A S T R O	ABDOMEN		GSW Dressing CDI		GSW to abd. dressing
	BOWEL SOUNDS		Ileostomy JP drain x4 BS present x4		BS + x4 present
G U	URINE		Voiding via Foley to gravity		FIC to BS
	COLOR/CLARITY		dark orange clear		dark yellow urine.
C A R D I O V A S C U L A R	CARDIAC RHYTHM		HR-87 BP-124/76		HR 96 BP 124/71
			Pulses strong x4		+ pulse to @4 extantia.
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 end Expiratory Pressure	
				S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(5)(6)-2

(Continue on reverse)

DEPARTMENT/SERVICE/CINC: ICU 1  
 DATE: 135A 03

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

EPW (5)(6)-4

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

DA FORM 4700  
 1 MAY 78  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 17028

DATE		OX														HOSPITAL DAY																						
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	18	19	20	21	8 <sup>°T</sup>			
V I T A L S	BP Arterial line																																					
	BP Cuff	135/75	134/76	136/75		125/61	129/73	134/75	146/72		128/73	120/69	119/64	122/67	109/71	128/71	123/67	125/68																				
	Temperature		98 <sup>7</sup>		97 <sup>7</sup>			99 <sup>9</sup>							99 <sup>8</sup>																							
	Pulse	81	83	83		82	90	94	97		89	89	89	92	94	95	94	94																				
	Respiratory Rate	31	27	26		27	27	27	26		28	30	32	31	31	32	31	32																				
	SpO2	98	97	97		96	97	96	95		95	96	95	96	95	96	95	95																				
	FIO2	24%	24%	24%		24%	24%	21%	24%		24%	24%	24%	24%	24%	24%	24%	24%																				
	Source	TC	TC	TC		TC	TC	TC	TC	<del>TC</del>	TC	TC	TC	TC	TC	TC	TC	TC																				
	I N T A K E	TIME	24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	18	19	20	21	8 <sup>°T</sup>																		
IVF (DSW)		50	50	50	50	50	50	50						15	15	15	15	15	15																			
MSO4		5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5																				
TF		80	80	80	80	100	100	100	100	720	100	100	100	100	100	100	100	100																				
I.V. AB				50				100		150			50		100																							
J-tube meds/flush																																						
J-tube meds/flush						50cc																																
TOTALS																																						
O U T P U T	URINE	HOUR TOTAL	0	100	130	139	110	121	121	90	802	100	80	50	80	100	50	100	110	100	110																	
		SP gr																																				
		S/A																																				
	NG	OUTPUT																																				
	PH																																					
	GUIAC																																					
	EMESIS																																					
	STOOL																																					
D R A I N S		JP 1																																				
		JP 2																																				
		JP 3																																				
		TOTALS JP 4																																				

MEDCOM - 17029



DATE		DX												HOSPITAL DAY													
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21										
V I T A L S I G N S	BP Arterial line																										
	BP Cuff	135/75	134/76	136/75		125/61	122/53	134/70	126/72	128/73	120/69	114/64	122/67	114/71	128/71	123/61	125/68										
	Temperature		98.7		97.7				99.9					99.8													
	Pulse	81	83	83		89	90	94	97	89	89	89	92	94	95	94	94										
	Respiratory Rate	31	27	26		27	27	27	28	28	30	32	31	31	32	31	32										
	SaO2	98	97	97		96	97	96	95	98	96	98	96	95	96	95	95										
	FiO2	24%	24%	24%		24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%										
	Source	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC										
	TIME		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	16	17	18	19	20	21	8°T	
	I N T A K E	IVF (CSW)	50	50	50	50	50	50	50	50				15	15	15	15	15	15	15	15						
		MSO4	5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	5	5						
		TF	80	80	80	80	100	100	100	100	720	100	100	100	100	100	100	100	100	100	100						
		IVPB			50				100	150				50	100												
		Stimmed/Flush																									
		Tube meds/Flush					50cc																				
	TOTALS																										
O U T P U T	URINE	HOURLY	0	100	130	139	110	121	121	90	80	100	80	90	80	100	60	100	110								
		TOTAL	0	100	130	160	470	591																			
		SP gr																									
	S/A																										
	NG	OUTPUT																									
		PH																									
		GUIAC																									
	EMESIS																										
	STOOL																										
	DRAINS	JP 1																									
		JP 2																						10			
JP 3																							10				
TOTALS	JP 4																					15					
																									20		

MEDCOM - 17031

epw # [redacted] (b)(6)-4

14 Sept 03

For use of this form

RECORD-SUPPLEMENTAL MEDICAL RECORD 40-66; the proponent agency is The Office of

Surgeon General

OTSG APPROVED (Date) QA Appr 8 Mar 89

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

INITIAL SHIFT ASSESSMENT							
		TIME	INTILAS		INTILAS		INTILAS
N E U R O	PUPILS	0605	[redacted]			1820	[redacted]
	SENSORIUM	Pt unable to communicate to staff.			PERL Respond to stimulation unable to make needs known.		
R E S P I R A T O R Y	RESPIRATION PATTERN				42		
	BREATH SOUNDS	L side clear, Right diminished in lower lobes. Trach #4 shiley.			course		
	SECRETIONS				Productive cough - Thick white secretions noted.		
S K I N	COLOR	Normal to Race			normal for race		
	INTEGRITY	Decub to back of head.			midline wound Decub to back of head.		
I V S I T E	LOCATION	D wrist			wrist		
	CONDITION	D/s of infection or infiltration			D/s of infiltrator - swelling/redness		
		Infusing DS @ 15cc/hr MSO4 @ 5cc/hr.			DSW @ 50cc/hr MSO4 @ 5cc/hr FF @ emr		
G A S T R O	ABDOMEN	BS active x 4 quads			FFC 100cc/hr		
	BOWEL SOUNDS	colostomy stoma pink producing pasty stool + gas			Colostomy.		
G U	URINE	Pt voids via foley cath.			FIC to BS dark yellow		
	COLOR/CLARITY	clear/yellow urine					
C A R D I O V A S C U L A R	CARDIAC RHYTHM	Sinus Rhythm 80's - 90's			HR 97 SpO2 92		
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 end Expiratory Pressure		S/A - Fractional SAI - Saturation TRACH - tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

14 Sept 03

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

epw # [redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17032



DATE 4 Sept 03 DX S/P C to abd

HOSPITAL DAY

	TIME	06	07	08	09	10	11	12	03	04	05	16	17	18	19	20	21
V	BP Arterial line																
I	BP Cuff	119/66	109/63	111/64	110/63	117/65	115/63	114/61		113/67	106/64	108/63	107/62	108/63	108/59	111/59	113/62
T	Temperature	99.5										99.6					
A	Pulse	92	93	95	95	97	95	91	92	91	85	87	89	97	100	99	98
L	Respiratory Rate	29	34	30	30	30	29	25	29	30	44	47	28	42	39	28	31
S	SpO2	94%	94%	95%	95%	95%	97%	96%	96%	96%	96%	95%	97	92	94	93	92
S	FiO2	24%	24%	24%	24%	24%	24%	24%	24%	24	24	24	24	24	24	24	24
S	O2 Method	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC

	TIME	06	07	08	09	10	11	12	03	8°T	04	05	16	17	18	19	20	21	8°T
I	IVF (USW)	15	15	15	150	50	50	50	50		50	50	50	50	50	50	50	50	
N	TF (Gravity)	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
N	MSO4 gtt	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
T	EVAB	100		50		100		100					50		100				
A	G-Tube					50													

E	TOTALS	220	120	170	155	239	154	235	155	1285	155	155	204	185	255	155	155	155	1390	
O	URINE	HOUR	100	130	130	70	70	45	70	110		110	70	70	70	70	100	135	1390	
		TOTAL		130	360	430	600	685	655	765	110		180	250	320	390	460	600	700	690
		SP gr																		
U	NG	SIA																		
		OUTPUT																		
		PH																		
T	EMESIS	GUIAC																		
F	STOOL																			
U	DRAINS	SP 1																		
		SP 2																		
		SP 3																		
T	TOTALS SP 4																			

MEDCOM - 17033

512

POST-OP DAY									ACUITY LEVEL CLASSIFICATION												
VITAL SIGNS	22	23	00	01	02	03	04	05	TIME												
	113/61	112/61	121/66	114/69	111/65	118/68	114/66	112/65	MODE												
	100			100 <sup>3</sup>			99		F <sub>IO2</sub>												
	99	98	100	100	98	100	100	110	TV												
	28	29	30	25	30	30	29	27	RATE												
	94%	94%	94%	95%	95%	94%	95%	94%	PEEP												
	24%	24%	24%	24%	24%	24%	24%	24%	A pH												
	TC	TC	TC	TC	TC	TC	TC	TC	A PCO <sub>2</sub>												
									B PO <sub>2</sub>												
									B HCO <sub>3</sub>												
								SAT													
								G BASE													
I N T A K E	22	23	00	01	02	03	04	05	TIME												
	50	50	50	50	50	50	50	50	CLUCOSE												
	100	100	100	100	100	100	100	100	B Na/K												
	5	5	5	5	5	5	5	5	B CVCO <sub>2</sub>												
		100	50						R BUN/Cr												
	10								A WBC/PLATELET												
									A Hct/Hgb												
									D												
									B Y												
									A G D												
O U T P U T	90	90	120	100	100	100	100	100	TIME												
	180	90	120	100	100	100	100	100	MOUTH CARE												
	80	100	100	100	100	100	100	100	BATCH												
									SKIN CARE	2100											
									FOLEY CARE	2100											
									TRACH CARE	2144											
									RÖM EXERCISES	2100											
									24 <sup>HR</sup> TOTALS												
									WT Yesterday												
									wt Today												
								INTAKE													
								OUTPUT													
								IV													
								Po													
								TOTAL													
								BALANCE													

MEDCOM - 17034

15 Sept 03

# [redacted] (b)(6)-4

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA  
For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6) Z

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	
N E U R O	PUPILS	0615	[redacted]	[redacted]	1830 [redacted]
	SENSORIUM				
R E S P I R A T O R Y	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
S K I N	COLOR				
	INTEGRITY				
I V S I T E	LOCATION				
	CONDITION				
G A S T R O	ABDOMEN				
	BOWEL SOUNDS				
G U	URINE:				
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM				
		<p>LEGEND Cr - Creatinine ICP - Intracranial Pressure S/A - Fractional            FiO<sub>2</sub> - Fraction of Inspired O<sub>2</sub> PEO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub> SA1 - Saturation            HCO<sub>3</sub> - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy</p>			

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE 15 Sept 03

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

# [redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 17035

EDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

epw # [redacted] (6)(6)-4

DATE		31P GSW to abd													HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V	BP Arterial Line																		
I	BP Cuff	124/68	123/69	125/68	117/64	118/62	119/71	111/66	129/73										
T	Temperature	100.4	100.3	100.4	99.4	99.5	98.4	99.4	100.0	118/100	115/95	114/97	115/97	110/100	113/65	115/66	115/68		
A	Pulse	103	105	103	101	101	101	94	95	100	100	100	100	100		100	99		
E	Respiratory Rate	31	31	27	27	21	20	19	40	93	94	95	97	98	99	100	100		
S	O2 sats	94%	94%	95%	96%	96%	95%	95%	97%	31	31	31	30	30	30	29	31		
I	Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC		
G	FIO2	24%	24%	24%	24%	24%	24%	24%	24%	TC	TC	TC	TC	TC	TC	TC	TC		
N																			
S																			
TIME		06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T
I	DSW	500	500	500	500	500	500	500	500	400	500	500	500	500	500	500	500	500	400
N	MSON4	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	40
A	IVPB	1000		500		1000		1000		3500			500		1000				150
T	TF	1000	1000	1000	1000	1000	1000	1000	1000	8000	1000	1000	1000	1000	1000	1000	1000	1000	800
K	Tube med/Plas					70				70									
TOTALS																			
O	URINE	HOUR TOTAL	47	48	49	100	115	100	120	70	110	800	90	70	80	65	70	70	580
U	NG	OUTPUT																	
P	EMESIS																		
U	STOOL																		
T	DRAINS	JP1																	
		JP2																	
		JP3																	
		JP4																	
T	TOTALS																		

epw # [redacted] (6)(6)-4

POST-OP DAY										ACUITY LEVEL CLASSIFICATION										
V I T A L S I G N S	22	23	00	01	02	03	04	05		R E S P I R A T O R Y	TIME									
	118	121	111	118	140	124	125	119			MODE									
	69	69	67	74	82	73	75	79			F <sub>I</sub> O <sub>2</sub>									
	99 <sup>8</sup>	99 <sup>8</sup>	99 <sup>8</sup>				99 <sup>1</sup>				TV									
	100	101	102	105	101	104	102	105			RATE									
	28	30	30	28	30						PEEP									
	95	97	99	96	97	96	94	96			A A B G	pH								
	72	72	72	72	72	72	72	72				PCO <sub>2</sub>								
	24	24	24	24	24	24	24	24				pO <sub>2</sub>								
												HCO <sub>3</sub>								
									SAT											
I N T A K E	22	23	00	01	02	03	04	05	8° T	L A B O R A T O R Y	TIME									
	50	50	50	50	50	50	50	50	460		GLUCOSE									
	5	5	5	5	5	5	5	5	40		Na/K									
			150								Cl/CO <sub>2</sub>									
	100	100	100	100	100	100	100	100	800		BUN/Cr									
	10										WBC/PLATELET									
											Hct/Hgb									
O U T P U T	75	60	60	106	103	60	80	35		A C T I V I T Y	TIME	220								
											MOUTH CARE	✓								
											BATH									
											SKIN CARE									
											FOLEY CARE	✓								
											TRACH CARE	✓								
											ROM EXERCISES	✓								
										24 HOURS TOTALS					NURSE'S SIGNATURE		INITIALS			
					wt Yesterday					wt Today					[redacted signature]		[redacted initials]			
					INTAKE					OUTPUT										
					-IV 4450					Urine: 175										
					-PO					JP 50										
					TOTAL					TOTAL 1225										
										BALANCE +3225										

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**

DTSG APPROVED (Date)  
QA Appr 8 Mar 89

(5)(b)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
N E U R O	PUPILS	0605	[REDACTED]	[REDACTED]	2000
	SENSORIUM	3mm PERRLA, able to follow simple commands (need interpretation) unable to express needs		3mm Perclan unable to express needs	
	RESPIRATORY PATTERN	Tachypnea RR 30s #8 @skillof		Regos 20's-30's	
R E S P I R A T O R Y	BREATH SOUNDS	trach @ FIO2 24% humidified		Trach @ humidified air	
	SECRETIONS	air, coarse crackles @LL Thick white/yellow secretions		Crackles @LL coughs up thick white secretions	
	COLOR	midline abd + @ flank wound		midline abd wound	
S K I N	INTEGRITY	drg C.O.I. Decub head + blisters @LE drgs intact		@flank wound	
	LOCATION	@wrist @ @ of infection		@wrist	
	CONDITION	MSO4 gtt @ + ASW @ 50cc @ infusing		MSO4 gtt @ 1/2 NS @ 20cc	
A B D O M E N	ABDOMEN	soft, nontender		Soft, nontender	
	BOWEL SOUNDS	+ in all 4 quadrants @J-tube @ gravity @ 100cc		+ in all 4 quads J-Tube @ gravity @ 100	
	URINE:	foley to gravity draining		foley to gravity	
G U	COLOR/CLARITY	@ dark yellow urine		light yellow urine	
	CARDIAC RHYTHM	ST @ ectopy @ this time HR 115, +1-2 pitting edema @UE + @LE. Cap refill <3sec. mall 4ext. + 2 palpable pulses mall 4ext!		ST @ ectopy cap refill @ 3sec	
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F <sub>I</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub>	PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub>	SA1 - Saturation	
		HCO <sub>3</sub> - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy	

(5)(b)-2

(Continue on reverse)

PREPARED BY [REDACTED] DEPARTMENT/SERVICE/CLINIC ICU DATE 16 Sep 83

PATIENT'S ID [REDACTED] typed or written entries give: Name—last, first, middle; grade, hospital or medical facility)

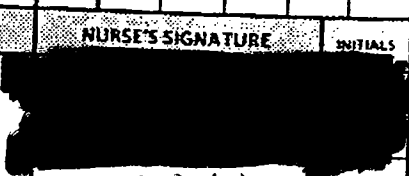
EPW (5)(b)-4

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

DATE		16 Sep													DX				HOSPITAL DAY			
TIME		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
V	BP Arterial Line	130																				
I	BP Cuff	79/84	147/84	134/80	144/82	147/81	128/73	129/76		131/74	148/85	124/87	150/81	140/81								
T	Temperature	97.9	98.0	97.6	98.9	98.5	98.8	97.7	97.9		97.5		97.2	98.0	99.1							
A	Pulse	109	118	114	107	98	98	94	94		89		104	101	100	103						
E	Respiratory Rate	30	21	29	24	31	28	15	19		22	26	38	22	15		127					
S	SpO2	96	96%	97%	98%	98%	99%	99%	97%		98%	98%	97%	99%	98%		96%					
I	Source	TC	TC	TC	TC	TC	TC	TC	TC		TC	RA	RA	RA	RA		RA					
G	FiO2	24	24	24	24	24	24	24	24		24	-	-	-	-							
N																						
S																						
I	TIME	6	7	8	9	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>			
N	DSW	50	50	50	50	50	50	50	50	400	50	50	50	50	50	50	50	50	400			
T	MSO4	5	5	7	7	7	7	7	7	52	7	7	7	7	7	7	7	7	56			
A	WPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100	-	-	-	150			
K	TF	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	700			
E	J-tube flush/med	-	-	-	-	100	-	-	-	100	-	35	-	-	-	-	50	-	85			
O	TOTALS																					
U	URINE	HOUR TOTAL	120/100	140/100	140/90	110/50	80/50	120/70	125/85	115/90	94/90	120/100	90/110	16/110	54/120	110/135	125/130	125/130	100/160	1690		
T	NG	OUTPUT																				
P	EMESIS																					
U	STOOL		XT				XT			XT				XT					XT			
T	DRAINS	JP1																				
		JP2																				
		JP3																				
	TOTALS	JP4																				

MEDCOM - 17039

ED 111 2787

POST-OP DAY										ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S	22	23	24	01	02	03	04	05	R E S P I R A T O R Y	TIME											
	156/76	131/79	115/67	113/65	114/66	124/77	140/82	151/86		MODE											
	98%				99%			98.6		F <sub>I</sub> O <sub>2</sub>											
	121	112	107	104	111	121	112	110		TV											
	12	30	26	31	28	22	19	26		RATE											
	98%	95%	92%	92%	93%	96%	98%	96%		PEEP											
	RA	RA	RA	RA	RA	RA	RA	RA		pH											
										PCO <sub>2</sub>											
										PO <sub>2</sub>											
										HCO <sub>3</sub>											
								SAT													
								BASE													
I N T A K E	22	23	24	01	02	03	04	05	8° T	TIME											
	50	50	50	50	50	50	50	50	400	GLUCOSE											
	7	7	8	8	8	8	8	8	62	Na/K											
	-	-	150	=	-	-	-	-	-	Cl/CO <sub>2</sub>											
	100	100	100	100	100	100	100	100	400	BUN/Cr											
	-	-	-	-	-	-	-	-	-	WBC/PLATELET											
										Hct/Hgb											
Q U I T T P U T	100	200	100	100	100	110	110		TIME												
	170	140	160	180	200	230	250		MOUTH CARE												
									BATH												
									SKIN CARE												
									FOLEY CARE												
									TRACH CARE												
									ROM EXERCISES												
24*180 TOTALS										NURSE'S SIGNATURE					INITIALS						
wt Yesterday					wt Today					 (5)(6)-2											
INTAKE					OUTPUT																
IV					Urine:																
PO																					
TOTAL					TOTAL																
BALANCE																					

MEDCOM - 17040



MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (b)(6)-2
	DATE REQUESTED 16 Aug 03	DIAGNOSIS (Check one) <input checked="" type="checkbox"/> GSW Abdomen
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) unknown	SIGNATURE OF VERIFIER see original
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: N/A HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted] (b)(6)-2	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: comp	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: A Rh: POS	PATIENT NO. [Redacted]	RECIPIENT ABO: A Rh: POS	SIGNATURE OF PERSON PERFORMING TEST [Redacted] (b)(6)-2
<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		REMARKS: Exp 19 Aug 03	DATE: 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Redacted] (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 unit ML TIME/DATE COMPLETED/INTERRUPTED: 17 Aug 03 0300	
AT (Hour): 0055 ON (Date): 17 Aug 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE PULSE BLOOD PRESSURE	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____	
1st VERIFIER (Signature) [Redacted] (b)(6)-2		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
TEMP: 98 PULSE: 119 BP: 14/68	SIGNATURE OF PERSON NOTING ABOVE [Redacted] (b)(6)-2		
DATE OF TRANSFUSION: 17 Aug 03 TIME STARTED: 0055	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rate; hospital or medical facility) [Redacted] (b)(6)-2 M ICU3		

# [Redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16841

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED] (b)(6)-2
	DATE REQUESTED 16 Aug 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSCW
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER [REDACTED]
REMARKS: (b)(6)-7	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
		DATE VERIFIED 16 Aug 03 TIME VERIFIED 0709 (b)(6)-2

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMBAT		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> SIGNATURE [REDACTED]
DONOR ABO: A Rh: POS	PATIENT NO. [REDACTED]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE: 16 Aug 03
RECIPIENT ABO: A Rh: POS	REMARKS: Exp. Date = 19 AUG 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION INSPECTED AND [REDACTED]	POST-TRANSFUSION DATA AMOUNT GIVEN: 7 U ML TIME/DATE COMPLETED/INTERRUPTED: 8/16/03 0919 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 35°C PULSE: 78 BLOOD PRESSURE: 109/60			
AT (Hour): 0735 ON (Date): 16 Aug 03	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
1st VERIFIER: [REDACTED] M.D. 2nd VERIFIER: [REDACTED]	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY: _____ (b)(6)-2			
PRE-TRANSFUSION TEMP: 35°C PULSE: [REDACTED] DATE OF TRANSFUSION: 8/16/03 TIME STARTED: 0900	SIGNATURE: [REDACTED]			
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)			WARD: ENT	[REDACTED]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16842

# 2

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of \_\_\_\_\_ units)

CRYOPRECIPITATE (Pool of \_\_\_\_\_ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) \_\_\_\_\_

VOLUME REQUESTED (If applicable) UNIT ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED 16 Aug 03

DATE AND HOUR REQUIRED \_\_\_\_\_

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2

IF PATIENT IS FEMALE, IS THERE HISTORY OF: \_\_\_\_\_

RHIG TREATMENT? DATE GIVEN: \_\_\_\_\_

HEMOLYTIC DISEASE OF NEWBORN? \_\_\_\_\_

REQUESTING PHYSICIAN (Print) \_\_\_\_\_

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER \_\_\_\_\_

DATE VERIFIED 16 Aug 03

TIME VERIFIED 0709

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. \_\_\_\_\_ TRANSFUSION NO. 2

PATIENT NO. \_\_\_\_\_

DONOR A POS

RECIPIENT (b)(6)-4

ABO A

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH COMPAT

PREVIOUS RECORD CHECK:

RECORD  NO RECORD

SIGNATURE \_\_\_\_\_

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp. Date = 19 AUG 03

DATE 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

INSPECTED AND ISSUED \_\_\_\_\_

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 0830 8/16/03

AT (Hour) 0804 ON (Date) 16 Aug 03

REACTION  NONE  SUSPECTED

TEMPERATURE 35° PULSE 90 BLOOD PRESSURE 86/47

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2

2nd VERIFIER \_\_\_\_\_

DESCRIPTION OF REACTION

URticARIA  CHILL  FEVER  PAIN

OTHER (Specify) \_\_\_\_\_

PRE-TRANSFUSION

TEMP. 35° PULSE 94 BP 110/57

DATE OF TRANSFUSION 8/16/03 TIME STARTED 0815

OTHER DIFFICULTIES (Equipment, clots, etc.)  NO  YES (Specify) \_\_\_\_\_

SIGNATURE OF \_\_\_\_\_

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)

SEX M WARD ENT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16843

Medical Record Copy

#3

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) 
	DATE REQUESTED DATE AND HOUR REQUIRED	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)(6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE OF VERIFIER 
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 16 Aug TIME VERIFIED 1707

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 	TRANSFUSION NO. 	TEST INTERPRETATION ANTIBODY SCREEN N/A	CROSSMATCH COMPAT	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF _____ 
DONOR ABO A Rh Pos	RECIPIENT ABO A Rh Pos	REMARKS: Exp. Date: 19 Aug 03		DATE 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED 	POST-TRANSFUSION DATA AMOUNT GIVEN 74 ML TIME/DATE COMPLETED/INTERRUPTED 8/16/03
AT (Hour) 1800 ON (Date) 16 AUG 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 35 PULSE 81 BLOOD PRESSURE 82/47
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st V 	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
PRE-TRANSFUSION TEMP. 35°C PULSE 88 BP 112/50	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO SIGNATURE 
DATE OF TRANSFUSION 16 AUG 03 TIME STARTED 0841	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility) SEX M WARD Emt

(5)(6)-4

MEDCOM - 16844

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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


Medical Record Copy

# 1

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) 
	DATE REQUESTED 16 Aug 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) _____ ML LUNGS	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF _____ DATE VERIFIED 16 Aug 03 TIME VERIFIED 0707

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. _____ TRANSFUSION NO. 2 (b)(6)-7 PATIENT NO. _____	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMPAT	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF _____
DONOR A POS ABO A POS Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Exp Date: 19 AUG 03	DATE 16 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) _____ AT (Hour) 0800 ON (Date) 16 Aug 03	POST-TRANSFUSION DATA AMOUNT GIVEN 74 ML TIME/DATE COMPLETED/INTERRUPTED 68/4 8/16/03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 35 PULSE 98 BLOOD PRESSURE 119/57
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) _____ 2nd VERIFIER _____	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
PRE-TRANSFUSION TEMP. 95.358 PULSE 91 BP 83/34 DATE OF TRANSFUSION 8/16/03 TIME STARTED 0806	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES SIGNATURE _____
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility)	SEX M WARD ENT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-82) Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

Medical Record Copy

MEDCOM - 16845

**MEDICAL RECORD** **BLOOD OR BLOOD COMPONENT TRANSFUSION**

**SECTION I - REQUISITION**

<b>COMPONENT REQUESTED (Check one)</b> <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of ___ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of ___ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	<b>TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)</b> <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	<b>REQUESTOR</b> [REDACTED]
	<b>DATE REQUESTED</b> 16 AUG 03	<b>DIAGNOSIS OR OPERATIVE PROCEDURE</b> Coagulopathy
	<b>DATE AND HOUR REQUIRED</b> STAT	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	<b>VOLUME REQUESTED (If applicable)</b> 1 UNIT ML.	<b>KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)</b> (b)(6)-2

REMARKS:  
 Original  
 Exp. Date: 6 Jan 04

**SECTION II - PRE-TRANSFUSION TESTING**

<b>UNIT NO.</b> [REDACTED]	<b>TRANSFUSION NO.</b> [REDACTED]	<b>TEST INTERPRETATION</b> ANTIBODY SCREEN: N/A CROSSMATCH: N/A	<b>PREVIOUS RECORD CHECK:</b> <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
<b>DONOR</b> ABO A Rh POS	<b>RECIPIENT</b> ABO A Rh POS	<b>CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED</b>	<b>SIGNATURE OF PERSON PERFORMING TEST</b> [REDACTED]

REMARKS:  
 Thrued Exp. Date: 17 Aug 03 1055

**SECTION III - RECORD OF TRANSFUSION**

<b>PRE-TRANSFUSION DATA</b> INSPECTED AND ISSUED BY (Signature) [REDACTED]		<b>POST-TRANSFUSION DATA</b> AMOUNT GIVEN _____ ML TIME DATE COMPLETED: 1048 16 Aug 03 INTERRUPTED _____	
AT (Hour) 1117 ON (Date) 16 Aug 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Block Bag, Filter Set, and I.V. solutions to the Blood Bank.	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
1st VERIFIER (Signature) [REDACTED]	SIGNATURE [REDACTED]	SIGNATURE NOTING ABOVE [REDACTED]	
PRE-TRANSFUSION TEMP. 90.2 PULSE 107/57 BP 98	DATE OF TRANSFUSION 16 Aug 03	TIME STARTED 1045	SEX M WARD OR/ICU3

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

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

- RED BLOOD CELLS
- FRESH FROZEN PLASMA
- PLATELETS (Pool of \_\_\_ units)
- CRYOPRECIPITATE (Pool of \_\_\_ units)
- Rh IMMUNE GLOBULIN
- OTHER (Specify) \_\_\_\_\_

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING [REDACTED]

DIAGNOSIS OR OPERATIVE PROCEDURE

Coagulopathy

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)

1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

(5)(6)-2

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

REMARKS:

ORIG. DATE: 6/20/04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RHIG TREATMENT? DATE GIVEN:

HEMOLYTIC DISEASE OF NEWBORN?

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.

TRANSFUSION NO.

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

RECORD  NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

DONOR

RECIPIENT

N/A

N/A

ABO

A

ABO

A

Rh

Pos

Rh

Pos

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

REMARKS:

Thromb. Exp. Date: 17 Aug 03 1055

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)

AT (Hour) 11:15

ON (Date) 16 Aug 03

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient match. The recipient is the same person named on this Blood Component Form and on the patient identification tag.

2nd

PRE-TRANSFUSION

TEMP. 90.2

PULSE 100

BP 85/58

DATE OF TRANSFUSION

16 Aug 03

TIME STARTED

11:20

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

POST-TRANSFUSION DATA

AMOUNT GIVEN

TIME DATE COMPLETED

INTERRUPTED

ML

16 Aug 11:37

REACTION

NONE

SUSPECTED

If reaction is suspected - IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

URTICARIA

CHILL

FEVER

PAIN

OTHER \_\_\_\_\_

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO

YES (Specify)

SIGNATURE

NOTING ABOVE

SEX M

WARD

OR/ICU3

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

- RED BLOOD CELLS
- FRESH FROZEN PLASMA
- PLATELETS (Pool of \_\_\_ units)
- CRYOPRECIPITATE (Pool of \_\_\_ units)
- Rh IMMUNE GLOBULIN
- OTHER (Specify) \_\_\_\_\_

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

- TYPE AND SCREEN
- CROSSMATCH

REQUESTING PHYSICIAN (Typed Name)

DIAGNOSIS OR OPERATIVE PROCEDURE

Coagulopathy

DATE REQUESTED  
16 AUG 03  
DATE AND HOUR REQUIRED  
STAT

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)  
1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:  
ORIGINAL  
Exp. Date: 11 Feb 04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:  
RhIG TREATMENT? DATE GIVEN:  
HEMOLYTIC DISEASE OF NEWBORN?

DATE VERIFIED  
TIME VERIFIED  
SEE ORIGINAL  
SF 578

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.  
TRANSFUSION NO.  
PATIENT NO. (5/6)-7

TEST INTERPRETATION  
ANTIBODY SCREEN  
CROSSMATCH

N/A W/A

PREVIOUS RECORD CHECK:

RECORD

DONOR ABO Rh A Pos  
RECIPIENT ABO Rh A Pos

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03

REMARKS:  
Transf. Exp. Date: 17 Aug 03 @ 1144

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED (Signature)  
AT (Hour) 1144 ON (Date) 16 Aug 03  
IDENTIFICATION: (5/6)-2

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item # \_\_\_\_\_ the same person named on this Blood Component container's patient identification tag.

1st VITALS  
2nd VITALS

TEMP. PULSE 102 BP 137/72

DATE OF TRANSFUSION 16 Aug 03 TIME STARTED 1150

POST-TRANSFUSION DATA

AMOUNT GIVEN ML  
TIME DATE COMPLETED INTERRUPTED

REACTION  NONE  SUSPECTED

- If reaction is suspected - IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
  2. Notify Physician and Transfusion Service.
  3. Follow Transfusion Reaction Procedures.
  4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- URTICARIA  CHILL  FEVER  PAIN
- OTHER \_\_\_\_\_

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO  YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE

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


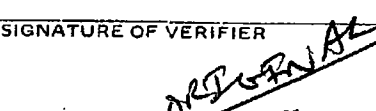
SEX M WARD OR/ICU 3

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





MEDICAL RECORD **BLOOD OR BLOOD COMPONENT TRANSFUSION**

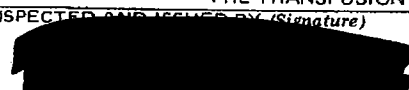
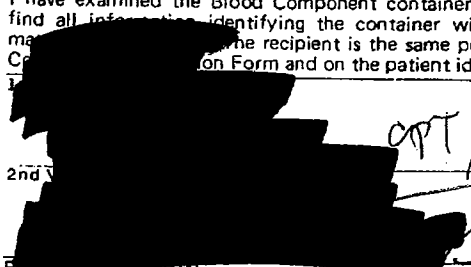

**SECTION I - REQUISITION**

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of ___ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of ___ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  COAGULOPATHY
	DATE REQUESTED 16 AUG 03 DATE AND HOUR REQUIRED STAT	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5/6)-2	SIGNATURE OF VERIFIER 
REMARKS: Original Exp Date: 11 Feb 04	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED SEP 5 5/8 TIME VERIFIED _____


**SECTION II - PRE-TRANSFUSION TESTING**

UNIT NO. 	TRANSFUSION NO. (5)147	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH N/A	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST 
DONOR ABO A Rh POS	RECIPIENT ABO A Rh POS	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 16 Aug 03 REMARKS: Thanks Exp. Date: 17 Aug 03 1120	

**SECTION III - RECORD OF TRANSFUSION**

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature)  AT (Hour) 1717 ON (Date) 16 Aug 03 IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		POST-TRANSFUSION DATA AMOUNT GIVEN _____ ML TIME DATE COMPLETED _____ INTERRUPTED _____ REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
2nd VITALS 		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
PRE-TRANSFUSION TEMP. _____ PULSE _____ BP _____ DATE OF TRANSFUSION _____ TIME STARTED _____		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE 	

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

#  (5)1674

SEX M WARD DR/JAN'S

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 17 AUG 03 DATE AND HOUR REQUIRED STAT	DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)G-2	SIGNATURE OF VERIFIER [REDACTED]
REMARKS: original Exp Date: 07 Feb 04	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED TIME VERIFIED SEE RECORD SP 518

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. (5)G-4 PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: NA	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
DONOR ABO AB Rh POS	ABO A Rh POS	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Thawed Exp Date: 18 Aug 03 1600	18 Aug 03

SECTION III - RECORD OF TRANSFUSION

INSPECTOR [REDACTED]	POST-TRANSFUSION DATA AMOUNT GIVEN: 281 ML TIME/DATE COMPLETED/INTERRUPTED: 17 AUG 03 1705		
AT (Hour): 1645 ON (Date): 17 Aug 03	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 98.0	PULSE: 114 BLOOD PRESSURE: 177/88
I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.			
1st VERIFIER (Signature) [REDACTED] (5)G-2	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) [REDACTED]	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION DATA TEMP: 98.0 PULSE: 107 BP: 124/71	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]		
DATE OF TRANSFUSION: 17 AUG 03 TIME STARTED: 1650	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility) [REDACTED] (5)G-4		
	SEX: M	WARD: ICU3	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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


MEDCOM - 16850

Medical Record Copy


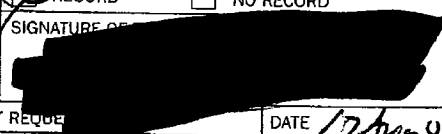
MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

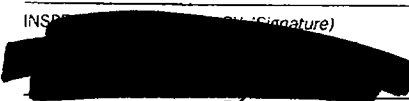


SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input checked="" type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  DIAGNOSIS OR OPERATIVE PROCEDURE G. SWARD
	DATE REQUESTED 17 AUG 03 DATE AND HOUR REQUIRED STAT	I have collected a blood specimen on _____ below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER (b)(6) SF 578
REMARKS: ORIGINAL Exp. Date: 03 Feb 04	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED
	RHIG TREATMENT? DATE GIVEN:	TIME VERIFIED
	HEMOLYTIC DISEASE OF NEWBORN?	

