

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 05:03 PM

Patient ID: [REDACTED] *b(6)-4*
Test Name :PT
Test Result:= 16.8 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
~~Calculated INR = 1.00~~
Sample Type: citrated wh. blood
Test Date :09/29/03
Test Time :05:01 PM
Card Lot :040302
Operator : [REDACTED] *b(6)*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 05:05 PM

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 37.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:03 PM
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 05:21 AM

b(6)-4
Patient ID: [REDACTED]
Test Name :PT
Test Result:= 15.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.40
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:19 AM
Card Lot :040302
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 05:24 AM

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 36.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:21 AM
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 01:15 PM

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 18.1 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.89
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :01:14 PM
Card Lot :040302
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL # [REDACTED] 09/29/03 01:18 PM

Patient ID: [REDACTED] *b(6)-4*
Test Name :APTT
Test Result:= 42.8 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :01:16 PM
Card Lot :100208
Operator : [REDACTED] *b(6)-2*

ID: [REDACTED] 29-09-03
WB [REDACTED] 17:01

		Patient
		Limite
WBC	15.0 H $\times 10^3/\mu\text{L}$	4.5 10.5
RBC	3.91 L $\times 10^6/\mu\text{L}$	4.00 6.00
Hgb	10.7 L g/dL	11.0 18.0
Hct	34.0 L %	35.0 60.0
MCV	87.0 fL	80.0 99.9
MCH	27.5 pg	27.0 31.0
MCHC	31.5 L g/dL	33.0 37.0
Plt	511. H $\times 10^3/\mu\text{L}$	150. 450.
LY%	5.8 %	20.5 51.1
LY#	0.9 $\times 10^3/\mu\text{L}$	1.2 3.4

ID: [REDACTED] 29-09-03
WB [REDACTED] 05:20

		Patient
		Limite
WBC	16.1 H $\times 10^3/\mu\text{L}$	4.5 10.5
RBC	4.09 $\times 10^6/\mu\text{L}$	4.00 6.00
Hgb	11.1 g/dL	11.0 18.0
Hct	36.0 %	35.0 60.0
MCV	87.8 fL	80.0 99.9
MCH	27.2 pg	27.0 31.0
MCHC	31.0 L g/dL	33.0 37.0
Plt	503. H $\times 10^3/\mu\text{L}$	150. 450.
LY%	13.2 %	20.5 51.1
LY#	2.1 $\times 10^3/\mu\text{L}$	1.0 3.4

Pt: [redacted] b/w-4
Pt Name: [redacted]

Na 127 mmol/L
K 4.0 mmol/L
TCO2 28 mmol/L
iCa 1.15 mmol/L
Hct 36 %PCV
Hb* 12 g/dL

*via Hct

At 37C
PH 7.466
PCO2 34.6 mmHg
PO2 113 mmHg
HCO3 25 mmol/L
BEecf 1 mmol/L
sO2* 99 %
*calculated

At Patient Temp
PH 7.445
PCO2 36.0 mmHg
PO2 123 mmHg

Patient Temp: 101.2F
FI02 : 100
Sample Type: 29SEP03 12:13

Oper: [redacted] b/w-2
Physician: [redacted]
Ser# [redacted]
Ver: [redacted]

Pt: [redacted] b/w-2
Pt Name: [redacted]

i-STAT G3+
Na 127 mmol/L
K 4.5 mmol/L
TCO2 29 mmol/L
iCa 1.01 mmol/L
Hct 29 %PCV
Hb* 10 g/dL

*via Hct

At 37C
PH 7.505
PCO2 35.8 mmHg
PO2 113 mmHg
HCO3 28 mmol/L
BEecf 5 mmol/L
sO2* 99 %
*calculated

FI02 : 40

Sample Type: 29SEP03 17:05

Oper: [redacted] b/w-2
Physician: [redacted]
Ser# [redacted]

Pt: [redacted] b/w-2
Pt Name: [redacted]

Na 127 mmol/L
K 4.5 mmol/L
TCO2 29 mmol/L
iCa 1.01 mmol/L
Hct 29 %PCV
Hb* 10 g/dL

*via Hct

At 37C
PH 7.505
PCO2 35.8 mmHg
PO2 113 mmHg
HCO3 28 mmol/L
BEecf 5 mmol/L
sO2* 99 %
*calculated

Sample Type: 30SEP03 05:59

Oper: [redacted] b/w-2
Physician: [redacted]
Ser# [redacted]
Ver: [redacted]

i-STAT EG7+
Pt: [redacted] b/w-4
Pt Name: [redacted]

Na 127 mmol/L
K 4.2 mmol/L
TCO2 27 mmol/L
iCa 1.14 mmol/L
Hct 28 %PCV
Hb* 10 g/dL

*via Hct

At 37C
PH 7.500
PCO2 33.1 mmHg
PO2 84 mmHg
HCO3 26 mmol/L
BEecf 3 mmol/L
sO2* 97 %
*calculated

At Patient Temp
PH 7.480

PCO2 35.0 mmHg
PO2 91 mmHg

Patient Temp: 101.0F
FI02 : 45
Sample Type: 30SEP03 16:46

Oper: 13
Physician: [redacted]
Ser# [redacted]
Ver: [redacted]

i-STAT EG7+
Pt: [redacted] b/w-4
Pt Name: [redacted]

Na 125 mmol/L
K 4.2 mmol/L
TCO2 28 mmol/L
iCa 1.01 mmol/L
Hct 32 %PCV
Hb* 11 g/dL

*via Hct

At 37C
PH 7.463
PCO2 38.1 mmHg
PO2 104 mmHg
HCO3 27 mmol/L
BEecf 4 mmol/L
sO2* 98 %
*calculated

Sample Type: 30SEP03 00:11

Oper: [redacted] b/w-2
Physician: [redacted]

Ser# [redacted]
Ver: [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 06:10 AM

blu-2
Patient ID: [REDACTED]
Test Name :PT
Test Result:= 17.6 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.81
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :06:08 AM
Card Lot :040302
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 06:13 AM

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 46.2 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :06:10 AM
Card Lot :100208
Operator : MCCARTER

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 12:10 AM

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 17.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :12:09 AM
Card Lot :040302
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 12:13 AM

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 48.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :12:11 AM
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 10:55 AM

Patient ID: 796 *blu-2*
Test Name :PT
Test Result:= 17.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.71
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :10:53 AM
Card Lot :040302
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 09/30/03 10:57 AM

Patient ID: 796
Test Name :APTT
Test Result:= 33.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :10:55 AM
Card Lot :100208
Operator : [REDACTED]

ID: [REDACTED] 30-09-03
SP: [REDACTED] 00:12

Patient Limits
WBC 15.2 H $\times 10^3/\mu\text{L}$ 4.5 16.5
RBC 3.00 L $\times 10^6/\mu\text{L}$ 4.00 5.00
Hgb 10.5 L g/dL 11.0 16.0
Hct 33.0 L % 35.0 50.0
MCV 88.4 fL 80.0 99.0
MCH 27.4 pg 27.0 31.0
MCHC 31.7 L g/dL 33.0 37.0
PLT 524 H $\times 10^3/\mu\text{L}$ 150 450
LYM 9.9 % 20.0 51.1
LYR 1.3 $\times 10^3/\mu\text{L}$ 1.2 3.4

ID: [REDACTED] 30-09-03
SP: [REDACTED] 00:00

Patient Limits
WBC 16.7 H $\times 10^3/\mu\text{L}$ 4.5 16.5
RBC 3.59 L $\times 10^6/\mu\text{L}$ 4.00 5.00
Hgb 9.9 L g/dL 11.0 16.0
Hct 31.3 L % 35.0 50.0
MCV 87.4 fL 80.0 99.0
MCH 27.4 pg 27.0 31.0
MCHC 31.4 L g/dL 33.0 37.0
PLT 400 H $\times 10^3/\mu\text{L}$ 150 450
LYM 18.5 % 20.0 51.1
LYR 1.1 $\times 10^3/\mu\text{L}$ 1.2 3.4

===== PICCOLO =====
09/30/03 06:30 AM
REFERENCE RANGE: MALE

PATIENT #: [REDACTED]
BASIC METABOLIC
DISC LOT #: [REDACTED] 3203AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED]

GLU 116 73-118 MG/DL
BUN 9 7-22 MG/DL
CA++ 8.4 8.0-10.3 MG/DL
CRE 0.5* 0.6-1.2 MG/DL
NA+ 127 128-145 MMO/L
K+ 4.9* 3.3-4.7 MMO/L
CL- 96* 98-108 MMO/L
tCO2 28 18-33 MMO/L

INST QC: OK CHEM QC: OK
HEM 0, LIP 0, ICT 1+

ID: [REDACTED] 30-09-03
SP: [REDACTED] 00:00

Patient Limits
WBC 10.1 H $\times 10^3/\mu\text{L}$ 4.5 16.5
RBC 3.47 L $\times 10^6/\mu\text{L}$ 4.00 5.00
Hgb 9.3 L g/dL 11.0 16.0
Hct 28.1 L % 35.0 50.0
MCV 85.3 fL 80.0 99.0
MCH 26.8 pg 27.0 31.0
MCHC 30.7 L g/dL 33.0 37.0
PLT 540 H $\times 10^3/\mu\text{L}$ 150 450
LYM 10.5 % 20.0 51.1
LYR 1.3 $\times 10^3/\mu\text{L}$ 1.2 3.4

ID: [REDACTED] 30-09-03
SP: [REDACTED] 00:00

Patient Limits
WBC 12.1 H $\times 10^3/\mu\text{L}$ 4.5 16.5
RBC 3.57 L $\times 10^6/\mu\text{L}$ 4.00 5.00
Hgb 9.8 L g/dL 11.0 16.0
Hct 29.1 L % 35.0 50.0
MCV 87.0 fL 80.0 99.0
MCH 27.5 pg 27.0 31.0
MCHC 31.5 L g/dL 33.0 37.0
PLT 524 H $\times 10^3/\mu\text{L}$ 150 450
LYM 10.1 % 20.0 51.1
LYR 1.7 $\times 10^3/\mu\text{L}$ 1.2 3.4

i-STAT EG7+

Pt: [redacted] *b(w)-4*
Pt Name: _____

Na _____ 128 mmol/L
K _____ 3.8 mmol/L
TCO2 _____ 26 mmol/L
iCa _____ 1.06 mmol/L
Hct _____ 30 %PCV
Hb# _____ 10 g/dL
*via Hct

At 37C

PH _____ 7.488
PCO2 _____ 32.6 mmHg
PO2 _____ 73 mmHg
HCO3 _____ 25 mmol/L
BEecf _____ 1 mmol/L
sO2* _____ 96 %
*calculated

Sample Type_:

010CT03 05:35

Oper: [redacted] *b(w)-2*

Physician: _____

Ser# [redacted]

Ver: [redacted]