SECTION II - PRE-TRANSFUSION TESTING

UNIT 	TRANSFUSION NO. (b)(6)	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH N/A	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF _____ 
DONOR ABO AB Rh Pos	RECIPIENT ABO A Rh Pos	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE 17 Aug 03
REMARKS: Thawed Exp. Date: 18 Aug 03 @ 1730			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPIRED BY (Signature)  AT (Hour) 1758 ON (Date) 17 Aug 03		POST-TRANSFUSION DATA AMOUNT GIVEN 1 unit ML TIME/DATE COMPLETED/INTERRUPTED 17 AUG 03 / 1815 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 35 PULSE 117 BLOOD PRESSURE 141/60		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature) 		DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION TEMP. 35 PULSE 116 BP 130/65		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION 17 AUG 03 TIME STARTED 1806		SIGNATURE OF _____ 		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)			SEX M	WARD 1013

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

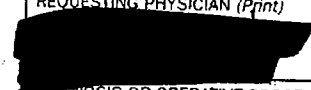
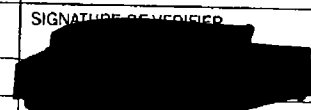
Medical Record Copy

MEDCOM - 16851

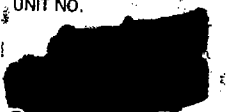
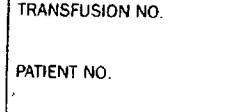
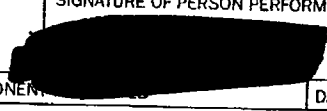
MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

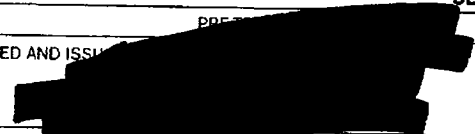


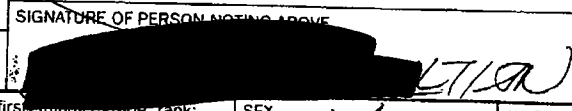

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD
	DATE REQUESTED 20 AUG 03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 UNIT -ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)(6)-2	SIGNATURE OF VERIFIER 
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 0705

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 	TRANSFUSION NO. 	TEST INTERPRETATION ANTIBODY SCREEN N/T	CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO A Rh positive	RECIPIENT ABO A Rh positive	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT		SIGNATURE OF PERSON PERFORMING TEST 
REMARKS: EXP DATE 27, AUG 03				DATE 20, AUG 03

SECTION III - RECORD OF TRANSFUSION

INSPECTED AND ISSUED 	AMOUNT GIVEN 300 ML	POST-TRANSFUSION DATA TIME/DATE COMPLETED/INTERRUPTED 1546 20 AUG 03		
AT (Hour) 11:00 ON (Date) 20 Aug 03	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.3	PULSE 81	BLOOD PRESSURE 139/68
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.				
If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.				
1st VERIFIER (Signature) 		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) 		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION TEMP. 100.8 PULSE 88 BP 173/76	SIGNATURE OF PERSON NOTING ABOVE 			
DATE OF TRANSFUSION 20 AUG 03	TIME STARTED 1124	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade, rank; rate; hospital or medical facility)		
		SEX M	WARD ICU 3	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16852

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 20 AUG 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE GSW ABD
VOLUME REQUESTED (if applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (b)(6)-2	SIGNATURE [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
		TIME VERIFIED 0705

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/T CROSSMATCH: Compatible		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO A Rh positive	PATIENT NO. [REDACTED]	RECIPIENT ABO A Rh positive		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 20 AUG 03
REMARKS: 27, AUG 03				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: 300 ML TIME/DATE COMPLETED/INTERRUPTED: 1110 20 AUG 03		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.6	PULSE 83
1st VERIFIER (Signature) [REDACTED]		BLOOD PRESSURE 145/69		
PRE-TRANSFUSION TEMP. 101.5   PULSE 104   BP 155/116		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
DATE OF TRANSFUSION 20 AUG 03		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify)		
TIME STARTED 0800		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; hospital or medical facility)		SIGNATURE OF PERSON NOTING ABOVE [REDACTED]		
[REDACTED] (b)(6)-7		WARD ICU 3		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 16853

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) Dr. [REDACTED]
	DATE REQUESTED 28 AUG 03 DATE AND HOUR REQUIRED 1510 28 AUG 03	DIAGNOSIS OR OPERATIVE PROCEDURE S/P abd washout
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)(6)-2	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: 1 UNIT	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE [REDACTED] 28 AUG 03 TIME VERIFIED 0955

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Compatible		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO A Rh positive	PATIENT NO. [REDACTED]	REMARKS: B Exp 2, Sept 03		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: 335 ML TIME/DATE COMPLETED/INTERRUPTED: 1110 28 Aug 03		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.7	PULSE 83	BLOOD PRESSURE 110/49
1st VERIFIER (Signature) [REDACTED]	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
PRE-TRANSFUSION TEMP. 101.2 PULSE 85 DATE OF TRANSFUSION: 28 Aug 03 TIME STARTED: 0955	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; room number; hospital or medical facility) [REDACTED]	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____			WARD M ICU1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMR, FIRM (41 CFR) 201.9.202-1

MEDCOM - 16854

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) Dr. [REDACTED]
	DATE REQUESTED 28 AUG 03 DATE AND HOUR REQUIRED ASAP 28 AUG 03	DIAGNOSIS OR OPERATIVE PROCEDURE S/P abd washout
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) (5)(6)-2 [REDACTED]	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: 1 UNIT	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 0850

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO [REDACTED] TRANSFUSION NO. [REDACTED] PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Compatible	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
DONOR ABO A Rh positive	RECIPIENT ABO A Rh positive	REMARKS: EXP 2, Sept 03 DATE: 28 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Signature]		POST-TRANSFUSION DATA AMOUNT GIVEN: 307 ML TIME/DATE COMPLETED/INTERRUPTED: 1245 28 AUG 03		
AT (Hour): 1115 ON (Date): 28 Aug 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: _____ PULSE: 105 BLOOD PRESSURE: 150/70	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
1st VERN [REDACTED] (5)(6)-2 2nd VERN [REDACTED] LT/STW		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
TEMP. 100.5 PULSE 83 BP 114/49	SIGNATURE OF PERSON NOTING ABOVE [REDACTED]			
DATE OF TRANSFUSION: 28 Aug 03 TIME STARTED: 1120	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial; room number; hospital or medical facility) M ICU			WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 16855

Medical Record Copy

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

EXAMINATIONS (S) REQUESTED  <i>C X Ray</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		<i>M</i>	[REDACTED] <i>(b)(6)</i>	<i>ICU 1</i>	
	FILM NO.	[REDACTED]			PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)	[REDACTED] <i>(b)(6)-2</i>			TELEPHONE/PAGE NO.
SIGNATURE				DATE REQUESTED <i>9/19/03</i>	

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

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

RADIOLOGIC REPORT

*No comparison - (L) CP cut-off / rotated.*

- 1) Mild RLL peristalsis.*
- 2) Trachea. adig appearing on rotated view.*
- 3) arthrop/pleura overlying (R) upper hemithorax.*

*[REDACTED] MD  
[REDACTED]  
(b)(6)-2*

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

*[REDACTED] (b)(6)-4*

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION  
MEDCOM - 16856  
PORT  
CORD

STANDARD FORM 519-B (8-83)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.806-8



ICW1

NSN 7540-01-165-7294

519-201

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

EXAMINATION(S) REQUESTED  Gastroview study of the J-Tube	AGE	SEX	SSN (Spaced)	WARD/CLINIC	REGISTER NO.
	FILM NO.	(b)(6)-4			PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY	(b)(6)-2			TELEPHONE/PAGE NO.
	SIGNATURE	[Redacted]			DATE REQUESTED 18 OCT 03
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings) Tube came out last night now with poor flow Please put gastroview through tube to assure location / patency					
DATE OF EXAMINATION (Month, day, year) 18 Oct 03	DATE OF REPORT (Month, day, year)		DATE OF TRANSCRIPTION (Month, day, year)		
RADIOLOGIC REPORT					

Fluoro w/ gastroview

demonstrate small bowel  
filling and peristalsis.

? free air KUB - CT study

[Redacted] (b)(6)-2  
[Redacted] (b)(2)-2

- CT Abdomen
- (1) No Free air / No ascites
  - (2) J Tube adq.
  - (3) 5.5cm length transverse colon is exposed against incision site - maybe adherent. (No obstruction)
  - (4) CRenal Disen
  - (5) ASVD
  - (6) RUA shaped.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)  [Redacted] (b)(6)-4	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED] (4)(6)-4			↓			
NURSING UNIT			Admit to ICU			
ROOM NO.			Sp ex LAP for 2.5w to Abd			
BED NO.			Cord Guarded			
PATIENT IDENTIFICATION			Until QP is SAT			
NURSING UNIT			All			
ROOM NO.			ACT Redress			
BED NO.			Nurse Foley to Grady			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	list 12 Aug 03 1300
NURSING UNIT			ILO			
ROOM NO.			FR			
BED NO.			NPO			
PATIENT IDENTIFICATION			IVF CR @ 150cc/hr			
NURSING UNIT			Medx			
ROOM NO.			versed drip to white to effect			
BED NO.			Hsoy 1-10 in QP while N-SPECT			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT			Unasyn 3.0g IV Q20			
ROOM NO.			10:30 LABS CBC, Chem 12, Chem 8, ABG Q AM			
BED NO.			plus CBC Q6			
PATIENT IDENTIFICATION			Vent: in 12/750/Pe 5/25			
NURSING UNIT			Tx 44 FR when work			
ROOM NO.			24° Chart			
BED NO.			11:50 AM 245 16 Aug 03			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	(4)(6)-2
NURSING UNIT			(5)(6)-2			
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: 1980-409-924

"USE BALL POINT"

MEDCOM - 16858

"PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

of this form, see AR 40-66, the proponent agency TSG

THE DOCTOR SHALL RECORD DATE 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]	[REDACTED]	[REDACTED]	16 AUG 03	1704	HOURS
			① AS 3 Cycles NOW ✓		
			② Fentanyl 100 µg Bolus ✓		
			③ Start Fentanyl Drop @ 150 µg/hr ✓		
			④ DICMSG ✓		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	16 AUG 03	1710	HOURS
			① Vecuronium 1mg IV ✓		
			② Vec @ 6mg/hr ✓		
			③ NGT HCLIS ✓		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	16 Aug 03	1835	HOURS
			① Transduce CVP. ✓		
			② Scribe WARM bolus x 1 NOW. ✓		
			V.O. Dr. [REDACTED] ✓		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	16 Aug 03	1855	HOURS
			① ↑ TV 800 + ↑ FiO2 100%. ✓		
			V.O. Dr. [REDACTED] ✓		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79 REPLACES EDI 17, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1936-409-924

"USE BALL POINT PEN—PRESS FIRMLY! NO CARBON PAPER REQUIRED"

MEDCOM - 16859

CLINICAL RECORD - DOCTOR'S ORDERS

of this form, see AR 40-86, the proponent agency DTSG

THE DOCTOR SHALL RECORD DATA SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW

AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

LIST TIME ORDER NOTED AND SIGN

16 AUG 03

1125

HOURS

- ① Give LR one liter bolus Now
- ② Increase LR IVF rate to 200ml/hr
- ③ Transfuse Two units RBCs Now
- ④ ↑ RR to 16 and

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 AUG 03

1150

HOURS

- ① ZANTAC 450 50 mg IV q3h

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 Aug 03

HOURS

- ① Fentanyl 100mcg IV prn
- V.O. Dr.

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

16 Aug 03

1625

HOURS

- ① 500cc of 5% Albumin
- V.O. Dr.

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 4256

REPLACES

WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1986-409-924

"USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED"

MEDCOM - 16860

CLINICAL RECORD - DOCTOR'S ORDERS

THE DOCTOR SHALL RECORD DATE 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 16 AUG 03 TIME OF ORDER 2100 HOURS LIST TIME ORDER NOTED AND SIGNATURE

- 1 Tx 24 PRBC
2 500 cc 5% Albumin + T now

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 AUG 03 TIME OF ORDER 0715 HOURS

- 1 500 cc 5% Albumin (U Now)
2 Tap each over 10 minutes

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 AUG 03 TIME OF ORDER 0830 HOURS

- 1 Draw Ccc @ 1300

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 17 Aug 03 TIME OF ORDER 1424 HOURS

- 1 Draw Coag study.
2 Infuse 2 units FFP now
V.O. Dr.

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

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

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

USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED

MEDCOM - 16861

CLINICAL RECORD - DOCTOR'S ORDERS

For information of this form, see AR 40-66, the proponent agency's DTSG

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

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			17 AUG 03	2200 HOURS	
NURSING UNIT			① Admit to ICU		
ROOM NO.			Dx S/P GSW Abd.		
BED NO.			cond Stable		
			Vitals Q1° C SAT 3 I/O		
			A110		
			Act Bedrest		
			Foley to Gravity		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-7					
NURSING UNIT			Duodenal tube to Gravity		
ROOM NO.			IP's to Bulb Suction		
BED NO.			Line care		
			ALine		
			Vent 1ml 16 TV 800 Recs F02 50%		
			NPO		
			WF LR @ 150 cal/hr		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(5)(6)-7					
NURSING UNIT			meds		
ROOM NO.			versed Drop Whole to effect		
BED NO.			Fentanyl Drop Whole to effect		
			UNASYN 3.0 gm IV Q8°		
			ZANTAC 60 mg IV Q8°		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]					
NURSING UNIT			LAB CBC, ABG, Chem 8 Chem 12 Now		
ROOM NO.			and Q Am.		
BED NO.			Flush Duodenal tube with		
			10cc H <sub>2</sub> O Q shift		
			NG to LIS		

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1976-402-024

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16862

CLINICAL RECORD - DOCTOR'S ORDERS

Use this form, see AR 40-66, the proponent agency

5G

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

AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

LIST TIME ORDER NOTED AND SIGN

18 AUG 03 1604 HOURS

0955

① 5% Albumin in 500cc x arrow.  
V.O. Dr. [Redacted]

Noted 18 Aug 03 [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

18 AUG 03 1400 HOURS

① A drsg midline abd incision wet to dry Q.D.  
② A drsg around JP tubes pm.  
V.O. Dr. [Redacted]

Noted 18 Aug 03 1620 [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

19 AUG 03 0650 HOURS

0648

0725

① 40mg<sup>KCl</sup> in 250cc run over 2°  
② ↓ MIVF to 75cc  
V.O. Dr. [Redacted]

Noted 19 Aug 03 0800 [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

20 AUG 03 0209 HOURS

① Tylenol 650mg thru NG Tube for ↑ temp 101.1°  
V.O. Dr. [Redacted]

Noted 20 Aug 03 [Redacted]

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1986-409-924

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16863

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AF 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

[Redacted Patient Name]

DATE OF ORDER

21 Aug 03

TIME OF ORDER

0723

HOURS

LIST TIME ORDER NOTED AND SIGN

Noted  
21 Aug 03  
[Signature]

6805

① KCl 40mg IV in 100cc NS over 4 hr

[Redacted]

[Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

[Redacted Patient Name]

DATE OF ORDER

21 Aug 03

TIME OF ORDER

0930

HOURS

① Lasix 40mg SQ QD

[Redacted]

Noted  
21 Aug 03  
1845  
[Signature]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

[Redacted Patient Name]

DATE OF ORDER

21 Aug 03

TIME OF ORDER

1000

HOURS

① 1/4 bleach Dakins soln to midline abd incision + ① Plank BID to dress A. V.O. Dr. [Redacted]

[Redacted]

[Redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

24° Chart

[Redacted Patient Name]

DATE OF ORDER

21 Aug 03

TIME OF ORDER

1945

HOURS

40mg KCl in 100cc NS IVPB over 2hrs via central line.

V.O. Dr. [Redacted]

[Redacted]

Noted

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1976-409-924

USE BALL POINT PEN

MEDCOM - 16864

APER REQUIRED



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 # [REDACTED]			DATE OF ORDER 2110.	TIME OF ORDER 21 Aug 03 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT [REDACTED]			DIVE to DS 1/2 NS + 20KCl @ 75cc/hr. VO: Dr [REDACTED]		
NURSING UNIT [REDACTED]	ROOM NO. [REDACTED]	BED NO. [REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER 21 Aug 03	TIME OF ORDER 2120 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT [REDACTED]			RER 50mg over 8 hours in flush of choice [REDACTED]		
NURSING UNIT [REDACTED]	ROOM NO. [REDACTED]	BED NO. [REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER 27 AUG 03	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT [REDACTED]			1 - START JEVIM @ 10cc/hr 2 - V Glucose @ 40 3 - V CABE Citron 12, Citron 7 + AB [REDACTED] A.M. 4 - Purasorb Cxr 1.5 A.M.		
NURSING UNIT [REDACTED]	ROOM NO. [REDACTED]	BED NO. [REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER 8-22-03	TIME OF ORDER 1320 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT FCW 1			40mg KCl in 100ml D5W per U/O Dr. [REDACTED]		
NURSING UNIT [REDACTED]	ROOM NO. [REDACTED]	BED NO. [REDACTED]	[REDACTED]		

(b)(6)-(7)

Noted  
2140  
21 Aug 03

(b)(6)-(7)

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1986-408-024

"USE BALL POINT PEN" MEDCOM - 16865 "PAPER REQUIRED"

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
(S) 61-4 [REDACTED]			28 AUG 03	0600	
			NS @ KVO for cordis		noted 29 Aug 03 [REDACTED]
			V.O. Dr. [REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.	(S) 61-2		
			24 <sup>th</sup> Chart Check	[REDACTED]	ULT/AW 26 Aug 0030

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]					

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

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

NURSING UNIT	ROOM NO.	BED NO.			
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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
[REDACTED]			29 AUG 07	1125 HOURS	1130
[REDACTED]			①	Mix egg thru Duodenal Drainage with 3hrs TF and feed over 3hrs.	[REDACTED]

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			24 AUG 03	0800 HOURS	
[REDACTED]			①	Advance STT 20cm to 24cm @ tip. V.O. Dr. [REDACTED]	[REDACTED]

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			24 AUG 03	1140 HOURS	
[REDACTED]			①	Portable CXR s/p trials lumen placement	[REDACTED]

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			24 AUG 03	1435 HOURS	
[REDACTED]			①	Substituted 20mg IVP q6 per SBP > 120	[REDACTED]

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	24° Chaut	[REDACTED]

DA FORM 4256 1 APR 79

REPLACES EDITION OF [REDACTED] MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD THIS SYSTEM IS USED, WRITE PROBLEM

TIME AND SIGN EACH SET OF ORDERS. IF NUMBER IN COLUMN INDICATED BY ARROW

EM ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 20 Aug 03	TIME OF ORDER 0630 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			(C) O/C D Vmaser (A) 20yr 3.5% gm IV 96° (A) Cipro 400mg IV q12° (A) Transfere 2in p/Bc 2 crn 4° each (B) KCl 40mg in 100cc NS crn 4° (C) Advance ETT 2.0cm		noted 20 AUG 03 0915
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 20 AUG 03	TIME OF ORDER 0805 HOURS	
[REDACTED]			(D) Advance ETT 1.0cm V.O. Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 24 AUG 03	TIME OF ORDER 0800 HOURS	
[REDACTED]			(D) Midabd and (A) puncture wound wet to dry dress BID V.O. Dr. [REDACTED]		noted 0930 20 AUG 03
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION

[REDACTED]			DATE OF ORDER 27 Aug 03	TIME OF ORDER 2:00 HOURS	
[REDACTED]			CBC, Chem 8, ABG, CXR in Am		NOTED 2100 20 AUG
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 7 JUL 77, WHICH MAY BE USED.

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

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 16868

CLINICAL RECORD - DOCTOR'S ORDER

For this form, see AR 40-66, the proponent agency TSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PHOTOCOPY 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]			26 AUG 03	1425 HOURS	
			① Resume previous order		Noted 26 Aug 03 [REDACTED]
			② Hold TF for now		
NURSING UNIT			[REDACTED]		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			27 Aug 03		
			V.O. Dr. [REDACTED]		Noted 27 Aug 03 [REDACTED]
			1) Restart TF quantity & location per up to 125 cc/hr in next hours.		
			2) Mix 3 hours doublet drainage & 3 hrs TF over 3 hours		
NURSING UNIT			[REDACTED]		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			8/27	0830 HOURS	
			① Fluconazole 100mg ivp qAM		[REDACTED]
			First dose now		
			② CXR now		
NURSING UNIT			[REDACTED]		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			27 Aug 03	1252 HOURS	
			Δ Fluconazole to 100mg PO		1255 27 Aug 03 [REDACTED]
			QAM (First Dose Now)		
			v.o. per Dr. [REDACTED]		
NURSING UNIT			[REDACTED]		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		

(b) (6) - 4 - 1979

(b) (6) - 2 - 1979

DA FORM 4256 1 APR 79

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

MEDCOM - 16869

CLINICAL RECORD - DOCTOR'S ORDERS

For this form, see AR 40-66, the proponent agency SG

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]			27 Aug 63	2116 HOURS	[REDACTED]
(5) 61-4			① NPO 5 AM.		
			VO DR [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			8/28	900 HOURS	[REDACTED]
			① Transfuse 2cc PRBC now		
			② Lasix 40mg ev in between shifts		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			8/28	1400 HOURS	[REDACTED]
			① Resume pre op orders		
			② Start TF at 60 c/min		
			Admission as tolerated.		
			③ MBM care		
			④ Trach care		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

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

MEDCOM - 16870

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
[REDACTED]	[REDACTED]	0710	30 Sept 03	0745 HOURS	[REDACTED] noted 30 Sept 03 [REDACTED]
NURSING UNIT			ROOM NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	0805	1 Sept 03	0720 HOURS	[REDACTED] noted 01 Sept 03 [REDACTED]
NURSING UNIT			ROOM NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	0755	1 Sept 03	[REDACTED] HOURS	[REDACTED] noted 01 Sept 03 [REDACTED]
NURSING UNIT			ROOM NO.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	1 Sept 03	0830 HOURS	[REDACTED] noted 01 Sept 03 [REDACTED]
NURSING UNIT			ROOM NO.		

(b)(6)-(7)

(b)(6)-(7)

DA FORM 4256 1 APR 79

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

U.S. GOV

MEDCOM - 16871

10

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency: TSG

ORIENTED MEDICAL RECORD

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NL

AND SIGN EACH SET OF ORDERS. IF PROBLEM IS IN COLUMN INDICATED BY ARROW BELL

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			01 Sept 03	1600		
[REDACTED]			(1) Tylenol 650mg via NGT q 4-6 prn fever. V.O. Dr. [REDACTED]			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
[REDACTED]			1 Sept 03	2230		
[REDACTED]			(1) ↓ Jevity to 80cc/hr (2) DC 200mg (3) DC Cipro (4) Rocephin 2gm IVPB QD (5) Unasyn 3.0gm IVPB q 6 (6) Δ Fluoxyclo 400mg IVPB QD (7) Cath tips for culture			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
(5)(6)-4						
[REDACTED]						
[REDACTED]						
NURSING UNIT	ROOM NO.	BED NO.				
24 chart check done			[REDACTED] 05/03			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
[REDACTED]			28/03			
[REDACTED]			KCC 400mg in 100cc over 2hrs.			
NURSING UNIT	ROOM NO.	BED NO.				
[REDACTED]			[REDACTED]			

(5)(6)-4  
 2-19(5)

28/03  
 0845

DA FORM 1 APR 79 4256

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



CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NUMBER

AND SIGN EACH SET OF ORDERS. IF PROBLEM IS IN COLUMN INDICATED BY ARROW BELOW

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
------------------------	---------------	---------------	--------------------------------

[Redacted]

25 Sep 03 1600 HOURS

Δ Fluconazole to 150mg PO QD  
v.o. per Dr. [Redacted]

25 Sep 03 [Redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU 1	24° Chart	✓ Admission

3-sept-03 0715 HOURS

- ① D/C NGT
- ② MgSO4 2g - 10 in 250 c DSW x 2hr
- ③ Keep in the same 250 c DSW with
- ④ Send back Aspirin for c/c

NURSING UNIT	ROOM NO.	BED NO.
[Redacted]	[Redacted]	[Redacted]

3 Sept 2007 0810 HOURS

- ① Atenolol 25mg po QD
- ② 1 albumin 25grams at 100cc/hr with 40KCl

NURSING UNIT	ROOM NO.	BED NO.
[Redacted]	[Redacted]	[Redacted]

3 Sep 03 1000 HOURS

- ① Mix TF & 80cc of Feed + 40cc/hr of Doodang drip and run @ 120cc/hr
- ie. for 4 hrs with 200 c Feeds with 100 cc Doodang drip and run @ 120cc/hr

NURSING UNIT	ROOM NO.	BED NO.
24° Chart	[Redacted]	[Redacted]

1930 03 Sep 03

DA FORM 1 APR 79 4256

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

(b)(6)-2

36 Sep 03 1626

CLINICAL RECORD - DOCTOR'S ORDERS

For use

this form, see AR 40-66, the proponent agency

TSG

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM NUMBER

AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IS IN COLUMN INDICATED BY ARROW BELOW...

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			4 Sep 03	1240 HOURS	
NURSING UNIT: ICU 1			① BID Moist Kerlix Dressing to midline wound <b>*</b> be very careful there is Bowel under there. Make sure Dressing stays moist. <b>*</b> ② DIC Maint IUF ③ PCXR in AM		
PATIENT IDENTIFICATION			5 Sept 03	0830 HOURS	
NURSING UNIT: [REDACTED]			① 1 Akrolol 5mg po QD ② [REDACTED]		
PATIENT IDENTIFICATION			05 Sept 03	1600 HOURS	
NURSING UNIT: [REDACTED]			① Pt to CT scan tomorrow Dr. [REDACTED]		
PATIENT IDENTIFICATION			6 Sep 03	1530 HOURS	
NURSING UNIT: 24° Chart ✓ [REDACTED]			① Resume Previous orders & No more Nodent/Tube drainage or Feeds ② stat TF @ 20 call/hr.		
NURSING UNIT: [REDACTED]			[REDACTED]		

DA FORM 4256 1 APR 79

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

MEDCOM - 16874

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency.  
 THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.  
 SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

SG  
 ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
------------------------	---------------	---------------	--------------------------------

[Redacted]

- ① ↑ FiO<sub>2</sub> to 100%
- ② PCXR
- ③ ABG
- ④ JPs # 3 & # 4 to LIS
- ⑤ Repeat ABG

[Redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU 1		

DATE OF ORDER	TIME OF ORDER	HOURS
6 Sep 03	1820	

6 Sep 03 (sw)  
 1835

DATE OF ORDER	TIME OF ORDER	HOURS
6 Sept 03	2015	

# [Redacted]

- ① All vital signs q 4<sup>h</sup>

Noted with [Redacted]

NURSING UNIT	ROOM NO.	BED NO.

[Redacted]

DATE OF ORDER	TIME OF ORDER	HOURS
6 Sep 03	0700	

[Redacted]

- ① CKR QAM
- ② ↓ CKR to 12
- ③ ABG in 1 hr

Noted 47Kp  
 07 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS
16 15	Sept 03	

[Redacted]

- ① DIC JP LIS to bulb suction
- ② ↑ TF by 20cc/° until target rate
- ③ ↓ peep to 5

Noted 0728  
 7 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256  
 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

75G

ORIENTED MEDICAL RECORD

THE DOCTOR SHALL RECORD DATE, TIME, AND SIGN EACH SET OF ORDERS. IF PROBLEM NUMBERING 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]			8 Sep 03	0705 HOURS	noted 08 Sept 03 0735 [REDACTED]
[REDACTED]			① Trach collar for 1 hr then ABC		
[REDACTED]			② Advance TF to 80 cc / hr		
NURSING UNIT	ROOM NO.	BED NO.	24° Chart Check [REDACTED] 0100		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			9 Sep 03	0650 HOURS	done 10/20
[REDACTED]			① KCl 40 meq in 250 cc D5w over 2 hrs.		
NURSING UNIT	ROOM NO.	BED NO.	24° Chart Check [REDACTED] 0130		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			10 Sep 03	0710 HOURS	[REDACTED]
[REDACTED]			Use sulfamylon solution for wet to dry dressing changes on back of head, @ shoulder, and B/E		
NURSING UNIT	ROOM NO.	BED NO.	v.o. Dr. [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			10 Sep 03	0819 HOURS	[REDACTED]
[REDACTED]			KCl 20 meq IV PB Now to run over 2 hours		
NURSING UNIT	ROOM NO.	BED NO.	v.o. Dr. [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			11 Sep 03	0100 HOURS	[REDACTED]
[REDACTED]			24° Chart Check [REDACTED]		

5761-2

DA FORM 4256 1 APR 79

INITIAL RECORD - DOCTOR'S ORDERS

For use in the medical record system, see AR 40-66, the proponent agency's form, and DA FORM 4256, 1 APR 79.

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 EPW # [REDACTED] (5)(6)-4	DATE OF ORDER 11 Sep 03	TIME OF ORDER 0030 HOURS	LIST TIME ORDER NOTED AND SIGN
	fentanyl gtt to Morphine gtt. Titrate to effect. VO: Dr [REDACTED]		

(5)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	CPT / [REDACTED]	24' chart check done

PATIENT IDENTIFICATION EPW # [REDACTED]	DATE OF ORDER 11 Sep 03	TIME OF ORDER 0705 HOURS	LIST TIME ORDER NOTED AND SIGN
---	----------------------------	-----------------------------	--------------------------------

① KCl 40mg in 500cc D5W over 4 hrs.	② send Trach by culture
-------------------------------------	-------------------------

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION EPW # [REDACTED]	DATE OF ORDER 11 Sep 03	TIME OF ORDER 1000 HOURS	LIST TIME ORDER NOTED AND SIGN
---	----------------------------	-----------------------------	--------------------------------

① Start PIU	② D/c central line when PIU Access obtained.	③ Start clears as tolerated
-------------	--	-----------------------------

NURSING UNIT	ROOM NO.	BED NO.
ICU 1	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION EPW # [REDACTED]	DATE OF ORDER 12 Sep 03	TIME OF ORDER 1010 HOURS	LIST TIME ORDER NOTED AND SIGN
---	----------------------------	-----------------------------	--------------------------------

① D5W 50 cc/hr IV	② Make ALL IV infusions D5W.
-------------------	------------------------------

NURSING UNIT	ROOM NO.	BED NO.
24' chart	[REDACTED]	[REDACTED]

DA FORM 4256 1 APR 79

CLINICAL RECORD DOCTOR'S ORDERS

For use of this form, see AP 60-88, the predecessor agency to OHSU

THE CLERK 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	EST. TIME ORDER INVOICED AND SIGN
[REDACTED]			13 Sept 03	0940 HOURS	
① Place empty ad. record IP out put @ 50 cc/hr ② Demand TTF to 100 cc/hr. ③ saline lock DSW infusion.					

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			14 Sept 03	0908 HOURS	
① DSW to 50 cc/hr					

Noted  
14 Sept 03  
0950  
13 Sept 03  
1006

NURSING UNIT	ROOM NO.	BED NO.
240 Chart	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			16 Sept 03	1200 HOURS	
① Δ DSW infusion to 1/2 NS @ 50 cc/hr					

noted  
16 Sept 03  
1012

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			16 Sept 03	1245 HOURS	
① OUB to chair BID V.O. Dr. [REDACTED]					

noted  
16 Sept 03  
1012

NURSING UNIT	ROOM NO.	BED NO.
240 Chart	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			081318 Sept 03		

(5)161-9

(5)161-2

(5)161-2

CLINICAL RECORD DOCTOR'S ORDERS

For use of this form, see AP 40-85, the procedural agency is OTCO

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

PATIENT IDENTIFICATION: [Redacted] DATE OF ORDER: 18 Sep 03 TIME OF ORDER: 0705 HOURS: [Redacted] LIST TIME ORDERED AND SIGN: [Redacted]

- X ① Fentanyl Patch 50µg/hr to CW Q 3 days
- ② V Mcon @ Fentanyl come on
- ③ Ativan 1-2 mg IV Q 4<sup>th</sup> PRN Agitation
- ④ Haldol 5mg IV Q 8<sup>th</sup> PRN Agitation

NURSING UNIT: ICU 1 ROOM NO. [Redacted] BED NO. [Redacted]

PATIENT IDENTIFICATION: [Redacted] DATE OF ORDER: 19 Sep 03 TIME OF ORDER: 1100 HOURS: [Redacted]

- Admit to PACU → ICU
- S/O STSS to Abd
- Cond stable
- Uteic QIP ESAT 3 I/O
- All -
- Act Bed Rest
- Nurse, please keep Relebrucy

NURSING UNIT: [Redacted] ROOM NO. [Redacted] BED NO. [Redacted]

PATIENT IDENTIFICATION: [Redacted] DATE OF ORDER: [Redacted] TIME OF ORDER: [Redacted] HOURS: [Redacted]

- sedated x 3 days while STSS
- kecs
- NPO No TF x 3 days
- IV D5 1/2 NS 120cc @ 120cc/hr
- mds
- Fentanyl Patch 50µg/hr to CW Q 3d
- ZANAC 50mg IV Q 8<sup>th</sup>

NURSING UNIT: [Redacted] ROOM NO. [Redacted] BED NO. [Redacted]

PATIENT IDENTIFICATION: [Redacted] DATE OF ORDER: [Redacted] TIME OF ORDER: [Redacted] HOURS: [Redacted]

- Loxene 40mg SQ QD
- Dk Rocephin/Unasyn/Fluconazole
- Atenolol 50mg PO QD
- Albuterol nebs Q 4<sup>th</sup>
- Mcon 5mg TTbk to effect
- At ANua 7mg IV Q 8<sup>th</sup> E Tyg
- IV Q 8<sup>th</sup> PRN Agitation

NURSING UNIT: [Redacted] ROOM NO. [Redacted] BED NO. [Redacted]

PATIENT IDENTIFICATION: [Redacted] DATE OF ORDER: [Redacted] TIME OF ORDER: [Redacted] HOURS: [Redacted]

DA FORM 4250 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

24<sup>th</sup> Chart ✓ [Redacted] 20 Sep 03 0855

(5)61-2 MEDCOM - 16879

510-2 19 Sep 03 1300 [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 19 Sep 03	TIME OF ORDER 1100 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]						
NURSING UNIT				① orders Part II		
ROOM NO.				LABS CBC, Chem 8 QAM.		
BED NO.				Tylenol 650 mg P/Take Q6 <sup>o</sup> PRN Pain		
				* Loperamide crushed 2 pills crushed/dia		
				Per I tube Now then one pill		
				Q 12 <sup>o</sup>		
				JP to 125 mmHg soct		

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF	HOURS
				At All times		

NURSING UNIT				24 <sup>o</sup> Chart Check [REDACTED] 20 SEP 03 0445		
ROOM NO.						
BED NO.						

PATIENT IDENTIFICATION				DATE OF ORDER 20 Sep 03	TIME	HOURS
				① Ativan 1-2 mg IV Q 4 <sup>o</sup> PRN Agitation		
				② Haldol 5mg IV Q 6 <sup>o</sup> PRN Agitation Not responsive to Ativan		
				③ Haldol 5mg IV QHS		

NURSING UNIT				[REDACTED]		
ROOM NO.						
BED NO.						
PATIENT IDENTIFICATION				DATE OF ORDER 20 Sep 03	TIME 1029	HOURS
				Δ Lovensol to 30 mg SQ QD		
				v.o. per Dr. [REDACTED]		

NURSING UNIT				[REDACTED]		
ROOM NO.						
BED NO.						

DA FORM 1 APR 79 4256 240 [REDACTED] WHICH MAY BE USED

MEDCOM - 16880



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 21 SEP 03	TIME OF ORDER 2400 HOURS	LIST TIME ORDER NOTED AND SIGN Slt'd by [redacted] 9/24/03 20 SEP 0530
[redacted] (5)(6)-4			① Dk Coprenide		
NURSING UNIT	ROOM NO.	BED NO.	[redacted]		

PATIENT IDENTIFICATION			DATE OF ORDER 22 SEP 03	TIME OF ORDER 1230 HOURS	LIST TIME ORDER NOTED AND SIGN [redacted] 1520
[redacted]			① BID w-D dressing A's to Abd. Place xero form over Graft Area.		
[redacted]			② Start TFC @ 30 cc/hr then ↑ 10 cc/hr @ 20 until host a 100 cc needed		
NURSING UNIT	ROOM NO.	BED NO.	[redacted]		

PATIENT IDENTIFICATION			DATE OF ORDER 22 SEP 03	TIME OF ORDER 1230 HOURS	LIST TIME ORDER NOTED AND SIGN [redacted] 1520
[redacted]			R Pt may try Regular Diet		
NURSING UNIT	ROOM NO.	BED NO.	[redacted]		

PATIENT IDENTIFICATION			DATE OF ORDER 9/23	TIME OF ORDER 1630 HOURS	LIST TIME ORDER NOTED AND SIGN [redacted] 9/23/03 1640
[redacted] (5)(6)-2			① FL 997 500 mg po tid		
[redacted] (5)(6)-4			② ↓ IVF to 75 cc/hr		
NURSING UNIT	ROOM NO.	BED NO.	[redacted]		

DA FORM 4256 1 APR 79

OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATA SYSTEM IS USED, WRITE PROBLEM NUMBER

AND SIGN EACH SET OF ORDERS. IF IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] (676)-4			26 SEP 03	1630 HOURS	
[REDACTED]			V.O.		
[REDACTED]			Changes VS to Q4h		
[REDACTED]			GIVEN BY DR [REDACTED]		
[REDACTED]			TAKEN BY FLESH SEMPLEN		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]			27 SEP	11:00 HOURS	
[REDACTED]			DC Albuterol		
[REDACTED]			V.O. DR [REDACTED]		
[REDACTED]			TAKEN BY FLESH SEMPLEN		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			29 Sept 03	1629 HOURS	
[REDACTED]			X-ray of abd. c contrast.		
[REDACTED]			V.O. DR [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			30 Sep 03	2100 HOURS	
[REDACTED]			1. DC IV Zantac when Pharmacy supply depleted then begin IV Zantac as ordered below		
[REDACTED]			2. <del>Lasix 50mg IV qd</del>		
NURSING UNIT	ROOM NO.	BED NO.	V.O. Dr. [REDACTED] MAJAN		

DA FORM 1 APR 79 4256

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

MEDCOM - 16882

CLINICAL RECORD - DOCTOR'S ORDERS

For this form, see AR 40-66, the proponent agency DTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER 02 Oct 03	TIME OF ORDER 0926 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			① DIC. Chivan 1mg IV Q8h.		
[REDACTED]			② DIC. Halodol 5mg IV QHS.		
[REDACTED]			VO DR [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
	ICU1	2			

PATIENT IDENTIFICATION			DATE OF ORDER 02 Oct 03	TIME OF ORDER 1450 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			V.O. Maj [REDACTED] - Lat		
[REDACTED]			Please do wound cultures from the abdominal surgical site & sphenoid wound sites. Mark probe of the source		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER 10/2	TIME OF ORDER 1630 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			PT consult		
[REDACTED]			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER 03 OCT 03	TIME OF ORDER 1741 HOURS	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			504 0100		
[REDACTED]			① Vio. Dr Matsumoto / CPT [REDACTED]		
[REDACTED]			Ambien 10mg qHS		
NURSING UNIT	ROOM NO.	BED NO.			
	240	504			

DA FORM 4256 1 APR 79

REPLACES EDITED WHICH MAY BE USED.

MEDCOM - 16883

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICW I	1	B			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICW I	1	B			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICW I	1	B			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICW I	1	B			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
ICW I	1	B			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	

DA FORM 4256 1 APR 79

REPLACES ED

MAY BE USED.

MEDCOM - 16884

CLINICAL RECORD - DOCTOR'S RS  
 use of this form, see AR 40-66, the proponent. Policy 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]			7 Oct 03	2300 HOURS	
[REDACTED]			Benadryl 25mg IVP q 6 <sup>o</sup> PRN		

(b)(6)-4

WALTER D. [REDACTED]  
 01/05/03

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
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030345	[REDACTED]	[REDACTED]
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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			230	_____ HOURS	
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				_____ HOURS	
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				_____ HOURS	
[REDACTED]			[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

DA FORM 4256  
 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			18 OCT 03	0600 HOURS	

(5)161-7

① send for contrast study of T Mx

NURSING UNIT	ROOM NO.	BED NO.
KW#1	3	F

Noted [REDACTED] (5)161-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
240 ✓ 20 Oct @ 0500			24 OCT 03	0700 HOURS	

NURSING UNIT	ROOM NO.	BED NO.
2300	3	F

Noted [REDACTED] 240 ✓ 24 Oct @ 0500

① NPO  
② stop HF now  
③ on call to OR

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(5)161-2			23 OCT 03	0700 HOURS	

Noted [REDACTED] 24 OCT 03

① Restart gent  $\text{@ } 7 \text{cc/L}$

NURSING UNIT	ROOM NO.	BED NO.
240	3	F

[REDACTED] 24 OCT @ 1800

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
240 ✓ 29 Oct @ 0440			27 OCT 03	0930 HOURS	

DSG  $\Delta$  BID to abd skin graft site  $\bar{c}$  Silverdene cream and dr. fluid

NURSING UNIT	ROOM NO.	BED NO.
240 ✓ 29 Oct @ 0440	3	F

DA FORM 4256 1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS  
 Use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(5)1617	[REDACTED]	[REDACTED]	28 OCT 03	0925 HOURS	
<p><i>noted</i></p> <p><i>(5)1617</i></p>			<p>① All skin graft sites:</p> <p>BID Knee wound &amp; NS</p> <p>Then Apply Silvadene covered with Gauze BID</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0500	290403	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	29 OCT 03	0900 HOURS	
[REDACTED]			<p>① D/c Teushy</p> <p>② D/c Hep Lock</p> <p>③ D/c Tagamet</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0345	200508	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(5)1617	[REDACTED]	[REDACTED]	5 NOV 03	0945 HOURS	
<p><i>(5)1617 noted</i></p> <p><i>(5)1617-2</i></p>			<p>① P/C Silvadene to skin grafts</p> <p>② Apply Moisturizer to STBG BIV</p> <p>③ Change V-7 D dressing AS to LCE @ least BID</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 0345	200508	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]	[REDACTED]	[REDACTED]	5 NOV 03	1730 HOURS	
[REDACTED]			<p>Cont. using silvadene on skin grafts &amp; BID dressing AS v.o. Dr. [REDACTED]</p>		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
JAP / 2300	5 NOV 03	[REDACTED]	[REDACTED]		

DA FORM 4256 1 APR 79




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

MEDCOM - 16887

**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
 (5)/6-4			25 OCT 03	1030 HOURS	
			Admit to PACU → ICU 2 Slip skin graft to Abd / chest / ARM cond stable vlets Q shift All O		
NURSING UNIT	ROOM NO.	BED NO.			
ICW 1			Act Ad Lib.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			Nurse - (B) ID WSD Dressing Δ to (R) Lower leg wound Moistur skin graft Dressing E sulfamylon solution Q 6 <sup>0</sup> Regular Diet Flush I-tube i 100-NS Q 8 <sup>0</sup> Saline Lock IV Meds -		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			Resume Previous Meds MD will Δ STSG sites in 7-5 days 		
NURSING UNIT	ROOM NO.	BED NO.			
	240 ✓	24 OCT 03 @ 0500			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
					
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256  
1 APR 79

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

MEDCOM - 16888



**MEDICAL RECORD - DOCTOR'S ORDERS**

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled Items)		
X	VS q 5 min X 15 min, then q 15 min until discharge.		
X	Supplemental oxygen. <i>to maintain Sat 7 95%</i>		
X	Morphine / Meperidine <u>10</u> mg IV now and <u>1-2</u> mg q 3-5 min prn pain for a max dose of <u>10</u> mg.		
4	Zofran <u>4</u> mg IV prn N/V q 15 min, may repeat x _____.		
5	Metoclopramide <u>10</u> mg IV prn N/V x 1.		
6	<del>Droperidol _____ mg IV prn N/V x 1.</del>		
7	<del>Phenergan _____ mg IV prn N/V x 1.</del>		
8	<del>Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.</del>		
9	IVF: <u>LK</u> @ <u>100</u> cc/hr.		
10	Discharge <del>_____</del> when PACU discharge criteria met. <i>CRNA</i>		
11	<del>May give 15 mg Demerol for shivering x 1</del> <i>CRNA</i> <u>(5/16)-2</u>		

PATIENT IDENTIFICATION	Complete the following information on page 1 only. Note any changes on subsequent pages.			
	Diagnosis: _____			
	Height: _____		Weight: _____ Diet: _____	
	Allergies: _____			
Nursing Unit PACU, 28th CSH		Room No.	Bed No.	Page No. 1 of 1

**MEDICAL RECORD - DOCTOR'S ORL**

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
11/17/03	1015 POST ANESTHESIA ORDERS (circled items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.	11/17/03	
2	Supplemental oxygen. $FiO_2$ SAT < 96%		
3	Morphine / Meperidine 3-4 mg IV now and 3 mg q 3-5 min prn pain for a max dose of 20 mg. MAINTAIN RR > 10/min		1015
4	Zofran 4 mg IV prn N/V q 15 min, may repeat x	11/17/03 1015	
5	Metoclopramide mg IV prn N/V x 1.		
6	Droperidol mg IV prn N/V x 1.		
7	Phenergan mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: LR @ 150 cc/hr.	11/17/03 1015	1015
10	Discharge from recovery status when PACU discharge criteria met.		
11.	LABELAL IN 5mg Q5-10min TO MAX 20mg for SBP > 170 and/or DBP > 90		

11/17/03

**PATIENT IDENTIFICATION**

# [REDACTED] (6)(6)-9

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Diet: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Nursing Unit PACU, 28th CSH	Room No.	Bed No.	Page No. 1 of 1
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form

CLINICAL RECORD - DOCTOR'S ORDERS  
 Use of this form, see AR 40-66, the proponent is OTSG

THE DOCTOR SHALL RECORD 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]			15 NOV 03	1006 HOURS	
[REDACTED]			① NPO P.N.U. this Sunday but OK Monday Sat/15/06		

NURSING UNIT	ROOM NO.	BED NO.
24/11 NOV 03 @ 0300	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			19 NOV 03	0837 HOURS	
[REDACTED]			① May take pt. in a wheelchair to the bathroom. No walking or standing.		
[REDACTED]			② May sit in a chair but must elevate his leg @ all times		
[REDACTED]			③ No dangling leg		

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			21 NOV 03	0811 HOURS	
[REDACTED]			① Dry Protective Dressing is daily to Right thigh donor site		

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			22 NOV 03	0946 HOURS	
[REDACTED]			① Pt. may ambulate toward from the bathroom		
[REDACTED]			② g day dry dressing to the thigh donor site. <b>DO NOT</b> remove that Xeroform		
[REDACTED]			③ g day dressing s to the Right lower leg skin graft Xeroform and dry dressing. Trim the Xeroform to only touch the graft		

NURSING UNIT	ROOM NO.	BED NO.
24/23 NOV 03 @ 0410	[REDACTED]	[REDACTED]

DA FORM 4256  
1 APR 79

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

MEDCOM - 16891

CLINICAL RECORD - DOCTOR'S ORDERS

Use of this form, see AR 40-66, the proponent

Agency is OTSG

THE DOCTOR SHALL RECORD SYSTEM IS USED, WRITE PROBLEM

TIME AND SIGN EACH SET OF ORDERS. NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PROBLEM ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

# [REDACTED]

(5) 161-4

DATE OF ORDER



17 NOV 03

TIME OF ORDER

1000

HOURS

LIST TIME ORDER NOTED AND SIGN

- (1) Return to work, Dr. Ellman
- (2) Dx: open wound, RLE
- (3) Con. status = stable
- (4) NKWT
- (5) Vitals = q 6 x 24 hours. Then routine
- (6) Activity = Bed rest; strict RLE elevated @ all times

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

no pressure applied to the posterior portion of his chest

- (7) Percutaneous Spirometry 10x/6. white sputum
- (8) Diet = regular
- (9) HepLock IV
- (10) Atenolol 50mg p.o. qd
- (11) Fentanyl Patch 25mcg/hr

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

change every 72

- (12) Percocet 5-10 p.o. q 4-6 pm break through pain
- (13) Motrin 300mg SubQ q day
- (14) Moisturize or other emollientizing cream to chest and abdomen
- (15) skin grafts BID

(5) 161-2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

17 NOV 03 @ 1800

noted 17 Nov 03 @ 1800 [REDACTED]

Dr. [REDACTED] / Lt. [REDACTED] Tylenol 650mg PO x 1 now

(5) 161-2

NURSING UNIT

ROOM NO.

BED NO.

He [REDACTED] 18 Nov 03

DA FORM 1 APR 79 4256

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT SYSTEM IS USED, WRITE PROBLEM

AND SIGN EACH SET OF ORDERS. IF P ER IN COLUMN INDICATED BY ARROW BE

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

DATE OF ORDER 24 NOV 03 TIME OF ORDER 1718 HOURS LIST TIME OF ORDER NOTED SIG

- ① Pt may ambulate @ will
- ② Berdon Xeroborn is over Right Lower Leg skin graft

NURSING UNIT ROOM NO. BED NO.

24/0300 24 NOV 03 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER 25 NOV 04 TIME OF ORDER 0856 HOURS

- ① Moisturize Cream to RLE donor site and skin graft site
- ② W/C Xeroborn Gauze dressing to skin graft
- ③ Dry protective dressing to RLE skin graft & Moisturize applied

NURSING UNIT ROOM NO. BED NO.

24/0300 24 NOV 03 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER 27 NOV 03 TIME OF ORDER 0942 HOURS

- ① W/C Keptanil Patch ✓
- ② Narrative is on the Chart ✓
- ③ W/C to Prison Camp @ next camp on

NURSING UNIT ROOM NO. BED NO.

24/0300 24 NOV 03 0450 [REDACTED]

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT ROOM NO. BED NO.

DA FORM 1 APR 79 4256

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

MEDCOM - 16893

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Mo. 02 Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION														
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
				10	11	12	13	14	15	16	17	18	19	20		
10 Aug 03	[REDACTED]	Start Jevity @ 3cc/hr via DHT	06													
10 Aug 03	[REDACTED]	Increase TF to 50cc over next 4 hours	08													
		Check residuals q 4 <sup>h</sup>	12													
		Hold for over 100cc	16													
		Restraint when less than 100cc	20													
			24													
11 Aug 03	[REDACTED]	Increase TF to 100cc/hr over next 4 hrs. ✓ residuals q 2 <sup>h</sup> Hold for > 100cc	06													
			18													
11 Aug 03	[REDACTED]	Increase TF to 125cc/hr	06													
			18													
13 Aug 03	[REDACTED]	NTO! Elevate arms and heels of bed.	06													
			18													
12 Aug 03	[REDACTED]	Vent settings: SIMV TV 700, rate 18, FiO <sub>2</sub> 50%, pEEP 5 (14 Aug)	06													
			18													
14 Aug 03	[REDACTED]	ABG's - BID - O <sub>2</sub> 100	04													
			16													
14 Aug 03	[REDACTED]	SIMV 16, TV 700, FiO <sub>2</sub> 40%, pEEP 5	06													
			18													
15 Aug 03	[REDACTED]	CBC, Chem 7, ABG, CXR QAM	04													
16 Aug 03	[REDACTED]	BID wet to dry dressing Δ to Evision site. Sulfamylon	06													
			18													

5/6-2

5/6-2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: solution for dressing Δ.      ADDITIONAL PAGES IN USE:  YES  NO

**NKOA**      **SLP 50% BSA Burns**      PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: [REDACTED] (5/6-7)

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo <u>08</u> Yr <u>2003</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
14 Aug 03	[Redacted]	Restart Tube feeds	14 Aug		1015	[Redacted]	
14 Aug	[Redacted]	change PR 16	14 Aug		1350	[Redacted]	
17 Aug 03	[Redacted]	ABC, chem 7: CBC @ 0400	15 Aug 03	0400	0400	[Redacted]	
16 Aug 03	[Redacted]	Resume previous orders.	16 Aug 03		1340	[Redacted]	
17 Aug	[Redacted]	KUB + Chest in AM 18	18 Aug	0400		[Redacted]	
17 Aug	[Redacted]	1000cc LR Bolus	17 Aug	1900	1900	[Redacted]	
17 Aug	[Redacted]	500cc LR Bolus Now	17 Aug	2200	2200	[Redacted]	
17 Aug	[Redacted]	Necoronium 10mg IVP Now	17 Aug	2200	2200	[Redacted]	
17 Aug	[Redacted]	ABG/CBC	17 Aug	2215	2215	[Redacted]	
17 Aug	[Redacted]	Zu PRBC	17 Aug	2100	2100	[Redacted]	
		Transfuse Tu PRBC	17 Aug	2300	2300	[Redacted]	
14 Aug 03	[Redacted]	CBC / chem 7. ABG & Transfusion	18 Aug 03			[Redacted]	

2 (16/9)

(5/16) 2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
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USAPA V1.00





CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
16 Aug	[Redacted]	US ghr, 130	06 16/17/18	
16 Aug	[Redacted]	Act: BR	06 18	
16 Aug	[Redacted]	foley to gravity	06 18	
16 Aug	[Redacted]	Act: NPO	06 18	
16 Aug	[Redacted]	labs: CBL, ch12, ch8,		
16 Aug	[Redacted]	CBL of 6°	06 18	
16 Aug	[Redacted]	vent: SIM-12/TU-750/ prep 5/50%	06 18	
16 Aug	[Redacted]	NGT to US	06 18	
16 Aug	[Redacted]	transduce EUP	06 18	

2  
5  
5

> Add 16 Aug 03 clarification

> See RT flow sheet for vent changes

ALLERGIES:  YES  NO

all φ

PRIMARY DIAGNOSIS:

S/P Excep GSW to abd

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

[Redacted]

85 kg

(5/6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	Yr
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
16 Aug 03	[REDACTED]	Transfuse 2 units PRBCs #1	16 Aug 03				
		#2	16 Aug 03				
17 Aug 03	[REDACTED]	540 cc 5% Albumin IV now	17 Aug 03 NOW	0844	[REDACTED]	[REDACTED]	
17 Aug 03	[REDACTED]	amp CaCl over 10 minutes	17 Aug 03 NOW	0735	[REDACTED]	[REDACTED]	
17 Aug 03	[REDACTED]	Infuse 2 units PFP NOW	(1) 17 Aug 03 NOW	1125	[REDACTED]	[REDACTED]	
	(5)(6)-2		(2) 17 Aug 03		(5)(6)-2		

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
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USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	Yr
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
16 Aug	[redacted]	Admit to ICU	16 Aug		1012	[redacted]	
16 Aug	[redacted]	Condition Guarded	16 Aug		1012	[redacted]	
16 Aug	[redacted]	Labs: CBC, chem 12, chem 8, ABG	16 Aug		1035	[redacted]	
16 Aug	[redacted]	ABG & electrolytes NOW	16 Aug		1710	[redacted]	
16 Aug	[redacted]	↑ RR to 16 and TV to 750 ml	16 Aug		1148	[redacted]	
16 Aug	[redacted]	↑ TV 800 + ↑ FiO2 100%	16 Aug		1858	[redacted]	
17 Apr	[redacted]	Draw CBC @ 1300	17 Aug	1300	1230	[redacted]	
17 Apr	[redacted]	Draw Coag. study	17 Aug		1350	[redacted]	
		(L) 6-2				(L) 6-2	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
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USAPA V1.00

MEDCOM - 16899

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
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VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE			DATE COMPLETED													
				4	5	6	7	8	9	10	11	12	13	14	15	16	17
17 AUG 03	[REDACTED]	Vitals Q 1 <sup>st</sup> & sat @ 110	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
17 AUG 03	[REDACTED]	Act. Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
17 AUG 03	[REDACTED]	clay to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
17 AUG 03	[REDACTED]	JP's bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
17 AUG 03	[REDACTED]	ABC, ABG, chem 8, chem 12 Q AM	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
17 AUG 03	[REDACTED]	Flush J-tube @ 10cc NS Q Shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
18 AUG 03	[REDACTED]	Δ desq around JP tubes PRN	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

(5)(6) ~

(5)(6) 2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: JP Gunshot wound abd.

ADDITIONAL PAGES IN USE:  YES  NO      PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: # [REDACTED] (5)(6)-9

**ACTION TIMES**  
 USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. <sup>AUG</sup> ~~SEP~~ 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED															
				31	01	02	03	04	5	6	7	8	9	10	11	12	13		
17 Aug 03	[REDACTED]	Vitals q 1 <sup>o</sup> e sat + I/O	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Act: Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Duodenal tube to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	JPs to bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	line care, A-line	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	CBC, ABG, Chem 8, Chem 4 12 q Am	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	Flush duodenal tube and J-tube e 10cc NS q shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Aug 03	[REDACTED]	NG-LIS	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18 Aug 03	[REDACTED]	Adrsq around JP tubes pm	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Sep 03	[REDACTED]	Mix TF e 80cc of Feed e 40cc of Duodenal Drainage 4 run @ 120cc/hr. i.e. For 4 hrs, Mix 320cc Feeds e 160cc Duodenal Drainage	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

20615

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: end rln @ 120cc/hr

ADDITIONAL PAGES IN USE:  YES  NO

NKDA

S/P gunshot wound abd

PAGE NO: 1

PATIENT IDENTIFICATION:

# [REDACTED]

(b)(6)-7

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

Rewritten Aug 03 ABZ 0300

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (NO. 1 - MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																													
				17	18	19	20	21	22	23	24	25	26	27	28	29	30																
17 Aug 03	[REDACTED]	Vitals q 1° E Sat + I/O	04	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	Act: Bedrest	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	Foley to gravity	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	Duodenal tube to gravity	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	JP's to bulb suction	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	line care, A line	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	vent SIMV 14 TV800, PEEP 5	06	[REDACTED]																													
		FiO2 50%	18	[REDACTED]																													
17 Aug 03	[REDACTED]	NPO	06	[REDACTED]																													
			18	[REDACTED]																													
17 Aug 03	[REDACTED]	CBC, ABG, Chem 8, Chem 12	04	[REDACTED]																													
		q AM		[REDACTED]																													
17 Aug 03	[REDACTED]	Insert duodenal tube and	10	[REDACTED]																													
		J tube 10 cc NS q	22	[REDACTED]																													
		shift		[REDACTED]																													
17 Aug 03	[REDACTED]	NG - LIS	06	[REDACTED]																													
			18	[REDACTED]																													
18 AUG 03	[REDACTED]	Midline abd drsg wet to	06	[REDACTED]																													
		dry QD	18	[REDACTED]																													
18 AUG 03	[REDACTED]	Δ drsg around JP tubes	06	[REDACTED]																													
		prn	18	[REDACTED]																													

(5)(6)2

(5)(6)2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: sp gunshot wound abd.

ADDITIONAL PAGE:  YES  NO  
PAGE NO: 1

PATIENT IDENTIFICATION:

# [REDACTED] (5)(6)-7

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing

Therapeutic Documentation Care Plan  
(NON-MEDICATION)

Mo \_\_\_\_\_ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
18 Aug	[Redacted]	Admit to ICU		done		[Redacted]
17 Aug	[Redacted]	cond. stable.				[Redacted]
17 Aug	[Redacted]	lab CBC, ABG, Chem 8, Chem 12 Now			0800	[Redacted]
18 Aug	[Redacted]	5% albumin in 500cc XT now	18 Aug 03		0955	[Redacted]
18 Aug	[Redacted]	40 mEq KCl in 250cc run over 2	19 Aug 03		1010	[Redacted]
20 Aug	[Redacted]	Advance ETT 2.0cm	20 Aug 03		0700	[Redacted]
20 Aug	[Redacted]	Advance ETT 1.0cm	20 Aug 03		0840	[Redacted]
24 Aug	[Redacted]	Advance ETT 2.0cm to 24cm @ lip	24 Aug 03		0800	[Redacted]
24 Aug	[Redacted]	Portable CXR s/p triple lumen placement	24 Aug 03		1200	[Redacted]
26 Aug	[Redacted]	Hold TF for now	26 Aug 03		1640	[Redacted]
27 Aug	[Redacted]	CXR Now	27 Aug 03		1030	[Redacted]
27 Aug	[Redacted]	NPO after Midnight	27 Aug 03	1100		[Redacted]
27 Aug	[Redacted]	NPO 7 AM.	27 Aug 03	7 AM	7 AM	[Redacted]
28 Aug	[Redacted]	Resume previous orders	28 Aug 03		noted	[Redacted]
30 Aug	[Redacted]	Hold TF	30 Aug 03		0710	[Redacted]

(5)(9)(5)

(5)(9)(5)

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
.....	.....													
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USAPA V1.00

Revised 02 Sep 03 10 ALZ

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																		
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				20	21	22	23	24	25	26	27	28	29	30	31	01	2			
20 Aug 03	[REDACTED]	Mid abd and @ puncture wound wet to dry drsg	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Δ BID																		
21 Aug 03	[REDACTED]	1/4 strength Dakin's soln to midline abd incision + @ Plank BID drsg Δ	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		mix 3 hrs discarded drainage 2 hrs TF @	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		feed over 2 hrs	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]		X																	
28 Aug 03	[REDACTED]	start TF at 60cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		advance as tolerated	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug	[REDACTED]	Mouth Care	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug	[REDACTED]	Track care	X																	
			06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 Sep	[REDACTED]	↓ Jevity to 80cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5) (6) - 2

(5) (6) - 2

ALLERGIES:  YES  NO  
 PRIMARY DIAGNOSIS: S/P Gunshot wound Abdomen  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: 2

PATIENT IDENTIFICATION: [REDACTED] (5) (6) - 4

ACTION TIMES  
 USE PENCIL. CIRCLE ACTION TIMES

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





CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)																			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																			
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																	
				03	04	05	06	07	08	09	10	11	12	13	14	15	16				
21 Aug 03	[redacted]	1/4 strength Dakins son to	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		Blank BID dressing	27	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
23 Aug 03	[redacted]	Mix 3hrs duodenal drug	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		3hrs TF and feed over	18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		3hrs	X	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
28 Aug 03	[redacted]	Mouth care	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
28 Aug 03	[redacted]	Trach care	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4 Sep 03	[redacted]	BID moist Kerlix Dressing	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		to HeliLine wound & be	18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		very careful there is		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		lensel under these.		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		Make sure dressing		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		stays moist		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4 Sep 03	[redacted]	NIO: ROM exercises	06	X	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			18	X	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6 Sep 03	[redacted]	Start TF @ 20cc/hr	06	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			18	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6 Sep 03	[redacted]	JPs #3 + #4 to LIS	06	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			18	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Sept 03	[redacted]	CXR QAM	06	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Sept 03	[redacted]	D/C JP WS to bulb	06	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		suction	18	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Sept 03	[redacted]	↑ TF by 20cc/° until	06	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
8 Sept 03	[redacted]	target rate (advance	18	/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
		TF to 80cc/°)		/	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: S/P Gunshot wound abd.

ADDITIONAL PAGES IN USE:  YES  NO PAGE NO: 2

PATIENT IDENTIFICATION: # [redacted] (6)16-4

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

**CLINICAL RECORD**

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

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

Mo.      Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				05	06	07											
05 Oct 03	[REDACTED]	BID W-D dressing	10	[REDACTED]	[REDACTED]	[REDACTED]											
		A's to Abd place	22	[REDACTED]	[REDACTED]	[REDACTED]											
		xero form over graft	X														
		area	X														
05 Sept 03	[REDACTED]	Start tube feed @	06	[REDACTED]	[REDACTED]	[REDACTED]											
		30cc/hr then 10cc/hr q 2 <sup>o</sup>	18	[REDACTED]	[REDACTED]	[REDACTED]											
		until goal of 100cc/hr	X														
		reached	X														
05 Sep 03	[REDACTED]	Pt may have reg	06	[REDACTED]	[REDACTED]	[REDACTED]											
		diet	18	[REDACTED]	[REDACTED]	[REDACTED]											
05 Sep 03	[REDACTED]	Change VS to Q4h	06	[REDACTED]	[REDACTED]	[REDACTED]											
			18	[REDACTED]	[REDACTED]	[REDACTED]											

2-9/03

2-9/03

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

EPW [REDACTED]

(5)(6)-9

**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

MEDCOM - 16907

EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 2003

VERIFY BY INITIALING

ORDER DATE

CLERK/NURSE

RECURRING ACTIONS, FREQUENCY, TIME

HR

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

DATE COMPLETED

10 Sep 03

[Redacted]

Use Bullamylon solution  
for Wet to Dry Dressing

10 11 12 13 14 15 16 17 [Redacted]

Changes on back of  
Head, Shoulder, & BLE

(b)(6)-2

11 Sep 03

[Redacted]

Start dress as  
Tolerated

06 18 [Redacted]

11 Sep 03

[Redacted]

Turning order for  
pressure sore dressing change

(see above order for solution)

1 Wipe pressure sore  
to wet gauze

2 Apply W-D dressing  
direct to skin solution  
(4 strength) aqueous  
use solution.

3 Apply to pedis  
area only.

4 Cover dressing to  
Tegaderm to preserve  
moisture to the wound

5 Document wound  
appearance each  
dressing change.

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

NKOA

S/P GSW to ABD

ADDITIONAL PAGES IN USE:

YES  NO

PATIENT IDENTIFICATION:

[Redacted] (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo Sep Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED										
				13	14	15	16	17	18	19	20			
13 Sep 03	[REDACTED]	Please empty and record JP output @ shift	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13 Sep 03	[REDACTED]	↑ TF to 100 cc/hr	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Aug 03	[REDACTED]	4 strength Dakins soln to (D) Plant. BID & disga	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]	Mouth care	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Aug 03	[REDACTED]	Trach care	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4 Sept 03	[REDACTED]	BID moistortex drsg to midline wound *Be very careful there is bowel under there. Make sure drsg stays moist	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Sept 03	[REDACTED]	CXR @ AM	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16 Sept 03	[REDACTED]	COB to chair BID	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

219765

219765

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

S/P GSW to Abd

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO: 3

PATIENT IDENTIFICATION:

EPW [REDACTED] (5)(5)-7

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

**CLINICAL RECORD**

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

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE <i>rewritten</i>	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				03	04	05	06	07	08	09	10	11	12	13	14	15	
19 Sept	[REDACTED]	Activity: Bedrest	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	JP to bulb suction	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	CBC, Chem 8 Q Am	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	Adress around J-tube per	18	SEE BACK of this sheet 02 Oct 03													
19 Sept	[REDACTED]	Flush J-tube c 10cc NS	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	Q shift	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 Sept	[REDACTED]	Δ colostomy bag pm so	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	Stool will not get into	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	graff site		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-(9)(5)

[REDACTED]

700-2

(5)  
2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P STSG to Abd.

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

# [REDACTED]

(5)(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

MEDCOM - 16910

EDITION OF 4 DEC 77 MAY BE USED

USAPA V4.00

**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Mo. 9 Yr. 2003

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION												
ORDER DATE	CLERK/NURSE			19	20	21	22	23	24	25	26	27	28	29	30	1
19 Sep	[REDACTED]	vital q 1° c site + I+O	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	actively bedrest	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	nurse - please keep relatively sedated x 3 days while STSG takes	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	NPO No TF x 3 days	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	JP to bulb suction	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	CBC chem & QAM	04	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	1 day avoid J tube prn	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	blow J tube c 10cc NS q shift	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	feet to gravity	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep	[REDACTED]	Δ colostomy bag prn so stool will not get into graft site	06	/	/	/	/	/	/	/	/	/	/	/	/	/
19 Sep 03	[REDACTED]	JP to 125 mm Hg. suction at all times	06	/	/	/	/	/	/	/	/	/	/	/	/	/

2-19765

(5)(5)-2

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: sp STSG to abd      ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION: # [REDACTED] (5)(5)-7

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

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

Mo \_\_\_\_\_ Yr 2005

by ling Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	Admit to PACU - 1C6; Covid-stalle	19 Sept	noted		[Redacted]
	X-ray of abd ± contrast	29 Sept	29 Sept	29 Sept	[Redacted]
	Please do wound culture from abdominal surgical site + Shrapal wound sites. Mark tubes of the source	02 Oct 01	next dura		(5)(1)-2
	PT consult.				[Redacted]

INITIAL PROPER COLUMN FOLLOWING COMPLETION  
TIME/DATE COMPLETED

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED						

USAPA V1.00



CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)																		
		For use of this form, see AR 40-407 the proponent agency is the Office of The Surge																		
VERIFY BY INITIALING		INITIAL PROPER																		
		IN FOLLOWING EACH COMPLETION																		
ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED																
				22	23	24	25	26	27	28	29	30	1	2	3	4				
22 Sep 2003	[REDACTED]	BID W-D dressing	10	/	[REDACTED]															
		Δ's to abd. Place	22		[REDACTED]															
		Xeroform over graft area.		X	[REDACTED]															
		Use NS W-D dressing per MD		X	[REDACTED]															
22 Sep	[REDACTED]	Start TF @ 30cc/hr	06	1430	[REDACTED]															
		then 10 cc/hr @ 2	18		[REDACTED]															
		until goal of 100 cc/hr reached		X	[REDACTED]															
22 Sep	[REDACTED]	Pt may have req. low diet	07		[REDACTED]															
			12		[REDACTED]															
			17		[REDACTED]															
				X	[REDACTED]															
26 Sep	[REDACTED]	change V.P. to @ 4h	06		[REDACTED]															
			18		[REDACTED]															

(5)(6)-2  
2-(9)(9)

(5)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P GSW to the Abd.

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO: 2

PATIENT IDENTIFICATION:

EPW [REDACTED] (5)(6)-4

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 10 Yr. 2003										
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION														
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED												
				7	8	9	10	11	12	13	14	15	16	17	18	19
7	[REDACTED]	vital signs routine	D	[REDACTED]												
A	[REDACTED]	strict I&O	D	[REDACTED]												
7	[REDACTED]	JP x 2 to bulb Suction - record output q shift	D	[REDACTED]												
7	[REDACTED]	incentive spirometer 10x91°	D	[REDACTED]												
7	[REDACTED]	ambulate daily BID	D	[REDACTED]												
7	[REDACTED]	Dressing A'S trach site - q2-3 days abdomen: W → D dsgr on granulation tissue only (skin graft in center of wound)	D	[REDACTED]												
7	[REDACTED]	decubitis precautions	D	[REDACTED]												
7	[REDACTED]	routine colostomy care	D	[REDACTED]												
7	[REDACTED]	regular diet	D	[REDACTED]												

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: S/P GSW Abd

PATIENT IDENTIFICATION: EPW [REDACTED] (5)(6)-7

ADDITIONAL PAGES IN USE:  YES  NO      PAGE NO: \_\_\_\_\_

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

(5)(6)-2

(5)(6)-2



New Post-Op ORL: Written's  
Transcribed to new sheet 10/23/03

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 10 Yr. 2003						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION										
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	16	17	18	19	20	21	22	23	
10/16	[REDACTED]	Moist to dry due Δ to Damp chad @ 9E BID	10									
10/17	[REDACTED]	Vital signs routine	08									
07	[REDACTED]	strict I/O	08									
07	[REDACTED]	Incentive Spirometer 10x q1 <sup>o</sup>	08									
07	[REDACTED]	Ambulate daily BID	08									
07	[REDACTED]	reg Δs to trach site q2-3 days	10	/	/	/	/	/	/	/	/	/
07	[REDACTED]	reg Δ to abd: W→D on granulation tissue only (skin graft in center)	10									
07	[REDACTED]	recubitis precautions	08									
07	[REDACTED]	Routine colostomy care	08									
07	[REDACTED]	Regular diet	08									

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P GSW ABD

ADDITIONAL PAGES IN USE:  
 YES  NO  
PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION:

EPW# [REDACTED] (5)(6)-7

**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

penwritten

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 11 Yr. 2003												
VERIFY BY INITIALING		RECURRING ACTION, FREQUENCY, TIME		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION												
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	6	7	8	9	10	11	12	13	14	15	16	17	
23 OCT	[REDACTED]	VS: q shift	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
23 OCT	[REDACTED]	ACT: ad lib	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
23 OCT	[REDACTED]	BID W → D Dressing A to (R) lower leg wound (continue)	8 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
23 OCT	[REDACTED]	Regular diet	6 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
28 OCT	[REDACTED]	BID - rinse wounds (ABD, CHEST, ARM) & NS then apply silvadene cover guard	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
05 Nov 03	[REDACTED]	Apply moisturizing to S/SB BID	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
05	[REDACTED]	Cont. using silvadene on skin grafts & BID drug	10 am	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

(5)(6)-2

(5)(6)-2

ALLERGIES:  YES  NO  
NKDA

PRIMARY DIAGNOSIS:  
S/P skin graft to abd, chest, arm

ADDITIONAL PAGES IN USE:  
 YES  NO  
PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION:  
[REDACTED] (5)(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



# Green Sheet

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

Mo. 10 2003

CLINICAL RECORD      INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED												
ORDER DATE	CLERK/NURSE			23	24	25	26	27	28	29	30	31	1	2	3	4
10/23	[REDACTED]	Vitals q Shift	08													
10/23	[REDACTED]	Activity: Ad lib	08													
10/23	[REDACTED]	BID W → D Dressing	10													
		A to B) lower leg	08													
		wound (continued)	08													
10/23	[REDACTED]	Moistened skin graft	10													
		Dressing c. sulfamylon	08													
		solution q 6	08													
10/23	[REDACTED]	Regular diet	08													
10/23	[REDACTED]	Flush J-tube c	08													
		1 Dec NS q 8	08													
10/23	[REDACTED]	Disg BID to abd	10													
		skin graft site c	08													
		Silvadene cream	08													
		and dry fluffs	08													
10/28	[REDACTED]	BID - Rinse wound	10													
		c NS then apply	08													
		Silvadene covered	08													
		gauze BID (ABD)	08													
10/28	[REDACTED]	Apply Moisturin to	10													
		STSG BID	08													

2-6-03

2-6-03

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: S/P Skin graft to Abd, Chest & Arm

PATIENT IDENTIFICATION: Epatt      (5) 674

ADDITIONAL PAGES IN USE:  YES  NO

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

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

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

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

Mo Dec Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10/23	[Redacted]	Admit ICU, Condition Stable	10/23			
10/23	[Redacted]	MD will A STSG sites in 3-5 days	10/23			
3/01	[Redacted]	D/C IV	ASAP			

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

USAPA V1.00



CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)															
		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.															
		Mo. / Yr. 2003															
VERIFY BY INITIALIZING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION															
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	17	18	19	20	21	22	23	24	25	26	27	28	29	
11/17	[REDACTED]	Vitals q 6 <sup>o</sup> x 24 <sup>o</sup> then routine	86	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/17	[REDACTED]	Activity: Bedrest; strict RLE elevated @ all times and no pressure applied to the positive portion of his dog	12 18 24 28 30 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/17	[REDACTED]	Incentive Spondylitis 10 x/hr while awake	28 30 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/17	[REDACTED]	Diet: Regular	18 24 30 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17	[REDACTED]	VITALS: routine	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19	[REDACTED]	May sit in chair to RR: walking/standing	08 10 12 14 16 18 20 22 24 26 28 30 32 34 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19	[REDACTED]	May sit in chair but must elevate his leg all times	08 10 12 14 16 18 20 22 24 26 28 30 32 34 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19	[REDACTED]	No dangling leg	08 10 12 14 16 18 20 22 24 26 28 30 32 34 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Dry protective dsg As daily to ethion donor site. Do NOT remove the xeroform	10 12 14 16 18 20 22 24 26 28 30 32 34 36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-(9)(5)

(5)(5)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: Open Wound RLE

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO: 1

PATIENT IDENTIFICATION:

# [REDACTED] (5)(5)-4

**ACTION TIMES**  
USE PENCIL. CIRCLE ACTION TIMES

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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 11 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED																
				22	23	24	25	26	27	28										
22 NOV	[REDACTED]	Pt may amb to and from the bathroom	08:30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 NOV	[REDACTED]	dry dsq to the @ lower leg skin graft & Xeroform and dry dsq. Trim the Xeroform to only touch the graft	15:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 NOV	[REDACTED]	Pt may ambulate @ will	18:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 NOV	[REDACTED]	Be sure Xeroform is over (R) lower leg skin graft	18:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25 NOV	[REDACTED]	moistunize cream to (R) LE skin graft site and donor site	06:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25 NOV	[REDACTED]	dry protective dsq to (R) LE skin graft	18:00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		P moistunize applied																		

(b)(6)-2

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: OPEN WOUND RLE

ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO: 2

PATIENT IDENTIFICATION:

# [REDACTED] (b)(6)-7

**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

MEDCOM - 16923

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo	11	Yr	2003												
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials														
16 NOV	[Redacted]	NPO P MN this Sunday for O.R.	17 NOV	0000																
(5) 10 = 2		Monday for ST-SG.																		
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Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION																	
			TIME/DATE COMPLETED																	
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USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (ADMINISTRATIONS)

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

Mo.      Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				16	17	18												
16 Aug	[REDACTED]	LR @ 150 cc/hr	06 18															
16 Aug	[REDACTED]	Versed qtt titrate to effect	06 18															
16 Aug	[REDACTED]	MSO4 1-10mg q1 titrate to effect	06 18															
16 Aug	[REDACTED]	Unasyn 3.0 gm IV q 6 <sup>h</sup> 1st dose now	04 10 14 22															
16 Aug 03	[REDACTED]	Zantac 50mg IV Q8 <sup>h</sup>	08 16 24															
16 AUG 03	[REDACTED]	↑ LR IVF rate to 200ml <sup>h</sup>	06 18															
16 Aug	[REDACTED]	start fentanyl drip @ 50mcg <sup>h</sup> titrate	06 18															
16 Aug	[REDACTED]	Vecuronium qtt @ 6mg <sup>h</sup>	06 18															

(b)(6)-2

(5)  
(6)  
(7)

ALLERGIES:  YES  NO

all  $\phi$

PRIMARY DIAGNOSIS: S/P

Ex-lep Gsw to abd

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO.