** PRINT CANCELLED **

i-STAT G3+

Pt: [redacted] *b(w)-4*
Pt Name: _____

TCO2 _____ 29 mmol/L

At 37C

PH _____ 7.454
PCO2 _____ 39.0 mmHg
PO2 _____ 76 mmHg
HCO3 _____ 27 mmol/L
BEecf _____ 3 mmol/L
sO2* _____ 96 %
*calculated

At Patient Temp

PH _____ 7.441
PCO2 _____ 40.6 mmHg
PO2 _____ 81 mmHg

Patient Temp: 100.2F

FI02 _____ : 45

Sample Type_:

** PRINT CANCELLED **

===== PICCOLO =====
10/01/03 05:35 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3203AA1
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

.....
GLU 110 73-118 MG/DL
BUN *** 7-22 MG/DL
CA++ 8.4 8.0-10.3 MG/DL
CRE 0.6 0.6-1.2 MG/DL
NA+ ~~128~~ 128-145 MMOL
K+ 4.0 3.3-4.7 MMOL
CL- 92* 98-108 MMOL
tCO2 24 18-33 MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 1+

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 12:52 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 19.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.12
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :12:51 PM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 12:55 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 43.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :12:52 PM
Card Lot :100208
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:29 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 18.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.96
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:27 AM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:33 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 38.6 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:30 AM
Card Lot :100208
Operator : [redacted] b(a)-2

6 Am.../ZLK V4.54
10/01/03 05:4 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 26.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 2.2
Calculated INR = 3.60
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:43 PM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:48 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 43.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:45 PM
Card Lot :100208
Operator : [redacted] b(a)-2

ID:			01-10-03
WB			17:43
			Patient
			Limits
WBC	8.8	$\times 10^3/\mu\text{L}$	4.5 10.5
RBC	3.70 L	$\times 10^6/\mu\text{L}$	4.00 6.00
Hgb	10.1 L	g/dL	11.0 18.0
Hct	32.2 L	%	35.0 60.0
MCV	87.2	fL	88.0 99.9
MCH	27.3	pg	27.0 31.0
MCHC	31.3 L	g/dL	33.0 37.0
Plt	657. H	$\times 10^3/\mu\text{L}$	150. 450.
LYZ	14.1	$\mu\text{L} \%$	20.5 51.1
LYW	1.2 *	$\times 10^3/\mu\text{L}$	1.2 3.4

ID:			01-10-03
WB			05:38
			Patient
			Limits
WBC	10.0	$\times 10^3/\mu\text{L}$	4.5 10.5
RBC	3.51 L	$\times 10^6/\mu\text{L}$	4.00 6.00
Hgb	9.5 L	g/dL	11.0 18.0
Hct	30.9 L	%	35.0 60.0
MCV	87.9	fL	88.0 99.9
MCH	27.1	pg	27.0 31.0
MCHC	30.9 L	g/dL	33.0 37.0
Plt	606. H	$\times 10^3/\mu\text{L}$	150. 450.
LYZ	14.6	$\mu\text{L} \%$	20.5 51.1
LYW	1.5 *	$\times 10^3/\mu\text{L}$	1.2 3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 06:14 PM

Patient ID: [redacted] b(1)(c)-4
Test Name :PT
Test Result:= 21.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.41
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :06:12 PM
Card Lot :010301
Operator : [redacted] b(1)(c)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 06:17 PM

Patient ID: [redacted] b(1)(c)-4
Test Name :APTT
Test Result:= 41.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :06:14 PM
Card Lot :100208
Operator : [redacted] b(1)(c)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 04:19 AM

Patient ID: [redacted] b(1)(c)-4
Test Name :PT
Test Result:= 18.6 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.98
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :04:17 AM
Card Lot :010301
Operator : [redacted] b(1)(c)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 04:22 AM

Patient ID: [redacted] b(1)(c)-4
Test Name :APTT
Test Result:= 37.7 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :04:19 AM
Card Lot :100208
Operator : [redacted] b(1)(c)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 12:45 PM

Patient ID: [redacted]
Test Name :PT
Test Result:= 20.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.23
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :12:43 PM
Card Lot :010301
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 12:48 PM

Patient ID: [redacted] b(1)(c)-4
Test Name :APTT
Test Result:= 45.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :12:45 PM
Card Lot :100208
Operator : [redacted] b(1)(c)-2

ID:	03-10-03	04:16	Patient	Limits
WB				
WBC	9.2	x10 ³ /uL	4.5	10.5
RBC	3.44	L x10 ⁶ /uL	4.00	6.00
Hgb	9.4	L g/dL	11.0	18.0
Hct	30.5	L %	35.0	60.0
MCV	88.6	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	30.8	L g/dL	33.0	37.0
Plt	779	H x10 ³ /uL	150	450
LYZ	27.0	%	20.5	51.1
LYN	2.5	x10 ³ /uL	1.2	3.4

ID:	03-10-03	18:14	Patient	Limits
WB				
WBC	12.1	H x10 ³ /uL	4.5	10.5
RBC	3.84	L x10 ⁶ /uL	4.00	6.00
Hgb	10.3	L g/dL	11.0	18.0
Hct	33.6	L %	35.0	60.0
MCV	87.5	fL	80.0	99.9
MCH	27.0	pg	27.0	31.0
MCHC	30.8	L g/dL	33.0	37.0
Plt	829	H x10 ³ /uL	150	450
LYZ	15.9	%	20.5	51.1
LYN	1.9	x10 ³ /uL	1.2	3.4

ID:	03-10-03	12:40	Patient	Limits
WB				
WBC	10.1	x10 ³ /uL	4.5	10.5
RBC	3.36	L x10 ⁶ /uL	4.00	6.00
Hgb	9.3	L g/dL	11.0	18.0
Hct	29.8	L %	35.0	60.0
MCV	88.8	fL	80.0	99.9
MCH	27.7	pg	27.0	31.0
MCHC	31.2	L g/dL	33.0	37.0
Plt	730	H x10 ³ /uL	150	450
LYZ	21.6	%	20.5	51.1
LYN	2.2	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 02-10-03
 UB [REDACTED] 22:23
 Patient Limits

WBC	9.5	x10 ³ /dL	4.5	10.5
RBC	3.56	L x10 ⁶ /dL	4.00	6.00
Hgb	9.7	L g/dL	11.0	18.0
Hct	31.0	L %	35.0	60.0
MCV	87.2	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	31.3	L g/dL	33.0	37.0
Plt	782	H x10 ³ /dL	150	450
LYZ	22.3	U/L	20.5	51.1
LYM	2.1	% x10 ³ /dL	1.2	3.4

ID: [REDACTED] 02-10-03
 UB [REDACTED] 11:18
 Patient Limits

WBC	9.8	x10 ³ /dL	4.5	10.5
RBC	3.75	L x10 ⁶ /dL	4.00	6.00
Hgb	10.2	L g/dL	11.0	18.0
Hct	32.9	L %	35.0	60.0
MCV	87.7	fL	80.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	31.0	L g/dL	33.0	37.0
Plt	792	H x10 ³ /dL	150	450
LYZ	18.6	U/L	20.5	51.1
LYM	1.8	% x10 ³ /dL	1.2	3.4

ID: [REDACTED] 02-10-03
 UB [REDACTED] 03:45
 Patient Limits

WBC	11.0	H x10 ³ /dL	4.5	10.5
RBC	3.89	L x10 ⁶ /dL	4.00	6.00
Hgb	10.5	L g/dL	11.0	18.0
Hct	34.2	L %	35.0	60.0
MCV	87.9	fL	80.0	99.9
MCH	27.0	pg	27.0	31.0
MCHC	30.7	L g/dL	33.0	37.0
Plt	795	H x10 ³ /dL	150	450
LYZ	14.3	U/L	20.5	51.1
LYM	1.6	% x10 ³ /dL	1.2	3.4

ID: [REDACTED] 02-10-03
 UB [REDACTED] 17:47
 Patient Limits

WBC	9.3	x10 ³ /dL	4.5	10.5
RBC	3.63	L x10 ⁶ /dL	4.00	6.00
Hgb	9.7	L g/dL	11.0	18.0
Hct	31.6	L %	35.0	60.0
MCV	86.9	fL	80.0	99.9
MCH	26.8	pg	27.0	31.0
MCHC	30.8	L g/dL	33.0	37.0
Plt	736	H x10 ³ /dL	150	450
LYZ	19.0	U/L	20.5	51.1
LYM	1.8	% x10 ³ /dL	1.2	3.4

===== PICCOLO =====

10/02/03 04:13 AM
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 BASIC METABOLIC
 DISC LOT #: 3203AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

.....
 GLU 135* 73-118 MG/DL
 BUN 5* 7-22 MG/DL
 CA++ 8.5 8.0-10.3 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 NA+ 128-145 MMOL/L
 K+ 4.5 3.3-4.7 MMOL/L
 CL- 95* 98-108 MMOL/L
 tCO2 23 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 03:47 AM

Patient ID: [redacted] b(u)-4
Test Name :PT
Test Result:= 21.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.41
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :03:45 AM
Card Lot :040302
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 03:51 AM

Patient ID: [redacted] b(u)-4
Test Name :APTT
Test Result:= 39.7 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :03:47 AM
Card Lot :100208
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 05:51 PM

Patient ID: [redacted] b(u)-4
Test Name :PT
Test Result:= 20.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.39
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :05:49 PM
Card Lot :010301
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 05:55 PM

Patient ID: [redacted] b(u)-4
Test Name :APTT
Test Result:= 40.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :05:51 PM
Card Lot :100208
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 11:22 AM

Patient ID: [redacted] b(u)-4
Test Name :PT
Test Result:= 21.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.8
Calculated INR = 2.50
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :11:21 AM
Card Lot :010301
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 11:25 AM

Patient ID: [redacted] b(u)-4
Test Name :APTT
Test Result:= 39.3 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :11:23 AM
Card Lot :100208
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 10:24 PM

Patient ID: [redacted] b(u)-2
Test Name :PT
Test Result:= 19.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.12
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :10:23 PM
Card Lot :010301
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 10:28 PM

Patient ID: [redacted] b(u)-4
Test Name :APTT
Test Result:= 33.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :10:25 PM
Card Lot :100208
Operator [redacted] b(u)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 06:14 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 16.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :06:12 AM
Card Lot :010301
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 06:16 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 32.0 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :06:14 AM
Card Lot :100208
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 01:55 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 19.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.10
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :01:53 PM
Card Lot :010301
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 01:59 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 35.0 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :01:55 PM
Card Lot :100208
Operator : [redacted] b(a)-4