PATIENT IDENTIFICATION:

[REDACTED] (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



Rewriter 31 Aug 03 AGE 0350

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE F. (MEDICATIONS)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																																			
				17	18	19	20	21	22	23	24	25	26	27	28	29	30																						
17 Aug 03	[REDACTED]	IVF- LR @ 150	06																																				
			18																																				
17 Aug 03	[REDACTED]	versed gtt. titrate to effect	06																																				
			18																																				
17 Aug 03	[REDACTED]	Fentanyl gtt titrate to effect	06																																				
			18																																				
17 Aug 03	[REDACTED]	Unasyn 3.0 gm IV q 6h	04																																				
			10																																				
			16																																				
			22																																				
17 Aug 03	[REDACTED]	Zantac 50mg IV q 8h	08																																				
			16																																				
			24																																				
19 AUG 03	[REDACTED]	↓ MIVF to 75cc/h	06																																				
			18																																				
20 AUG 03	[REDACTED]	Zosyn 3.375gm IV Q6h	06																																				
			06																																				
			12																																				
			18																																				
20 AUG 03	[REDACTED]	Cipro 400mg IV q 12h	06																																				
			22																																				
21 AUG 03	[REDACTED]	lovenox 40mg SQ QD	10																																				
21 AUG 03	[REDACTED]	Δ IVF to NS 6.5L + 200cc @ 75cc/h 30cc/hr	06																																				
			18																																				
24 AUG 03	[REDACTED]	NS @ KVO for cordis	06																																				
			18																																				

(S)(6)-2

(S)(6)-2

ALLERGIES:  YES  NO

NO

PRIMARY DIAGNOSIS: Spl Gunshot Wound - abd.

ADDITIONAL PAGES IN USE:

YES  NO  
PAGE NO. 1

PATIENT IDENTIFICATION:

[REDACTED] (S)(6)-7

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

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)																		
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																		
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				31	01	02	03	4	5	6	7	8	9	10	11	12	13			
17 Aug 03	[REDACTED]	Fentanyl gtt. titrate to effect	06																	
17 Aug 03	[REDACTED]	Zantac 50mg IV q 8 <sup>o</sup>	08																	
19 Aug 03	[REDACTED]	Zosyn 3.375gm IV q 12 <sup>o</sup>	06																	
20 Aug 03	[REDACTED]	Cipro 400mg IV q 12 <sup>o</sup>	10																	
21 Aug 03	[REDACTED]	Lovenox 40mg SQ q day	10																	
21 Aug 03	[REDACTED]	Δ IVE to 0.5 1/2 NS q 20	06																	
24 Aug 03	[REDACTED]	KCl @ 30cc/hr	18																	
24 Aug 03	[REDACTED]	NS KVO for cordis	06																	
27 Aug 03	[REDACTED]	Δ Fluconazole to 150mg PO q AM (first dose now) (Δ fluconazole to 400mg IV PB QD.) 1 Sep 03	08																	
1 Sep 03	[REDACTED]	↓ Jevity to 80cc/hr	06																	
1 Sep 03	[REDACTED]	Procephin 2 gm IV PB QD	10																	
1 Sep 03	[REDACTED]	Urasyn 3.0gm IV PB q 6 <sup>o</sup>	06																	

(s)(6)-2

(s)(6)-2

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: NKA S/P Gunshot Wound abd.  YES  NO PAGE NO. 1

PATIENT IDENTIFICATION: # [REDACTED] (s)(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



Therapeutic Documentation Care Plan (MEDICATIONS)

Mo. \_\_\_\_\_ Yr. 2003

Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
20 Aug 03	[Redacted]	Transfuse 2 U PRBC over 4 <sup>o</sup> each	20 Aug 03	Now	0800	[Redacted]
20 Aug 03	[Redacted]	KCl 40meq in 100cc NS over 4 <sup>o</sup>	20 Aug 03	Now	1120	[Redacted]
21 Aug 03	[Redacted]	KCl 40meq IV in 100cc NS over 4 <sup>o</sup>	21 Aug 03		0745	[Redacted]
21 Aug 03	[Redacted]	40meq KCl in 100cc NS over 2hrs via Central Line	21 Aug 03		2000	[Redacted]
21 Aug 03	[Redacted]	KCl 80meq over 8 hrs in fluid of choice.	21 Aug 03	done		[Redacted]
20 Aug 03	[Redacted]	Resume previous orders	20 Aug 03	done		[Redacted]
28 Aug 03	[Redacted]	Transfuse 2 U PRBC Now	28 Aug 03	Now	0955	[Redacted]
28 Aug 03	[Redacted]	Lasix 40meq IVP in between units of PRBC	28 Aug 03	Now	1115	[Redacted]

2-9167

(5)1672

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE DISPENSED			
30 Aug 03	[Redacted]	Tylenol Tab 650mg Thru NG Tube for ↑ Temp. 84-6 <sup>o</sup> PRN	20 Aug 03	0715	0715	0715
24 Aug 03	[Redacted]	Labetalol 20mg IVP Q 6 <sup>o</sup> PRN SBP >170	24 Aug 03	1448		

(5)1672



**CLINICAL RECORD**      **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General.      Mo.      Yr.     

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																																												
				14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
17 Aug 03	[REDACTED]	Zantac 50mg IV Q 8 <sup>o</sup>	08	[REDACTED]																																												
21 Aug 03	[REDACTED]	Levoneq 40mg SQ Q day	10	[REDACTED]																																												
01 Sept 03	[REDACTED]	Kocephin 2gm IV PB QD	10	[REDACTED]																																												
01 Sept 03	[REDACTED]	Unasyn 3.0 gm IV PB Q 16 <sup>o</sup>	06	[REDACTED]																																												
14 Sept 03	[REDACTED]	↑ DSW to 50 cc/hr	06	[REDACTED]																																												
02 Sept 03	[REDACTED]	Δ Fluconazole to 150mg PO QD	10	[REDACTED]																																												
05 Sept 03	[REDACTED]	↑ atenolol to 50mg PO QD	10	[REDACTED]																																												
05 Sept 03	[REDACTED]	Albuterol nebs q 4 <sup>o</sup>	04	[REDACTED]																																												
11 Sept 03	[REDACTED]	MSCo <sub>2</sub> gtt, titrate to effect	06	[REDACTED]																																												
13 Sept 03	[REDACTED]	Make all IV fluids infusion in DSW	06	[REDACTED]																																												
16 Sept 03	[REDACTED]	Δ DSW infusion to 1/2 NS @ 50cc/h	06	[REDACTED]																																												

2-191(9)

Add 16 Sept 03

Add see below

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO.

PATIENT IDENTIFICATION:

NKDA

S/P Gunshot Wound Abcd

EPW# [REDACTED] (5)(9)-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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 24 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED											
				2	3	4	5	6	7	8	9	10	11	12	13
25 Sep 03	[REDACTED]	Δ Fluconazole to 150 mg PO QD	10	[REDACTED]											
3 Sep 03	[REDACTED]	Atenolol 25 mg PO QD	10	X	[REDACTED]										
3 Sep 03	[REDACTED]	↑ fluids DS 1/2 NS @ 100 cc/hr with 40 KCl	06	X	[REDACTED]										
3 Sep 03	[REDACTED]	↑ atenolol to 50 mg po QD	10	/	[REDACTED]										
12 Sep 03	[REDACTED]	Albuterol q 4 hrs	04	/	[REDACTED]										
11 Sep	[REDACTED]	Δ fentanyl gtt to ms04 gtt, titrate to effect	06	/	[REDACTED]										
12 Sep 03	[REDACTED]	DSW 50 cc/hr IV	06	/	[REDACTED]										
12 Sep 03	[REDACTED]	Make all IV infusions in DSW	06	/	[REDACTED]										
13 Sep 03	[REDACTED]	Saline Lock DSW infusion	06	/	[REDACTED]										
13 Sep 03	[REDACTED]	Make all IV infusions in DSW	06	/	[REDACTED]										

2-(9)(5)

2-(9)(5)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

NKDA

S/P GSW to ABD

YES  NO

PAGE NO. 2

PATIENT IDENTIFICATION:

[REDACTED] (5)(6)-7

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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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Mo. copy r. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				18	19	20	21	22	23	24	25	26	27	28	29	30	1
18 Sep 03	[REDACTED]	Fentanyl Patch 50 mcg hrs to cw Q3 days	08	X	X	X	X	X	X	X	X	X	X	X	X	X	X
13 Sep 03	[REDACTED]	Make IVF infusions in OSW	06														
		(5) (6) - 2	18														

ALLERGIES:  YES  NO

NKOA

PRIMARY DIAGNOSIS:

S/P gunshot wound Abel

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

[REDACTED] (5) (6) - 7

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

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) Mo. 20/yr. 03

VERIFY BY INITIALING  
INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				19	20	21	22	23	24	25	26	27	28	29	30	1	2	
19 Sep		NS 5 NS + 20 KCl @ 120 c/h	06 18															
19 Sep		ferromyl pilch 50mcg/pl to CW q 3d	10	X	X		X	X										
19 Sep		Zantac 50mg IV q 8 <sup>o</sup>	08 16 24															
19 Sep		lovenox 40mg SQ qd	10															
19 Sep		atenolol 50mg po qd	10															
19 Sep		albuterol neb q 6 <sup>o</sup>	00 12 18 24															
19 Sep		M504 gtt titrate to effect	00 18															
19 Sep		ativan 1mg IV q 8h	06 14 22															
19 Sep		loperamide (immodium) 1mg + pill q 12 <sup>o</sup> po 1 tube crushed	14 22															
20 Sep 03		Haldol 5mg IV QHS	06 18															
20 Sep 03		Haldol 5mg IV QHS	22															
20 Sep 03		Lovenox 30mg SQ QD	10															

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: s/p ST SG to Abdomen  
 ADDITIONAL PAGES IN USE:  YES  NO PAGE NO. 1

PATIENT IDENTIFICATION: # [redacted] (5)(C)-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



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. OCT yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE <i>rewritten</i>	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				03	04	05	06	07	08	09	10	11	12	13	14	15	16
18 Sept	TB/ [redacted]	Fentanyl patch 50mcg/h to CW @ 3day	10	[redacted]	X	X	[redacted]	X	X		X	X		X	X		X
19 Sept	TB/ [redacted]	Atenolol 50mg po QD	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
19 Sept	TB/ [redacted]	MSD4gtt titrate to effect	06	0	0	0											
			18	0	0	0											
20 Sept	[redacted]	Loverox 30mg SQ QD	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
5 Oct	[redacted]	Ambien 10mg po qhs	22	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
23 Sep <i>recepted</i>	[redacted]	Flagyl 500mg PO TID	08	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			16	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			24	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23 Sep <i>recepted</i>	[redacted]	D5.45NS ± 20KCl @ 75cc/hr	06	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			18	X	X	X	X	X	X	X	X	X	X	X	X	X	X
30 Sep <i>recepted</i>	[redacted]	Tagamet 300mg IVPB Q6H	06	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			12	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			18	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			24	X	X	X	X	X	X	X	X	X	X	X	X	X	X

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
3/P ST5SG to Abd.

ADDITIONAL PAGES IN USE:  
 YES  NO

PATIENT IDENTIFICATION:

# [redacted] (6)(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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.  
MEDCOM - 16937

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>sep</u>	Yr. <u>03</u>
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
19 Sep	[redacted]	loperamide crush 2 pills per J tube	19 Sep	noon	1110	[redacted]	
		(5)(6)-2					
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
19 Sep	[redacted]	ativan 1mg IV q 8 hrs prn agitation	[redacted]	20 Sep 03	[redacted]	0903	
19 Sep	[redacted]	tylenol 650 mg J tube q 6° prn fever		(5)(6)-2			
20 Sep 03	[redacted]	Ativan 1-2 mg IV Q4° PRN Agitation	20 Sep 03 1536	20 Sep 03 2233	21 Sep 03 1144	21 Sep 03 1830	
20 Sep 03	[redacted]	Haldol 5mg IV Q6° PRN Agitation	20 Sep 03 1536	20 Sep 03 2233	21 Sep 03 1144	21 Sep 03 1830	
		Not responsive to Ativan					
		Ativan 1-2 mg IV Q4 Prn Agitation	23 Sep 03 1900				

USAPA V1.00

**PHYSICAL RECORD** **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)**  
 For use of this form, see AR 40-407;  
 the proponent agency is the Office of The Surgeon General. Mo Sep Y 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED											
				23	24	25	26	27	28	29	30	1	2	3	4
9/23	[REDACTED]	Flagyl 500mg p.o. TID	09 16 24	[REDACTED]											
9/23	[REDACTED]	D5 1/2 NS + 20 kcal @ 75cc/d low	18	[REDACTED]											
30 Sep 03	[REDACTED]	Tagamet 300mg IVPB Q6h	6 12 18 24	[REDACTED]											

(6)(6)-2

(6)(6)-2

ALLERGIES:  YES  NO  
 PRIMARY DIAGNOSIS: GSW  
 SIP 5156 to abd  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO. 2

PATIENT IDENTIFICATION: EPW [REDACTED] (6)(6)-7

**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



CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)  
 For use of this form, see AR 40-407.  
 the proponent agency is the Office of The Surgeon General. Mo. 10 yr. 05

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION													
ORDER DATE	CLERK/ NURSE			DATE DISPENSED													
7	[REDACTED]	Rush Tube c 10cc water QD	D	7	8	9	10	11	12	13	14	15	16	17	18	19	20
7	[REDACTED]	tube Feeds @ 100cc/hr (Jevity)	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	levorox 30mg SQ BID	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	atenold 50mg PO QD	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	Fentanyl patch 50mcg/hr q 72° (3days)	10	X	4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	tagamet 400mg PO BID	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SEP 03	[REDACTED]	levorox 30mg SQ QD	10	/	/	/	/	/	/	/	/	/	/	/	/	/	/

(b)(6)(g)  
2-19-99

(b)(6)(g)

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: S/P GSW Abd  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: @EPW [REDACTED] (b)(6)(g)  
 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



(b)(6) (b)(7) - 2

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION											
ORDER DATE	CLERK/NURSE			21	22	23	24	25							
7	[redacted]	Flush to hr 2	D												
		10cc water QS	N			(b)(6) - 2									
7	[redacted]	tube feeds @ 100cc/hr	D												
		Intuity	N												
7	[redacted]	Atenolol 50mg PO	10												
		QD	/												
7	[redacted]	Fentanyl Patch	10				X	X	X	X					
		50mcg/hr q 72 hours	/												
7	[redacted]	Tagamet 400mg	10												
		PO BID	22												
27 Sep 83	[redacted]	Loxox 30mg Sp	10												
		QD	/												

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: **S/P GSW Abd**      ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION: **EPW** [redacted]      DISPENSING TIMES  
 (b)(6) (b)(7) - 4

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 11 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				03	04	05	06	07	08	09	10	11	12	13	14	15	16	
07 Oct 03	[REDACTED]	Atendol 50mg po QD	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07	[REDACTED]	Fentanyl patch 50mcg/hr q 72 (3 days)	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct 03	[REDACTED]	Lorox 30mg SQ QD	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(b)(6) (b)(7) C

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
S/P GSW to ABD

ADDITIONAL PAGES IN USE:  
 YES  NO

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

PATIENT IDENTIFICATION:

# [REDACTED]  
(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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.  
MEDCOM - 16944





CLINICAL RECORD

THE NUTRITIONAL DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. Yr.

VERIFY BY INITIALING

INITIAL PROPER COL

FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED															
				17	18	19	20	21	22	23									
07 OCT	[REDACTED]	Atenolol 50mg po QD	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07 OCT	[REDACTED]	Fentanyl patch 50mcg/hr q72 (3days)	10	[REDACTED]	X	X	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 OCT	[REDACTED]	Lovenox 30mg SQ QD	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	(S) (G) P?																		

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

S/P GSW TO ABD

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO.

PATIENT IDENTIFICATION:

[REDACTED]

(S) (G) - 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

Re-written  
MEDCOM - 16946



CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

MOC Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED															
				20	21	22	23	24	25	26	27	28	29	30	31	NOV 01	02		
07 Oct	[REDACTED]	Flush J-Tube 2	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		10 cc H <sub>2</sub> O Qs	N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07 Oct	[REDACTED]	Jevity @ 100cc/hr	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		via J-Tube	N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07 Oct	[REDACTED]	Atenolol 50mg	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		P.O QD	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07 Oct	[REDACTED]	Fentanyl Patch	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		50mc/hr @ 72° (3day)	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
07 Oct	[REDACTED]	Tagamet 400mg	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		P.O BID	22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
20 Oct	[REDACTED]	Lorenax 30mg SQ	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		QD		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23 Oct	[REDACTED]	Restart Jevity @	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		75cc/hr	B	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Oct	[REDACTED]	Lorenax 30mg SQ	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		QD	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(6) (6) (6)

(5) (5) (5)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

S/P GSW ABD

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

[REDACTED] (6) (6) (6)

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

EDITION OF MEDCOM - 16948

EXHAUSTED.





CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 11 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				17	18	19	20	21	22	23	24	25	26	27	28	29	
1/17	[REDACTED]	Keplack IV	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Atenolol 50mg po.	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	q d.		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Fentanyl Patch	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		25 mcg/hr change		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		q 72h		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Lovenox 30mg SQ		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		q d.		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/17	[REDACTED]	Moisturize or other	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		moisturizing cream	30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		To chest & abdomen		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		skin (soften skin)		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19-09

(5) 16-4

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:  YES  NO

PATIENT IDENTIFICATION:

Open Wound RIF

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

# [REDACTED] (5) 16-4

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

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 16951





REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
**QA APPR 08MAR8**

(5)(6)-2

**INITIAL SHIFT ASSESSMENT**

<b>N</b>	Time: 1015 Initials: [Redacted]	Time: 1850 Initials: [Redacted]
<b>E</b>	Pupils: 3mm sluggish PERL	3mm PERL. Pt is sedated and paralyzed on vic, versed and pentanyl. Pt not responsive to any stimuli
<b>U</b>	Sensorium: sedated & versed + msay	
<b>R</b>	LOC / GCS: gtt for pain	
<b>O</b>		
<b>C</b>	Cardiac Rhythm: SR & occasional PVCs 4x90-95	Sinus tach & occasional PVCs. Rate 130's. SI-S2. +2 @ radial
<b>A</b>	PRI: / QRS: -	pulses, +2 @ pedal pulses. Cap refill < 3 sec.
<b>R</b>	Pulse Strength: +1 pulses palpable in all 4 ext.	
<b>D</b>	Cap Refil / JVD: > 3 sec, 0 JVD	
<b>I</b>	Edema: 0 noted @ this time	
<b>A</b>	Chest Pain: UTA	
<b>C</b>		
<b>R</b>	Respiratory Pattern: ETT #8 @ 24cm @ lip: SIMV, 16, FIO2 50%, TV 750, resp 5	ETT #8 @ 22cm @ lip. SIMV @ 16, 800, FIO2 100%, PEEP 5, peak pressures 28-30. SpO2 100%. Rhonchi noted bilat. & secretions & suction.
<b>E</b>	Breath Sounds: peak 27	
<b>S</b>	Secretions: Rhonchi throughout	
<b>P</b>	Cough: 0 secretion or cough	
<b>S</b>	Color: WNL for race, pt cold to touch	Skin warm & dry. Large abd wound ds
<b>K</b>	Integrity: GSW abd. Drsg mid abd D+1	Drsg to mid line abd incision & some bloody drng noted. @ flank drsg & serous sanguinous drng
<b>I</b>	Backside: Drsg @ (C) flank saturated	
<b>N</b>	& sanguinous fluid	
<b>I</b>	Access Devices: 18 gauge @ FA, 16 gauge @ hand	16 G PIV @ AC, 18 G PIV @ HAND, 20 G @
<b>V</b>	Location: 20 gauge @ FA, @ radial x-line	FA saline locked @ Sc cordis inserted today. UR @ 200cc/hr, versed @ 10mg/hr (6cc/hr)
<b>V</b>	Condition: & 0/3 of infection	vecuronium @ 10mg/hr (2cc/hr) fentanyl @ 150mcg/hr (15cc/hr). ABD soft and nondistended. NGT to (D) nose to LIS. & BS. Small amount blood drng obtained
<b>G</b>	Abdomen: soft, nondistended, NGT @ nose	
<b>G</b>	Bowel Sounds: clamped. 0 bowel sounds	
<b>I</b>	Stoma/Ostomy: throughout	
<b>G</b>	Device: Foley to gravity draining	Foley to gravity drng & urine @
<b>G</b>	Color / Clarity: dark yellow urine	- This - Done
PREPARED BY (Signature & Title)		DEPARTMENT/SERVICE/SUITE: ICUS, [Redacted]
		DATE: 11/6/83

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

[Redacted] (5)(6)-4

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

ICU Flowsheet

Patient Name:

Date: / / 2003

	24	01	02	03	04	05	06	07	08	09	10	11	Total	12	13	14	15	16	17	18	19	20	21	22	23	Total	
Vital Signs																											
Temperature																											
Pulse																											
B/P A-Line																											
MAP																											
B/P Cuff																											
Respirations																											
SaO2																											
Source																											
Intake	24	01	02	03	04	05	06	07	08	09	10	11	Total	12	13	14	15	16	17	18	19	20	21	22	23	Total	
VF																											
IVPB																											
HEF/Bdus																											
Blood/FFP																											
Versed/MSO4																											
PA Intake-Versed																											
PA Intake-Fentanyl																											
Folate/Vitamin																											
Output	24	01	02	03	04	05	06	07	08	09	10	11	Total	12	13	14	15	16	17	18	19	20	21	22	23	Total	
Urine Hourly																											
NG Tube																											
Drains #1																											
Drains #2																											
SBP #1																											
Emesis/Stool																											
O.R. OUT																											
Totals																											

24 hour input	
24 hour output	
24 hour balance	

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA APPR 08MAR8

(b)(6)-2

INITIAL SHIFT ASSESSMENT		Time: 0615 Initials: [REDACTED]	Time: 2245 Initials: [REDACTED]
N	Pupils	2mm, PERR, Oxn to light	2mm PERR Pt is sedated & versed and vecuronium
E	Sensorium	Sedated & versed and vecuronium	versed and fentanyl qtt. Still
U	LOC / GCS	fentanyl qtt for pain control	remnants of vecuronium. Pt
R	Cardiac Rhythm	ST & PVCs q 4 <sup>th</sup> beat	is not responsive to stimuli
A	PRI: / QRS:	—	Sinus tach. Rate 100's. Pt
R	Pulse Strength	+2 palpable radial, +1 palpable BLE	Frequent PVCs noted. (D) 2
D	Cap Refil / JVD	φ JVD. Cap refill < 3sec.	(B) radial pulses (D) 2 (B) pedal
I	Edema	(D) noted @ this time	pulses. Cap refill < 3sec.
A	Chest Pain	UTA	
C			
R	Respiratory Pattern	Vent: #8.0 ETT 20cm @ lip SIMV 16, 800, 50%	vented, intubated #8.0 ETT,
E	Breath Sounds	5, peak 31. Equal chest rise. Rhonchi throughout	22cm @ lip. SIMV 16, 800,
S	Secretions	Suctioned mouth, bloody drainage noted	50% peak upper 20's. Rhonchi
P	Cough	φ cough	noted (D). Equal chest expansion
S	Color	low for race. warm to touch. GS to abd	Norm. for race. Warm & dry. JP drain
K	Integrity	midline. Drsg to midline abd (D) (D) Pant Dr I	x2 to abd, (D) chestomy (D) J-tube, and
I	Backside	old drainage noted. Burn to (D) shoulder.	(D) duodenal tube to gravity drng & greenish
N		Drsg DI.	brown liquid drng noted
	Access Devices	(D) FA PIV, (D) Hand PIV, (D) FA PIV, (D) radial	(D) SC cords. tr inserted 16 Hugo. LR @ 15 mg/hr
I	Location	x-line, (D) SC cords & φ %s of infection	versed @ 3mg/hr and fentanyl @ 100 mcg/hr
V	Condition	All lines started 16 Aug 03	(D) FA PIV, (D) hand (D) FA PIV Saline locked
	Abdomen	soft	A line to (D) radial artery zeroed + leveled.
G	Bowel Sounds	φ bowel sounds throughout	Abd soft. No bowel sounds noted
I	Stoma/Ostomy	φ noted	NG tube to (D) nose to LRS with
		NGT (D) nose to LRS small amt brown fluid	no output noted
G	Device	Foley to gravity draining dark yellow urine	Foley to gravity drng clear dark yellow
	Color / Clarity	urine	urine.

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

[REDACTED] (b)(6)-4

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

ICU Flowsheet

Patient Name: [REDACTED]

Date: 08 / 17 / 2003

(5) (6) 7

Vital Signs	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
Temperature	99.1	99.1	99.7	99.4	99.4	99.7	98.8	99.1	98.8	98.1	98.3	98.8	98.0	98.4	96.0	96.0	96.0	97.0	107.1	111	110	109		
Pulse	114	114	116	117	118	115	116	117	123	118	108	111	105	102	105	107	107	111	111	110	109			
B/P A-Line	99/60	97/58	110/60	108/74	108/62	124/71	114/65	117/61	118/64	108/60	108/58	109/59	135/125	120/111	120/111	124/100	124/103	123/103	123/103	123/103	123/103			
MAP	72	70	74	95	78	85	81	82	84	81	88	88	94	93	80									
B/P-Cuff CVP		10	13	15	15	19	12	10	15	10	10	10												
Respirations	16	8	8	15	10	17	12	16	16	16	16	16	16	16	16	14	14	14	14	14	14	14	14	14
SaO2	100%	100%	100%	100%	100%	100%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mode	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent
Fid2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
Intake																								
IVF	300	200	200	200	200	300	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
INPB	100																							
VAC	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
VERSED	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ferung	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
PO intake																								
O.R. IN																								
Totals																								
Output																								
Urine Hourly	50	45	10	11	12	15	17	15	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
NG Tube	50	45	10	11	12	15	17	15	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
Drains P#1																								
Drains P#2																								
Drains P#3																								
Emesis/Stool																								
O.R. OUT																								
Totals																								

24 hour input	5189
24 hour output	3960
24 hour balance	789

1  
1170  
1235  
2465

REPORT TITLE  
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA APPR 08MAR8

(5)(6)-2

INITIAL SHIFT ASSESSMENT

N		Time: <del>1600</del> Initials:	Time: 2000 Initials:
E	Pupils	3mm, PERBL	Percl 3mm
U	Sensorium	sedated & versed, pain control	pt continues sedation &
R	LOC / GCS	& fentanyl, pt slightly moves	versed & fentanyl. slightly
O		@ arm and head	moves @ arm and head
C	Cardiac Rhythm	ST & occasional PVCs	ST
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 pulses in all 4 extremities
D	Cap Refil / JVD	cap refill < 3 sec, @ JVD	cap refill < 3 sec, @ JVD
I	Edema	slight edema BLE	+1 edema BLE
A	Chest Pain	@ CP	@ CP
C			
R	Respiratory Pattern	Vented #8 @ 20cm @ Lip SIMV 16, 55%	Vented #8.0 20cm @ Lip SIMV
E	Breath Sounds	800, S, peak 37. Bronchi throughout	20 BPM, TV 800, peak 33, FiO2 50
S	Secretions	thick white secretions from ETT	Lung sounds - rhonchi
P	Cough	@ cough	throughout.
S	Color	wNL for race. Body warm to touch	@ cough
K	Integrity	burn drsg @ shoulder dtl, abd drsg + @	Normal for Race. double drain
I	Backside	flank dtl, 2 JP drains abd. @ duodenal	dry to @ shoulder & dtl, abd drsg
N		drain, JP clamped, @ colostomy	@ @ flank drsg COE, 2 JP's to
I	Access Devices	@ SC cordis, @ hand PIV, @ FA PIV, @	bulb suction @ @ colostomy, J-Tube
V	Location	radial - line, @ FA PIV & @ % of infection	
V	Condition	All PIV lines H.L. @ SC cordis - AB @ 150 cc	
G	Abdomen	versed 5mg, fentanyl 80mg	
G	Bowel Sounds	soft	
I	Stoma/Ostomy	@ bowel sounds, NGT to US, brown	
G	Device	fluid noted, Colostomy & scant	
U	Color / Clarity	amt sanguinous fluid	
U		Poley to gravity draining dark yellow	
U		wine. @ 730 cc	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (5)(6)-2

DATE

ICU3,

18 AUG 03

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

(5)(6)-4

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

# ICU3

Patients Name: #

(S) (6) (4)

Date: 18 Aug 63

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	124/73	119/67	127/51	112/46	113/51	144/41	100/51	137/42	120/66	117/61	119/60	147/68	149/66	140/62	136/62	143/63	135/64	138/60	153/68	155/72	157/72	148/67	147/67	148/67	148/67	148/67	
NBP																											
TEMP	99.0	98.8	99.2	99.1	99.3	99.4	99.1	99.1	99.1	99.1	99.1	99.3	99.9	99.9					98.7								
HR	113	112	113	111	108	123	111	107	112	107	100	97	94	101	101	104	103	106	104	97	97	97	92	95	92		
RR	110	116	116	110	110	115	110	116	120	110	112	116	116	116	115	125	24	23	20	15	18	18	14	14	18		
Sao2	100%	97%	97%	98%	99%	98%	96%	97%	99%	100%	100%	100%	100%	97%	98%	97%	97%	98%	98%	100%	100%	100%	100%	100%	100%		
FIO2	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%		
Source	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		
	83	90	84	89	89	94	77	83	129	94	92	93	93	87	85	82	84	94	95	94	100	92	92	92	92		
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
I/VPB																											
NGT																											
WVCSA	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Feat	16	16	16	16	16	16	16	8	10	10	10	10	10	10	10	10	10	10	10	10	10	15	15	15	15	15	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	10	10	30	30	30	110	75	120	115	100	95	120	157	130	200	200	200	120	140	160	120	180	120	100	200	190	
NGT																											
STOOL																											
DRAIN																											
Pa 1	86	40	25	25		30	35	35		26	136		15														
Pa 2	55	30		25		20	20	20		20	70		30														
diastolic tube	155	100		100		80	90			110	685		200														
Total																											

MEDCOM - 16958

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT		
N		Time: 0610 Initials: (b)(6) (b)(7)(C)
E	Pupils	3mm PERL sluggish scleral edema
U	Sensorium	Sedated & versed @ 8mg/°. Pt moves
R	LOC / GCS	all extremities when versed turned
O		off
C	Cardiac Rhythm	SR @ 0 ectopy @ this time. HR 90s
A	PRI / QRS:	
R	Pulse Strength	+2 pulses palpable in all extremities
D	Cap Refil / JVD	< 3sec. 0 JVD
I	Edema	generalized edema throughout
A	Chest Pain	0 CP (UTA)
C		
R	Respiratory Pattern	Ventil: ETT #8.0 @cme @ lip: SIMV 18,
E	Breath Sounds	S, 790, 50%. Rhonchi throughout
S	Secretions	thin white secretions through
P	Cough	ETT
S	Color	wvl for race. body warm to touch. 0
K	Integrity	shoulder burn disq. Mt. midline abdominal
I	Backside	disq. Mt. JP, J-tube, duodenal tube, + colostomy
N		intact
	Access Devices	0 FA PIV + 0 hand PIV + 0 FA PIV H.L., 0 SC
I	Location	cordis + 0 radial st line @ 9/5 of infect
V	Condition	Versed + fentanyl + LR through 0 SC cordis
	Abdomen	Soft
G	Bowel Sounds	0 bowel sounds
I	Stoma/Ostomy	Colostomy & scant amt sanguinous
		drainage
G	Device	dry to gravity draining dark yellow
U	Color / Clarity	urine w/ > 100cc/°

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2  
 ICU3

(Continue on reverse)

DATE  
 19 AUG 03

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

(b)(6) (b)(7)(C)  
 (5/6)-4

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

# ICU3

Patients Name: [REDACTED]

(5/6) 4

Date: 19 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	148/72	148/67	138/65	138/65	157/68	157/68	155/68	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72	149/72
NBP	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7	99/7
TEMP	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7	99.7
HR	92	98	99	109	118	117	108	114	114	109	108	108	108	107	107	107	107	107	107	107	107	107	107	107	107
RR	18	18	18	18	21	20	18	25	25	18	18	21	18	18	18	18	18	18	18	18	18	18	18	18	18
SaO2	100	97.1	99.7	97.1	97.1	98	99.7	99.7	99.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7	100.7
FIO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
MAP	91	93	87	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91
CVP	10	11			9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
IVF	150	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
IVPB	-	-	50		100																				
NGT	-	-			100																				
Fentanyl	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	
Versed	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
KCl		250																							
PO																									
Total	173	348	148	98	195	100.5	100.5	118	118	118	218	98	18	19	20	21	22	23	00	01	02	03	04	05	
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	140	70	130	120	150	140	40	40	150	100	60	120	180	50	100	100	100	55	60	65	60	70	50	15	
NGT																									
STOOL																									
DRAIN																									
SP#1	10				20	10																			
SP#2	10				25	30																			
Also had the 50	40				110	50																			
	130	130	120	307	230	60	135	150	100	120	400	200													



REPORT TITLE:  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT		Time: 0624 Initials: [REDACTED]	Time: 1900 Initials: [REDACTED]
N	Pupils	3mm, PERRL (sluggish) scleral edema	PERRLA
U	Sensorium	Sedated & versed. Moves	Versed 9mg Fentanyl 1.75 mcg/hr
R	LOC / GCS	all 4 ext. when versed turns off	
C	Cardiac Rhythm	SR & occasional PVCs	SR S1/S2
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 palpable x 4 extremities
D	Cap Refil / JVD	<3 sec. 0 JVD	<3 sec
I	Edema	scleral edema, + edema BUE	+2 BUE
A	Chest Pain	UTA	
C			
R	Respiratory Pattern	Ventil: SIMV 18 800, 5, 50% peak 37	Simv 18 TV 800 Peep 5 Fio2 50
E	Breath Sounds	Rales throughout	Peak 36.
S	Secretions	Yellow tinged sputum from ETT, pink frothy sputum from mouth	Minimal secretions from ETT.
P	Cough		
S	Color	W/M for race. Mid abd incision drsg	Normal for Race Mid abd
K	Integrity	DM, ① JP + ② JP tube ③ T-tube, ④ duodenal tube to gravity, ⑤ puncture wound drsg intact	drsg CDI B JP drains, ⑥ J-tube, ⑦ duodenal tube drain to gravity
I	Backside		
N			
I	Access Devices	① FA PIV H/L, ② radial A-line, ③ Hand PIV H/L, ④ FA PIV H/L, ⑤ SC Cordis versed, fentanyl + IR @ 75cc/hr infusing + CVP. ⑥ 2/3 of infection of all lines	PIV ② FA H/L. PIV ③ Hand, H/L. PIV ④ FA H/L. ⑤ Radial A-Line. ⑥ SC Cordis, LRC @ 75cc/hr.
V	Location		
V	Condition		
G	Abdomen	soft, nondistended	Round, soft
I	Bowel Sounds	0 bowel sounds, NGT to US pink/brown tinged fluid noted, ② colostomy & scant amt bloody drainage	① NGT US Reddish brown ② colostomy & dk brn liquid stool
I	Stoma/Ostomy		
G	Device	Foley to gravity draining dark yellow urine & some sediment noted	Foley to gravity, dk orange urine, & small amount of sediment
U	Color / Clarity		

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
 ICU3, [REDACTED]

(Continue on reverse)

DATE  
 20 Aug 03

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

Civ. # [REDACTED] (5)614

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

# ICU3

Patients Name:

911 # [REDACTED] (b) (6) (b) (7) (C)