ID:	WB	04-10-03	06:12	Patient	Limits
	WBC	12.4 H	x10 ³ /uL	4.5	10.5
	RBC	3.91 L	x10 ⁶ /uL	4.00	6.00
	Hgb	10.6 L	g/dL	11.0	18.0
	Hct	34.3 L	%	35.0	60.0
	MCV	87.7	fL	80.0	99.9
	MCH	27.1	pg	27.0	31.0
	MCHC	30.9 L	g/dL	33.0	37.0
	Plt	478.	* x10 ³ /uL	150.	450.
	LYZ	18.1	* %	20.5	51.1
	LY#	2.2	* x10 ³ /uL	1.2	3.4

ID:	WB	04-10-03	13:56	Patient	Limits
	[redacted]	x10 ³ /uL	4.5	10.5	
	[redacted]	x10 ⁶ /uL	4.00	6.00	
	[redacted]	g/dL	11.0	18.0	
	[redacted]	%	35.0	60.0	
	MCV	88.1	fL	80.0	99.9
	MCH	27.4	pg	27.0	31.0
	[redacted]	g/dL	33.0	37.0	
	Plt	837.	H x10 ³ /uL	150.	450.
	LYZ	16.9	* %	20.5	51.1
	LY#	2.1	* x10 ³ /uL	1.2	3.4

ID:	WB	04-10-03	17:50	Patient	Limits
	WBC	11.6 H	x10 ³ /uL	4.5	10.5
	RBC	4.13	x10 ⁶ /uL	4.00	6.00
	Hgb	11.2	g/dL	11.0	18.0
	Hct	35.9	%	35.0	60.0
	MCV	86.9	fL	80.0	99.9
	MCH	27.2	pg	27.0	31.0
	MCHC	31.3 L	g/dL	33.0	37.0
	Plt	790.	H x10 ³ /uL	150.	450.
	LYZ	15.5	* %	20.5	51.1
	LY#	1.8	* x10 ³ /uL	1.2	3.4

MEDCOM - 19649

ID: [REDACTED] 05-10-03
 WB [REDACTED] 04:19
 Patient
 Limits

WBC	12.9	H	x10 ³ /uL	4.5	10.5
RBC	3.46	L	x10 ⁶ /uL	4.00	6.00
Hgb	9.4	L	g/dL	11.0	18.0
Hct	30.2	L	%	35.0	60.0
MCV	87.4		fL	80.0	99.9
MCH	27.3		pg	27.0	31.0
MCHC	31.2	L	g/dL	33.0	37.0
Plt	849.	H	x10 ³ /uL	150.	450.
LYZ	17.4	*L	%	20.5	51.1
LY#	2.2	*	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 05-10-03
 WB [REDACTED] 00:53
 Patient
 Limits

WBC	13.8	H	x10 ³ /uL	4.5	10.5
RBC	3.59	L	x10 ⁶ /uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	18.0
Hct	31.3	L	%	35.0	60.0
MCV	87.1		fL	80.0	99.9
MCH	27.6		pg	27.0	31.0
MCHC	31.7	L	g/dL	33.0	37.0
Plt	861.	H	x10 ³ /uL	150.	450.
LYZ	14.5	*L	%	20.5	51.1
LY#	2.0	*	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 05-10-03
 WB [REDACTED] 12:34
 Patient
 Limits

WBC	10.2		x10 ³ /uL	4.5	10.5
RBC	3.20	L	x10 ⁶ /uL	4.00	6.00
Hgb	8.7	L	g/dL	11.0	18.0
Hct	27.8	L	%	35.0	60.0
MCV	86.9		fL	80.0	99.9
MCH	27.3		pg	27.0	31.0
MCHC	31.4	L	g/dL	33.0	37.0
Plt	799.	H	x10 ³ /uL	150.	450.
LYZ	20.0	*L	%	20.5	51.1
LY#	2.0	*	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 05-10-03
 WB [REDACTED] 17:02
 Patient
 Limits

WBC	12.3	H	x10 ³ /uL	4.5	10.5
RBC	3.92	L	x10 ⁶ /uL	4.00	6.00
Hgb	10.8	L	g/dL	11.0	18.0
Hct	34.7	L	%	35.0	60.0
MCV	88.5		fL	80.0	99.9
MCH	27.5		pg	27.0	31.0
MCHC	31.1	L	g/dL	33.0	37.0
Plt	973.	H	x10 ³ /uL	150.	450.
LYZ	19.7	*L	%	20.5	51.1
LY#	2.4	*	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 05-10-03
 WB [REDACTED] 23:35
 Patient
 Limits

WBC	10.3		x10 ³ /uL	4.5	10.5
RBC	3.52	L	x10 ⁶ /uL	4.00	6.00
Hgb	9.7	L	g/dL	11.0	18.0
Hct	30.9	L	%	35.0	60.0
MCV	87.8		fL	80.0	99.9
MCH	27.6		pg	27.0	31.0
MCHC	31.4	L	g/dL	33.0	37.0
Plt	882.	H	x10 ³ /uL	150.	450.
LYZ	24.3	*L	%	20.5	51.1
LY#	2.5	*	x10 ³ /uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 04:47

Patient ID: [REDACTED] *b(u)-4*
Test Name :PT
Test Result:= 17.1 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.73
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :04:46
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 00:57

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 18.8 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 2.01
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :00:55
Card lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 04:51

Patient ID: [REDACTED] *b(u)-2*
Test Name :APTT
Test Result:= 30.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :04:47
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 01:00

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 36.6 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :00:57
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 12:35

Patient ID: [REDACTED] *b(u)-4*
Test Name :PT
Test Result:= 18.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 2.03
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :12:33
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 10:57

Patient ID: [REDACTED] *b(u)-4*
Test Name :PT
Test Result:= 17.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.79
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :16:55
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 23:37

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 17.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :23:35
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 12:38

Patient ID: [REDACTED] *b(u)-4*
Test Name :APTT
Test Result:= 31.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :12:36
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 17:03

Patient ID: [REDACTED] *b(u)-4*
Test Name :APTT
Test Result:= 28.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :17:00
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 23:40

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 32.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :23:38
Card Lot :100208
Operator : [REDACTED]

MEDCOM - 19651

ID: [REDACTED] 06-10-03
 WB 11:14
 Patient
 Limits

WBC	11.0 H	x10 ³ /uL	4.5	10.5
RBC	3.64 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.8 L	g/dL	11.0	18.0
Hct	31.8 L	%	35.0	60.0
MCV	87.3	fL	80.0	99.9
MCH	27.0	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	889.	H x10 ³ /uL	150.	450.
LYZ	23.1 *	%	20.5	51.1
LY#	2.5 *	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 06-10-03
 WB 22:47
 Patient
 Limits

WBC	11.2 H	x10 ³ /uL	4.5	10.5
RBC	4.09	x10 ⁶ /uL	4.00	6.00
Hgb	11.1	g/dL	11.0	18.0
Hct	35.5	%	35.0	60.0
MCV	86.9	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	1083.	## x10 ³ /uL	150.	450.
LYZ	24.8 *	%	20.5	51.1
LY#	2.8 *	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 06-10-03
 WB 16:39
 Patient
 Limits

WBC	11.6 H	x10 ³ /uL	4.5	10.5
RBC	4.07	x10 ⁶ /uL	4.00	6.00
Hgb	11.1	g/dL	11.0	18.0
Hct	35.5	%	35.0	60.0
MCV	87.3	fL	80.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	31.2 L	g/dL	33.0	37.0
Plt	1038.	## x10 ³ /uL	150.	450.
LYZ	23.5 *	%	20.5	51.1
LY#	2.7 *	x10 ³ /uL	1.2	3.4

Repeat

ID: [REDACTED] 06-10-03
 WB 04:37
 Patient
 Limits

WBC	9.8	x10 ³ /uL	4.5	10.5
RBC	3.54 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.7 L	g/dL	11.0	18.0
Hct	30.9 L	%	35.0	60.0
MCV	87.4	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	904.	H x10 ³ /uL	150.	450.
LYZ	26.9 *	%	20.5	51.1
LY#	2.6 *	x10 ³ /uL	1.2	3.4

ID: [REDACTED] 06-10-03
 WB 17:51
 Patient
 Limits

WBC	9.7	x10 ³ /uL	4.5	10.5
RBC	3.68 L	x10 ⁶ /uL	4.00	6.00
Hgb	10.0 L	g/dL	11.0	18.0
Hct	31.7 L	%	35.0	60.0
MCV	86.0	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	31.5 L	g/dL	33.0	37.0
Plt	900.	H x10 ³ /uL	150.	450.
LYZ	21.1 *	%	20.5	51.1
LY#	2.0 *	x10 ³ /uL	1.2	3.4

===== PICCOLO =====
 10/06/03 05:11
 REFERENCE RANGE: *blw* MALE
 PATIENT #: [REDACTED]
 METLYTE 8
 DISC LOT #: *blw* 3141AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

.....

GLU	109	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	156	39-380	U/L
NA+	<i>131</i>	128-145	MMO/L
K+	4.3	3.3-4.7	MMO/L
CL-	97*	98-108	MMO/L
tCO2	19	18-33	MMO/L

INST GC: OK CHEM GC: OK
 HEM 0, LIP 0, ICT 0

MEDCOM - 19652

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 16:32

Patient ID: [REDACTED] *b(u)-4*
Test Name :PT
Test Result:= 17.4 sec.
Ratio = 1.4
Calculated INR = ~~1.74~~
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :16:30
Card Lot :010301
Operator : [REDACTED] *b(u)-2*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 11:16

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 17.2 sec.
Ratio = 1.4
Calculated INR = 1.74
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :11:14
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 16:35

Patient ID: [REDACTED] *b(u)-4*
Test Name :APTT
Test Result:= 27.2 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :16:33
Card Lot :100208
Operator : [REDACTED] *b(u)-2*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 11:19

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 31.8 sec.
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :11:16
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 22:49

Patient ID: [REDACTED] *b(u)-4*
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = ~~1.58~~
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :22:47
Card Lot :010301
Operator : [REDACTED] *b(u)-2*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 04:40

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 16.2 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.58
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :04:39
Card Lot :010301
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 22:53

Patient ID: [REDACTED] *b(u)-4*
Test Name :APTT
Test Result:= 24.3 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :22:50
Card Lot :100208
Operator : [REDACTED] *b(u)-2*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 04:46

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 34.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :04:41
Card Lot :100208
Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/07/03 04:24

Patient ID: [redacted] *blw-2*
Test Name :PT
Test Result:= ~~10.2~~ sec.
Ratio = 1.3
Calculated INR = 1.58
Sample Type:citrated wh. blood
Test Date :10/07/03
Test Time :04:22
Card Lot :010301
Operator : [redacted] *blw-2*

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/07/03 04:26

Patient ID: [redacted] *blw-4*
Test Name :APTT
Test Result:= 30.3 sec.
Sample Type:citrated wh. blood
Test Date :10/07/03
Test Time :04:24
Card Lot :100208
Operator : [redacted] *blw-2*