Date: 20 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	142/77	152/80	143/78	147/80	154/82	151/80	179/85	103/75	138/69	154/83	172/81	120/84	157/83	153/82	181/83	129/81	129/81	182/84	137/81	115/80	109/82	88/84	102/81	102/81	101/80
NBP	140/66	101/9	101/5	108/4	101/1	100/8	100/7	100/8	100/5	100/5	100/1	100/1	100/0	99/8	99/8	99/8	99/8	107/80	149/81	165/82	167/82	135/88	145/83	134/84	
TEMP	101/6	101/9	101/5	101/4	101/1	100/8	100/7	100/8	100/5	100/5	100/1	100/1	100/0	99/8	99/8	99/8	99/8	107/80	149/81	165/82	167/82	135/88	145/83	134/84	
HR	92	103	104	92	91	83	91	88	84	86	76	81	81	76	95	78	72	94	94	93	93	97	97	93	94
RR	12	16	18	19	18	18	18	18	18	19	18	18	18	18	18	18	18	18	18	18	18	18	18	18	19
SaO2	99.7	99.4	98.7	98.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
FiO2	90%	50%	50%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
MAP	91	99	91	79	84	94	100	105	96	103	83	95	100	99	116	88	83	119	89						
CVP														9	11	9	10	12	12	9	9	10	7	8	
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
IVF	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
IVPB	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
NGT						800		50			50		400												
KCl	100											125	125												
blood	350	350				350						1000	2000												
hoku2																									
merged	8	8	8	8	8	8	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10
Pentamid	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
PO																									
Total																									
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	55	55	65	55	90	50	105	130	70	110	70	75	Total	55	70	50	60	60	55	70	60	65	60	65	
NGT																									
STOOL																									
DRAIN																									
SP1		5												25										800	
SP2		10												15										25	
diarrhea			110																						
Total	55	55																							

\* Strength Changed

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA APPR 08MAR8

INITIAL SHIFT ASSESSMENT (b)(6)-2		
N	Time: 1600	Time: 1845
E	Initials: [REDACTED]	Initials: [REDACTED]
U	Pupils: 3mm PERRL (sluggish)	3mm PERRL. Pt is sedated on
R	Sensorium: Sedated & versed @ 10mg/°	versed and fentanyl.
O	LOC / GCS:	
C	Cardiac Rhythm: SR & occasional PVCs	NSR & frequent PVCs. Rate 80's
A	PRI: / QRS:	SI-S2: (A) (B) Radial pulses and
R	Pulse Strength: +2 palpable in all 4 ext	(A) (B) pedal pulses < 3 sec
D	Cap Refil / JVD: < 3 sec. @ JVD	cap refill. Scleral edema noted.
I	Edema: sclera edema bilat generalized edema	Nonpitting edema noted to BLE
A	Chest Pain: throughout, UTA CP	and (B) UE.
C		
R	Respiratory Pattern: Ventd SIMV 18, FIO2 50%, peak 32	Intubated, #8 ETT, 24cm @ lip.
E	Breath Sounds: Rales throughout. Thin white	SIMV 18, TV 790, FIO2 50% Peep 5, peak
S	Secretions: secretions noted.	measures upper 30's. Rhonchi noted
P	Cough:	Bilat. SpO2 100%. Not overbreathing vent.
S	Color: wwl for face. Mid abd incision drsg C, D, I	Equal chest expansion bilat.
K	Integrity: (A) flank drsg C, D, I, (B) puncture wound drsg	withm and dry. Large midline abd incision
I	Backside: C, D, I, (C) JP, (D) JP intact, (E) duodenal tube	& drsg dry and intact. (F) flank drsg D, I.
N	draining well, (G) colostomy & liquid stool, (H) tube	Drsg to (I) upper chest D, I. Sclera
I	Access Devices: (A) FA-PIV, (B) FA-PIV & 1/2 of infection, H.L.	appear jaundiced.
V	Location: (C) radial A-line 1/2 of infection, (D) SC cordis	(E) SC cordis inserted 17 Aug. Drsg intact.
Condition	: (F) versed, fentanyl & LR infusing @ 1/2 of	redness/drng noted. LR @ 75cc/hr, fentanyl
Abdomen	infection, (G) Hand PIV infiltrated	@ 200mcg/hr (20cc/hr), versed @ 11mg (1cc/hr)
G	Bowel Sounds: soft, nondistended	Radial A-line zeroed & leveled. 18G (C) PE
I	Stoma/Ostomy: (A) NGT to US (brown colored drainage)	PIV saline locked, (B) FA 20G PIV saline lock
Device	: (C) colostomy & large amt liquid brown	No redness/drng noted. Abd soft & non-
Color / Clarity	stool	distended. NGT to (D) pare to US & minimal
	Foley to gravity draining amber	reddish drng noted. Placement verified to
	urine.	air belus (E) colostomy - stoma pink, brown
		liquid drng noted. J-tube clamped.
		(F) duodenal tube & green/brown liquid drng

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
 ICU3, 28th Combat Support Hospital 2/AUG 03

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

[REDACTED] (b)(6)-4

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

# ICU3

Patients Name: [REDACTED]

(5)(6)4

Date: 20 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05		
A-Line	149/88	147/81	151/83	148/88	151/89	157/92	137/71	110/69	130/80	110/60	126/66	97/67	149/74	137/61	147/68	137/57	143/61	144/66	102/55	102/55	143/60	143/60	114/61	114/61	112/61	
NBP	152/77	147/80	150/82	147/80	155/85	144/72	147/61	141/64	133/51	117/57	114/61	143/67	143/66	137/61	147/68	137/57	143/61	144/66	102/55	102/55	143/60	143/60	114/61	114/61	112/61	
TEMP	99.5	99.5	99.2	99.2	99.4	99.2	99.2	99.2	99.0	99.4	99.4	99.7	99.8													
HR	83	76	72	74	81	73	80	73	85	76	76	78	83	80	100	83	90	91	70	70	81	73	75	75		
RR	18	18	18	18	18	25	19	18	18	18	18	19	18	18	18	18	18	18	18	18	18	18	18	18		
Sao2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
FIO2	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		
MAP	109	89	92	93	93	100	95	87	94	90	89	91	101	99	114	77	97	99	78	91						
CVP	9	9	9	9	9	9	11	10	10	11	11	11	12	12	11	13										
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	Total
IVPB	50		100		250		1000						400													Total
NGT																										Total
Penicillin	20	20	20	20	20	20	20	20	20	20	20	20	240	20	20	20	20	20	20	20	20	20	20	20	20	Total
Vered	10	10	10	10	10	10	10	10	10	11	11	11	104	11	11	11	11	11	11	11	11	11	11	11	11	Total
KCl			100																							Total
PO																										Total
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE	80	80	55	60	50	40	50	50	65	50	45	55	415	55	100	50	60	40	50	45	50	55	45	45	45	Total
NGT																										Total
STOOL																										Total
DRAIN													425	425												Total
SP1													5	5												Total
SP2													20	20												Total
diuretic volume													120	120												Total
Total													355	355												Total

MEDCOM - 16964

T.N = 3038

Out = 2455 = 1183

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-86; 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

(b)(6)-2

**INITIAL SHIFT ASSESSMENT**

N		Time: 0610 Initials: [redacted]	Time: 1000 Initials: [redacted]
E	Pupils	3mm PERRL	3mm PERRL sluggish, sedated
U	Sensorium	Sedated & versed, pain control	& Gung versed, 15mg versed, p. d. d. d. s.
R	LOC / GCS	& fentanyl	not open, agitated, no gag reflex
O			& deep sedation
C	Cardiac Rhythm	SL & occasional PVCs	NSR & COPASS
A	PRI: / QRS:		
R	Pulse Strength	+2 palpable in all 4 ext.	+2 radial & pedal pulses bilat
D	Cap Refil / JVD	< 3 sec. @ JVD	3 sec @ JVD
I	Edema	several bilat, generalized edema thru	bilat periorbital edema, generalized
A	Chest Pain	ATA	edema throughout torso & UE & UE. +2 pitting
C			bilat hands & feet. UA check pain
R	Respiratory Pattern	Ventil: SIMV 16, T90, 5, 50%, peak 30	ventil: SIMV 16, 800, 5, 50%
E	Breath Sounds	Rales @ Lung, Rales @ Upper lobe	coarse BS upper & mid lobes of bases.
S	Secretions	Thin white secretions	thick mod amount white foam deep suctioning
P	Cough	# 2 @ shiley 24 @ lip	# 2 @ shiley 22 @ lip @ cough
S	Color	WNL for race, midline abd incision H @ flank	appropriate for race
K	Integrity	wound drsg C, D, I. @ shoulder / chest drsg	See progress note
I	Backside	C, I, @ puncture wound drsg C, D, I	
N			
I	Access Devices	@ FA PIV, @ FA PIV, @ radial art line	@ radial art line @ SC cordis @ AC
V	Location	(positional) @ SC cordis @ 50% NS	PIV, @ AC PIV.
V	Condition	& 2 @ Kell infusing, versed & fentanyl	
G	Abdomen	soft, nondistended, @ BS @ NGT	soft, nondistended
I	Bowel Sounds	to LIS & brown/red drainage	soft light brown drainage @ colostomy
I	Stoma/Ostomy	@ colostomy & liquid brown stool	& pink stool, @ jejunostomy, @ duodenal
G	Device	foley to gravity draining dark yellow	drain & mod yellow drainage
U	Color / Clarity	urine.	FTG 7 amber urine @ BS

PREPARED BY (Signature & Title)

DEPARTMENT / SERVICE / LINK

(Continue on reverse)

ICU #1 [redacted]

DATE

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

NAME:

# [redacted] (b)(6)-7

RANK:

AGE:

UNIT:

GENDER:

STATUS: US: AD / CIV

IRAQI: CIV / EPW

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES

FLOW CHART

OTHER (Specify)

22 Aug 03

MEDCOM - 16965

REATMENT

# ICU3

Patients Name: [REDACTED]

6/6/04

Date: 02 Aug 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	110/69	97/64		114/85	97/65																				
NBP	137/57	117/53		144/69	120/54																				
TEMP	98.5	98.1		98.1	98.1																				
HR	13	73		79	73																				
RR	18	16		16	18																				
SaO2	100	100%		100%	100%																				
FiO2	50%	50%		50%	50%																				
S	vent	vent		vent	vent																				
P				92																					
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	75	75		75	75								835	75	75										
IVPB	100	100			250								650	100											
NGT																									
FOUNT.	20	20		20	15																				
VOICED	11	11		6	6																				
KAL	25	25																							
Spont																									
Total													1906												
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	55	65		140	45	70	65	55	60	65	55	55	880	55	50	20	55	55	75	75	75	80	80	80	80
NGT													30												
STOOL																									
DRAIN																									
Abdominal drain				40									80												
TP #1													120	120											
TP #2													10	10											
Classroom													15	15											
Total													1085	1085											

MEDCOM - 16966

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

(b)(6)-2

INITIAL SHIFT ASSESSMENT

N		Time: 0610 Initials: [redacted]	Time: 1830 Initials: [redacted]
E	Pupils	3mm, PERBL	3mm PERBL. Pt is sedated on
U	Sensorium	Sedated c propofol @ 50mg	propofol @ 90mcg/kg/min and fentanyl
R	LOC / GCS	K/min, fentanyl @ 60 mcg/hr for	@ 10mcg/hr.
O		pain control. Easily arousable off propofol	
C	Cardiac Rhythm	SR	SINUS rhythm to sinus tach. Rate
A	PRR / QRS:		90's - 100's. Frequent PVCs noted. (P)2
R	Pulse Strength	+2 palpable in all 4 ext.	(B) radial pulses, (P)2 (B) pedal pulses.
D	Cap Refil / JVD	<3sec, (P) JVD	<3sec cap refill. Generalized edema
I	Edema	+3 pitting BUE, generalized throughout	noted.
A	Chest Pain	UTA	
C			
R	Respiratory Pattern	Ventil: SIMV 16, 80%, 5, 40%. ETT	Pt is ver intubated. #8 ETT, 24cm @
E	Breath Sounds	#8. (P) str 22cm @ Lip. Anonchi	teeth. SIMV 16, TV 800, PEEP 5, FIO2 40%.
S	Secretions	+ throughout. Thin white secretions	Peak pressures low 30's. Coarse breath
P	Cough	noted.	sounds noted bilat. SpO2 99-100% Pt over breath
S	Color	wpl for race. Midline abd incision, (B)	Warm and dry. Multiple abd wounds. Large mid
K	Integrity	shoulder burn, (P) exit wound drags	line abd inc. & drug intact. (P) flank wound.
I	Backside	G, D, I, JP (P) + (P) abd in place c	(P) chest drug clear and dry.
N		serous fluid.	
	Access Devices	(P) Sc cordis c propofol, fentanyl &	(P) Sc cordis and TIC cve inserted 8/24/83. Fentanyl
I	Location	DS/2NS c 20kcl infusing. (P) radial	and propofol infusing via medial port c DS/2NS
V	Condition	a-line. (P) S/S of infection.	+ 20kcl @ 30cc/hr. NS @ 30cc/hr infusing via
	Abdomen	Soft. NGT to (P) rare. US	Abd soft. BS present. (P) side colostomy c
G	Bowel Sounds	normal BS in all 4 quad. Jeivity	pasty yellow/green drng. (P) J-tube c Jeivity +
I	Stoma/Ostomy	+ duodenal juice in J-tube, (P) colostomy	duodenal drainage @ 125cc/hr. (P) duodenal drng
		c light brown semifformed stool	red/brown/green liquid drng. JP drng x 2 c yellow
G	Device	Foley to gravity draining amber	liquid drng.
U	Color / Clarity	urine. UO > 30cc/1°	Foley to gravity drng tea colored urine.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2  
 ICU #1 [redacted]

DATE  
 24 AUG 83

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
 NAME: [redacted] RANK: AGE:  
 UNIT: [redacted] (b)(6)-4 GENDER:  
 STATUS: US: AD / CIV IRAQI: CIV (EPW)

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

1601 Patients Name:



1610-1

Date:

8/29/05

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line																									
NBP	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
TEMP	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3	37.3
HR	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81
RR	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Sao2	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
FIO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Source	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV
MAP																									
Cvs																									
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
IVPB	50				250								450	30											
NGT													100												
Feet	12	14	14	18	12	12	12	9	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
PO																									
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
JRINE	40	70	73	60	55	80	63	63	64	60	45	65	740	70	70										
NGT																									
STOOL				600																					
DRAIN																									
SPHL													5												
SPH2													15												
Overhead		205			60								205												
Total																									

MEDCOM - 16968

IN 3751 Out 2645

#1100

2645

3751

1100



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

(b)(6)-2

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	INITIALS
N E U R O	PUPILS	10:40			1830
	SENSORIUM	3mm PERRL Sedated to propofol Fentanyl for pain Gag reflex present			2mm Perri. Pt is Sedated on propofol and fentanyl q4h.
R E S P I R A T O R Y	RESPIRATORY PATTERN	Unaided, #8 @ 26cm lip			Intubated, PTT #8 26cm lip
	BREATH SOUNDS	SIMV 16, 80%, E, 16, 40%			lip. SIMV 16, F 42-40%, TV 800, Peep 5. Peak pressures upper 30's lower 40's. Rhrachi noted bilat Equal chest expansion.
	SECRECTIONS	peak 2L. Nighty rhoch @ bases. Thin white secretions			
S K I N	COLOR	Midline abd incision, (R)			TP ARRS X3. large midline abd. incision & drsg. D+I.
	INTEGRITY	flank incision drsg. (R) 1 stage I decub sacrum 2 JP tubes in abd yellowish drainage			flank wound.
I V S I T E	LOCATION	Radial a-line, (R) SC			Radial a-line. - Not working. BSc cordis + TLC
	CONDITION	cordis/3 lumen & propofol fentanyl, drsg 2 & KCl, NS infusing & 6% of infectoi			NS infusing via cordis. Propofol (@ 100mcg/Kcal/min + fent @ 1.25 mcg/hr and B5/NS @ 25ml/hr 20K @ 20cc/hr. Inserted 24 Aug 83
G A S T R O	ABDOMEN	soft, NGT @ nose to US	drain & drainage of amber		Abd soft & non tender. hypod BS @ colostomy 3 drsg. Stoma pink & edematous. J-tube clamp
	BOWEL SOUNDS	brn/red fluid noted, BSX in all 4 quad @ ostomy & sanitimed stool, (R) duodenal	color		duodenal tube to drsg & brown, green liquid drsg. NG to (@ nose to LES & mid amount.
G U	URINE:	key to gravity draining			key to gravity drng tea reduced urine.
	COLOR/CLARITY	amber urine NO > 30ct			NSR. Rate 80's. Occasional PVCs. Generalized edema. Cap refill < 4 sec
C A R D I O V A S C U L A R	CARDIAC RHYTHM	SR-ST & occasional PVCs generalized edema thru chest airing edema. BUE + BLE cap refill < 3 sec. small ext. 2+ palpable subsmall ext			
	LEGEND	Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate	ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure	SIA - Fractional SAT - Saturation TRACH - Tracheostomy	

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC

DATE

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

ICU 1

26 AUG 83

# [Redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 16969

WAMC OP 375 (Redesignated)

DATE		DX																				HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25					
V I T A E S I G N S	BP Arterial Line	137																								
	BP Cuff	61/122	54/118	53/125	52/125	51/124	50/120	50/137	50/150					110/54	119/49	104/47	120/50	119/47								
	Temperature	100.4	100.5	100.5	100.5	100.0	100.2	99.9	100.5																	
	Pulse	109	97	94	96	107	102	102	111						98.5	99.7	99.5	99.7	100.4							
	Respiratory Rate	16	32	22	21	23	16	16	17						102	89	86	99	91							
	MAP	89	78	77	85	85	76	84	92						16	16	16	16	16							
	SPO2	99	100	100	99	97	96	98	98						72	69		17	16							
	FIO2	40	40	40	40	40	40	40	40						93	97	100	97	99							
	Mode	vent	vent	vent	vent	vent	vent	vent	vent						vent	vent	vent	vent	vent							
	TIME		06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8P						
I N T E R A K E	NS	30	30	30	30	30	30	30	30	240	30	250	30	30	30	30	30	30	268							
	DS 1/2	30	30	30	30	30	30	30	30	240	30		30	30	30	30	30	30	180							
	IVPS	50		50		260		50		350				50	50				100							
	Fent	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	100							
	Propofol	51.0	51.0	51.0	51.0	51.0	51.0	51.0	51.0	400	51.0			51.0	51.0	51.0	51.0	51.0	300							
	TF	125	125	125	125	125	125	125	125	100	0	0	0	0	0											
	TOTALS									2237									336							
	O U T P U T	URINE	HOUR	68	130	60	55	65	65	70	90															
			TOTAL	68	130	60	55	65	65	70	90															
		NG	OUTPUT																							
DI																										
EMESIS		STOOL																								
		DRAINS	JP1								300	300														
		JP2								scant	scant				40		20									
		Duoden	90							10	10				60		30									
TOTALS		JP3								325	415	300			280		50									

MEDCOM - 16970



REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

(6)6-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
N E U R O	PUPILS	46100	[Redacted]	[Redacted]	1800
	SENSORIUM	3mm PERRL Sedated & versed qtt @ 100mcg/h. Fentanyl qtt @ 125mcg/h for pain control jaundice bilat eyes			3mm PERRLA Pt on versed 100mg + Fent @ 125mcg/hr for pain
R E S P I R A T O R Y	RESPIRATORY PATTERN	Ventil SIMV 16, 800, 5, 40%			Pt ventilated size 8 tube SIMV 16, 800, 5, 40%
	BREATH SOUNDS	Peak @ 26. Clear bilat tubes			Peak @ 26. Lung CRT Bilat. Substraining then white secretions from tube.
	SECRETIONS	some crackles bilat & lobes Thin white secretions ETT # 84 2cm @ lip			WFR. Irrigation to midline abd. + D/E tube disg C/D/T SP drains on yellowish drainage 7.5cm to shoulder Drig. C/D/E.
S K I N	COLOR	Midline abd + @ flank wound			
	INTEGRITY	drsg @ D, I, TP1 + TP2 yellowish drainage, burn drsg @ shoulder, D, I			
L O C A T I O N	LOCATION	@ Radial Artery + @ SC			
	CONDITION	cordis/3 humen @ NSC 3000 fentanyl @ 125mcg/hr, propofol @ 100mcg/hr and DS 1/2 20KCl @ 30cc/hr infusing. @ 5% of infection			
A B D O M E N	ABDOMEN	soft, NGT @ rare @ US			
	BOWEL SOUNDS	light green fluid noted. BSA normal all quad. duodenal drain @ side draining amber bile			
U R I N E	URINE:	Plu to gravity draining			
	COLOR/CLARITY	amber urine			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	SR @ occasional PVCs + 2 palpable pulses in all ext. < 3 sec cap refill, generalized edema throughout upper body			

LEGEND Cr - Creatinine ICP - Intracranial Pressure SA - Fractional  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub> PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub> SAT - Saturation  
 HCO<sub>3</sub> - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

PREPARED BY (Signature & Title) DEPARTMENT/SERVICE/CLINIC DATE  
 (Continue on reverse) 25 Aug 89

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)  
 # [Redacted] (6)6-4

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

DATE		DX														HOSPITAL DAY			
TIME		00	07	08	09	10	11	12	13	14	14	15	16	17	18	19	20	21	22
V	BP Arterial Line																		
I	BP Cuff	108/58	135/67	120/62	124/60	127/60	119/62	130/62	113/67		84/69	136/64	147/66	135/63	143/69	127/55	139/61	137/67	
T	Temperature	100.9	101.0	100.5	100.4	100.4	100.4	100.4	100.3		100.4	100.5	100.4	101.3	101.5	101	100.9	100.0	
A	Pulse	95	103	92	91	91	94	92	118		114	109	106	106	109	111	112	114	
E	Respiratory Rate	16	15	12	16	16	16	16	20		19	16	16	16	16	16	19	17	
L	SpO2	98%	99%	97%	99%	99%	96%	99%	98%		98%	99%	99%	99%	100%	99%	100	100	
S	FIO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40%	40	40	
S	Mode	NON	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	vent	vent	vent	vent	vent	
T																			
G																			
N																			
S																			
I	TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8
N	IVF	30	30	30	30	30	30	30	30	250	20	30	30	30	30	30	30	30	30
E	Feet	125	125	125	125	125	125	125	125	98	125	125	125	125	125	125	125	125	125
T	Propofol	51	51	51	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	40 <sup>8</sup>	357	459	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>	51 <sup>4</sup>
A	IXPB	50	-	50	-	50	-	50	-	350	-	-	50	-	50	-	-	-	-
K	NS	30	30	30	30	30	30	30	30	250	30	30	30	30	30	30	80	30	
E	TF	125	125	125	125	125	125	125	125	1000	125	175	125	125	125	125	125	125	125
P	TOTALS																		
U	URINE	HOUR TOTAL	60/60	80/40	65/65	66/265	85/30	70/40	70/470	65/335	535	100/635	55/190	70/70	20/880	55/435	62/1003	90/1093	54/1101
P	NG	OUTPUT																	
P	EMESIS																		
P	STOOL		200		175			150		515	175						200		
U	DRAINS	JP1									5								
U	DRAINS	JP2						30		20	20			20					
U	DRAINS	duodenal		90															
T																			

MEDCOM - 16973



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA  
 For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (4)16-2

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

		INITIAL ASSESSMENT	
	TIME	INITIALS	INITIALS
NEUROLOGIC	PUPILS	07:00 2mm PERRL	A42
	SENSORIUM	Pt sedated on Propofol	PERL ventd - Sedated
RESPIRATORY	RESPIRATORY PATTERN	ETT - 8 26cm	vent mode SIMV
	BREATH SOUNDS	Lips VENT Mode	TV 800 BPM 16 Peep 5
	SECRETIONS	SIMV TV 800 IR 16 PEEP 5 FIO <sub>2</sub> 40% Rales bilat.	FIO <sub>2</sub> 40%
SKIN	COLOR	NFR	Normal for race
	INTEGRITY		Incision to abd & sutures intact.
VESICULAR	LOCATION	TLC to R Sternum	Cordis to @ SC
	CONDITION	Medis to R Sternum A-Line to @ Iliac	A-Line @
GASTROINTESTINAL	ABDOMEN	+BS +4 bowel sounds	abd soft & mildly distended. Incision to abd & sutures intact
	BOWEL SOUNDS	Abd soft & distended	
GU	URINE:	Clear, dark Amber	amber; TLC to BS
	COLOR/CLARITY	Folent to sparsity	
CARDIOVASCULAR	CARDIAC RHYTHM	S S <sub>2</sub> + 2 Pulses x4 extremities	+PULSES to ↑&↓ extremities. UR 14 Edema to ↑&↓ extremities

LEGEND  
 Cr - Creatinine  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>  
 HCO<sub>3</sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 P<sub>CO</sub><sub>2</sub> - Pressure of Arterial CO<sub>2</sub>  
 PEEP - Positive End Expiratory Pressure  
 S<sub>I</sub>A - Fractional  
 S<sub>AT</sub> - Saturation  
 TRACH - Tracheostomy

PRE (Continue on reverse)  
 (b)16-2 DEPARTMENT/SERVICE/CLINIC ICU 1 DATE 27 Aug 83

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

# (b)16-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 16975

VAMC OP 375 (Redesignated)

DATE		DX		HOSPITAL DAY																		
27 Aug 83				06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
V	BP Arterial Line																					
I	BP Cuff	115/73	117/59	117/55	107/53	115/51	110/52	110/52	110/54			120/59	122/57	119/60	117/55	119/54	115/56	131/53	131/55			
T	Temperature	100°	101°	101°	100.7	100.9	100.7	100.7	100.9			100.8		100.7	100.3	100.3	100.5	101.3	100.6			
A	Pulse	100	99	96	97	94	96	96	103			10	106	109	99	102	102	111	110			
A	Respiratory Rate																					
L	SpO2	98%	99%	99%	99%	93%	99%	99%	98%			98	98	99	99	98	98	96	96			
L	FiO2	40%	40%	40%	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%	40%	40%	40%			
S	Mode	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT			VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT			
I																						
G																						
N																						
S																						
	TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8°			
I	DS 1/2 NS + ZCK	38	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	24			
M	NS	30	30	30	30	30	30	30	30	180	30	30	30	30	30	30	30	30	24			
M	I.V.P.B.	50		50		200		50		350					50							
T	Fentanyl	125	125	125	125	125	125	125	125	100	125	125	125	125	125	125	125	125	100			
T	Propofol	51	51	51	51	51	51	51	51	200	51	51	51	51	51	50	51	51	40			
A	TF			60	60	60	80	80	80	440	100	125	125	125	125	125	125	125	97			
K																						
E																						
TOTALS																						
O	URINE	HOUR TOTAL	38	50	35	34	35	95	55	340	70	40	45	55	70	70	80	60				
		SP GR	38	88	103	151	192	281	272	340	70	110	155	210	280	350	430	490				
		SA																				
U	NG	OUTPUT																				
		PH																				
		GUAC																				
P	EMESIS	CHOCING	70				200			250												
P	STOOL																					
U	DRAINS	JP #1	20													200	150					
		JP #2	15				50						10				5					
		JP #3	10				15						30				25					
T	TOTALS												20				20					

MEDCOM - 16976





# ICU1

Patients Name:

EPW

(G)04

Date:

28 5/10/03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
A-Line																											
NBP	120/70				118/71					117/71				114/58													
TEMP	37.0				37.1					37.1																	
HR	98				81					83				85													
RR	27				23					24				24													
SaO2	100				99					100				100													
FIO2																											
Source	RA				RA																						
MAP																											
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF	75	75	75	75	75	75	75	75	75	75	75	75	900														
IVPB			50										100														
NGT/E	100	100	100	100	100	100	100	100	100	100	100	100	1200														
MSO4	5	5	5	5	5	5	5	5	5	5	5	5	60														
PO																											
Total													1200														
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE					50								140	150	150	150	150	150	150	150	150	150	150	150	150	150	
NGT					50								140	150	150	150	150	150	150	150	150	150	150	150	150	150	
STOOL																											
DRAIN																											
Total																											

MEDCOM - 16978

# [redacted] (S)(G)-4

28 AUG 83

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** (S)(G)-2

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

		TIME	INITIALS	INITIALS	TIME	INITIALS
N U R S I N G	PUPILS	0630	[redacted]	[redacted]	1830	[redacted]
	SENSORIUM	2mm PERRL PT sedated on Propofol	[redacted]	[redacted]	PERRLA 3mm sluggish Propofol 100mcg/kg/min	[redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	EET Size 8 Vent	[redacted]	[redacted]	SIMV 16 TV800 PEEP 5	[redacted]
	BREATH SOUNDS	settings TV-800	[redacted]	[redacted]	FiO2 40 SaO2 98	[redacted]
	SECRETIONS	PEEP 5 RR-16	[redacted]	[redacted]	#8 Eff #8 Trach	[redacted]
		FiO2 40% SIMV ETT 26cm at Lips	[redacted]	[redacted]	Expiratory rhonchi @ lobe	[redacted]
S K I N	COLOR	NFR Abdominal	[redacted]	[redacted]	Normal for Race	[redacted]
	INTEGRITY	incision Dsg, CDI	[redacted]	[redacted]	Abd sutures intact, drsg CDI RLE Dsg CDI, Blister RLE	[redacted]
V E I N S	LOCATION	TLC to (R) Subclavian	[redacted]	[redacted]	(R) SC TLC, Flushed @	[redacted]
	CONDITION	Cordis (R) Subclavian A-Line (L) Radial	[redacted]	[redacted]	10cc NS each port, Cordis flushed (L) Rad A-Line	[redacted]
G A S T R O	ABDOMEN	Soft & distention	[redacted]	[redacted]	Soft Round	[redacted]
	BOWEL SOUNDS	Hypoactive BS NG tube to (L) none	[redacted]	[redacted]	NGT (R) Nare to LIS	[redacted]
G U	URINE:	Clear Amber	[redacted]	[redacted]	Foley to gravity	[redacted]
	COLOR/CLARITY	Foley to gravity	[redacted]	[redacted]	DK yellow clear	[redacted]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1S2 +2 pulses x 4 extremities NR-95	[redacted]	[redacted]	SR S1/S2 generalized edema ± +4 pitting to extremities Cap Refill < 3 sec Pulses +2 x 4 extremities	[redacted]

LEGEND: Cr - Creatinine, F<sub>i</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>, HCO<sub>3</sub> - Bicarbonate, ICP - Intracranial Pressure, PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub>, PEEP - Positive End Expiratory Pressure, SA - Fractional, SAT - Saturation, TRACH - Tracheostomy

(Continue on reverse)

PRE [redacted] (S)(G)-2 DEPARTMENT/SERVICE/CLINIC **ICU** DATE **28 AUG 83**

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

# [redacted] (S)(G)-4

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

# [redacted] (5)(6)-4

DATE		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V I T A E S I G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial Line																		
	BP Cuff	118/47	117/50	108/47	110/46	105/42	110/49				93/73	102/62	117/63	118/62	115/63	113/59	109/59	112/58	
	Temperature	101.4	101.1	101.2	101.0	100.9	100.7												
	Pulse	94	102	94	88	85	85					99.8	99.9	100.1	99.5		100.1	99.8	
	Respiratory Rate											13	12	16	12				
	SPO2	99	95	99	100	100	100					92	93	97	98	98	97	99	
	FI02	40%	40%	40%	40%	40%	40%					40%	40%	40%	40%	40%	40%	40%	
	MODE	simv	simv	simv	simv	simv	simv					simv	simv	simv	simv	simv	simv	simv	
	I M T A K E E O U T T O T A L S	TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21
NS		30	30	30	30	30					30	30	30	30	30	30	30	30	
MPD		50	50	50	50	50					50	50	50	50	50	50	50	50	
TF																			
Propofol		51	51	51	51	51					51	51	51	51	51	51	51	51	
Fentanyl		15	15	15	15	15					15	15	15	15	15	15	15	15	
D 5 1/2 NS		30	30	30	30	30					30	30	30	30	30	30	30	30	
TOTALS																			
O U T P U T T O T A L S		URINE	HOUR TOTAL	55/65	55/110	65/175	60/135	70/155	50/105	70/155	105/105	230/230	230/230	200/430	100/530	100/630	80/710	75/785	90/875
		NG	OUTPUT									25			20				
	EMESIS	Dolened					375				5			10					
	STOOL																		
	DRAINS	JP 1				20					30			25					
		JP 2				20					30			5					
		JP 3				10					10								
	TOTALS																		



MEDICAL RECORD-SUPPLEMENTAL MEDICAL D  
For use of this form 40-66, the proponent agency is The Office of [redacted] geon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0600	[redacted]	[redacted]	1850
	SENSORIUM	3mm PERRL Sedated & propofol @ 100 mcg/kg/min Fentanyl @ 150 mcg/ <sup>o</sup> for pain control			3mm Perri. Pt is sedated & revised and fentanyl drip
R E S P I R A T O R Y	RESPIRATION PATTERN	Vented: #8 Shiley trach			#8 Shiley trach. SIMV 16,
	BREATH SOUNDS	SIMV 16, 800, 5, 40%			TV 800, Fie2 40% PEEP 5, peak pressures 27-28. O2 sats 99%. Pt not overbreathing vent.
	SECRETIONS	Peak 28 O2 sats 99-100% rates @ 1L diminished Dhh.			Chonchi noted bilat - Equal chest expansion
S K I N	COLOR	BUSTER @ ext. midline			Midline abd. incision & staples intact
	INTEGRITY	abd incision staples intact disac, D.I. @ flank wound disac A)			TPXS intact & s/sous drng needed @ flank wound & drng DTE
I V	LOCATION	@ SC cordis & NS @ 30cc/hr			@ SC cordis & TRC. Cor Inserted
	CONDITION	& 3-lumen cath @ propofol Fentanyl + NS @ NS @ 30cc/hr @ 30cc/hr @ 0% of infection			24 Aug 89. NS @ 30cc/hr via cordis. Propofol @ 100 mcg/kg/min Fentanyl @ 150 mcg/hr & NS @ NS + 20cc @ 30 via proximal port.
		@ radial x-line. flushes well			radial A-line - only draws blood. abd soft. NG to LES. @ colostomy & presy yellow green, Jt ubl & d/sivity + diurnal drng @ 15cc/hr
G A S T R O	ABDOMEN	soft nondistended @ nare			radial A-line - only draws blood.
	BOWEL SOUNDS	NGT @ WS (+) hypoactive throughout @ colostomy & semiformed brown stool			abd soft. NG to LES. @ colostomy & presy yellow green, Jt ubl & d/sivity + diurnal drng @ 15cc/hr
G U	URINE	Foley to gravity draining			diurnal drain & brown/green liquid drng. Foley to gravity drng clear yellow urine.
	COLOR/CLARITY	clear yellow urine			NSR, rate 90's. No ectopy noted. +3 @ pedal + radial pulses. Pitting edema noted to hands, feet.
C A R D I O V A S C U L A R	CARDIAC RHYTHM	SR @ chest/ noted +2 palpable pulses in all 4 ext. Pitting edema @ 12 @ 18 generalized edema			NSR, rate 90's. No ectopy noted. +3 @ pedal + radial pulses. Pitting edema noted to hands, feet.
	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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] ILT/AU DEPARTMENT/SERVICE/CINC [redacted] DATE 21 AUG 89

PATIENT'S INDICATIONS (For type of service, name of service, name of provider: Name—Last, First, middle; grade; date; hospital or medical facility)  
[redacted] (5)(6)-2  
[redacted] (5)(6)-4

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

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

MEDCOM - 16982

DATE		29 AUG 03														HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
VITALS	BP Arterial line																			
	BP Cuff	118/79	109/65	107/54	114/64	126/76	122/59	114/66	113/51		119/55	113/61	115/53	112/52	115/52	111/51	108/50	111/50		
	Temperature	99.4	99.4	99.3	97.9	98.1	97.7	98.1	97.6		98.1	98.1	99.0	99.1	99.4		100.0			
	Pulse	90	88	86	93	93	90	97	84		85	84	84	85	88	91	92	90		
	Respiratory Rate	16	16	16	20	8	16	26	16		16	16	16	16	16	16	16	16		
	SaO2	100	100	100	100	100	100	100	99		99	100	100	99	99	99.2	99.9	100.0		
	FiO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40%	40%	40%		
	Mode	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv		Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv		
INTEGRATION	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T	
	IVF	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240	
	IVPB	50		50		50		50		350		50		50					100	
	TF	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	1000	
	Propofol	51	51	51	51	51	51	51	51	408	51	51	51	51	51	51	51	51	408	
	Fentanyl	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	120	
	DE 1/2 NS 20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	240	
	NGT meds/flush			60						60										
	TOTALS										248								2108	
	OUTPUT	URINE	HOUR TOTAL	100	120	90	100	80	110	100	100	915	915	800	900	850	650	700	850	600
SP gr			100	220	310	410	410	455	510	415										
NG		OUTPUT																		
		PH																		
		GUIAC																		
EMESIS / duodenal		300				400				700	575				300			550	1125	
STOOL						50				50										
DRAINS		JPI					10				20	scant				scant				
		JP2					10				20	10				5				
		JP3					5				5	20				10				
	JP4					5				5	10				10					
TOTALS																				