ID: [redacted] 07-10-03
WB [redacted] 04:20
Patient
Limits
~~WBC 11.4~~ $\times 10^3/\mu\text{L}$ 4.5 16.5
~~RBC 4.75~~ $\times 10^6/\mu\text{L}$ 4.00 6.00
~~Hgb 10.3~~ g/dL 11.0 18.0
~~Hct 32.0~~ % 35.0 60.0
MCV 87.6 fL 80.0 99.9
MCH 27.4 pg 27.0 31.0
~~MCHC 31.2~~ g/dL 33.0 37.0
~~R14 99.0~~ H $\times 10^3/\mu\text{L}$ 150. 450.
LYZ 20.7 * % 20.5 51.1
LY# 2.4 * $\times 10^3/\mu\text{L}$ 1.2 3.4

ID: [redacted] 15-10-03
WB [redacted] 11:19
Patient
Limits
WBC 9.0 $\times 10^3/\mu\text{L}$ 4.5 16.5
RBC 4.17 $\times 10^6/\mu\text{L}$ 4.00 6.00
Hgb 11.2 g/dL 11.0 18.0
Hct 36.1 % 35.0 60.0
MCV 86.5 fL 80.0 99.9
MCH 26.9 L pg 27.0 31.0
MCHC 31.1 L g/dL 33.0 37.0
Plt 560. H $\times 10^3/\mu\text{L}$ 150. 450.
LYZ 25.3 % 20.5 51.1
LY# 2.3 $\times 10^3/\mu\text{L}$ 1.2 3.4

===== PICCOLO =====

07/10/03 04:06
REFERENCE RANGE: MALE
PATIENT #: [redacted] *blw-4*
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] *blw-2*

.....
GLU 108 73-118 MG/DL
BUN 8 7-22 MG/DL
CRE 0.8 0.6-1.2 MG/DL
CK 111 39-380 U/L
NA+ ~~127~~ $\times 10^9$ 128-145 MMOLL
K+ 4.8* 3.3-4.7 MMOLL
CL- 98 98-108 MMOLL
tCO2 20 18-33 MMOLL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

TEST(S)	
SPECIMEN TAKEN	
DATE 19-09-03	TIME 1130 A.M.
REQUESTED CBC	
RESULTS:	

Enter in above space

REMARKS

REQUISITOR'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

MID DATE

TECH

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISC

URGENCY

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

DOM

SPECIMEN SOURCE (Specify)

10/9

5(u)-2/

ID: [REDACTED] 19-09-03
 WB [REDACTED] 11:45

Patient Limits

WBC	13.9 H	x10 ³ /uL	4.5	10.5
REC	3.71 L	x10 ⁶ /uL	4.00	6.00
Hgb	10.5 L	g/dL	11.0	18.0
Hct	32.8 L	%	35.0	60.0
MCV	88.3	fL	80.0	99.9
MCH	28.2	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	163.	x10 ³ /uL	150.	450.
LYZ	16.1	%L	20.5	51.1
LY#	2.2	*x10 ³ /uL	1.2	- 3.4

MISCELLANEOUS
 STANDARD FORM 887 (REV. 3-77)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 201-45-305

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
030103	0325	P.M.
REQUESTED		

RESULTS

REMARKS
PT/PT CBC

Dr. [Redacted]
REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

TECH 030103

LAB ID NO. Blood

1012
030103
MCF
0325

blw-4

blw-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 12:39 AM

Patient ID: [Redacted] blw-4
Test Name :PT
Test Result:= 17.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.76
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :12:37 AM
Card Lot :010301
Operator [Redacted]

blw-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 12:53 AM

Patient ID: [Redacted] blw-2
Test Name :APTT
Test Result:= 33.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :12:50 AM
Card Lot :100208
Operator [Redacted]

blw-2

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

PATIENT'S MED. RECORD

ID: [Redacted] 04-10-03
WB 00:36

Patient Limits

WBC	11.8 H	x10 ³ /uL	4.5	10.5
RBC	3.65 L	x10 ⁶ /uL	4.00	6.00
Hgb	9.9 L	g/dL	11.0	18.0
Hct	32.1 L	%	35.0	60.0
MCV	88.0	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	30.8 L	g/dL	33.0	37.0
PLT	827	H x10 ³ /uL	150	450
LYZ	17.6	# %	20.5	51.1
LYN	2.1	* x10 ³ /uL	1.2	3.4

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
21 SEP 03	0920	P.M.
REQUESTED		

Enter in above space
 REQUESTING PHYSICIAN
 [Redacted]

PICCOLO
 21/09/03 04:36
 REFERENCE RANGE: MALE
 PATIENT #: [Redacted] b(w)-4
 BASIC METABOLIC
 DISC LOT #: 3203AA4
 OPER #: [Redacted] DR #: 000
 SERIAL #: [Redacted] b(w)

GLU	119*	73-118	MMO/L
BUN	***	7-22	MG/DL
CA+	7.6*	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	113*	123-145	MMO/L
K+	3.9	3.3-4.7	MMO/L
CL-	100	98-108	MMO/L
tCO2	27	18-33	MMO/L

INST GC: OK CHEM GC: OK
 HEM 0, LIP 0, ICT 0

NA+ 133
 BUN 9
 q-5 state

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

URGENCY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM	SPECIMEN/LAB RPT. NO.	MISC
			SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
21 SEP 03	0330	P.M.
REQUESTED		

Enter in above space
 REQUESTING PHYSICIAN SIGNATURE
 [Redacted]

RESULTS

[Redacted] b(w)-4

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

URGENCY <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT	PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NP <input type="checkbox"/> DOM	SPECIMEN/LAB RPT. NO.	MISC
			SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

557-107

ID: [Redacted] 21-09-03
 # [Redacted] 0310

Patient
 Limits

WBC	8.1	$\times 10^3/\mu\text{L}$	4.5	10.5
RBC	3.24	$\times 10^6/\mu\text{L}$	4.00	5.00
Hgb	7.3	g/dL	11.0	16.0
Hct	23.6	%	35.0	45.0
HCV	88.3	fL	80.0	99.9
PCV	28.8	pg	27.0	31.0
MCV	32.6	fL	25.0	37.0
PLt	161	$\times 10^3/\mu\text{L}$	150	450
LYZ	17.5	L	20.5	51.1
LYM	1.4	$\times 10^3/\mu\text{L}$	1.2	3.4

Ward/Section: EM 2 0796		REQUESTING PHYSICIAN: [REDACTED] b(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		DATE 06-09-03		TIME 1600		SSN/PSEUDO SSN: [REDACTED] b(6)-4		
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl			
SO2		95-98%	CHOL		100-200 mg/dl			
BE _{ecf}		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Mellyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Tropoin-1			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO2		18-33 mmol/l			
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: [REDACTED] b(6)-2			DATE: 06/09/03			LAB ID NO.:		

===== PICCOLO =====
06/10/03 16:19
REFERENCE RANGE: MALE
PATIENT #: **[REDACTED]** **b(6)-c1**
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: **[REDACTED]** DR #: 000
SERIAL #: **[REDACTED]**
.....
GLU 129* 73-118 MG/DL
BUN 7 7-22 MG/DL
CA++ 8.4 8.0-10.3 MG/DL
CRE 0.6 0.6-1.2 MG/DL
NA+ *** 128-145 MMOL/L
K+ 4.4 3.3-4.7 MMOL/L
CL- 97* 98-108 MMOL/L
tCO2 21 18-33 MMOL/L

INST QC: OK CHEM QC: OK
HEM 0, LIP 0, ICT 0
I-stat
Na-128

Ward/Section: JCU 2		REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI # [REDACTED]		DATE: 05 Oct 2002		TIME: 0400		SSN/PEEUO SSN:		
(STAT)			(Piccolo) Chemistry-12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	136	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.7	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	101	98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.466	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	33.5	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	0	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	14	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	9	8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU	121	70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat	0.9	0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	35	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	12	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS: CBC PTT/PT / Met 8								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 19660

Ward/Section: <u>ICU 2</u>		REQUESTING PHYSICIAN: <u>[REDACTED] b/w-2</u>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: <u>[REDACTED] b/w-2</u>		DATE: <u>05 OCT 1930</u>		TIME: <u>1230</u>	SSN/PEEUO SSN:			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	<u>138</u>	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	<u>3.7</u>	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	<u>1.16</u>	98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	<u>7.48</u>	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	<u>31.9</u>	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	<u>114</u>	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	<u>25</u>	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	<u>24</u>	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	<u>99</u>	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	<u>1</u>	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Mellyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	<u>29</u>	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	<u>10</u>	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 19661

Ward/Section: ICU-2			REQUESTING PHYSICIAN: [REDACTED] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] b(6)-4			DATE 10/01/03		TIME 1100		SSN/PSEUDO SSN: [REDACTED] b(6)-4	
(i-STAT)			(Piccolo) Chemistry 17			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl			
SO2		95-98%	CHOL		100-200 mg/dl			
BE _{ecf}		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Methylc B					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 / (M) 30-190 / (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Tropoin-1			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO2		18-33 mmol/l			
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: [REDACTED] b(6)-2			DATE: 01/10/03		LAB ID NO.:			

===== PICCOLO =====
10/01/03 01:57 PM
REFERENCE RANGE: MALE
PATIENT #: [REDACTED] b(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [REDACTED] DR #: 000
SERIAL #: [REDACTED] b(6)-4

.....
GLU 115 73-118 MG/DL
BUN ♦♦♦ 7-22 MG/DL
CA⁺⁺ 8.1 8.0-10.3 MG/DL
CRE 0.7 0.6-1.2 MG/DL
NA⁺ ~~127~~* 128-145 MMOL
K⁺ 4.2 3.3-4.7 MMOL
CL⁻ 93* 98-108 MMOL
tCO2 22 18-33 MMOL

INST QC: OK CHEM QC: OK
HEM 0, LIP 0, ICT 1+

BUN - 10
Na - 127

[Redacted] 272

Microbiology Request Form

6(4)-4

Last Name: [Redacted]

Ward: ICU2

First Name: [Redacted]

Room: [Redacted]

Patient # or SSN: [Redacted]

Bed: 3

Physician: Dr. [Redacted]

Collected by: [Redacted]

Date: 26 Sep 03

Source: Blood

Time: 1616 + 1550

Site: (D) Arterial and (R) Central line

[Redacted]

Received by: [Redacted]

Specimen #: [Redacted]

Date: 26 Sep 03

Time: 1630

Laboratory Results

Acinetobacter baumannii / haemolyticus

Reported

Date: 10-1-03

Time: 1130

Tech: [Redacted]

Reviewer: [Redacted]

Number of attached sheets:

2 (9) 9

Microbiology Report

b(2)-2

Name: [REDACTED]	Specimen: [REDACTED]	Status: Final
Patient ID: [REDACTED]	Source: Blood	Collected: [REDACTED]
Ward/Rm: U2/3	Ward of Iso:	Attd. Phys: [REDACTED]