MEDCOM - 16983

POST-OP DAY										ACUITY LEVEL CLASSIFICATION									
22 23 24 01 02 03 03										TIME 0421									
136/64 122/54 121/51 118/50 112/52 117/51 131/51										MODE SIMV									
100 100 100 99 100 100										F <sub>IO2</sub> 40									
109 103 98 96 91 91 115										TV 800									
30 22 17 16 16 16 25										RATE 16									
98% 97% 96% 99% 99% 99% 97%										PEEP 5									
40% 40% 40% 40% 40% 40% 40%										A pH 7.31									
SIMV SIMV SIMV SIMV SIMV SIMV SIMV										A PCO <sub>2</sub> 38.6									
										B PO <sub>2</sub> 108									
										B HCO <sub>3</sub> 26									
										G SAT 98%									
										G BASE -6									
14 17 18 19 20 21 22 23 8°T										TIME 0421									
30 30 30 30 30 30 30 30 840										GLUCOSE 138									
200 50 50 300										Na/K 131/38									
115 125 125 125 125 125 125 125 1000										C/CO <sub>2</sub> 102/16									
51 51 51 51 51 51 51 459 402										BUN/Cr 17/1.0									
15 15 15 15 15 15 15 15 120										WBC/PLATELET 15.6/1000									
30 30 30 30 30 30 30 30 240										Hct/Hgb 27.7/9.6									
										Ca <sup>++</sup> 7.9									
										TIME									
										MOUTH CARE									
										BATCH									
										SKIN CARE									
										FOLEY CARE									
										TRACH CARE									
										ROM EXERCISES									
80 120 120 100 120 100 90 100 100 220										24 HR TOTALS									
1620 1710 1830 1930 2010 2100 2170 2270 2200										NURSE'S SIGNATURE									
200 100 400										INITIALS									
										WT Yesterday									
										wt Today									
										INTAKE									
										OUTPUT									
										IV									
										Urine:									
										Po									
										TOTAL 1828									
										TOTAL 14850									
										BALANCE 11978									



MF RECORD-SUPPLEMENTAL MEDICAL  
 For use of this form R 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 GA Appr 8 Mar 89

(b)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS		INTILAS
N E U R O	PUPILS	0600			1830
	SENSORIUM	3mm PERRL Sedated @ propofol @ 90mcg/kg/min + Fentanyl @ 150mcg/h for pain control			PERRLA 3mm Propofol 100mcg/kg/min Fentanyl 150mcg/h
R E S P I R A T O R Y	RESPIRATION PATTERN	Ventil: #8 Shilley trach			Shilley #8
	BREATH SOUNDS	Simv 16, 800, S, 40%			Simv 16, TV 800, PEEP 5 FIO2 40
	SECRETIONS	Rales @ base + Dk @ secretions @ this time			Rhonchi @ Upper Lobes clear @ suctioning thick greenish yellow secretions
S K I N	COLOR	stage I decub back head, blister			Normal for Race
	INTEGRITY	BLE, midline abd + @ Plant drsg C, D, I, S/P tubes to midline			Drsg BLE CDI, Mid Abdrsg CDI S/P
I V	LOCATION	(b) Radial A-line in > 5 days			
	CONDITION	reddened, @ SC cordis / 3-lumen @ Fentanyl, propofol, NSE @ NS @ 20% @ 30cc/hr infusing			
G A S T R O	ABDOMEN	soft, nondistended			Soft Round
	BOWEL SOUNDS	+) normal throughout, Tentive duodenal juice @ 115 @, NGT to US @ ware			+, Jevity/duodenal fluid off pending surgery SJP drains
G U	URINE	foley to gravity draining			foley to gravity
	COLOR/CLARITY	clear yellow urine			dark orange, clear
C A R D I O V A S C U L A R	CARDIAC RHYTHM	ST @ ectopy, T2 palpable pulses in all 4 ext, pitting edema @ E - @ BUE			SR S1/S2 generalized edema + 3 pitting BLE/BUE. Cap Refill < 3 sec Pulses + 2 x 4 extremities
	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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(b)(6)-2

(Continue on reverse)

PATIENT NAME: [REDACTED] PT/AN DEPARTMENT/SERVICE/CINC DATE: 30 Aug 83

PATIENT'S name, date, hospital or medical facility

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

(b)(6)-7

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 16985

DATE		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
VITALS	BP Arterial line																	
	BP Cuff	106/60	103/60	103/59	104/52	114/55	111/53	109/51	107/50	100/50	110/50	116/53	125/60	131/63	135/65	136/62		
	Temperature	100.5	100.8	99.9	99.3	99.4	99.1	99.7	100.0		99.8	99.1	99.4	99.9	99.4	100.4		
	Pulse	115	114	101	86	82	85	85	82		81	78	78	85	89	87		
	Respiratory Rate	27	29	19	16	16	16	16	16		16	16	16	16	16	20		
	SpO2	97%	97%	97%	90%	90%	90%	90%	99%		100%	100%	100%	100%	100%	100	98	
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%		40%	40%	40%	40%	40%	40		
	Mode	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV		SMV	SMV	SMV	SMV	SMV	SMV		
	MAP														89	89		
INTENSIVE	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	
	IVF	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	70
	IVPB	50		50		200		50		350		50		50				100
	TF	125	125	Hold	Hold	Hold	Hold	Hold	Hold	125	Hold	Hold	Hold	Hold	Hold			
	Propofol	45 <sup>9</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	402 <sup>9</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51 <sup>0</sup>	51		300
	Fentanyl	15	15	15	15	15	15	15	15	400	15	15	15	15	15	15		90
	D5KNSz20K	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30		180
	NGT meds/flush					55				55								
TOTALS										1800								740
OUTPUT	URINE	HOUR TOTAL	70	110	90	85	80	125	65	75	70	65	100	130	65	75	90	90
		SP gr	70	180	210	355	135	500	125	100	110	105	165	195	180	155	125	135
		S/A																
		NG	OUTPUT															
		PH																
		GUAC																
		EMESIS	400			400				400		300						
		STOOL																
DRAINS	JP	1/2		10/10					10/5	35			5					
		3/4		5/5				5/0	15			5						
		5		20				15	35			15						
TOTALS																		

SURG BTRY

POST-OPERATIVE DAY										ACUITY LEVEL CLASSIFICATION										
22 23 24 01 02 03 ML RPT										TIME										
V	14	17	18	19	20	21	22	23	24	R										
I	114	107		105	101	104	104	103	102	E	MODE									
T	100 <sup>8</sup>	100 <sup>2</sup>		100 <sup>9</sup>	100 <sup>9</sup>					S	F <sub>i</sub> O <sub>2</sub>									
A	118	109	109	104	102	95	93	89		P	TV									
L	16	16	16	16	16	17	16	20		I	RATE									
S	94	93	96	97%	98%	99%	99%	99%		B	PEEP									
I	40	40	40	40%	40%	40%	40%	40%		A	A pH									
G	Smv	Smv	Smv	Smv	Smv	Smv	Smv	Smv		B	PCO <sub>2</sub>									
H	75	71								G	pO <sub>2</sub>									
S											HCO <sub>3</sub>									
I	14	17	18	19	20	21	22	23	24	L	CLUCOSE									
N	22	23	24	01	02	03	04	05	06	B	Na/K									
T	30	30	30	30	30	30	30	30	240	O	Cl/CO <sub>2</sub>									
A	250	50							300	R	BUN/Cr									
K	60	70	80	80	80	90	90	110	1000	A	WBC/PLATELET									
E	51	51	51	30	20	20	20	20	265	T	Hct/Hgb									
O	15	15	15	15	10	10	10	10	100	B										
U	30	30	30	30	30	30	30	30	240	Y										
T										A	TIME									
P										D	MOUTH CARE									
U										T	BATCH									
T										I	SKIN CARE									
										L	FOLEY CARE	230 N/A								
										V	TRACH CARE	234 N/A								
										S	ROM EXERCISES									
										N										
										D										
										F										
											24 HOURS TOTALS									
											WT Yesterday									
											wt Today									
											INTAKE									
											OUTPUT									
											IV									
											Urine:									
											Po									
											TOTAL	6176								
											TOTAL	2255								
											BALANCE	3921								
											NURSES SIGNATURE									
											INITIALS									

MEDICAL RECORD-SUPPLEMENTAL MEDICAL

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

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

(5) (6) - 2

INITIAL SHIFT ASSESSMENT

	TIME	INITIAL		INITIAL	
		0600		1840	
NEURO	PUPILS	3mm PERRL		3mm PERRL	Pt remains
	SENSORIUM	Sedated to propofol @ 40mcg/kg/min, Fentanyl @ 100mcg/h for pain control		Sedated on propofol 20mcg/kg/min and fentanyl @ 100mcg/hr.	
RESPIRATORY	RESPIRATION PATTERN	Ventil #8 Shiley Trach SIMV		Trach #8 Shiley, Vent. SIMV	
	BREATH SOUNDS	16 SIBB, S, 40% peak AT.		TV 800, FiO2 40%, PEEP 5, peak pressure 29. Normal breath sounds, SpO2 100% on norm Pt	
	SECRETIONS	Clear throughout @ this time. @ secretions noted @ this time		Overbreathing vent. Rate 22-23. Facial chest expansion below @ shoulder burn drug, @ plant,	
SKIN	COLOR	stage 1 decub back head, midline			
	INTEGRITY	abrt @ plant wound drsg, @ @ shoulder burn drsg, @ @ drsg, @			
IV SITE	LOCATION	@ radial 2-line redness		@ radial A-line inserted 17 Aug 03	
	CONDITION	@ SC cordis / 3-lumen @ 1/3 of infection @ propofol @ 20mcg/kg, @ 100mcg/hr fentanyl infusion		redness @ SC cordis @ 24 Aug 03. No redness or drug noted @ SC @ 50mcg/hr via cordis, @ 1/2 hrs @ 20mcg via medial port	
GASTRO	ABDOMEN	soft, nondistended		soft, @ 15x4. @ side J-tube @ gravity & distal @ 125cc/hr @ distal tube to gravity @ yellowish brown liquid.	
	BOWEL SOUNDS	+hall for quads active! NGT to L3 @ rare		NGT to NG to L3 @ men brown liquid drng. Fezy to gravity @ ng clear via vent @ 20cc @ 20mcg tach. late 10/2	
GU	URINE	bleptogravit draining			
	COLOR/CLARITY	amber urine			
CARDIOVASCULAR	CARDIAC RHYTHM	SR @ decorty noted @ this time. Pitting edema @ @ + @ 2 palpable pulses throughout, < 3 sec cap refill			
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTERIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Iracheostomy	

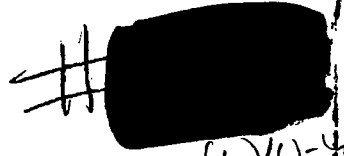
(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE 10/11/03

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

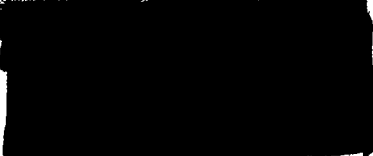


- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 875 (Redesignated) 1 APR 90 (HSXC - NU)



POST-OP DAY									ACUITY LEVEL CLASSIFICATION														
V I T A L S I G N S	22	23	24	01	02	03	04	05	TIME	0334													
	128	142		174	131	112	134	137	MODE	SMV													
	72	142		995	131	992			F <sub>O<sub>2</sub></sub>	40													
									TV	800													
	111	106	115	119	117	107	102	101	RATE	16													
	16	16	28	28	30	16	16	16	PEEP	5													
	100	100%	100%	100%	100%	99%	100%	100%	A pH	7.45													
	40	40%	40%	40%	40%	40%	40%	40%	A PCO <sub>2</sub>	30.8													
	SMV	SMV	SMV	SMV	SMV	SMV	SMV	SMV	B pO <sub>2</sub>	84													
									B HCO <sub>3</sub>	20													
								G SAT	97%														
								G BASE	-5														
I N T A K E	22	23	24	01	02	03	04	05	8 <sup>°</sup> T	TIME	0334												
	30	30	30	30	30	30	30	30	240	CLUCOSE	124												
	30	30	30	30	30	30	30	30	240	Na/K	4/4.1												
	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	918	CVCO <sub>2</sub>	10 <sup>2</sup> /18												
	10	10	10	10	10	20	20	20	110	BUN/Cr	15/1.5												
	125	125	125	125	125	125	125	125	1000	WBC/PLATELET	20.7/1050												
	200		100						300	Hct/Hgb	28.4/9.4												
										Ca <sup>++</sup>	8.0												
O U T P U T	110	110	120	100	100	110	100	100	1981	TIME													
	1715	1825	1945	2045	215	225	230	240	2440	MOUTH CARE													
										BATCH													
										SKIN CARE													
										FOLEY CARE													
										TRACH CARE													
										ROM EXERCISES													
24 <sup>HR</sup> TOTALS										NURSE'S SIGNATURE													
WT Yesterday					wt Today																		
INTAKE					OUTPUT																		
IV					Urine:																		
Po																							
TOTAL 5793					TOTAL 4155																		
BALANCE +1638																							

MEDICAL RECORD SUPPLEMENTAL MEDICAL D  
 For use of this form 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

(5)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	INITIAL
NEURO	PUPILS	0610	[REDACTED]	[REDACTED]	1800
	SENSORIUM	3mm PERRL Sedated @ propofol @ 20mcg/kg/min & Fentanyl @ 100 mcg/hr	[REDACTED]	[REDACTED]	PERRL 3mm Pt. sedated @ Propofol @ 30 mcg/kg/min & Fentanyl @ 100 mcg/hr
RESPIRATORY	RESPIRATION PATTERN	Ventil: S mv 16, 800, 5, 40%	[REDACTED]	[REDACTED]	Ventil: S-16, TV-800, P-5, FiO2 40
	BREATH SOUNDS	Deak @ Trach #8 Shiley	[REDACTED]	[REDACTED]	Bak 29, Trach #8 Shiley, lungs
	SECRETIONS	Coarse BUB, Diminished @ Trach Thick white secretions	[REDACTED]	[REDACTED]	Trach sput & thick white secretions
SKIN	COLOR	Slender, stage 1 desub back of head	[REDACTED]	[REDACTED]	WNL, stage 1 desub, back of head, @ arm
	INTEGRITY	@ stricker burn disc, 0.1. mictab @ flank wound disc, CA 7	[REDACTED]	[REDACTED]	axillary burn disc, mictab, @ flank wound disc @ LE. burn disc all CDZ
IV SITE	LOCATION	@ radial A-line reddened	[REDACTED]	[REDACTED]	@ SC cordis / triple lumen @ Propofol, NS
	CONDITION	around insertion site. Flushes well. @ SC cordis / 3 lumen @ propofol, Fentanyl, NS @ 20 @ 20KCl + NS infusing @ 3/4 of inf. @ radial A-line reddened around insertion site, cont. to flush well	[REDACTED]	[REDACTED]	Fentanyl @ 100 mcg/hr @ 20KCl infusing 3/4 of inf. @ radial A-line reddened around insertion site, cont. to flush well
	ABDOMEN	soft, nondistender	[REDACTED]	[REDACTED]	Round, soft non tender
GASTRO	BOWEL SOUNDS	normal in all 4 quadrants @ rare NGT to US, @ tube jejuny @ 125cc/hr @ duodenal drain	[REDACTED]	[REDACTED]	@ in all 4 quadrants, @ rare NGT to US, @ 2 tube infusing 100cc/hr @ 125cc/hr @ duodenal drain @ side chest xray
	URINE	Foley to gravity draining dark yellow urine	[REDACTED]	[REDACTED]	Foley to gravity Dark yellow urine
CARDIOVASC	CARDIAC RHYTHM	ST. HR 109, +2 palpable pulses in all 4 ext. @ ting edema @ UE & @ LE, generalized edema throughout. @ 3 sec cap refill	[REDACTED]	[REDACTED]	ST, HR 123, @ pulses x4 @ cap refill @ 3 sec, +2 pitting & generalized edema throughout
	LEGEND		Cr - Creatinine FiO <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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

ICU 9/1/83

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

# [REDACTED]  
 (5)(6)-7

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

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs


WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 16991

DATE		DX																HOSPITAL DAY																
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	
V I T A L	BP Arterial line																																	
	BP Cuff	152/70	142/84	138/92	155/88	130/60	136/72	127/70	130/66									113/53	116/54	121/56	116/50	122/60	153/77	152/83	137/74									
	Temperature	99.4	99.3	101.0	100.9	100.0	99.3	100.2	100.4									101.0	101.3	101.4	101.6	101.5	101.5	101.3	101.4									
	Pulse	101	110	145	112	106	107	117	114									108	109	111	111	114	122	124	121									
	Respiratory Rate	16	20	30	21	16	24	24	21									19	19	21	20	21	33	39	29									
	SpO2	100%	100%	100%	98%	99%	99%	99%	100%									99%	100%	100%	100%	100%	98%	99%	98%									
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%									40%	40%	40%	40%	40%	40%	40%	40%									
Mode	SMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV									SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV										
G N S																																		
I N T A K E	TIME	06	07	08	09	10	11	12	13	8 <sup>°T</sup>	14	15	16	17	18	19	20	21	8 <sup>°T</sup>															
	DS. 45NS+20	30	30	30	30	30	30	30	30	240	20	30	30	30	30	30	30	30	480															
	NS	30	30	30	30	30	30	30	30	240	30	30	30	30	30	30	30	30	480															
	IVPB	50		50		50		50		350			50		50				450															
	Propofol	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	15.3	15.3	15.3	15.3	15.3		15.3	15.3	15.3	15.3	15.3	15.3	15.3	15.3	137.7															
	Fentanyl	20	20	20	20	20	20	20	20	110	20	20	20	10	10	10	10	10	110															
	TF	175	125	125	125	125	125	125	125	1100	125	125	125	125	125	125	125	125	1000															
	KCl			100						100																								
	NGT MEALS/PULSH			50						50								40	90															
	TOTALS																																	
C U R I N E	URINE																																	
	HOUR TOTAL	85	95	130	140	100	125	100	65	200	100	100	80	85	75	120	125	100																
	SP gr	85	100	310	450	550	679	819	600	200	100	100	1164	124	144	1528	1669	1669																
	SA																																	
	OUTPUT																																	
	PH																																	
	GUAC																																	
	EMESIS	200	20			60			80	180			60																					
	STOOL	350				425				75	325					5		325																
	DRAINS																																	
JP1	10				10				27	10																								
JP2	2				5				2	2																								
JP3	3				5				15	3																								
JP4	3				5				15	3																								
JP5	10				15				25	10																								
TOTALS																																		

MEDCOM - 16992



POST-OP DAY								ACUITY LEVEL CLASSIFICATION												
V I T A L S I G N S	22	23	24	01	02	03	05	R E S P I R A T O R Y L A B O R A T O R Y A N D P H Y S I C I A L E X A M I N A T I O N S	TIME	0330										
	157/71	134/71	155/75	161/79	170/64	168/75	160/73		MODE	SPONT										
	137/81	149/81	163/83	138/78	141/78	155/91	157/91		F <sub>O</sub> 2	40										
			100 <sup>g</sup>	100 <sup>g</sup>		100 <sup>g</sup>	100 <sup>g</sup>		TV	80										
	117	113	104	111	112	112	112		RATE	16										
	17	17	16	24	22	39	42		PEEP	5										
	98%	99%	99%	98%	99%	98%	99%		A pH	7.39										
	40%	40%	40%	40%	40%	40%	40%		PCO <sub>2</sub>	36										
	SUMV	SUMV	SUMV	SUMV	SUMV	SUMV	SUMV		pO <sub>2</sub>	93										
									B HCO <sub>3</sub>	22										
							SAT	97%												
							BASE	-3												
I N T A K E O U T	14	17	18	19	20	21	22	23	8°T	L A B O R A T O R Y A N D P H Y S I C I A L E X A M I N A T I O N S	TIME	0344								
	30	30	30	30	30	30	30	30	720		GLUCOSE	163								
											Na/K	14/30								
											CI/CO <sub>2</sub>	110/23								
											BUN/Cr	17/14								
											WBC/PLATELET	14.5/195								
											Hct/Hgb	42/12								
P U N C T I V I T Y	100	100	140	120	100	100	110	75	A C T I V I T Y E V E N T S I N D E X	TIME										
	1769	1880	2029	2149	2249	2349	2459	2534		2534	MOUTH CARE									
											BATCH									
											SKIN CARE									
											FOLEY CARE									
											TRACH CARE									
											ROM EXERCISES									
24 HOURS TOTALS								NURSE'S SIGNATURE												
WT Yesterday				wt Today				 (5)(6)-2												
INTAKE				OUTPUT																
IV 3367.7				Urine: 2534																
Po 908				diains 2829																
TOTAL 3457.7				TOTAL 5363																
BALANCE 1905.3																				

MEDICAL RECORD-SUPPLEMENTAL MEDICAL D  
 For use of this form 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

(5)6-2

**INITIAL SHIFT ASSESSMENT**

NEURO	TIME	0715	INTILAS	INTILAS	RSD	INTIL
	PUPILS	100 M.I.	PERRLA			2MM PERRLA. Pt is
SENSORIUM	100 M.I.	Sedated to Propofol & Receiving Fentanyl for pain			Sedated on propofol off and fentanyl.	
RESPIRATORY	RESPIRATION PATTERN	Tachypneic			#8 trach stomy. VENT. SEMI	
	BREATH SOUNDS	Coarse Throughout			No. TV800. 60% FiO2. 5 peak pressures	
	SECRETIONS	Thick Yellow from <sup>ETT</sup> Trach Thin white oral			low 20's. Breath sounds coarse bilat. Equal chest expansion. SpO2 97-98%. RR 17-22/min	
SKIN	COLOR	Normal for Race			Multiple abd wounds. large midline	
	INTEGRITY	Stage II Decub back of Head Mid-line (B) flank wound			Ulceration & sutures intact. Some redness around stomy. (B) flank wound dried JP	
IV SITE	LOCATION	(D) Subclavian TIC			XS & serum drug (D) wounds & drags dry & intact. (E) chest burn & drgs intact.	
	CONDITION	- Patent, 0.5/5 of infection (B) Radial A line - Patent, 0.5/5 of infection, sharp waveform			(D) TIC CVC inserted 1 Sep 03. (D) NS 2cc (B) 30cc/hr, (B) anal (D) 100mg/hr (low hr) and propofol 40cc/hr (50cc/hr) via proximal port - Distal & medial port clamped. Bradycardia/dmg hard. (D) radial A-line inserted 1 Sep 03.	
GASTRO	ABDOMEN	Soft, 0 Distension			Good wave from square wave. Front & levelled. Correlates to NIBP	
	BOWEL SOUNDS	Active NG (B) Nare to 6/5 LIS			abd soft / non distended. NG to (D) nare & small amount bloody drng. (D) rectostomy & small amount paddy yellow BM (D) duodenal tube to drng & yellow through drng. (D) tube & qvity & duodenal drng @ 30cc/hr. Foley to gravity drng clear dark yellow urine. Serum tach. Rate 105. No ectopy noted. (B) (D) radial + (D) pedal pulses. (D)	
GU	URINE	Foley to Gravity			Generalized edema noted	
	COLOR/CLARITY	Dark Yellow				
CARDIOVASCULAR	CARDIAC RHYTHM	ST & ectopy 0 JVP. +2 Pitting edema BUE+BLE				
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 F02 - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy		

(Continue on reverse)

PREPARED BY (Signature & Initials) [Redacted] / [Redacted]

DEPARTMENT/SERVICE/CINC: [Redacted] DATE: 2 Sep 03

PATIENT'S INDICATIONS (For type of wound, date, name—Last, First, middle; grade; date; hospital or medical facility)

[Redacted] (5)6-7

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

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 16994

DATE		DX														HOSPITAL DAY				
25 SEP 03																				
V I T A L S  S I G N S  E G U T P T F U T	TIME	06	07	09	10*	11	12	13	14	16	17	18	19	20	21*					
	BP Arterial line		166/75	173/74	166/75	146/72	159/75	158/74	114/57	134/65	124/60	152/73	154/76	144/76	142/73	128/60	111/58			
BP Cuff		148/37	151/39	151/46	159/49	144/45				140/76	143/78	144/80	149/78	146/76	130/67	103/55				
Temperature				101 <sup>3</sup>	101 <sup>3</sup>	101 <sup>4</sup>	101 <sup>6</sup>		98 <sup>6</sup>			101 <sup>1</sup>	101 <sup>2</sup>	101 <sup>1</sup>	101 <sup>5</sup>	101 <sup>1</sup>				
Pulse		112	115	115	112	115	114	97	101	106	118	116	119	118	113	104				
Respiratory Rate		31	30	27	24	16	16	16	16	16	16	16	18	24	16	16				
MAP		104	109	105	91	104	101	74	87	81	99	100	98	95	82	65				
SpO2		99	99	99	99	99	99	99	99	98	97	98	97	97	98	98				
O2		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%				
Mode		SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV				
	TIME	06	07	08	09	10*	11	12	13	8°T	14	15	16	17	18	19	20	21*	8°T	
	05 1/2 E 20 KCl	30	30	30	30	30	30	30	20	240	30	30	30	30	30	30	30	30	240	
	Fentanyl	20	20	20	20	20	20	20	20	150	20	10	10	10	10	10	10	10	80	
	Propofol	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	285 <sup>6</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	30 <sup>6</sup>	25 <sup>5</sup>	270.3	
	TF	80	80	80	80	80	80	90	80	640	80	80	80	80	80	80	80	80	640	
	IVPB	100		50		100		100		350		50		100					150	
	KCl			50	50					100										
	J Tube					30	10		20	60			40							
	Duodenal						10			10										
TOTALS										1835 <sup>6</sup>									1360	
URINE	HOUR	100	100	100	115	125	105	70	100	100	120	100	55	45	125	85	90	150	150	
	TOTAL								100	100	120	100	55	45	125	85	90	150	150	
NG	SP gr																			
	S/A																			
	OUTPUT											250							250	
EMESIS / Duodenal	PH																			
	GUAC																			
STOOL				40					150	190			325				450	775		
JP DRAINS	1/2			12						12								10	5	
	3/4			8					20	20			10					3	8	
	5			30					12	42			3							
TOTALS										1429									1531	

MEDCOM - 16995

POST-OP DAY										ACUITY LEVEL CLASSIFICATION										
V I T A L S	22	23	24	05	02	03	05			R	TIME	0309								
	147	140	120	115	115	107	125	123		E	MODE	SIMN								
		138		132						S	F <sub>IO2</sub>	40%								
		994	982		991	991		987		P	TV	800								
		119	111	96	90	92	91	85	89	D	RATE	16								
		16	32	16	16	16	16	16	16	I	PEEP	5								
		97	92	78			85	78	80	A	A pH	7.416								
		95%	95%	98%	99%	99%	100%	99%	98%	A	PCO <sub>2</sub>	31.9								
		40%	40%	40%	40%	40%	40%	40%	40%	B	PO <sub>2</sub>	129								
		80	80	80	80	80	80	80	80	B	HCO <sub>3</sub>	20								
									G	SAT	99									
									G	BASE	-4									
I N T A K E	14	23	24	01	02	03	04	23	8°T	L	TIME	0317								
	30	30	30	30	30	30	30	30	240	A	GLUCOSE	145								
	10	10	10	10	10	10	10	10	80	B	Na/K	150 3.1								
	25 <sup>s</sup>	25 <sup>s</sup>	80 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	35 <sup>7</sup>	239 <sup>7</sup>	O	Cl/CO <sub>2</sub>	122 23								
	80	80	80	80	80	80	80	80	640	R	BUN/Cr	18								
		100	50						150	A	WBC/PLATELET	143 92								
										A	Hct/Hgb	26 34								
										O		34.7 11.4								
										B										
										A										
O U T P U T	90	105	75	90	90	90	80	90	1317	A	TIME									
	100	100	100	116	115	115	115	115	2115	I	MOUTH CARE	1400 92								
										I	BATH BATH	1200 92								
										I	SKIN CARE /shave	1430 92								
										T	FOLEY CARE	1245 92								
										E	TRACH CARE	1830 92								
										S	ROM EXERCISES	1200 92								
										N										
										D										
										F										
24 HRS TOTALS										NURSE'S SIGNATURE										
WT Yesterday										wt Today										
600										600										
INTAKE										OUTPUT										
IV										Urine:										
Po																				
TOTAL 4564										TOTAL 4480										
BALANCE +84cc																				

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

(b)(6)-2

## INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INTILAS		INTILAS	185	INTILAS
	PUPILS		PERLA				
SENSORIUM		Opens eyes spontaneously				2mm bil Pt remains on	
		Does not follow commands				propofol and verse pentamyl for sedation Pt does not move extremities.	
RESPIRATORY	RESPIRATION PATTERN	Regular, unlabored				#8 shiley trach. Vented. SIMV 16, TRSOB, FIO2 40% PEEP 5, PIP 26-27	
	BREATH SOUNDS	Coarse throughout				SpO2 93-99% PR 28. Equal chest expansion. Rhonchi heard bilat,	
	SECRETIONS	Thick yellow from Trach				Clear & suctioning	
SKIN	COLOR	Normal for race				Multitrap abd wounds JPXS. JPXS does not hit suction. Purulent to serous drainage. Dusk intact	
	INTEGRITY	Pressings to R shoulder, mid abdomen, D trach, BLE, 9 back of head etc				to plant wound, midline abd incision (A) 16, (C) chest burn wound. (A)	
WOUND SITE	LOCATION	(A) Subclavian T.C.				(DSC) T.C. CVC inserted 15x003. Dusk intact	
	CONDITION	Patent 5 S/S of infection				No redness/dmg. OS 1/2 NS + 40K @ 1000/hr, propofol @ 35 mc/hr (70mcg/kg/min) and pentamyl 100mc/hr (10mcg/hr) via proximal port. Distal + medial port clamped (B) radial A-tu	
GASTRO	ABDOMEN	soft, nondistended				- tied & leveled. Good wave form, good square waveform correlates I NTBP.	
	BOWEL SOUNDS	Active				And soft BS heard. Duodenal tube on (C) drug brown/green liquid drug. J tube on (D) De Jevity 80cc + 40cc duodenal drug.	
GU	URINE	Foley to gravity				(D) colostomy.	
	COLOR/CLARITY	Dark yellow & sediment				Flow to gravity drug clear dark yellow urine.	
CARDIOVASCULAR	CARDIAC RHYTHM	ST & rare multifocal PVCs				Shows rhythm to sinus tach. Rate 90's to 100's. Occasional PVC noted.	
		QTVD, Cap Refill 3 sec				(A) 7 pitting edema noted (C) hands, feet. Generalized edema. (D) 3 (B) radial and (E) pedal pulses.	
LEGEND		Cr - Creatinine FiO2 - Fraction of inspired O2 F1O2 - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive and Expiratory Pressure		S/A - Fractional SAI - Saturation TRACH - tracheostomy		

(b)(6)-2

(Continue on reverse)

PREPARED BY: [Redacted] CA/AN

DEPARTMENT/SERVICE/CINC: [Redacted]

DATE: 03 Sep 03

PATIENT'S ID: [Redacted] (Last, First, Middle, grade, date, hospital or medical facility)

# [Redacted] (b)(6)-4

HISTORY/PHYSICAL  FLOW CHART

OTHER EXAMINATION OR EVALUATION  OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

DATE		3 SEP 03														DX		HOSPITAL DAY																			
V I T A L S I G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21				
	BP Arterial line		134/70	162/90	134/79	155/79	157/78	135/69	107/53	100/50	137/64	158/75	157/71	106/50	108/51	98/50	100/54	101/49																			
BP Cluff			145/82	142/75	141/75	143/77	130/69		121/60	129/60	153/84	147/84	124/68	126/60																							
Temperature		98.8			99.3				99.6				99.8				100																				
Pulse		90	99	100	107	113	97	91	86	97	105	108	94	93	95	97	97																				
Respiratory Rate		16	16	16	16	24	16	16	16	16	16	36	26	27	23	19	23																				
SpO2		98%	98	99	98	99	99	99	100	100	100	96	98	98	99%	98%	99%																				
FIO2		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%																				
Mode		SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV	SIHV																				
MAP		93	110	103	106	105	92	71	68	91	104	101	69	70	66	72	67																				
TIME		06	07	08	09	10	11	12	13	8 <sup>T</sup>	14	15	16	17	18	19	20	21	8 <sup>T</sup>																		
DS.4SNS+20Kcl		30	30	25	30	05 1/2	100	100	100	100	515	100	100	100	100	160	100	100	100																		
Propofol		35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>9</sup>	275 <sup>A</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	255																		
Fentanyl		10	10	10	10	10	10	10	7.5	7.5	7.5	7.5	10	10	10	10	10	10	72.5																		
TF		80	80	80	80	233	233	233	167	1486	167	167	100	120	120	120	120	120	1094																		
IVPB		100		50		100		100		350		50		100					150																		
KCl/Max				125	125					250																											
J Tube						40				40																											
Quodenal						10				10																											
TOTALS																																					
URINE	HOUR	80	80	145	100	160	225	125	110	2703.9	165	125	100	125	125	170	105	100	731.5																		
	TOTAL																			1130	1255	135	1480	1005	1145												
SP gr																																					
S/A																																					
NG	OUTPUT																																				
	PH																																				
	GUAC																																				
EMESIS / Duodenal drainage				550		300		850		250									250																		
STOOL				100									100						100																		
JP's DRAINS	1/2			1/2					10/12				10/10						10/10																		
	3/4			18/-					13/-				15/10						15/10																		
	5			20					20				25						25																		
TOTALS																																					

POST-OP DAY									ACUITY LEVEL CLASSIFICATION												
V I T A L S I G N S	22	23	24	01	02	03	04	05	R E S P I R A T O R Y	TIME	0700										
	113/68	121/62	100/69	122/56	108/69	118/68	106/56	122/60		MODE	SIMV										
										F <sub>i</sub> O <sub>2</sub>	40%										
		100 <sup>3</sup>				100 <sup>0</sup>	100 <sup>2</sup>			TV	800										
	104	107	107	99	96	102	101	99		RATE	16										
	19	16	16	21	20	21	24	32		PEEP	5										
	98%	96%	98%	99%	99%	98%	98%	96%		A	pH	7.43									
	40%	40%	40%	40%	40%	40%	40%	40%		PCO <sub>2</sub>	36										
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		pO <sub>2</sub>	133										
	75	82	91	79	81	81	84	79		B	HCO <sub>3</sub>	22									
I N T A K E	22	23	24	01	02	03	04	05	8°T	L A B O R A T O R Y	TIME	0354									
	100	100	100	100	100	100	100	100	800		GLUCOSE	131									
	35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	15 <sup>3</sup>	20 <sup>6</sup>	30 <sup>6</sup>	35 <sup>7</sup>	35 <sup>7</sup>	245		Na/K	15/3.4									
	10	10	10	10	10	10	7.5	10	77.5		Cl/CO <sub>2</sub>	123/23									
	120	120	120	120	120	120	120	120	960		BUN/Cr	20/1.0									
			150								WBC/PLATELET	18/941									
											Hct/Hgb	27.9/9.0									
O U T P U T	100	100	120	140	110	140	120	100	3100	A C T I V I T Y	TIME										
											MOUTH CARE										
											BATCH										
											SKIN CARE										
											FOLEY CARE										
											TRACH CARE										
											ROM EXERCISES										
24 HOURS TOTALS									NURSES SIGNATURE												
WT Yesterday									wt Today												
INTAKE									OUTPUT												
N									Urine:												
Po																					
TOTAL 7266									TOTAL 5145												
BALANCE +2121																					

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT FILE #

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

(b)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0710	[REDACTED]	[REDACTED]	1845
	SENSORIUM	PERLLA	[REDACTED]	[REDACTED]	PERLLA 3mm
R E S P I R A T O R Y	RESPIRATION PATTERN	Regular			ventral & # 8 shiley trach
	BREATH SOUNDS	Coarse in RLL			Coarse throughout, crackles & wheezes
	SECRETIONS	Trach - Thick Yellow Oral - Thin, White			Thick white FiO2 40%, P5, TV 800, RR 16, PIP 32-34
S K I N	COLOR	Normal for race			WNL
	INTEGRITY	Drags cloth on R shoulder, Mid-Abd. - Red, flank & [REDACTED]			Drags to mid abd, R flank, R axil/ axillary & RLE cord
I V S I T E	LOCATION	(L) Subclavian, TCC			BSC triple lumen 5 1/2 of intx
	CONDITION	Ø S/S of infection, all ports patent			R radial A line 5 1/2 of intx
		(R) Radial A line Ø S/S of infection A line labeled & expressed - waveform sharp			All ports to AC patent & A line patent & zeroed
G A S T R O	ABDOMEN	Soft, Non distended			Round, soft, non tender
	BOWEL SOUNDS	Active			Active x4 quadrants
		T-Tube, No odors Drain, + 5 JP drains intact			Abdominal drain brown/green, 4 JP drains intact
G U	URINE	Foley to gravity			Foley to gravity
	COLOR/CLARITY	Dark yellow & sediment			Dark yellow & sediment
C A R D I O V A S C U L A R	CARDIAC RHYTHM	ST E raise, PVCs Cap refill < 3 secs Ø JVD, +2 pitting edema in R/E + BLE, scrotal edema			HR cap refill < 3 sec, +2 pitting edema & generalized throughout
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 F02 - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title)

[REDACTED SIGNATURE]

DEPARTMENT/SERVICE/CINC

ICU 1 DATE 4 Sep 89

PATIENT'S INDICATIONS (For type, middle, grade, date, hospital or medical facility)

Last, First

[REDACTED] (b)(6)-4

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

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)

MEDCOM - 17000



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

PAGE 1 OF 4

For use of this form (AR 40-66), the proponent agency is The Office of Surgeon General