1 **Acinetobacter baumannii/haemolyticus** Status: **Final**

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	<=4	S			
Trimeth/Sulfa	>2/38	R			

S = Susceptible	N/R = Not Reported	Blank = Data not available, or drug not advisable or tested
I = Intermediate	— = Not Tested	ESBL = Extended spectrum beta-lactamase
R = Resistance	TFG = Thymidine-dependent strain	Blac = Beta-lactamase positive
MIC = mcg/ml (mg/L)		

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative Isolates) and moxifloxacin are based on FDA approved breakpoints. For *S. pneumoniae*, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [REDACTED]	Specimen: [REDACTED]	Status: Final
Patient ID: [REDACTED] b(4)-4	Source: Blood	Collected: [REDACTED] b(4)-2
Ward/Rm: U2/3	Ward of Iso:	Req. Phys: [REDACTED]

Printed 10/1/2003 10:15:26 AM

Tech: [REDACTED]



2-(2)9

Microbiology Request Form

Blood Cx x 2

4-(3)9

Ward: 1CU2

Room: Classic Room

Bed: 3

Physician: Dr. [Redacted]

2-(3)9

Last Name: # [Redacted]

First Name:

Patient # or SSN: [Redacted]

Collected by:

Date: 26 Sep 03

Time: 1610 x 1550

Source: Blood

Site: PA-line and Central line



Received by: [Redacted]

b(4)-2

Specimen #: [Redacted]

Date: 26 Sep 03

Time: 1630

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported

Date: 10-1-03

Time: 1130

Tech: [Redacted]

Reviewer: [Redacted]

Number of attached sheets:

5/12/03

Microbiology Report

b(2)-2

Name:	[Redacted]	Specimen:	[Redacted]	Status:	Final
Patient ID:	[Redacted]	Source:	Blood	Collected:	
Ward/Rm:	U2/3	Ward of Iso:		Attd. Phys:	

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Subactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	<=4	S			
Trimeth/Sulfa	>2/38	R			

S = Susceptible	N/R = Not Reported	Blank = Data not available, or drug not advisable or tested
I = Intermediate	-- = Not Tested	ESBL = Extended spectrum beta-lactamase
R = Resistance	TFG = Thymidine-dependent strain	Blac = Beta-lactamase positive
MIC = mcg/ml (mg/L)		

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
 IB = Inducible Beta-lactamase. Appears in place of Sensilive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs.
 Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	[Redacted]	Specimen:	[Redacted]	Status:	Final
Patient ID:	[Redacted]	Source:	Blood	Collected:	
Ward/Rm:	U2/3	Ward of Iso:		Req. Phys:	[Redacted]

Printed 10/1/2003 10:15:28 AM

Tech: [Redacted]

* ABG *

Ward/Section: ICU 2			REQUESTING PHYSICIAN: [REDACTED] b(u)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] b(u)-4			DATE 20 Oct 08	TIME 0500	SSN/PEEU DO SSN:			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	128	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	4.3	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.427	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.6	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	86	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	97	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEef	1	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.03	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	33	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	11	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 19667

b(6)-2

Ward/Section: <i>ICU-2</i>		REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. <i>b(6)-2</i>		DATE <i>10/02/03</i>		TIME <i>11:00</i>		SSN/PEUID/SEN [REDACTED]		
(i-STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl			
SO2		95-98%	CHOL		100-200 mg/dl			
BE _{ecf}		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Mellyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Tropoin-1			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO2		18-33 mmol/l			
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

b(6)-4

===== PICCOLO =====
 10/02/03 11:18 AM
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] *b(6)-4*
 BASIC METABOLIC
 DISC LOT #: 3203AA4
 OPER # [REDACTED] DR #: 000
 SERIAL #: [REDACTED] *b(6)*

 GLU 131* 73-118 MG/DL
 BUN *** 7-22 MG/DL
 CA++ 8.5 8.0-10.3 MG/DL
 CRE 0.4* 0.6-1.2 MG/DL
 NA+ 112* 128-145 MMOL
 K+ 5.0* 3.3-4.7 MMOL
 CL- 98 98-108 MMOL
 tCO2 22 18-33 MMOL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 0

BUN-9
NA-128

Ward/Section: ICU-2			REQUESTING PHYSICIAN: [REDACTED] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] b(6)-4			DATE 2012-07	TIME 1740	SSN/PRN [REDACTED] b(6)-4			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.460	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.8	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	87	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	97	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	4	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	9	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 l (M) 30-190 l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: [Signature]			DATE: 2012-07		LAB ID NO.:			

Temp 100²

FI O2 [REDACTED] b(6)-4

MEDCOM - 19669

Ward/Section: <i>ICU 2</i>			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE			TIME		
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	T			K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	I			CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	C			CO2		18-33 mmol/l
SO2		95-98%	C			(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	C			TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	G			B		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TI					26-84 u/l
BUN		8-26 mg/dl						10-47 u/l
GLU		70-105 mg/dl	T					14-97 u/l
Creat		0.7-1.5 mg/dl	GL					11-38 u/l
Hct		38-51% PCV	BU					0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRI					5-65 u/l
Misc. Chemistry			CK					6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺			(Piccolo) Electrolyte		
Tropoin-1			K ⁺			RESULT	REF. RANGE	
Drug of Abuse			CL ⁻					128-145 mmol/l
			tCO2					3.3-4.7 mmol/l
								98-108 mmol/l
								18-33 mmol/l
REMARKS:								
REPORTED BY:				DATE:				

===== PICCOLO =====
 10/03/03 04:44 AM
 REFERENCE RANGE: MALE
 PATIENT #: *b(a)-4*
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: *b(a)-2* DR #: 000
 SERIAL #: *b(a)-2*

 GLU 109 73-118 MG/DL
 BUN 10 7-22 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 CK 982* 39-380 U/L
 NA⁺ *+++ 130* 128-145 MMOL/L
 K⁺ 4.2 3.3-4.7 MMOL/L
 CL⁻ 99 98-108 MMOL/L
 tCO2 20 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

MEDCOM - 19670

Ward/Section: ICU-2		REQUESTING PHYSICIAN: [REDACTED] (65)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. [REDACTED] (6)-4		DATE: 3-20-07		TIME: 0930	SSN/PEEUO SSN: [REDACTED] (65)-4			
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.38	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	43.1	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	78	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	92	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	2	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methylene B			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: ML			DATE:		LAB ID NO.:			

R 8 2/10/07

T 100⁴

F102 40%

MEDCOM - 19671

10(6)-

Ward/Section: FLU-2		REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. D(6)-2 [REDACTED] b(6)-		DATE 30 Oct 03		TIME 1000		SSN/PSEUDO SSN: [REDACTED] b(6)-2		
(STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel 1			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.402	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	41.9	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	81	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	95	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	1	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methylene 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: [REDACTED] b(6)-2			DATE:		LAB ID NO.:			

T1003 FJ02 48%

MEDCOM - 19672

blw-2

Ward/Section: <i>ICU 2</i>		REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. <i>blw-2</i>		DATE	TIME	SSN/PSEUDO SSN: <i>D(6)-4</i>				
(i-STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	<i>7.423</i>	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	<i>41.0</i>	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2	<i>79</i>	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	<i>28</i>	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	<i>27</i>	22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	<i>96</i>	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	<i>2</i>	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methylene S			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS: <i>ABG PD₂ 45% Temp 99.3</i>								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 19673

Ward/Section: ICU2		REQUIRING PHYSICIAN: b(a)-2		CHIEF OF SERVICE: (S)		TRY RESULT FORM to the Privacy Act of 1974)		
LAST, FIRST, MI. b(a)-4		DATE 27 Sep		TIME 2355		SSN/PEEUO SSN:		
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP			BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (a) 41-51 mmHg (v)				NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (a) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (ar) 24-29 mmol/L (ve)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (ar) 23-28 mmol/L (art)				tCO2		18-33 mmol/l
SO2		95-98%				(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L				TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L				ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L				ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl				AST		14-97 u/l
Creat		0.7-1.5 mg/dl				AMY		11-38 u/l
Hct		38-51% PCV				BIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl				GT		5-65 u/l
Misc. Chemistry								6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte		
Tropoin-I			Na			TEST	RESULT	REF. RANGE
Drug of Abuse			K ⁺					128-145 mmol/l
			CL ⁻					3.3-4.7 mmol/l
			tCO2					98-108 mmol/l
								18-33 mmol/l

===== PICCOLO =====
 09/28/03 12:11 AM
 REFERENCE RANGE: MALE
 PATIENT #: **(u)-4**
 BASIC METABOLIC
 DISC LOT #: 3203AA4
 OPER #: **(u)-4** DR #: 000
 SERIAL #: **(u)-4**

 GLU 114 73-118 MG/DL
 BUN 9 7-22 MG/DL
 CA⁺⁺ 7.8* 8.0-10.3 MG/DL
 CRE 1.0 0.6-1.2 MG/DL
 NA⁺ 115* 128-145 MMOL
 K⁺ 3.8 3.3-4.7 MMOL
 CL⁻ 97* 98-108 MMOL
 tCO2 22 18-33 MMOL
 I
 C INST QC: OK CHEM QC: OK
 C HEM 0, LIP 0, ICT 1+

REMARKS:

REPORTED BY:

DATE:

LAB ID NO.:

Ward/Section: <i>ICU2</i>			REQUESTING PHYSICIAN: Dr. [REDACTED]			BORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # [REDACTED]			DATE: <i>30 Sep 03</i>		TIME: <i>1800</i>		SSN/PEEUO SSN # [REDACTED]	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	Microbiology		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fl(M) 81-99 fl(F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: <i>30 Sep 03</i>		LAB ID NO.:			

NO-Abx! (blue)

5(6)-2

5(6)-2

NHCO

Ward/Section: <i>ICU2</i>		RING PHYSICIAN:		HISTORY RESULT FORM (subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		<i>b(6)-4</i>		DATE: <i>29 Sep 2003</i>	TIME: <i>2335</i>	SSN/PEEUO SSN:		
(i-STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)				NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)				tCO2		18-33 mmol/l
SO2		95-98%						
BEecf		(-2) - (+3) mmol/L				(Piccolo) Liver Panel Plus		
AnGap		10-20 mmol/L				TEST	RESULT	REF. RANGE
Ca		1.12-1.32 mmol/L				ALB		3.3-5.5 g/dl
BUN		8-26 mg/dl				ALP		26-84 u/l
GLU		70-105 mg/dl				ALT		10-47 u/l
Creat		0.7-1.5 mg/dl				AST		14-97 u/l
Hct		38-51% PCV				AMY		11-38 u/l
Hgb		12-17 g/dl				TBIL		0.2-1.6 mg/dl
Misc. Chemistry						GGT		5-65 u/l
TEST	RESULT	REF. RANGE				TP		6.4-8.1 g/dl
Tropoin-1						(Piccolo) Electrolyte		
Drug of Abuse						TEST	RESULT	REF. RANGE
						NA ⁺		128-145 mmol/l
						K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

===== PICCOLO =====
 30/09/03 00:11
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] *b(6)-4*
 BASIC METABOLIC
 DISC LOT #: 3203AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

 GLU 87 73-118 MG/DL
 BUN ~~11~~ 7-22 MG/DL
 CA++ 6.2* 8.0-10.3 MG/DL
 CRE 0.7 0.6-1.2 MG/DL
 NA+ ~~125~~ 128-145 MMOL
 K+ 2.9* 3.3-4.7 MMOL
 CL- ~~96~~ 98-108 MMOL
 tCO2 18 18-33 MMOL
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 1+

*40KCl x2
4°*

Ward/Section: <i>ICU 2</i>		REFERRING PHYSICIAN:	HISTORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # <i>EPW</i> # [Redacted]		DATE <i>29/9</i>	TIME <i>1700</i>	SSN/PSEUDO SSN:	
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALP		35-55 u/dl
K		3.5-4.9 mmol/L	ALi		
Cl		98-109 mmol/L	AL		
pH		7.31-7.45	AN		
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AS		
PO2		80-105 mmHg (art) N/A (ven)	TB		
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BU		
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	Ca		
SO2		95-98%	Cl		
BEeef		(-2) - (+3) mmol/L	Cl		
AnGap		10-20 mmol/L	Gl		
Ca		1.12-1.32 mmol/L	Ti		
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl	Gl		
Hct		38-51% PCV	Bl		
Hgb		12-17 g/dl	Cl		
Misc. Chemistry					
TEST	RESULT	REF. RANGE	N.		
Tropoin-I			K		
Drug of Abuse			C		
			tc		

===== PICCOLO =====
 09/29/03 06:01 PM
 REFERENCE RANGE: MALE
 PATIENT #: [Redacted] *b(u)-4*
 LIVER PANEL PLUS
 DISC LOT #: 3154AA7
 OPER #: [Redacted] DR #: 000
 SERIAL #: [Redacted]

ALB 1.9* 3.3-5.5 G/DL
 ALP 67 26-84 U/L
 ALT ***** 10-47 U/L
 AMY 56 14-97 U/L
 AST 49* 11-38 U/L
 TBIL 4.3* 0.2-1.6 MG/DL
 GGT 85* 5-65 U/L
 TP 6.3* 6.4-8.1 G/DL

INST GC: OK CHEM GC: OK
 HEM 1+, LIP 0, ICT 1+

===== PICCOLO =====
 09/29/03 05:29 PM
 REFERENCE RANGE: MALE
 PATIENT #: [Redacted] *b(u)-4*
 METLYTE 8
 DISC LOT #: 3141AA4
 OPER #: [Redacted] DR #: 000
 SERIAL #: [Redacted]

GLU 128* 73-118 MG/DL
 BUN ***** 7-22 MG/DL
 CRE 0.8 0.6-1.2 MG/DL
 CK 418* 39-380 U/L
 NA+ *<110** 128-145 MMO/L
 K+ 4.9* 3.3-4.7 MMO/L
 CL- 93* 98-108 MMO/L
 tCO2 ***** 18-33 MMO/L

INST GC: OK CHEM GC: OK
 HEM 0, LIP 0, ICT 1+

*Ben 10
 Na 124
 CO2 27*

REMARKS: *MET 8, LFP*

REPORTED BY: *b(u)-2* DATE: *29/9/03* LAB ID NO.:

Ward/Location 4CU2		REF. PHYSICIAN: blw - d			C. 0333 ISTRY RESULT FORM (Subject to the Act of 1974)			
LAST, FIRST, MI EPW		DATE 29/9/12			TIME 12:15			
(i-STAT)			(Piccolo) Chemistry 1			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	iCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 l (M) 30-190 l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			iCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						iCO2		18-33 mmol/l
REMARKS: ABG 7102 1077. T101.2								
REPORTED BY:			DATE:		LAB ID NO.:			

DBA

1001 505 5.101 T

MEDCOM - 19678

Ward/Section: (CU2)			ORDERING PHYSICIAN: PLU - 4			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, [REDACTED]			DATE: 11/21/10		TIME: 09:00		SSN: [REDACTED]	
(Hematology) CBC			Urinalysis			Microbiology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	Microbiology		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fl(M) 81-99 fl(F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug/ml						
REMARKS: S. 101.2 301F 201A								
REPORTED BY:			DATE:		LAB ID NO.:			

ABG

T 101.2 3102 100%

MEDCOM - 19679

Ward/Section: <i>ICU#2</i>			REQUESTING PHYSICIAN: <i>[REDACTED] b(u)-2</i>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAB # <i>[REDACTED] MI. b(u)-4</i>			DATE <i>23 SEPT 0400</i>		TIME <i>0400</i>		SSN/PATIENT ID #: <i>[REDACTED] b(u)-2</i>	
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	===== PICCOLO ===== 24/09/03 04:18 REFERENCE RANGE: MALE PATIENT #: <i>[REDACTED] b(u)-4</i> METLYTE 8 DISC LOT #: 3151AA4 OPER #: <i>[REDACTED]</i> DR #: 000 SERIAL #: <i>[REDACTED]</i> GLU 108 73-118 MG/DL BUN 13 7-22 MG/DL CRE 1.1 0.6-1.2 MG/DL CK 549* 39-380 U/L NA+ 140* 128-145 MMOL/L K+ 4.0 ¹³⁵ 3.3-4.7 MMOL/L CL- 97* 98-108 MMOL/L tCO2 23 18-33 MMOL/L INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 0			CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)				NA ⁺		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)				tCO2		18-33 mmol/l
SO2		95-98%				(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L				TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L				ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L				ALP		26-84 u/l
BUN		8-26 mg/dl				ALT		10-47 u/l
GLU		70-105 mg/dl	AST		14-97 u/l			
Creat		0.7-1.5 mg/dl	AMY		11-38 u/l			
Hct		38-51% PCV	TBIL		0.2-1.6 mg/dl			
Hgb		12-17 g/dl	GGT		5-65 u/l			
Misc. Chemistry			TP		6.4-8.1 g/dl			
TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte					
Tropoin-t			TEST	RESULT	REF. RANGE			
Drug of Abuse			NA ⁺		128-145 mmol/l			
			K ⁺		3.3-4.7 mmol/l			
			CL ⁻		98-108 mmol/l			
			tCO2		18-33 mmol/l			
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 19680

MEDICAL RECORD - ANESTHESIA

Fo

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

OTSG

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS, MG/CC/ML, "1" = CONSTANT INFUSION		DRUG (Units)		TOTALS		TOTAL EBL	
		Propofol	(mg)	70					500
		Surp	(mg)	100					TOTAL URINE
		Demerol	(mg)	100	50				300
		Morbid	()			10			
		Pharyleptone	()	100/200					
		VOLAT AGENT	% del	1.0	0.6	1.0	1.2	1.0	
			% e.t.						
		AIR	L/Min						
		N2O	L/Min						
		O2	L/Min	2	2	2	2		
		SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS							
FLUIDS		LINE site	<input type="checkbox"/> Warmed						
		① Rem Central	<input type="checkbox"/> Warmed	UL					
		19g Darm	<input type="checkbox"/> Warmed	NS	NS	NS			
		19g Darm	<input type="checkbox"/> Warmed	NS					
LOSSES		EST BLOOD LOSS						500	
		URINE						300	
PHYS STATUS		TIME							
		1 2 3 4 5 E							
BODY WEIGHT		SYMBOLS							
70 (KG)		BP by cuff							
HEMATOCRIT		Heart rate							
3		Resp rate							
INITIAL DATA		BR (transduced)							
BP		TOURNIQUET							
80, 42		ANES-X-X							
HR		PROC-①							
96									
EQUIP CHECK									
OK? N									
PATIENT RECHECK									
OK for PROCEDURE?									
TIME									
VENTIL		VT - ml		1050	1100	980	860	770	780
		f - breaths/min		20	28	28	27	7	7
		Peak inf pres / PEEP		24	24	22	21	21	21
		MODE - (Spon), (Assist), (Con)		S/C	C	C	C	C	C
MONITORS/ACCESSORIES		BP/Auto Cuff	<input checked="" type="checkbox"/>	35	34	31	31	34	33
		BP/oth	<input checked="" type="checkbox"/>	100	100	100	100	100	100
		ART line	<input checked="" type="checkbox"/>	100	100	100	100	100	100
		Steth- PC/ES	<input checked="" type="checkbox"/>	SR	SR	SR	SR	SR	SR
		Gas analyzer	<input checked="" type="checkbox"/>					35.8	35.1
		TEMP-site						0/4	1/4
		LN-M Block (T4)							
		Warming blkt							
		Conv warmer							
EVENTS		Mark with letters & symbols, explain under REMARKS							
PROCEDURES and CPT Codes:									
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility									
ANESTHETIC TECHNIQUES: Describe block technique under Remarks									
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments									
SURGEONS:									
ANESTHETISTS:									
PROCEDURE LOCATION:									
DATE:									
PAGE / OF									

FLUIDS - SUMMARY
CRYSTALLOID: 4200
COLLOID: /
BLOOD: 1u PRP

REMARKS
Code drugs with numbers, events with letters
① PT 10 UN EMT - TO ER OK
② LM - or mon
③ ASI/c
④ 4/4 11/36 7.28/27/34.57 -10/100%
⑤ PT ext & son by M [redacted]
⑥ no ILM

RECOVERY AT
PACU ⑥ 2 (Specify)
OTHER
CONDITION: awake
RESP- SpO2-93
BP- 94/50 HR- 58
ANESTHESIA / PROCEDURE TIMES
ANES Start Room End
0130 0140 0140
PROC Ready Begin End
0118 0159 0158

DA FORM 7389, FEB 1998

MEDCOM - 19681

DOD-033255



MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] b1(u)-2 DIAGNOSIS OR OF EMERGENCY PROCEDURE ? PE ? GSW ABD
	DATE REQUESTED 26 Sep 03	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 AND HOUR REQUIRED ASAP	
VOLUME REQUESTED (If applicable) 7u ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER [Redacted] b1(u)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE 26 Sep 03
		TIME VERIFIED 1825

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. b1(u)-2 [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: MA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD b1(u)-2
DONOR ABO: A Rh: POS	PATIENT NO. [Redacted]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [Redacted]
RECIPIENT ABO: AB Rh: POS	REMARKS: EXP 29 Sep 03	DATE: 26 Sep 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Redacted] b1(u)-2 AT (Hour): 1932 ON DATE: 26 Sep 03		POST-TRANSFUSION DATA AMOUNT GIVEN: 250 ML TIME/DATE COMPLETED/INTERRUPTED: 26 Sep 03 2015			
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°	PULSE 100 / 115	BLOOD PRESSURE 87/57
1st VERIFIER (Signature) [Redacted] UTANI b1(u)-2 [Redacted] CA		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 DATA TEMP: 99.0 PULSE: 115 BP: 93/57		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: 26 SEPT 03 TIME STARTED: 1940		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ b1(u)-2			