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
NEURO	PUPILS	0710			1845
	SENSORIUM	PERRLA			PERRL 3mm
		Opens eyes spontaneously, Does Not Follow Comprehends Commands			Propofol 50 mcg/kg Fenatany 180 mcg/hr. P. does not move extremities
RESPIRATORY	RESPIRATION PATTERN	Regular			Wentel & # 8 silyly trach
	BREATH SOUNDS	Coarse in R/L			Coarse throughout, clears & suction
	SECRETIONS	Trach - Thick yellow Oral - Thin, White			Thick white FIO2 100%, P. 5, TV 800, RR 16, PIP 32-34
SKIN	COLOR	Normal for face			WNL
	INTEGRITY	Drags cloth on shoulder, Mid-Abd. Pain Blank #4			Drags to mid abd. Blank #4 axillary & RLE CRT
IV SITE	LOCATION	(L) Subclavian TCC			(L) SC triple lumen 5 1/2 of infx
	CONDITION	0 S/S of infection, all ports patent (R) Radial A line 0 S/S of infection A line vesical depressed			(R) radial A-line 5 1/2 of infx All ports to SC patent & A line patent & zeroed
		Abdomen vesical depressed			
GASTRO	ABDOMEN	Soft, Non distended			Bound, soft, non tender
	BOWEL SOUNDS	Active T-Tube, Duodenal Drain, & 5 JP drains intact			Active x4 quadrants Duodenal drain, normal green, 4 JP drains intact
GU	URINE	Foley to gravity			Foley to gravity
	COLOR/CLARITY	Dark yellow & sediments			Dark yellow & sediment
CARDIOVASCULAR	CARDIAC RHYTHM	ST & rage PVCs Cap refill < 3 secs DJVD, +2 pitting edema in BUE & BLE, rectal edema			SR cap refill < 3 sec, +2 pitting edema & generalized throughout
	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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title) [Redacted]

DEPARTMENT/SERVICE/CINC ICU 1 DATE 4 5 00 03

PATIENT'S INDICATIONS (For type, middle; grade; date; hospital or medical facility) [Redacted] Last, First, (b)(6)-2

- HISTORY/PHYSICAL  FLOW CHART
- OTHER EXAMINATION OR EVALUATION  OTHER (Specify)
- DIGNOSTIC STUDIES
- TRETMENT

DA FORM 4700 1 MAY 78 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17001

DATE		HOSPITAL DAY																	
4 Sep 03		OX																	
V I T A L S I G N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial line		137/60	143/64	143/66	157/70	150/72	137/63	119/53	115/52	105/48	117/60	114/61	102/51	97/50	111/55	126/69	131/65	
BP Cuff		137/60	143/64	146/67	159/79	147/86	135/77						103/57	110/60	111/63	126/70	129/65		
Temperature				100		100.4		99.8				99.1		100.6	101.1	102.8	101.3		
Pulse		100	105	103	104	106	92	90	90			89	93	97	90	91	94	106	104
Respiratory Rate		22	20	26	28	20	19	21	21			22	34	16	16	16	24	27	25
SpO2		98%	98	98	99	98	98	99	99			99	97	98	98	99	99%	98%	99%
FiO2		40%	40	40	40	40	40	40	40			40	40	40	40	40	40%	40%	40%
Mode		SPMV	SPMV	SPMV	SPMV	SPMV	SPMV	SPMV	SPMV			SPMV	SPMV	SPMV	SPMV	SPMV	SPMV	SPMV	SPMV
MAP		82	91	93	98	99	89	74	72			65	79	81	68	65	71	89	85
TIME		06	07	08	09	10	11	12	13	8 <sup>PT</sup>	14	15	16	17	18	19	20	21	8 <sup>PT</sup>
D5.45+40KCl		100	100	100	100	100	100	100	100	700	700	700	700						
IVPB		100		50		100		100		350			50		100				500
Propofol		35 <sup>7</sup>	35 <sup>7</sup>	35 <sup>7</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	30 <sup>6</sup>	260 <sup>1</sup>	—	30 <sup>6</sup>	30 <sup>6</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	188.7
Fentanyl		10	10	10	10	10	10	10	10	40	10	10	10	8	8	8	8	8	708
TF		120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	920
J Tube					50					50									
TOTALS										2400.1									1218.7
U R I N E	HOUR TOTAL	90	200	180	120	180	190	148	125	1233	100	286	225	95	85	125	150	140	1218.7
	SP gr	90	290	470	590	770	90	1108	1233	1333	1333	1533	1758	1853	1931	1863	2113	2253	2253
N G	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS		dundund				40				40	200						2218		460
STOOL							100			100			100						240
D R A I N S	JP	1/2				10/9				10/9	9/5					3/3			22
	3/4					10/20				10/20	15/18					2/0			17
																			27
	5					10				80	10								38
TOTALS										1432									2817

POST-UP DAY

ACUITY LEVEL CLASSIFICATION

	22	23	24	01	02	03	04	05	
V	128/166	139/169	104/83	144/71	137/69	149/74	144/68	142/71	
I	121/164	121/161	103/53	140/71	134/71	148/73	134/69	141/71	
T	100 <sup>2</sup>	100 <sup>4</sup>	99 <sup>6</sup>	99 <sup>7</sup>		100 <sup>5</sup>	100 <sup>2</sup>	100 <sup>3</sup>	
A	102	94	97	105	106	108	107	107	
L	20	16	16	27	23	28	30	37	
S	98%	98%	98%	99%	96%	97%	97%	98%	
I	40%	40%	40%	40%	40%	40%	40%	40%	
G	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
N	88	90	70	98	90	96	88	93	
S									
I	22	23	24	01	02	03	04	05	8°T
N			150						70
T	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	15 <sup>3</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	650
A	8	8	8	8	8	8	8	8	24
K	120	120	120	120	120	120	120	120	50
E									
O	150/90	110/70	200/140	140/125	100/100	200/100	200/100	200/100	
U	2103/2493	1603/2203	2203/2943	2103/2103	2103/2103	2103/2103	2103/2103	2103/2103	
T									
F	90		340						1130
U	100								280
T									715
									320
									29
									20
									37
									41
									10

TIME	0341								
MODE	SIMV								
F <sub>IO2</sub>	40								
TV	800								
RATE	16								
PEEP	5								
A									
pH	7.37								
PCO <sub>2</sub>	40.2								
B									
PO <sub>2</sub>	90								
HCO <sub>3</sub>	24								
G									
SAT	97								
BASE	-2								
TIME	0347								
GLUCOSE	143								
Na/K	14.1								
CIVCO <sub>2</sub>	12/24								
BUN/Cr	22/0.8								
WBC/PLATELET	20.3/208								
Hct/Hgb	28.7/9.1								
TIME									
MOUTH CARE									
BATCH									
SKIN CARE									
FOLEY CARE									
TRACH CARE									
ROM EXERCISES									
24 HOURS TOTALS									
WT Yesterday									
WT Today									
INTAKE									
IV 2206.6									
Po 2930									
TOTAL 5136.6									
OUTPUT									
Urine: 736.8									
1607									
TOTAL 8975									
BALANCE 3838.4									
NURSE'S SIGNATURE									
INITIALS									
TIME	0815								
TURNOVER	0815								
SUCTION	x4								

MEDCOM - 17003

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) 8A Apr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INTILAS	INTILAS	1845	INTILAS
	PUPILS	4mm PERL sluggish			PERL 3mm	
SENSORIUM	Sedated & purposeful			Propofol 25mg/kg/min, Fentanyl 90mcg/hr, pt opening & closing eyes spontaneously		
RESPIRATORY	RESPIRATION PATTERN	Trach #8 shiley vented 9mm		Vented, Trach #8 shiley		
	BREATH SOUNDS	16, 800, 5, 40% O2 peak		CTA		
	SECRETIONS	exp wheezes @ lung + @ 1 lobes. Thick white secretions RL 30s.		SIMV-16, TV-800, P-5, FiO2-100%		
SKIN	COLOR	midline abd incision open with dry JP drains to bulb suction, @ shoulder burn dsq. D.I. BSE burn dsq. C.D.I		WNL		
	INTEGRITY			@ axillary, @ LE, midline abd dsq. C.D.I, abd incision open with		
IV SITE	LOCATION	@ 3 lumen SC & propofol & fentanyl infusing. all port flush well. @ radial x-line reading + flush well. @ 5% of infection @ x-line. Some redness around @ SC 3 lumen		@ SC triple lumen, @ radial A-line & 5% of inf. A-line flush well. Triple lumen infusing propofol & fent.		
	CONDITION					
GASTRO	ABDOMEN	soft, nondistended		bowel soft, nondistended		
	BOWEL SOUNDS	W throughout all 4 quadrants @ colostomy @ msty brown yellow feces		@ bowel sounds x 4 quadrants @ colostomy @ distal to drain		
GU	URINE	flow to gravity @ dart.		flow to gravity		
	COLOR/CLARITY	yellow urine.		clear yellow urine		
CARDIOVASCULAR	CARDIAC RHYTHM	ST @ ectopy noted. HR 112. +2 palpable pulses in all 4 ext. Wtting edema + 2+ @ BS + @ LE. Generalized edema throughout		ST @, w/tes in all ext. rearteries. Biting 2+ ext. in ext. rearteries. Generalized edema throughout		
	LEGEND	Cr - Creatinine FiO - Fraction of inspired O2 F1O2 - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy		

(Continue on reverse)

9/18/83 DEPARTMENT/SERVICE/CINC ICU #1 DATE 5 Sep 83

For written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

(b)(6)-2  
# [redacted]  
(b)(6)-4

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

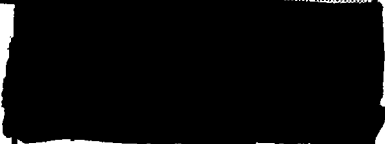
DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17004

DATE		DX																HOSPITAL DAY				
TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21						
	BP Arterial line	146/94	157/100	117/80	115/70	109/66	175/86	116/97	169/82	163/76	177/100	105/81	128/87	131/75	144/73	140/72	146/71					
BP Cuff	148/95							153/87	155/99	159/95	164/91	145/73	138/70	148/75	145/74	145/78						
Temperature	100.4	100.5	101.1	99.1	98.8	100.1	101.1	100.5	100.6	100.4	100.3	101.3	101.6	101.3	100.8							
Pulse	109	112	110	78	105	117	117	105	105	110	110	98	100	106	109	110						
Respiratory Rate	27	29	16	40	28	35	26	31	31	30	28	22	22	25	19	20						
SpO2	98%	98%	97%	96%	94%	96%	97%	98	98%	98%	99%	99%	99%	99%	99%	99%						
FIO2	40%	40%	40%	40%	40%	40%	40%	10%	40%	40%	40%	40%	40%	40%	40%	40%						
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV						
Map	93	90	98	78	85	116	123	110	106	117	123	86	97	98	98	100						
TIME	06	07	08	09	10	11	12	13	8T	14	15	16	17	18	19	20	21	8T				
Propofol	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	25 <sup>5</sup>	0	0	0	0	100	0	0	100	100	100	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	76.8				
Fentanyl	.8	.9	.9	.9	.9	.9	.9	.9	71	9	9	9	9	9	9	9	9	72				
IVPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100				500				
Tube Feed	120	120	120	120	120	120	120	120	90	20	120	120	120	120	120	120	120	1920				
2 Tube	-	-	-	-	60	30	-	-	90	-	-	-	-									
TOTALS																						
URINE	HOUR	180	130	140	110	100	120	120	160	140	180	130	130	100	165	120	120					
	TOTAL	180	130	140	110	100	120	120	160	140	180	130	130	100	165	120	120					
NG	OUTPUT																					
EMESIS	Output					600		300	900	100					280			1340				
STOOL								125	125													
DRAINS	1/2							10/10	20					5/5				300				
	3/4							5/10	15					1/0				300				
TOTALS																						

MEDCOM - 17005

POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S	22	23	24	09	00	03	05	R E S P I R A T O R Y	TIME	10:00									
	105/68	135/96	151/78	139/92	115/60	130/66	174/69		154/74	MODE	SIMV								
	118/73	137/76	156/78	152/80	121/62	119/68	139/74		147/80	F <sub>O2</sub>	40%								
	101	101	101	100	101	102	101		101	TV	80%								
	104	110	114	117	105	113	115		121	RATE	16								
	110	25	22	22	16	20	21		25	PEEP	5								
	98%	96%	99%	98%	98%	98%	99%		99%	A pH									
	40%	40%	40%	40%	40%	40%	40%		40%	A PCO <sub>2</sub>									
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	B PO <sub>2</sub>									
	91	96	106	100	88	89	94		102	B HCO <sub>3</sub>									
I N T A K E	22	23	24	09	00	03	05	8° T	L A B O R A T O R Y	TIME									
	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	28.7		CLUCOSE									
	9	9	9	9	9	9	9	215		Na/K									
			150					650		CVCO <sub>2</sub>									
	120	120	120	120	120	120	120	280		BUN/Cr									
							50	190		WBC/PLATELET									
										Hct/Hgb									
O U T P U T	110	105	90	80	115	90	105	A C T I V I T Y	TIME										
	235	230	245	255	260	260	285		295	MOUTH CARE									
										BATCH									
										SKIN CARE									
										FOLEY CARE									
										TRACH CARE									
										ROM EXERCISES									
24 HOURS TOTALS								NURSE'S SIGNATURE				INITIALS							
WT Yesterday				wt Today															
INTAKE				OUTPUT															
IV 1146.2				Urine: 2955															
Po 3020				2367															
TOTAL 4166.2				TOTAL 5322															
BALANCE -1155.8																			

MEDCOM - 17006

DATE		DX																HOSPITAL DAY			
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	06	07	08	09
V I T A L S I G N S	BP Arterial line	140/70	137/68	117/60	115/60	109/60	175/86	168/97	169/83	163/76	177/80	105/60	128/72	131/75	144/73	148/72	146/74				
	BP Cuff	145/75							153/87	150/89	159/95	164/91	145/72	133/70	146/75	145/74	145/80				
	Temperature	100.5	100.5	101.1	99.1	98.8	100.1	101.1	100.5	100.8	100.4	100.3	101.3	101.6	101.3	100.5					
	Pulse	109	112	110	78	105	117	107	105	105	110	110	98	100	106	109	110				
	Respiratory Rate	27	29	16	40	28	35	26	31	31	30	28	22	22	25	19	20				
	SpO2	98%	98%	97%	96%	94%	96%	97%	98	98%	98%	99%	99%	99%	99%	99%	99%				
	EtO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%				
	ECG	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv	51mv				
	Map	93	90	98	78	85	116	123	110	100	117	123	86	97	98	98	100				
	TOTALS																				
C U T P U T	URINE	120	130	140	110	100	120	110	160	140	140	130	170	160	120	120	120	120	120	120	
	SP gr																				
	S/A																				
	NG																				
	PH																				
	GUIAC																				
	EMESIS																				
	STOOL																				
	DRAINS																				
	TOTALS																				

MEDCOM - 17007

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA Form 10-66, the proponent agency is The Office of the Surgeon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

(b)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIALS	1830
NEURO	PUPILS	0630	[REDACTED]	[REDACTED]	Perilla, 2mm. Pt opens eyes spontaneously. Not moving extremities @ this time. It is deduced on the propylol and jantanal off.
	SENSORIUM				
RESPIRATORY	RESPIRATION PATTERN				#8 trach shifted vented. SpMV 16, TVSDO FIO2 100%, PEEP 5. SpO2
	BREATH SOUNDS				PT 100%. Diminished breath sounds on @. Coarse breath sounds heard on @. Unequal chest expansion.
	SECRETIONS				MD. aware.
SKIN	COLOR				Large midline incision & drsg intact
	INTEGRITY				Drsg intact to @ chest, @ @. TPA 14 to 15, #1 +2 to bulb sk.
IV SITE	LOCATION				LSC TLC CNC inserted @ Sep 03
	CONDITION				Tenbolol @ 20mg/hr (90/hr) and propylol @ 10mg/kg/min (5.1cc/hr) via proximal port. Distal and medial port clamped. (Radial A-line @ and hand Gnd saline w/ur. No redness/irrg noted.
GASTRO	ABDOMEN				Abd soft. Hypo BS. J tube on @ @ 4cm plus @ 20cc/hr. @ @ stomach pink & moist.
	BOWEL SOUNDS				
GU	URINE				Foley to gravity drng clear yellow urine. @ 1cc/kg/hr.
	COLOR/CLARITY				
CARDIOVASCULAR	CARDIAC RHYTHM				NSR rate 80's to low 90's. Cap refill & waves +2 pitting edema @ hands, feet.
LEGEND		Cr - Creatinine FIO <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 end Expiratory Pressure S/A - Fractional SAI - Saturation TRACH - Tracheostomy			

(b)(6)-2

(Continue on reverse)

PREPARED BY: [REDACTED] DEPARTMENT/SERVICE/CINC: [REDACTED] DATE: 6 Sep 83

Typed or written entries give: Name—Last, First, middle; grades; date; hospital or medical facility)

# [REDACTED] (b)(6)-4

HISTORY/PHYSICAL  
 OTHER EXAMINATION OR EVALUATION  
 DIAGNOSTIC STUDIES  
 TREATMENT

FLOW CHART  
 OTHER (Specify)

DA FORM 1 MAY 78 4700  
Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
1 APR 90 (HSXC - NU)



DATE		DX												HOSPITAL DAY					
6 Sep 83		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V I T A L S I G N S	BP Arterial line	156/77	120/60	137/67	172/62	167/61	125/64	101/49	88/43	133/40	119/57	106/55	102/54	101/60	107/60	100/5	100/5		
	BP Cuff	158/80	119/64	130/71	154/63	125/72	129/75	103/50	101/54	120/72	100/52	102/54	108/56						
	Temperature	101	101	101	101	101	101	100	102	101	99						100		
	Pulse	120	109	110	124	120	95	85	83	92	97	91	88	88	88	87	87		
	Respiratory Rate	23	16	16	33	21	16	16	16	18	16	17	16	16	16	16	16		
	SpO2	99%	97	99	99	96	97	98	98	97	91	99	98	96	96	96	96		
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	100%	100%	50%	50%	50%	50%		
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		
	Map	101	78	90	113	107	82	65	57	100	95	72	70	77	77	77	73		
	TIME		06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21
I N T A K E	Propofol	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>8</sup>	/	12 <sup>8</sup>	5.1	→	5.1	5.1	5.1	5.1	5.1		
	Fentanyl	9	9	9	9	9	9	9	9	9	5.9	→	9	9	9	9	9		
	IVPB	50	50	50	100	100					50	100							
	J-Tube			60	60							60							
	Tube Feed	120	120	120	120	HELD							20	20	20	20	40		
TOTALS											LR 700-OR	Albumin 100-OR							
C O U N T	URINE	HOURLY TOTAL	100	100	135	65	130	75	40	90	90	150	160	80	109	100	100		
		SP gr																	
	NG	OUTPUT																	
		PH																	
		SUIAC																	
EMESIS	Abundant				58				350										
STOOL					300														
DRAINS	J-P	1/2			10/8						20/5								
	3/4				5/5						*/10								
TOTALS																			

MEDCOM - 17009

POST-OP DAY								ACUITY LEVEL CLASSIFICATION												
V I T A L S I G N S	22	23	24	01	02	03	04	25	R E S P I R A T O R Y	TIME	0451									
	121/101	138/105	138/105	106/87	134/86		121/103	137/110		MODE	SIMU									
										F <sub>IO2</sub>	40%									
		100%						99%		TV	800									
	90	91	101	98	97		89	100		RATE	16									
	116	22	116	17	21		19	116		PEEP	5									
	96%	97%	98%	98	99	99%	99%	99%		A pH	7.427									
	50%	40%	40%	40	40	40	40	40%		A PCO <sub>2</sub>	39.2									
	8mm	8mm	8mm	SIMV	SIMV	8mm	8mm	8mm		B pO <sub>2</sub>	80									
	710	88	87	74	89		82	91		B HCO <sub>3</sub>	26									
I N T A K E	22	23	24	01	02	03	04	05	8°T	L A B	TIME	0451								
	5.1	10 <sup>2</sup>	6 <sup>4</sup>	10 <sup>2</sup>	10.2	10 <sup>2</sup>	10 <sup>2</sup>	162	194.2		GLUCOSE	160								
	9	10	10	10	10	10	10	10 <sup>2</sup>	205		B Na/K	148/4.2								
		100	50						650		D CVCO <sub>2</sub>	113/22								
									180		R BUN/Cr	22/1.4								
	20	20	20	20	20	20	20	20	180		A WBC/PLATELET	22.5/770								
									700		T Hct/Hgb	33.1/10.4								
									100											
O U T	100	100	85	85	100	110	110	40	2315	A C T I V I T Y	TIME									
											MOUTH CARE									
											BATCH									
											SKIN CARE									
											FOLEY CARE									
											TRACH CARE									
											ROM EXERCISES									
T P U R E										N U R S E S I G N A T U R E	24 HOURS TOTALS									
											WT Yesterday		wt Today							
											INTAKE		OUTPUT							
											IV		Urine:							
											Po									
											TOTAL	2750	TOTAL	3137						
											BALANCE	= 387								

DATE		DX												HOSPITAL DAY					
6-Sep-83																			
V I T A L S I N S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial line		156/79	120/60	137/67	172/62	167/61	125/64	101/49	88/43	133/80	119/57	108/55	102/54	101/50	101/50	100/50	100/50	
BP Cuff		157/80	119/64	130/71	156/73	125/72	129/75	103/50	101/54	120/72	100/52	102/54	108/56						
Temperature		101 <sup>5</sup>	101 <sup>5</sup>	101 <sup>9</sup>	101 <sup>5</sup>	101 <sup>7</sup>	101 <sup>4</sup>	100 <sup>5</sup>	102 <sup>1</sup>	101 <sup>8</sup>	99 <sup>4</sup>						100 <sup>3</sup>		
Pulse		120	109	110	124	120	95	85	83	92	97	91	88	88	88	87	87		
Respiratory Rate		23	16	16	33	21	16	16	16	18	16	17	16	16	16	16	16		
SpO2		97%	97	99	99	96	97	98	98	97	91	99	98	91	91	91	91		
FiO2		40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	100%	100%	50%	50%	50%	50%		
Mode		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		
Map		104	78	90	113	107	82	65	57	100	95	72	70	77	77	73	73		
TIME		06	07	08	09	10	11	12	13	8 <sup>°T</sup>	14	15	16	17	18	19	20	21	8 <sup>°T</sup>
Propofol		12 <sup>8</sup>	12 <sup>3</sup>	12 <sup>3</sup>	12 <sup>8</sup>	12 <sup>8</sup>	12 <sup>3</sup>	12 <sup>2</sup>	/	12 <sup>8</sup>		5.1	→	5.1	5.1	5.1	5.1		
Fentanyl		9	9	9	9	9	9	9	9	9		5.9	→	9	9	9	9		
IV PPS		50	80	50		100		100				50		100					
J-Tube				60		60						60							
Tube Feed		120	120	120	120	HELD								20	20	20	20	40	
TOTALS																			
U R I N E	HOUR TOTAL	100	100	135	65	130	75	40	90	90	150	160	80	109	100	100			
	SP gr																		
	SIA																		
N G	OUTPUT																		
	PH																		
	GUJAC																		
EMESIS	Advised not					58			350										
STOOL						300													
D R A I N S	JP	1/2				10						20							
	3/8					5						10							
TOTALS																			

MEDCOM - 17011

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-86; the probponent agency is the Office of The Surgeon General.

REPORT TITLE: **Post-Anesthesia Care Unit (PACU) Flow Sheet** DTSG APPROVED (Date)

Date: 6 Sep 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1540 IV Sedation Nerve Block  
 Allergies: None OR Intake: Crystalloid 700 Colloid 100 25% Albumin  
 Pre-op V/S: OR Output: UOP 150 EBL Minimal  
 Procedures: Exc Lap, Washout Meds/Times: 5mg Versed, 20mg MSO4  
Oxycodone 5mg PO q4

- |         |        |
|---------|--------|
| Drains  | Airway |
| Hemovac | Nasal  |
| NG      | Oral   |
| JP      | ETT    |
| J-tube  | Trach  |
| Foley   | Other  |
| TLS     |        |

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	<u>16 16 - - - 16</u>	
T	<u>97</u>	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1		1	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula V = Vent V/S
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	0		0	X = A-line BP = Cuff BP = Pulse
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2		2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1		1	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Color (2) baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2		2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	1		1	
TOTALS: Must be 8 or greater to D/C, otherwise needs anesthesia approval for D/C.	6		6	

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

PREPARED BY: Signature of \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC: KU 1 DATE: 6 Sep 03

PATIENT'S IDENTIFICATION: \_\_\_\_\_ Name - last, first, middle, grade, date, hospital or medical facility.  
(b)(6)-2  
(b)(6)-4

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



MEP RECORD-SUPPLEMENTAL MEDICAL DATA  
 For use of this form 40-56, the proponent agency is The Office of General

REPORT TITLE

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

**INTENSIVE CARE NURSING FLOW SHEET**

(5)(6)-2

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS	INITIALS	TIME	INITIALS
NEURO	PUPILS	10:15	[Redacted]	[Redacted]	11:15	[Redacted]
	SENSORIUM	3mm PERL Sluggish Opens eyes spontaneously moves BLUE unpurposeful Sedated & propofol @ 20 mcg/kg/min + Fentanyl 100mcg			3mm PERL. Pt opens eyes and lifts head off bed. Moves BLUE & unpurposeful movements Pt is sedated on propofol & fentanyl qtt.	
RESPIRATORY	RESPIRATION PATTERN	Trach #8 shiley vented sim			#8 shiley trach vented. SIMV 12, FIO2 40%, PEEP 5, TV 800, peak pronounced	
	BREATH SOUNDS	lb, 800, 10, 40, 70, peak 34			20's unequal chest expansion breath sounds diminished to @ lower lobe, otherwise coarse @. RR 17-20. SpO2 99-100%	
	SECRETIONS	Diminished BS @ Lung Coarse BS @ Lung unequal chest expansion				
SKIN	COLOR	midline abd + @ flank wound			Drsg intact to @ chest, neckline	
	INTEGRITY	drsg C, D, I, TP 1+3 bulb suction J 4 @ chest suction			abd incision, @ flank wound. J P X 4 bulb suction	
IV SITE	LOCATION	@ SC 3 - turned & propofol + Fentanyl infusing. All port flush easily @ 50% of infusion			@ SC TIC CVC inserted @ 1 sep 83 Fentanyl @ 70mcg/hr (2cl/hr) and propofol qtt @ 20mg/kg/min @ 10.2cl/hr via proximal port. Medial & distal port clamped @ radial A-line & good & labeled. Correlates. Good square wave. No redness/drg noted.	
	CONDITION	@ radial A-line @ 50% of infection. Reading well.			abd sq. BS x 4 @ colostomy. @ J-tube & Tevity @ 20cl/hr	
GASTRO	ABDOMEN	Soft. Hypoactive BS				
	BOWEL SOUNDS	throughout @ colostomy @ feces @ T-tube & Tevity @ 20cl/hr infusing. Some pink mist				
GU	URINE	Flow to gravity/drainage			Flow to gravity drng clear yellow urine. > 1cc/kg/hr.	
	COLOR/CLARITY	clear yellow urine 100% red				
CARDIOVASCULAR	CARDIAC RHYTHM	SR rate 180s-90s. r3+4 pitting edema @ UE & BE. Generalized edema throughout			NSR. Rate 80's-90's. @ 3 pitting edema to @ hands + feet cap refill < 3secs. @ 2 @ radial pulses. @ 2 @ pedal pulses.	
	LEGEND	Cr - Creatinine FIO - Fraction of inspired O <sub>2</sub> FIO <sub>2</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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINIC ICU

DATE 7 Sep 83

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

EPW [Redacted] (5)(6)-4

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

DA FORM 1 MAY 78 4700  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

DATE		DX														HOSPITAL DAY				
TIME		06	07	08	09	10	11	12-13	14	15	16	17	18	19	20	21				
V I T A L S	BP Arterial line	138/71	136/91	144/103	135/79	133/76	157/93	143/72	141/73	146/71	127/70	150/74	151/77	140/74	145/76	131/75	157/70			
	BP Cuff		124/68	130/78	121/60	122/71	135/73	144/71	125/74	130/71	117/64	131/73	130/75	143/79						
	Temperature	99.1	99.0	98.8	97.8	97.0	95.4	97.1	97.6	98.8	98.6	98.7	98.2	99.2	98.7					
	Pulse	95	90	91	81	78	77	74	73	76	83	89	94	93	86	94	91			
	Respiratory Rate	16	16	24	12	12	22	12	19	21	13	9	8	22	18	12	14			
	SpO2	98%	99%	99%	99%	100%	100%	100%	100%	100%	97%	99%	99%	98%	100%	100%	100%			
	FiO2	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%			
Mode	SMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV				
TIME		06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T	
I N T A K E	Propofol	10 <sup>2</sup>	10 <sup>3</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	90 <sup>0</sup>	5.1	5.1	7.7	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	10 <sup>2</sup>	108.9	
	Fentanyl	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	80 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	10 <sup>0</sup>	7.0	7.0	7.0	10	10	71	
	IVPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100	-	-	-	150	
	TF	20	20	20	20	20	20	20	20	140	20	20	40	40	40	40	40	40	40	780
	J-tube flush/med	-	-	-	-	50	-	-	-	50	-	-	-	-	-	-	-	-	-	-
TOTALS																				
O U T P U T	URINE	80	140	96	140	110	100	110	80	710	80	90	125	75	135	135			509	
	SP gr	80	220	31	45	110	560	110	670	100	710	110	80	125	75	135	135		(170)	
	SIA																			
	NG	OUTPUT																		
	PH																			
	GUAC																			
EMESIS																				
STOOL																				
D R A I N S	JP43																		100	
	JP1																		70	
	JP2																		20	
TOTALS																			5	

POST-OP DAY										ACUITY LEVEL CLASSIFICATION									
<b>22 23 24 01 02 03 04 05</b> 114/55 122/70 135/60 118/53 119/54 120/55 128/56 108/52										TIME MODE F <sub>i</sub> O <sub>2</sub> TV RATE PEEP A pH A PCO <sub>2</sub> B pO <sub>2</sub> B HCO <sub>3</sub> G SAT G BASE									
976 80 78 77 84 90 83 80 89 32 17 15 13 19 12 12 12 100% 100% 100% 100% 100% 100% 100% 99% 40% 40% 40% 40% 40% 40% 40% 40% SIMN SIMN SIMN SIMN										TIME CLUCOSE Na/K Cl/CO <sub>2</sub> BUN/Cr WBC/PLATELET Hct/Hgb									
<b>22 23 24 01 02 03 04 05</b> 8°T 102 102 102 102 128 128 128 143 10 10 10 10 10 10 10 80 150 150 40 40 40 40 50 50 50 350										TIME MOUTH CARE BATCH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
140 75 80 90 110 100 100 110 723 755										TIME TURNOVER SUCTION									
(JPH 10) 10 (JPH 35) 35 (JPH 15) 15 (JPH 10) 10										24*180 TOTALS NURSE'S SIGNATURE INTAKE OUTPUT IV Urine: Po TOTAL 2002 TOTAL 2190 BALANCE = 708									

MEDCOM - 17016



MEDICAL RECORD-SUPPLY GENERAL MEDICAL

For use of this form R 40-66; the proponent agency is The [redacted] General

REPORT DATE

OTSG APPROVED (Date) QA Appr 8Mar 89

INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
NEURO	PUPILS	0600	[redacted]	1840	[redacted]
	SENSORIUM				
RESPIRATORY	RESPIRATION PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
SKIN	COLOR				
	INTEGRITY				
IV SITE	LOCATION				
	CONDITION				
GASTRO	ABDOMEN				
	BOWEL SOUNDS				
GU	URINE				
	COLOR/CLARITY				
CARDIOVASCULAR	CARDIAC RHYTHM				
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 end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU1

DATE 08 Sep 03

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

# [redacted] (b)(6)-4

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

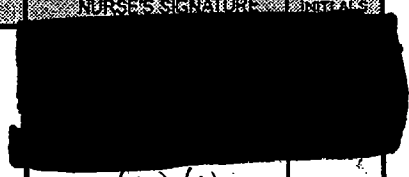
DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17017

DATE		DX												HOSPITAL DAY						
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
V I T A L S	BP Arterial line	144/106	153/79	154/86																
	BP Cuff	153/70	154/86	160/87	152/84	145/82	151/69	143/84		150/72	153/83	151/85	152/80	150/78	138/69	139/71	131/78			
	Temperature		98.7	98.7	98.8	99.4	98.8	98.6	99.1		98.8	98.7	99.1	98.7	99.0		99.4	99.4		
	Pulse	90	91	104	101	94	89	94	92		85	88	87	86	89	83	83	91		
	Respiratory Rate	12	26	34	19	13	41	14	47		23	36	20	33	37	26	31	33		
	SpO2	99%	100%	99%	96%	96%	99%	100%	98%		98%	99%	100%	100%	98%	100	100	98		
	FiO2	40%	40%	40%	50%	50%	50%	50%	50%		50%	50%	50%	50%	50%	50	50	40		
	Mode	SIM	SM	SM	SM	TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC		
TIME		06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T	
I N T A K E	Propofol	12 <sup>8</sup>	∅	∅	∅	∅	∅	∅	∅	2.8	∅	∅	∅	∅	∅					
	Fentanyl	10	∅	∅	∅	∅	0.5	1.0	1.5	2.5	7.0	3.0	3.0	3.0	3.0	4.0	5.0	6.0	30	
	IVPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100				150	
	TF	50	50	80	80	80	80	80	80	50	80	80	80	80	80	80	80	80	80	640
	J-tube med/fluid	-	-	-	-	50	-	-	-	50	10	-	-	-	-				10	
TOTALS									1005 <sup>3</sup>									830		
U R I N E	HOUR	80	140	120	100	160	180	140	100	100	200	120	140	150	95	90	90	100		
	TOTAL	80	320	340	440	600	760	720	100	102	120	140	140	150	95	90	90	100	2005	
	SP gr																			
	S/A																			
N G	OUTPUT																			
	PH																			
	GUIAC																			
EMESIS																				
STOOL						3/0				3/0					3/0					
D R A I N S	JP1/JP2				10/2					12			2/10							
	JP3				20					20			10							
	JP4				2					2			2							
	TOTALS																			

MEDCOM - 17018

POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S	22 23 24 01 02 03 04 05								R E B P I A B T A A T O R Y L A B O R A T O R Y A C T I V I T Y S I D E	TIME									
	152/80	144/77	140/74	149/74	152/74	143/76	150/78	153/68		MODE									
			99 <sup>2</sup>				98 <sup>7</sup>			F <sub>O2</sub>									
	97	91	91	91	87	93	92			TV									
	38	22	28	34	29	38	33			RATE									
	97	98	100	98	100	100	96			PEEP									
	40	40	40	40	35	35	35			A pH									
	TC	TC	TC	TC	TC	TC	TC			PCO <sub>2</sub>									
										PO <sub>2</sub>									
										B HCO <sub>3</sub>									
								SAT											
								G BASE											
I N T A K E	22 23 24 01 02 03 04 05 8°T								A C T I V I T Y S I D E	TIME									
	6°	6°	6°	6°	6°	6°	6°	48		CLUCOSE									
			150					150		Na/K									
	80	80	80	80	80	80	80	80		640	CVCO <sub>2</sub>								
											BUN/Cr								
											WBC/PLATELET								
											Hct/Hgb								
O U T P U T	110/215 100/215 140/235 120/240 100/250 150/270 120/285 110/295 838								T U R N S U C T I O N	TIME									
										MOUTH CARE	2300								
										BATCH									
										SKIN CARE									
										FOLEY CARE	2300								
										TRACH CARE	2300								
										ROM EXERCISES									
24HRS TOTALS								NURSE'S SIGNATURE											
WT Yesterday				wt Today															
INTAKE				OUTPUT															
IV 830				Urine:															
Po 838																			
TOTAL 2673				TOTAL 7955															
BALANCE																			

MEDCOM - 17019

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

SHIFT ASSESSMENT

(b)(6)-2

		TIME: 0700	INITIALS:	TIME: 1830	INITIALS:
N E U R O	PUPILS	PERRL		PERRLA 3mm Brisk	
	SENSORIUM	Doesn't follow commands		Sometimes follows commands	
	EXTREMITY MOVEMENT	All extremities		Moves extremities independently	
	SEDATION	Restless & cooperative but fully awake		Restless	
	PAIN CONTROL	unable to verbalize no indication of pain @ chest tube		Fentanyl 60mcg/hr	
R E S P	RESPIRATORY PATTERN			RRR	
	BREATH SOUNDS			Inspiratory/Expiratory Wheezes	
	SECRETIONS			Thick white secretion, moderate	
	O2 SOURCE/FLOW/SAO2			TC FIO2 35% SaO2 98%	
	VENTILATOR SETTINGS				
C V	CARDIAC RHYTHM			SR/ST, SI/S2	
	CAPILLARY REFILL			< 3 sec x 4 extremities	
	PULSES			+3 x 4 extremities	
	EDEMA			extremities +2 A Line values do not correspond = NBP	
G I	ABDOMEN			Round, Soft, Nontender	
	BOWEL SOUNDS			+	
	BOWEL MOVEMENT			colostomy RLQ, soft stool	
	NGT/OGT			J-tube 40 infusing TF	
	TUBE FEEDINGS			Jevity 80cc/h (goal)	
	DRAINS			JPx4 to mid abd surgical site	
G U	VOIDING			Foley to gravity	
	COLOR/CLARITY			clear yellow	
S K I N	COLOR			Normal for Race	
	INTEGRITY			mid abd surgical site drsg CDI 3° burn (R) upper Arm (R) upper chest 3° to posterior (R) LE; drsg CDI 2° decub to posterior scalp	
				TLC / (L) SC CDI	
A C C E S S	#1 TYPE/LOCATION/SIZE			φ, Fentanyl 6cc <sup>o</sup> (60mcg <sup>o</sup> )	
	DRESSING CONDITION			A-Line (R) radial	
	IV FLUID/RATE			CDI, Armboard & Kerlex wrap	
	#2 TYPE/LOCATION/SIZE				
	DRESSING CONDITION				
	IV FLUIDS/RATE				