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

[Redacted] ERN [Redacted] b1(u)-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
 Medical Record Copy

MEDCOM - 19682

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] b(6)-2
	DATE REQUESTED 26 Sep 03	DIAGNOSIS OR OPERATIVE/PROCEDURE ?PE? GSW ABD
VOLUME REQUESTED (If applicable) _____ ML 1 unit	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF PHYSICIAN [Redacted]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 26 Sep 03
		TIME VERIFIED 1825

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. b(6)-2 [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: MA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO: A Rh: pos	PATIENT NO. [Redacted]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON [Redacted] b(6)-2
RECIPIENT ABO: AB Rh: pos	REMARKS: 303903	DATE: 26 Sep 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Redacted] b(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 300 ML TIME/DATE COMPLETED/INTERRUPTED: 26 Sep 03 2145		
AT (Hour): 1933/2028 ON (Date): 26 Sep 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		TEMPERATURE: 99.6	PULSE: 110
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.		
DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ b(6)-2		
TEMP: 100 PULSE: 20/15 BP: 87/59	DATE OF TRANSFUSION: 26 Sep 03 TIME STARTED: 2030			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility) [Redacted] EPW		SEX: M	WARD: ICU2	



DCOM - 19683

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Name and Title) [REDACTED] (w)-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW ARAP
	DATE REQUESTED 26 Sep 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) _____	SIGNATURE OF VERIFIER [REDACTED] (w)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 1825

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] (w)-2	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED] (w)-2
DONOR ABO: A Rh: POS	RECIPIENT ABO: AB Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE: 26 Sep 03
REMARKS: Exp 30 Sep 03				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] (w)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 300 ML TIME/DATE COMPLETED/INTERRUPTED: 2305 27 Sep 03		
AT (Hour): 2125 ON (Date): 27 Sep 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		TEMPERATURE: 101.9	PULSE: 116 BLOOD PRESSURE: 144/68
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.				
1st VERIFIER: [REDACTED] (w)-2 2nd VERIFIER: [REDACTED] (w)-2		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION TEMP: 101.9 PULSE: 111 BP: 117/52		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ (w)-2		
DATE OF TRANSFUSION: 27 Sep 03 TIME STARTED: 0935		SIGNATURE OF PHYSICIAN: [REDACTED] (w)-2		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade; rate; hospital or medical facility) [REDACTED] (w)-4				WARD: ICU-2

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 - 19684

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) <i>D. Lee - 2</i> [REDACTED]
	DATE REQUESTED <i>22 Sept 03</i> DATE AND HOUR REQUIRED <i>ASAP</i>	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) <i>1u</i> ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE [REDACTED] <i>D. Lee - 2</i>
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED <i>1242</i>

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] TRANSFUSION NO. <i>elw-2</i> PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN <i>N/A</i> CROSSMATCH <i>Compatible</i>	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED] <i>D. Lee - 2</i>
DONOR ABO <i>O</i> Rh <i>positive</i>	RECIPIENT ABO <i>AB</i> Rh <i>positive</i>	REMARKS: <i>EXP DATE 22, Sept 03</i>
<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE <i>22, Sept 03</i>

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN <i>450</i> ML TIME/DATE COMPLETED/INTERRUPTED <i>1820 22 SEPT 03</i>		
AT (Hour) <i>1615</i> ON (Date) <i>22 Sept 03</i>	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE <i>99</i>	PULSE <i>102</i>	BLOOD PRESSURE <i>110/71</i>
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] <i>LNW</i>		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <i>NONE</i> <input type="checkbox"/> OTHER (Specify) _____		
OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		SIGNATURE OF PERSON PERFORMING TEST [REDACTED] <i>LNW</i>		
TEMP. <i>98.7</i> PULSE <i>100</i> BP <i>121/79</i>	DATE OF TRANSFUSION <i>22 Sept 03</i> TIME STARTED <i>1620</i>			
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility)		SEX <i>M</i>	WARD <i>1C42</i>	

[REDACTED] *blw-4*
IC42

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 - 19685

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	PHYSICIAN (Print) <i>blu-2</i> DIAGNOSIS OR OPERATIVE PROCEDURE
	DATE REQUESTED <i>22 Sept 03 A</i> DATE AND HOUR REQUIRED <i>ASAP</i>	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) <i>1u</i> ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) <i>No</i>	SIGNATURE
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	TIME VERIFIED <i>22 Sept 03</i> <i>1242</i>

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO: 	TRANSFUSION NO. <i>blu-2</i>	TEST INTERPRETATION ANTIBODY SCREEN: <i>N/A</i> CROSSMATCH: <i>Compatible</i>		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
PATIENT NO. 	RECIPIENT ABO <i>O</i> Rh <i>positive</i>	CROSSMATCH NOT REQUIRED FOR THE COMPONENT	SIGNATURE OF PERSON PERFORMING TEST 	DATE <i>24 Sept 03</i>
REMARKS: <i>EXP. 22, Sept 03</i>				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) <i>[Signature]</i>		POST-TRANSFUSION DATA AMOUNT GIVEN: <i>450</i> ML TIME/DATE COMPLETED/INTERRUPTED: <i>1555 22 Sept 03</i>		
AT (Hour) <i>1347</i> ON (Date) <i>22 Sept 03</i>	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: <i>99T</i> PULSE: <i>100</i> BLOOD PRESSURE: <i>115/73</i>	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) <i>[Signature]</i>	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input checked="" type="checkbox"/> OTHER (Specify) <i>NONE</i>	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
TEMP. <i>98.9T</i> PULSE <i>107</i> BP <i>119/78</i>	DATE OF TRANSFUSION <i>22 Sept 03</i>	TIME STARTED <i>1400</i>	SIGNATURE 	
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; hospital or medical facility)		NAME 	WARD <i>ICU2</i>	SIGNATURE

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 - 19686

Medical Record Copy

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION
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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 DATE REQUESTED 19-09-03 DATE AND HOUR REQUIRED 1530P	REQUESTING PHYSICIAN (Name) <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> b(u)-2 DIAGNOSIS / OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> b(u)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 19 SEPT 03 TIME VERIFIED 0130 h

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. b(u)-2 <div style="background-color: black; width: 50px; height: 15px;"></div>	TRANSFUSION NO. <div style="background-color: black; width: 50px; height: 15px;"></div>	TEST INTERPRETATION	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD b(u)-2
PATIENT NO. <div style="background-color: black; width: 100%; height: 15px;"></div>		ANTIBODY SCREEN N/A	CROSSMATCH Comp
DONOR	RECIPIENT	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 19 Sep 03	
ABO O	ABO AB	REMARKS: 4633991 Exp 22 Sep 03	
Rh Pos	Rh Pos		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
INSPECTED AND ISSUED BY (Signature) <div style="background-color: black; width: 100%; height: 15px;"></div> b(u)-2		AMOUNT GIVEN 1 unit ML	TIME/DATE COMPLETED/INTERRUPTED 1548/19-9-03		
AT (Hour) 1533	ON (Date) 19 Sep 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 98.3	PULSE 105	BLOOD PRESSURE 105/56
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) CPT <div style="background-color: black; width: 100%; height: 15px;"></div>		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) <div style="background-color: black; width: 100%; height: 15px;"></div> TAN		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ b(u)-2			
TEMP 98.5	PULSE 107	BP 98/54	SIGNATURE OF PERSON NOTING ABOVE CPT <div style="background-color: black; width: 100%; height: 15px;"></div>		
DATE OF TRANSFUSION 19 Sept 03	TIME STARTED 1345				
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade, rank; rate; hospital or medical facility)		SEX M	WARD EMT		

EPW b(u)-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 - 19687

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] b(2)-2
	DATE REQUESTED 19 SEPT 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 1 UNIT ML	DATE AND HOUR REQUIRED 19 SEPT 03	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 PERSON PERFORMING TEST [REDACTED]

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. b(2)-2 [REDACTED]	TRANSFUSION NO. PATIENT NO.	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Comp	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD b(2)-2
DONOR ABO: O Rh: Pos	RECIPIENT ABO: AB Rh: Pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
REMARKS: Exp 22 Sep 03		DATE: 19 Sep 03	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature): [REDACTED] b(2)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 250 ML TIME/DATE COMPLETED/INTERRUPTED: 1045 / 20 SEP 03		
AT (Hour): 0727 ON (Date): 19 SEP 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 99 OR	PULSE: 106	BLOOD PRESSURE: 106/68
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.		
SIGNATURE OF NURSE: [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): N/A		
PRE-TRANSFUSION TEMP: 98.04 PULSE: 103 BP: 104/65		OTHER DIFFICULTIES (Equipment, clots, etc.): <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
DATE OF TRANSFUSION: 20 SEP 03 TIME STARTED: 0745hr		SIGNATURE OF PHYSICIAN: [REDACTED] b(2)-2		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; hospital or medical facility)		WARD: EMU		

EPW

[REDACTED] b(2)-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 - 19688

Medical Record Copy

EMERGENCY RELEASE OF BLOOD COMPONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

RED BLOOD CELLS (Crossmatch not performed)

OTHER (Specify) _____

THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:

ALANINE AMINOTRANSFERASE

RETROVIRUS TESTS

CYTOMEGALOVIRUS TEST

SYPHILIS SEROLOGY TEST

HEPATITIS TESTS

DUE TO THE CRITICAL CONDITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TRANSFUSION WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPONSIBILITY FOR THE ADMINISTRATION OF THIS TRANSFUSION.

<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> 9/19/03	DATE
---	------

SECTION II - ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER <i>blew-2</i>	RECIPIENT ABO/Rh	INSPECTION AT (Hospital)	INDIVIDUAL ACCEPTING COMPONENTS				
		<i>blew-2</i>					
		<i>0135</i>	ON (Date) <i>19 Sept 03</i>				
UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
<i>1263111</i>	<i>Opos</i>			<i>0215</i>	<i>0215</i>	<i>all</i>	<i>NO</i>
		<i>blew-2</i>					

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

TRANSFUSION REACTION

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. solution to the Blood Bank.

Description

- URTICARIA CHILL FEVER PAIN
 OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.)