(Continue on reverse)

PREPARED BY: [Redacted] ILT/AN DEPARTMENT/SERVICE/CLINIC: (b)(2)-2 ICU #1: [Redacted] DATE: 9 SEP 03

PATIENT NAME: [Redacted] RANK: [Redacted] AGE: [Redacted]  
 UNIT: (b)(6)-4 GENDER: [Redacted]  
 STATUS: US: AD / CIV IRAQI: CIV / (EPW)

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

ICU1

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

Date: 9 Sep

*Central  
5000*

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line																								
ABP	162/73	157/71	157/71	157/71	160/75	158/78	137/74	145/77	145/77	139/75	152/84	152/84	149/81	151/80	158/78	156/78	154/74	151/74	159/79	178/81	144/81	158/81	169/84	157/84
TEMP	98.2	98.1	98.8	97.7	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8	97.8
HR	92	95	91	89	83	81	77	80	98	88	88	86	83	93	98	92	99	97	91	100	99	95	95	95
RR	38	31	22	36	35	31	18	21	50	42	42	28	42	50	39	46	35	31	20	33	25	31	30	38
SpO2	100	100	107	100	100	99	100	100	100	100	99	97	95	94	95	97	99	99	99	100	96	98	97	98
FiO2	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC
MAP	104	103	103	105	113	108	96	94	94	104	104	112	110	106	104	109	105	91	106	113	112	105	110	104
PO																								
Total																								
OUTPUT	120	100	100	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
URINE	120	100	100	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
NGT																								
STOOL																								
DRAIN																								
JP 1																								
JP 2																								
JP 3																								
JP 4																								
Total																								

MEDCOM - 17021

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

SHIFT ASSESSMENT

	TIME: 0700	INITIALS: [REDACTED]	TIME: 1900	INITIALS: [REDACTED]
N E U R O	PUPILS	PERLLA	PERKRA, Awake, Alert, Moves all	
	SENSORIUM	Alert, Does not Follow Commands	extremities, Feat @ 50 mcg/hr	
	EXTREMITY MOVEMENT	Moves all extremities		
	SEDATION	None		
	PAIN CONTROL	Fentanyl qtl @ 50mcg/hr		
R E S P	RESPIRATORY PATTERN	Tachypneic	- Even, unlabored, shallow, tachyp	
	BREATH SOUNDS	Coarse in R Lobs, O Lobs CTA	neic,	
	SECRETIONS	Moderate Thick, Yellow	- Coarse crackles bilaterally	
	O2 SOURCE/FLOW/SAO2	35% O2 via Trach Collar	- moderate amt, thick yellow sputum	
	VENTILATOR SETTINGS		good strong cough, requires frequent suctioning, 35% O2, 98%	
C V	CARDIAC RHYTHM	5b, Q ectopy	- SR, Bectory, S/S, cap refill	
	CAPILLARY REFILL	< 3 sec	< 3 sec x 4 dept, + 2 pulse x	
	PULSES	+ 3 in all extremities	dept, resolving edema	
	EDEMA	+ 2 pitting BLE	- ext warm & dry	
G I	ABDOMEN	Soft, Nondistended	- soft, NP, BS x Q good	
	BOWEL SOUNDS	Active	- 4 JP drains to hwb suction	
	BOWEL MOVEMENT	Liquid BM via Colostomy	- J-tube TF @ 80 a/hr	
	NGT/OGT	J Tube	- brown liquid BM via colostomy	
	TUBE FEEDINGS	Jevity @ 80cc/hr	- mid ab incision CPE	
	DRAINS	JP Drains x 4		
G U	VOIDING	Foley to Gravity	- Foley dark yellow adequate	
	COLOR/CLARITY	Golden & Sediments	amt, clear	
S K I N	COLOR	Normal for Race	- normal for race	
	INTEGRITY	Dressings to back of Head, (C) shoulder, BLE, (B) flank, + mid line abdominal dressings CIDIE	- dressing to back of head, (B) LB, (C) Pecs/shoulder, abdomen	
A C C E S S	#1 TYPE/LOCATION/SIZE	TLC (C) bil. clavian, All	- (C) sc 3cc, (B) S/S of infxn	
	DRESSING CONDITION	partly patent, (B) S/S of infection	all parts patent	
	IV FLUID/RATE	(B) Radial Arline		
	#2 TYPE/LOCATION/SIZE	(B) Radial Arline		
DRESSING CONDITION	(B) S/S of infection, site positional			
IV FLUIDS/RATE	warlock amp, (B) (B) + mercel			

(Continue on reverse)

PREPARED (b)(6)-2 [REDACTED] CH/2


DEPARTMENT/SERVICE/CLINIC (b)(2)-2  
 ICU #1, [REDACTED]

DATE 10 Sep 83

PATIENT'S NAME: [REDACTED] (When entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
 RANK: [REDACTED] AGE: [REDACTED]  
 UNIT: [REDACTED] (b)(6)-4 GENDER: M  
 STATUS: US: AD / CIV IRAQI: CIV (EPW)

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

# ICU1

Patients Name: 

(5)(6)-1

Date: 1050203

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	150/90	130/70	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	140/90	
NBP	120/80	110/70	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	
TEMP			98.4				99.2				99.3																
HR	77	72	98	97	81	86	88	86	85	93	85	86	92	92	88	97	97	97	110	89	102	103	97	98			
RR	35	32	33	33	26	28	32	28	29	28	21	20	28	30	28	29	28	32	38	30	21	20	30	29			
SaO2	95	97	99	98	98	99	99	99	97	99	99	100	98	98	100	100	95	95	96	95	95	96	95	95			
FIO2	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%			
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC			
MAP	109	103	110	111	100	102	114	109	113	131	110	108	121	109	96		112	108	116	106	114	107		120			
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF																											
IVPB	100		50		100		100				50		400	100				150								250	
NGT																											
Transdermal	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		60	
TF	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80		960
KCl					50	50							100														100
J Tube					50								90														90
PO																											
Total													1570														1570
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	30	300	80	160	140	115	114	140	140	140	140	90	1261	135	135	80	80	150	200	125	105	105	105	100	80		1505
NGT																											
STOOL		250			200						300		750														1505
DRAIN JP#1					10						5		15														15
JP#3					10						10		20														18
JP#4					8						8		16														15
JP#1					9						10		19														15
Total													2581														1568

TAL=7000 A.M.F-LIUD 11:00

REPORT TITLE  
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
 QA Apr 8 Mar 89

(b)(6)-4

SHIFT ASSESSMENT

		TIME: 0700	INITIALS: [REDACTED]	TIME: 1800	INITIALS: [REDACTED]
N E U R O	PUPILS	PERLLA		Perilla, 2mm, MSD+ 4mg/hr	
	SENSORIUM	Alert, Does not follow commands		adequate pain control, M/S, does not	
	EXTREMITY MOVEMENT	Active ROM in all extremities		intact & gestures, won't follow commands	
	SEDATION	None		does not fight portents	
	PAIN CONTROL	Morphine @ 5mg/hr			
R E S P	RESPIRATORY PATTERN	<del>Regular</del> Unlabored, Tachypneic		even, unlabored, coarse crackles	
	BREATH SOUNDS	Coarse throughout		bilaterally, 24% TC humidified	
	SECRETIONS	Thick yellow sputum - Trach		SP02 96%, small and thin	
	O2 SOURCE/FLOW/SAO2	24% O2 via Trach Collar		white/clear secretions, cuff inflated	
	VENTILATOR SETTINGS	None (Humidified)			
C V	CARDIAC RHYTHM	ST & occasional PVCs		S/S2, N/R P ectopy, <3 sec cop	
	CAPILLARY REFILL	<3 sec		refill x 4 ext, +2 pulses x 4 ext	
	PULSES	+3 x 4 extremities		relating edema on (B) LB	
	EDEMA	+2 pitting BLE			
		Ø JVD			
G I	ABDOMEN	Soft, Nondistended		soft, NT, + BS x 4 good, colostomy	
	BOWEL SOUNDS	Active		draining liquid stool, Jevity @ 80	
	BOWEL MOVEMENT	Liquid BM via Colostomy		cc/hr via J-tube, JP drains on bulb	
	NGT/OGT	J Tube		suction, ab dressings CDI	
	TUBE FEEDINGS	Jevity @ 80 cc/hr			
DRAINS	JP's x 4				
G U	VOIDING	Foley to Gravity		Foley, dark yellow & sediment	
	COLOR/CLARITY	Golden & sediment			
S K I N	COLOR	Normal for race		normal for race, dressings on back of	
	INTEGRITY	Crossings to back of Head (D) shoulder, (C) flank, Mid-Abdomen and BLE CDI		head, (B) LB → tegaderm intact (P) chest/shoulder CDI	
A C C E S S	#1 TYPE/LOCATION/SIZE	(D) Subclavian TCC		(R) hand PIV CDI Ø s/s of infx	
	DRESSING CONDITION	CDI, Ø s/s of infection			
	IV FLUID/RATE	All ports patent to NS flush			
	#2 TYPE/LOCATION/SIZE				
DRESSING CONDITION					
IV FLUIDS/RATE					

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [REDACTED] /m

DEPARTMENT/SERVICE/CLINIC (b)(2)-2 DATE 11 Sep 03  
 ICU #1, [REDACTED]

PATIENT'S IDENTIFICATION (Typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
 NAME: [REDACTED] RANK: AGE:  
 UNIT: [REDACTED] (b)(6)-4 GENDER:  
 STATUS: US: AD / CIV IRAQI: CIV / EPW

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



ICU1

Patients Name: [REDACTED]

(b)(6)-y

Date: 11 Sep 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	
A-Line																									
NBP	153/83	153/85	146/60	154/60	159/85	159/85	137/76	132/68	130/73	135/73	130/76	130/74	110/74	106/72	106/58	106/72	130/75	119/61	132/73	114/73	121/74	121/66	108/74	108/79	
TEMP			99.6			99.6					99		98.7	98.7	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1
HR	104	101	96	101	91	89	85	85	84	78	76	78	77	78	80	80	81	81	79	85	85	80	84	91	
RR	34	30	22	33	29	23	26	25	27	25	20	18	22	20	24	22	20	24	24	20	20	22	20	25	
SaO2	93	97	97	96	98	98	98	98	97	97	97	98	96	96	94	96	100	95	95	96	96	96	95	96	
FIO2	RA	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	
MAP	107	110	105	122	111	117	95	90	92	94	95	94	89	92	92	84	95	85	93	88	93	85	99	104	
TOTAL													Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
TAKE	100	100	50	100	100	100	100	50	50	50	50	400	100	100	100	100	100	100	100	100	100	100	100	100	
OUTPUT	5	5	5	5	5	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
URINE	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
NGT																									
STOOL																									
DRAIN																									
J.P. #1																									
#2																									
#3																									
#4																									
Total																									

MEDCOM - 17025

(b)(6)-2

REPORT TITLE  
INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		SHIFT ASSIGNMENT	
		TIME: 0630 INITIALS: [REDACTED]	TIME: 1840 INITIALS: [REDACTED]
N E U R O	PUPILS	2mm PERRL	PERRLA 3mm
	SENSORIUM	Awake moves extremities	Alert at times, does not
	EXTREMITY MOVEMENT	X 4 2 purposeful movement	Follow commands. Moves
	SEDATION	4mg MSO4/hr	extremities spontaneously
	PAIN CONTROL		Fentanyl on hold MSO4 5mg/hr
R E S P	RESPIRATORY PATTERN	RRR coarse sounds to (R)	RRR
	BREATH SOUNDS	Some clear sounds on (L)	CTA @ suctioning
	SECRETIONS	Thick secretions cleared by	Thick white
	O2 SOURCE/FLOW/SAO2	Cough	TC 24% > 95%
	VENTILATOR SETTINGS	TC at 24% - PEEP 5.0 - 94-98%	
C V	CARDIAC RHYTHM	S, S2 + 2 pulses X 4 extremities	SR/ST SI/SZ
	CAPILLARY REFILL	< 3 cap refill	< 3 sec x 4 ext
	PULSES		+3 x 4 ext
	EDEMA		0 noted
G I	ABDOMEN	+BS x 4 quadrants soft	0 Flat, <sup>MM</sup> Round, nontender
	BOWEL SOUNDS	non-tender	0
	BOWEL MOVEMENT	Ostomy to (R) of midline	ostomy to RLP
	NGT/OGT	TF @ 80 cch/hr gravity	TF (Gravity) 80 cch (goal)
	TUBE FEEDINGS		
G U	VOIDING	Foley to gravity	Foley to gravity
	COLOR/CLARITY	Clear yellow	Clear yellow
S K I N	COLOR	Normal for race	Normal for Race, Warm, Dry
	INTEGRITY		mid abd / (2) flank incisions 3° burn to (R) arm / (R) lat upper chest. Burn to posterior (B) LT, drsg CRT, Devib posterior (L)
A C C E S S	#1 TYPE/LOCATION/SIZE	18 ga to (R) wrist - MSO4	18G PIV (R) wrist
	DRESSING CONDITION	@ Acc/hr	MG04 5cch
	IV FLUID/RATE		DS @ 50cc/hr
	#2 TYPE/LOCATION/SIZE		
DRESSING CONDITION			
IV FLUIDS/RATE			

(Continue on reverse)

PREPARED BY: [REDACTED] (b)(6)-2 DEPARTMENT/SERVICE/CLINIC: [REDACTED] (b)(6)-2 DATE: 12 Sep 83  
ICU #1: [REDACTED]

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
NAME: EPW [REDACTED] RANK: AGE:  
UNIT: (b)(6)-4 GENDER:  
STATUS: US: AD / CIV IRAQI: CIV / EPW

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

# ICU1

Patients Name: [REDACTED]

(5)(6)-4

Date: 12 Sept 83

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	Total		
A-Line	144/127	141/127	138/123	137/123	137/123	137/123	135/123	133/123	131/123	131/123	135/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	
NBP	144/127	141/127	138/123	137/123	137/123	137/123	135/123	133/123	131/123	131/123	135/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	137/123	
TEMP	99.1	99.1	99.3	99.3	99.3	99.3	99.3	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	99.4	
HR	87	84	87	87	92	91	89	88	85	79	78	79	79	79	86	90	85	83	85	88	88	90	88	87	84	84	
RR	22	25	25	27	32	27	29	28	25	22	21	22	25	24	34	28	31	29	34	34	27	30	26	26	30	30	
Sao2	91	95	98	96	95	94	91	95	97	98	99	97	98	100	100	97	95	95	94	94	96	95	95	95	95	95	
FIO2	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	
Source	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	TC	
MAP																											
INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
IVF 0.5%			50						50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
IVPB			50		100									100													
NGT																											
IF	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
T Tube					50																						
Fentanyl														5	5	5	5	5	5	5	5	5	5	5	5	5	
PO																											
Total																											
OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total	
URINE	60	210	110	60	60	90	50	150	120	110	110	100	130	140	90	100	100	90	90	110	110	110	110	110	110	110	
NGT																											
STOOL																											
DRAIN																											
TP #1																											
# 2																											
# 3																											
# 4																											
Total																											

AL RECORD-SUPPLEMENTAL MEDICAL  
 For use of this form AR 40-66; the proponent agency is The Office of Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(6)-2

OTSG APPROVED (Date)  
 QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT			
	TIME	0700	1830
		INTILAS	INTILAS
NEURO	PUPILS	PERRL	PERRL
	SENSORIUM	pt Alert to stimulation	pt. alert to stimulation
RESPIRATORY	RESPIRATION PATTERN	RR-27 POx 97%-98	28
	BREATH SOUNDS	Clear on @ side @	COARSE @ L
	SECRETIONS	side diminished in lower lobes	snack cough @ 46
		Trach collar @ 4L O2	
SKIN	COLOR	Normal for Race	Normal for Race
	INTEGRITY	wound dry, GSW to Abdomen GSW to @ Shoulder	BRUISES @ each. GSW to abd.
IV SITE	LOCATION	@ wrist infusing DSW	@ wrist infusing
	CONDITION	@ 50cc/hr @ Femoral @ morphine 5cc/hr Dressing CDI	DSW @ 150cc/hr Saline lock Morphine 5cc/hr @ infiltration to site @ pressure time
GASTRO	ABDOMEN	GSW Dressing CDI	GSW to abd. dressing
	BOWEL SOUNDS	Ileostomy JP drain x4 BS present x4	BS + x4 quadrant
GU	URINE	Voiding via Foley to gravity	FIC to BS
	COLOR/CLARITY	dark orange clear	dark yellow urine.
CARDIOVASCULAR	CARDIAC RHYTHM	HR-87 BP-134/76 Pulses strong x4	HR 96 BP 124/71 + pulse to @ extremities.
LEGEND		Cr - Creatinine FiO <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 end Expiratory Pressure
		S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(5)(6)-2

(Continue on reverse)

PREPARED BY: 9/WM6 DEPARTMENT/SERVICE/CINC: ICU 1 DATE: 135A03

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

EPW (5)(6)-4

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

DA FORM 4700  
 1 MAY 78  
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)  
 1 APR 90 (HSXC - NU)

MEDCOM - 17028

DATE		OX												HOSPITAL DAY					
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V I T A L S	BP Arterial line																		
	BP Cuff	135/75	134/76	136/75		125/61	129/73	134/75	146/72		128/73	120/69	114/64	122/67	104/71	128/71	128/67	125/68	
	Temperature		98.7		97.7			99.9							99.8				
	Pulse	81	83	83		82	90	94	97		89	89	89	92	94	95	94	94	
	Respiratory Rate	31	27	26		27	27	27	28		28	30	32	31	31	32	31	32	
	SaO2	98	97	97		96	97	96	95		95	96	93	96	95	96	95	95	
S I G N S	FIO2	24%	24%	24%		24%	28%	21%	24%		24%	24%	24%	24%	24%	24%	24%		
	Source	TC	TC	TC		TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC		
TIME		24	01	02	03	04	05	06	07	8°T	08	09	10	11	18	19	20	21	8°T
I N T A K E	IVF (DSW)	50	50	50	50	50	50	50	50				15	15	15	15	15	15	
		/	/	/	/	/	/	/	/				/	/	/	/	/	/	
	MSO4	5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	
		/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	
	TF	80	80	80	80	100	100	100	100	720	100	100	100	100	100	100	100	100	
	IVPB			50				100	150				50		100				
A K E	J-tube meds/Flush																		
	J-tube meds/Flush					50cc													
TOTALS																			
U T I L I T Y	URINE	HOUR	0	100	130	139	110	121	121	90	802	100	80	80	80	109	60	100	110
		TOTAL	0	100	130	160	470	591	121	90	802	100	180	160	310	440	520	620	110
	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
D R A I N S	JP 1														10				
	JP 2														10				
	JP 3														15				
TOTALS JP 4															20				

MEDCOM - 17029

POST-OP DAY										AI	ACUITY LEVEL CLASSIFICATION																			
											SU																			
V	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
I	100/105	113/113	124/115	115/115	118/115	115/115	123/110	111/115																						
T					100°		99°																							
A	94	93	93	92	90	92	93	93																						
L	32	23	28	29	30	28	31	30																						
S	95	97	99	99	99	98	94	94																						
I	24%	24%	24%	24%	24%	24%	24%	24%																						
G	TC	TC	TC	TC	TC	TC	TC	TC																						
N																														
S																														
I	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	8°T										
N	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	410										
T	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/											
A	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	170											
T	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/											
J	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	232											
A	/	50	100	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	1000											
K	/	50	100	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	1000											
E					10cc														60											
O	70	140	70	160	70	110	120	90																						
U	800	440	110	170	150	130	130	150																						
T																														
P																														
U																														
T																														
										24-190 TOTALS																				
										WT Yesterday																				
										INTAKE																				
										IV																				
										Po																				
										TOTAL																				
										BALANCE																				
										MOUTH CARE																				
										BATCH																				
										SKIN CARE	2340																			
										FOLEY CARE	2340																			
										TRACH CARE	2340																			
										ROM EXERCISES	2340																			
										SIGNATURE	[Redacted]																			
										INITIALS	(5)(6)-2																			

DATE		DX												HOSPITAL DAY					
V I T A L S	TIME	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
	BP Arterial line																		
BP Cuff		135/75	134/76	136/75		125/61	129/73	134/70	126/72		128/73	120/69	114/64	122/67	104/71	128/71	123/61	125/68	
Temperature			98.7		97.7			99.9						99.8					
Pulse		81	83	83		89	90	94	97		89	89	89	92	94	95	94	94	
Respiratory Rate		31	27	26		27	27	27	28		28	30	32	31	31	32	31	32	
SpO2		98	97	97		96	97	96	95		98	96	93	96	95	96	95	95	
FIO2		24%	24%	24%		24%	24%	24%	24%		24%	24%	24%	24%	24%	24%	24%	24%	
Source		TC	TC	TC		TC	TC	TC	TC		TC	TC	TC	TC	TC	TC	TC	TC	
I N T A K E	TIME	24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	18	19	20	21	8 <sup>°T</sup>
	IVF (ASW)	50	50	50	50	50	50	50	50					15	15	15	15	15	15
M504	5cc	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	5	
TF	80	80	80	80	100	100	100	100	220	100	100	100	100	100	100	100	100	100	
IVPB				50				100	150				50		100				
Stitches/Push																			
Tube meds/Push						50cc													
TOTALS																			
O U T P U T	URINE	HOUR	0	100	130	139	118	121	121	90	802	1000	80	90	80	100	80	100	110
	TOTAL	SP gr	0	100	130	160	470	590					100	130	160	340	540	520	620
NG	OUTPUT																		
PH																			
GUIAC																			
EMESIS																			
STOOL																			
DRAINS	JP 1														10				
	JP 2														10				
	JP 3														15				
TOTALS	JP 4														20				

MEDCOM - 17031

epw # [redacted] (b)(6)-4

14 Sept 03 For use of this form RECORD-SUPPLEMENTAL MEDICAL R 40-66; the proponent agency is The Office of Surgeon General

OTSG APPROVED (Date) QA Appr 8 Mar 89

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

INITIAL SHIFT ASSESSMENT							
		TIME 0605	INTILAS [redacted]	INTILAS	1820	INTILAS [redacted]	
NEURO	PUPILS				PERL		
	SENSORIUM	pt unable to communicate to staff			Respond to stimulation unable to make needs known.		
	RESPIRATION PATTERN				42		
RESPIRATORY	BREATH SOUNDS	D side clear, Right diminished in lower lobes. Trach #4 shiley			course		
	SECRETIONS				Productive cough - Thick white secretions noted.		
	COLOR	Normal to Race			normal for race		
SKIN	INTEGRITY	Decub to back of head			midline wound		
	LOCATION	① wrist			wrist		
IV SITE	CONDITION	0.5 of infection or infiltration			0.5 of infiltrate - swelling/redness		
		Infusing DS @ 15cc/hr			DS W @ 50cc/hr		
		MSO4 @ 5cc/hr			MSO4 @ 5cc/hr		
GASTRO	ABDOMEN	BS active x 4 quads			FEC @ 100cc/hr		
	BOWEL SOUNDS	colostomy stoma pink producing pasty stool			colostomy		
		+ gas					
GU	URINE	pt voids via foley cath.			FIC to BS		
	COLOR/CLARITY	clear/yellow urine			dark yellow		
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus Rhythm			HR 97		
		80's - 90's			SPU 2 92		
LEGEND		Cr - Creatinine	F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub>	F <sub>H</sub> O <sub>2</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

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC ICU

DATE 14 Sept 03

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

epw # [redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700 Proponent Dept of Nurs

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

MEDCOM - 17032



DATE		DX		HOSPITAL DAY																		
4 SEP 03		SPLC U to abd		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21			
VITALS	BP Arterial line																					
	BP Cuff	119/66	109/63	111/64	110/63	117/65	115/63	114/61						113/67	106/64	106/63	107/62	109/63	108/59	111/59	113/62	
	Temperature	99.5														99.8				100.1		
	Pulse	92	93	95	95	97	95	91	92					91	85	87	89	97	100	99	98	
	Respiratory Rate	29	34	30	30	30	29	25	29					30	44	47	28	42	30	28	31	
	SpO2	94%	94%	95%	95%	95%	97%	96%	96%					96%	96%	95%	97	92	94	93	92	
	FiO2	24%	24%	24%	24%	24%	24%	24%	24%					24	24	24	24	24	24	24	24	
	O2 Method	TC	TC	TC	TC	TC	TC	TC	TC					TC	TC	TC	TC	TC	TC	TC	TC	
	NUTRITION	TIME	06	07	08	09	10	11	12	13	8°T	14	15	16	17	18	19	20	21	8°T		
IVF (NSW)		15	15	15	150	50	50	50	50		50	50	50	50	50	50	50	50	50	50		
TF (Gravity)		100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100		
MSO4 gtt		5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5	5		
IVAB		100		50		100		100					50		100							
G-Tube						50																
TOTALS		220	120	170	155	250	154	235	155	1285	155	155	205	155	255	155	155	155	155	1390		
URINE	HOUR TOTAL	100	130	130	70	70	45	70	110		110	70	70	70	70	110	160	135	130	1390		
	SP gr		130	140	130	160	155	155	165		180	250	320	390	460	60	70	70	60	690		
	SIA																					
NG	OUTPUT																					
	PH																					
	GUJAC																					
EMESIS																						
STOOL																						
DRAINS	SP 1																					
	SP 2																					
	SP 3																					
	TOTALS SP 4																					

MEDCOM - 17033

POST-OP DAY									ACUITY LEVEL CLASSIFICATION														
VITALS	22	23	00	01	02	03	04	05	R	TIME													
	113/61	112/61	121/66	114/69	111/65	118/68	114/66	117/65		E	MODE												
	100 <sup>8</sup>			100 <sup>3</sup>			99 <sup>9</sup>			S	F <sub>IO2</sub>												
	99	98	100	100	98	100	100	100		P	TV												
	28	29	30	25	30	30	29	27		D	RATE												
	94%	94%	94%	95%	95%	94%	95%	94%		I	PEEP												
	24%	24%	24%	24%	24%	24%	24%	24%		A	A pH												
	TC	TC	TC	TC	TC	TC	TC	TC		A	PCO <sub>2</sub>												
										B	PO <sub>2</sub>												
										D	HCO <sub>3</sub>												
								R	SAT														
								Y	BASE														
								A	TIME														
								B	CLUCOSE														
								O	Na/K														
								R	CVCO <sub>2</sub>														
								A	BUN/Cr														
								T	WBC/PLATELET														
								A	Hct/Hgb														
								D															
								B															
								Y															
								A	TIME										T U R N  S U C T I O N				
								G	MOUTH CARE														
								T	BATCH														
								I	SKIN CARE	2100													
								J	FOLEY CARE	2100													
								L	TRACH CARE	2144													
								E	ROM EXERCISES	2100													
								V	24 HOURS TOTALS										1900				
								S	SIGNATURE										2100				
								I	INITIALS										0816				
								D	WT Yesterday														
								G	wt Today														
								F	INTAKE														
								U	OUTPUT														
								T	IV														
								P	Po														
								U	TOTAL														
								T	BALANCE														

MEDCOM - 17034

15 Sept 03

# [redacted] (b)(6)-4 MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA  
 For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET (b)(6) Z OTSG APPROVED (Date) QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIAL	INITIALS	INITIALS	
N E U R O	PUPILS	0615	[redacted]	[redacted]	1830 [redacted]	
	SENSORIUM	3mm PERLA Unable to express needs, confused MSO <sub>4</sub> qtt @ 5mg/° for pain control			Perla 3mm b[redacted] - does not follow commands - responds to painful stimuli - MSO <sub>4</sub> @ 5mg/hr	
	RESPIRATORY PATTERN	RRR 30S TC 24% FIO <sub>2</sub>			even unlabeled #8	
R E S P I R A T O R Y	BREATH SOUNDS	humidified air. Clear			shiley cuff deflated	
	SECRETIONS	throughout & coarse rhonchi @ Bk. Copious white/yellow tinged sputum. #8 shiley trach			- coarse crackles throughout - good strong cough - thick yellow sputum	
	COLOR	mucous @ (P) ant. drsg (D)			normal for race, (P) short	
S K I N	INTEGRITY	derub head, BS drsg intact TP 1-4 intact + to bulb suction			Abdominal, head, (B) drsgs COT	
	LOCATION	@ wrist @ 0% of infection			@ wrist BS/S for infection	
I V	CONDITION	DEW @ 50cc/° + MSO <sub>4</sub> qtt @ 5cc/° infusing				
G A S T R O	ABDOMEN	soft, nontender. BS (+)			- soft, ND, BS x 4 good	
	BOWEL SOUNDS	normal in all 4 quad @ J-tube & Jevity @ 100cc/hr @ colostomy & loose brown stools			- J-tube Jevity @ 100cc/hr - @ colostomy, soft, loose brown stool	
	URINE:	Foley to gravity draining dark yellow urine			- Foley, no clear, yellow adequate amt	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	ST E occasional PVC's HR 103. Cap refill < 3sec in all 4 ext. Generalized edema throughout			ST E occasional PVC's S/S, cap refill < 3sec resolving edema	
		<b>LEGEND</b> Cr - Creatinine FIO <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End Expiratory Pressure S/A - Fractional SA1 - Saturation TRACH - Tracheostomy				

(Continue on reverse)

PREPARED BY (Signature & Title) DEPARTMENT/SERVICE/CLINIC ICU1 DATE 15 Sept 03

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

# [redacted] (b)(6)-4

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

epw # [redacted] (6)(6)-4

DATE		31P GSW to abd													HOSPITAL DAY				
TIME		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
V	BP Arterial Line																		
I	BP Cuff	124/68	123/69	123/68	112/64	118/62	119/71	111/66	129/73										
T	Temperature	100.4	100.3	100.4	99.9	99.5	98.4	99.4	100.0	118/100	115/95	114/97	115/97	110/100	113/95	115/96	115/98		
A	Pulse	103	105	103	101	101	101	94	95	100	100	100	100	100		100	99		
E	Respiratory Rate	31	31	27	27	21	20	19	40	93	94	95	97	98	99	100	100		
S	O2 sats	94%	94%	95%	96%	96%	95%	95%	97%	31	31	31	30	32	30	29	31		
I	Source	TC	TC	TC	TC	TC	TC	TC	TC	95%	95%	96%	96%	96%	96	95	95		
G	FIO2	24%	24%	24%	24%	24%	24%	24%	24%	TC	TC	TC	TC	TC	TC	TC	TC		
N										24%	24%	24%	24%	24%	24	24	24		
S																			
I	TIME	06	07	08	09	10	11	12	13	8° T	14	15	16	17	18	19	20	21	8° T
N	D5W	500	500	500	500	500	500	500	500	400	500	500	500	500	500	500	500	500	400
A	M504	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	40
K	IVPB	1000		500		1000		1000		3500			500		1000				1000
E	TF	1000	1000	1000	1000	1000	1000	1000	1000	8000	1000	1000	1000	1000	1000	1000	1000	1000	8000
S	Fluor med/Pus					70				70									
TOTALS																			
O	URINE	HOUR	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21		
		TOTAL	47	48	100	115	100	120	70	110	8000	90	95	80	65	70	60	70	70
U	NG	OUTPUT																	
P	EMESIS																		
U	STOOL																		
T	DRAINS	JP1						IT	IT				IT				IT		
		JP2											10						
		JP3											10						
T	TOTALS	JP4											5						



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**

DTSG APPROVED (Date)  
 QA Apr 8 Mar 89

(5)(b)-2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
N U R S E	PUPILS	0605	[REDACTED]	[REDACTED]	2000
	SENSORIUM	3mm PERCLA, able to follow simple commands (need interpretation) unable to express needs			3mm Perclan unable to express needs
	RESPIRATORY PATTERN	Tachypnea RR 30s #8 @ skull			Regds 20's-30's
R E S P I R A T O R Y	BREATH SOUNDS	trach @ FIO2 24% humidified air, coarse crackles ALL			Trach @ humidified air crackles ALL
	SECRETIONS	Thick white/yellow secretions			coughs up thick white secretions
	COLOR	midline abd + @ flank wound			midline abd wound
S K I N	INTEGRITY	dsq C.O.I. Decub head + blisters @ dsqs intact			@ flank wound
	LOCATION	@ wrist @ @'s of infection			dearb head @ dsq C.O.I.
	CONDITION	M504 gtt @ + ASW @ 50cc @ infusing			@ wrist M504 gtt @ 1/2 NS @ 100cc
I N T E R V E N T I O N S	ABDOMEN	soft, nontender			soft, nontender
	BOWEL SOUNDS	(+) in all 4 quadrants @ J-tube @ jevity @ 100cc			(+) in all 4 quads J-tube @ jevity @ 100
	URINE:	foley to gravity draining @ dark yellow urine			foley to gravity light yellow urine
G U	CARDIAC RHYTHM	ST @ ectopy @ this time HR 115, +1 +2 pitting edema @ UE + @ LE. Cap refill @ 3sec. mall 4 ext. + 2 palpable pulses mall 4 ext.			ST @ ectopy cap refill @ 3sec
	LEGEND		Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End Expiratory Pressure	S/A - Fractional SA1 - Saturation TRACH - Tracheostomy

(5)(b)-2

(Continue on reverse)

PREPARED BY: [REDACTED] DEPARTMENT/SERVICE/CLINIC: ICU DATE: 16 Sep 83

PATIENT'S ID: [REDACTED] typed or written entries give: Name—last, first, middle; grade; hospital or medical facility)


EPW (5)(b)-4

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

DATE		16 Sep													DX				HOSPITAL DAY			
TIME		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
V	BP Arterial Line	130																				
I	BP Cuff	79	118/84	114/81	132/80	144/82	147/81	128/73	129/74		131/74	148/85	124/87	150/81			144/85					
T	Temperature	97.1	98.0	97.0	98.9	98.5	98.8	97.4	97.9		97.5		97.2	98.0	99.1							
A	Pulse	169	118	114	107	98	98	94	94		89		104	101	100							
E	Respiratory Rate	30	21	29	24	31	25	15	19		89		104	101	100		127					
S	SpO2	96	96%	97%	98%	98%	99%	99%	97%		92		92	98	92		99					
I	Source	TC	TC	TC	TC	TC	TC	TC	TC		TC		RA	RA	RA		RA					
S	FiO2	24	24	24	24	24	24	24	24		24		-	-	-		RA					
I	DSW	50	50	50	50	50	50	50	50	400	50	50	50	50	50	50	50	400				
N	M504	5	5	7	7	7	7	7	7	52	7	7	7	7	7	7	7	56				
T	WPB	100	-	50	-	100	-	100	-	350	-	-	50	-	100	-	-	150				
A	TF	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	700				
K	J-tube flush/Med	-	-	-	-	100	-	-	-	100	-	35	-	-	-	50	-	85				
E	<b>TOTALS</b>																					
O	URINE	hour	120	140	140	110	80	120	125	115	940	120	90	16	54	110	125	125	100			
U		TOTAL	100	200	280	510	570	710	835	940	1060	1150	1160	1220	135	145	150	160	1690			
T	NG	OUTPUT																				
P	EMESIS																					
U	STOOL		XT				XT			XT				XT			XT					
T	DRAINS	JP1																				
		JP2																				
		JP3																				
	TOTALS	JP4																				

MEDCOM - 17039

ED 111 257

POST-OP DAY										ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S	22	23	24	01	02	03	04	05	R E S P I R A T O R Y	TIME											
	156/76	131/79	114/67	113/65	114/66	122/77	140/82	151/86		MODE											
	98'				99'			98.6		F <sub>I</sub> O <sub>2</sub>											
	121	112	107	106	111	121	112	110		TV											
	12	30	26	31	28	22	19	26		RATE											
	98%	95%	92%	92%	93%	96%	98%	96%		PEEP											
	RA	RA	RA	RA	RA	RA	RA	RA		A A	pH										
										A	PCO <sub>2</sub>										
										B	PO <sub>2</sub>										
										B	HCO <sub>3</sub>										
								G	SAT												
									BASE												
I N T A K E	22	23	24	01	02	03	04	05	8° T	L A B O R A T O R Y	TIME										
	50	50	50	50	50	50	50	50	400		GLUCOSE										
	7	7	8	8	8	8	8	8	62		Na/K										
	-	-	150	=	-	-	-	-	-		Cl/CO <sub>2</sub>										
	100	100	100	100	100	100	100	100	400		BUN/Cr										
	-	-	-	-	-	-	-	-	-		WBC/PLATELET										
											Hct/Hgb										
Q U A N T I T Y	100	200	100	100	100	110	110		A C T I V I T Y	TIME											
	170	140	160	160	220	230	250			MOUTH CARE											
										BATH											
										SKIN CARE											
										FOLEY CARE											
										TRACH CARE											
										ROM EXERCISES											
24 HOURS TOTALS										NURSE'S SIGNATURE					INITIALS						
wt Yesterday					wt Today					 (5)(6)-7											
INTAKE					OUTPUT																
IV					Urine:																
PO																					
TOTAL					TOTAL																
BALANCE																					

MEDCOM - 17040