- NO YES (SPECIFY) _____

PRE-TRANSFUSION

TEMP: _____ PULSE: *89* B/P: *105/62*

SIGNATURE OF PERSON NOTING ABOVE

blew-2

PREPARED BY (Signature & Title)

WARD

DATE

PATIENT'S IDENTIFICATION (NAME- LAST, FIRST; SSN)

blew-4

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED <i>KUB</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		<i>M</i>	<i>0796</i>	<i>ILR 2</i>	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUISITION NO. <i>(b)(6)-2</i>				TELEPHONE/PAGE NO.
S					DATE REQUESTED <i>2-Oct-03</i>

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

Start Feeding

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

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT

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


EXAMINATION(S) REQUESTED KUB	AGE/SEX/SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (P/N)	b(6)-2	TELEPHONE/PAGE NO.
	SIGNATURE		DATE REQUESTED 1 Oct 23 (1900)

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

Tube placement (dobhoff)

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

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

 **b(6)-4**

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

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

EXAMINATION(S) REQUESTED <i>CT chest, ABD, Pelvis</i>	AGE	SEX	SSN (S)	WARD/CLINIC	REGISTER NO.
		<i>M</i>	[REDACTED]	<i>ICU-2</i>	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	RE [REDACTED]	<i>blow-2</i>			TELEPHONE/PAGE NO.
	SIGNATURE [REDACTED]				DATE REQUESTED

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

*Up! pneumonia
No pelvic Abscess*

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

- 1) *Ⓟ* best as large LL consolidation, R>L + small multifocal opacities
- 2) Small *Ⓟ* Pleural effusion R>L
- 3) Traumatic abn of pelvis - known. *SAEUM + known small retroperitoneal hematomas (common, enteric, fat)*
- 4) ETT, *CL*, NG adeq.
- 5) shymet-gluteal
- 6) "Deep Sulcus" Artifact NO PTX. abn CXR.
- 7) No evid of abscess

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

[REDACTED] *blow-4*

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION
MEDCOM - 19692 ORT
MEDICAL RECORD

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

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

EXAMINATION(S) REQUESTED Nutrition Consult	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		M	EPW# [redacted]	11U2	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY CPT [redacted]				TELEPHONE/PAGE NO.
SIGNATURE CPT [redacted]				b(c)-2	DATE REQUESTED 20/9/03

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

- ① Pt will be here long term
- ② s/p GSW to ABD/s/p entrap

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

Vented Pt currently NPO 5 day. 9/28 labs: Hgb: 10.7 ↓, Hct: 33.9 ↓
 Received CID 25-26 Sep.
 Wt: 70 kg, per anesthesia record. ENN: 2100 - 2450 Kcalo/day (30-35 Kcalo/kg)
 + 91-105 g Pro/day (1.3-1.5g/kg)
 Recommend Osmolite TF @ goal rate of 100cc/hr to provide 2400 Kcalo/day.
 Recommend starting TF @ 10cc/hr to determine toleration.

[redacted] RD/LD
 CPT, SP b(c)-2

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

EPW

[redacted] (c)-4

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION
 MEDCOM - 19693 DRT
 RADIOLOGY

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

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

EXAMINATION(S) REQUESTED CT non contrast bony pelvis	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	30M	MA	NA	DR-102	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE
[REDACTED]				bld-2	
DATE REQUESTED				19 Sep 68	

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
 S/P Exp Lap for GSW - abdomen

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

RADIOLOGIC REPORT

- 1) Shattered medial @ iliac wing,
 (R) S1 joint, sacrum (almost complete post
 column) (include fragment - bony/metal in his spinal canal)
- 2) Intrapelvic free air and small free fluid.
 (Postul stage of duct)
- 3) (R) fem catheter
- 4) Shaper ad [REDACTED] (R)
 bld-2

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

[REDACTED] bld-4

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION
 REQUEST/REPORT
 1 - MEDICAL RECORD

STANDARD FORM 518-B (8)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.806-1

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

EXAMINATION(S) REQUESTED PCXR	AGE	SEX	SSN	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
NAME OF REQUESTOR blw-2				DATE REQUESTED 20 SEPT 03	

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

ROUTINE AM X-RAY

DATE OF EXAMINATION (Month, day, year) 20 SEPT 03	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
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RADIOLOGIC REPORT

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

[Redacted] blw-4

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION
MEDCOM - 19695
ORT
CORD

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED <i>portable CXR now</i>	AGE	SEX	SSN (Sponsor #)	WARD/CLINIC	REGISTER NO.
	205M		# [REDACTED]	ICU 2	
	FILM NO.				
	REQUESTED BY (If [REDACTED])				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE [REDACTED]				TELEPHONE/PAGE NO.
	[REDACTED]				DATE REQUESTED <i>20 Sept 03</i>

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

S/P TLC line placement

b(6)-7

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

RADIOLOGIC REPORT

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

[REDACTED] *b(6)-4*
EPW

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT

MEDCOM - 19696 ECORD

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

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

EXAMINATION(S) REQUESTED CT chest \bar{c} contrast PE Protocol	AGE	SEX	SSN	WARD/CLINIC	REGISTER NO.
	M	30	[REDACTED]		
	FILM NO.				PREGNANT
					<input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUER			TELEPHONE/PAGE NO.	
	SIGNATURE			DATE REQUESTED	

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

sudden onset hypoxia, Tachycardia and Tachypnea POD #2 surgery.

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

CT/US

- 1) No evidence of PE/DVT. (some motion dependent artifact)
- 2) RLL consolidation and atelectasis w/ small (R) effusion.

~~3)~~ D/w. Dr. [REDACTED] [REDACTED] [REDACTED] (62)-2

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

[REDACTED] (62)-4

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 05:18 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 14.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :05:16 AM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 05:21 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 28.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :05:18 AM
Card Lot :100208
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 11:34 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 13.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.1
Calculated INR = 1.24
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :11:33 AM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 11:37 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 34.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :11:34 AM
Card Lot :100208

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 06:05 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 16.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.55
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :06:04 PM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 06:11 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 36.8 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :06:07 PM
Card Lot :100208
Operator : [redacted] b(a)-2

ID: [redacted] 27-09-03 11:32

		Patient	Limits
WBC	12.8 H	x10 ³ /uL	4.5 10.5
RBC	3.34 L	x10 ⁶ /uL	4.00 6.00
Hgb	9.0 L	g/dL	11.0 18.0
Hct	29.1 L	%	35.0 60.0
MCV	97.2	fL	80.0 99.9
MCH	27.1	pg	27.0 31.0
MCHC	31.1 L	g/dL	33.0 37.0
Plt	245.	* x10 ³ /uL	150. 450.
LYZ	10.6	*L %	20.5 51.1
LY#	1.4	* x10 ³ /uL	1.2 3.4

ID: [redacted] 27-09-03 18:07

		Patient	Limits
WBC	15.1 H	x10 ³ /uL	4.5 10.5
RBC	3.73 L	x10 ⁶ /uL	4.00 6.00
Hgb	10.0 L	g/dL	11.0 18.0
Hct	32.7 L	%	35.0 60.0
MCV	87.7	fL	80.0 99.9
MCH	26.7	pg	27.0 31.0
MCHC	30.5 L	g/dL	33.0 37.0
Plt	234.	* x10 ³ /uL	150. 450.
LYZ	10.2	*L %	20.5 51.1
LY#	1.6	* x10 ³ /uL	1.2 3.4

===== PICCOLO =====
09/27/03 05:21 AM

REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] b(a)-4
.....
GLU 111 73-118 MG/DL
BUN 12 7-22 MG/DL
CA++ 8.0 8.0-10.3 MG/DL
CRE 0.9 0.6-1.2 MG/DL
NA+ 131 128-145 MMOL/L
K+ 4.3 3.3-4.7 MMOL/L
CL- 98 98-108 MMOL/L
tCO2 21 18-33 MMOL/L

INST QC: OK CHEM QC: OK
HEM 0, LIP 0, ICT 2+

ID: [redacted] 27-09-03 05:17

		Patient	Limits
WBC	15.1 H	x10 ³ /uL	4.5 10.5
RBC	3.73 L	x10 ⁶ /uL	4.00 6.00
Hgb	10.0 L	g/dL	11.0 18.0
Hct	32.7 L	%	35.0 60.0
MCV	87.7	fL	80.0 99.9
MCH	26.7	pg	27.0 31.0
MCHC	30.5 L	g/dL	33.0 37.0
Plt	234.	* x10 ³ /uL	150. 450.
LYZ	10.2	*L %	20.5 51.1
LY#	1.6	* x10 ³ /uL	1.2 3.4

CLINICAL RECORD - DOCTOR'S ORDER

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

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
EPW # [REDACTED] b(6)-4			19 Sept.	0500 HOURS	

give multivitamin x 1 per NBT.
V.O. Dr. [REDACTED]

NOTED 19 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			19 Sep 03	0700 HOURS	

Bolus 1000 cc LR XT Now
Send CBC now

noted 19 Sept 03

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			19 Sept 03	1215 HOURS	

ABG now @ 1200
500 cc 50% Albumin Bolus now
Tx iv PRBC over 2hrs

noted 19 Sept 03 @ 1230

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			19 Sep 03	1500 HOURS	

TRIVIA LR @ 200 cc/hr

noted 19 Sept 03

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: 1994-363-710

MEDCOM - 19699

CLINICAL RECORD - DOCTOR ORDERS

For use of this form, see AR 40-66, the protocol, and the agency is OTCG

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 14 SEPT 03	TIME OF ORDER 1040	HOURS	LIST OF ORDERS NOTED & SIGNED
NURSING UNIT [REDACTED]			Admit to 1C02 S/P GSW to @ Flank/Pelvis Cond Guarded Vitals Q1° ESAT & I/O All Ø Akt Bed rest NURSE Empty Hemovac Q2°			[REDACTED]
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT [REDACTED]			record output NG to LWS foley to gravity spinal precautions WDO IUF LR @ 150cc/hr			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT [REDACTED]			Meds Mscay 2-10mg IV Q1° PRN Pain Tylenol 650 mg PRN Q6° PRN Fever Ancel 1 gm IV Q3° Ativan 1 mg IV Q8° Substitute one Bana base			[REDACTED]
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
NURSING UNIT [REDACTED]			For IUF @ 150cc/hr until complete Bana base = MVI, Thiamine 100mg and folate 1mg in 1000 cc NS CBC, Chem 8, ABG now CBC Q4° phi CBC, Chem 8, ABG QAM Cxr now.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	

bled-4

NOTED
14-Sept-03

Have

bled-2

CLINICAL RECORD - DOCTOR'S ORDER

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] EPW b(6)-4				HOURS	
			①	Cont Neb 2 6 ^o	
			②	Transise 24 PRBC, ow 2hrs each	
			b(6)-2		
NURSING UNIT ICU #2	ROOM NO.	BED NO. 3	[REDACTED SIGNATURE]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED] EPW b(6)-4				HOURS	
NURSING UNIT ICU #2	ROOM NO.	BED NO. 3			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED] EPW b(6)-4				HOURS	
NURSING UNIT ICU #2	ROOM NO.	BED NO. 3			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED] EPW b(6)-4				HOURS	
NURSING UNIT ICU #2	ROOM NO.	BED NO. 3			

DA FORM 4256
1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDCOM - 19701

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] EPW b(cc)-4			20 Sep 03	0715 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	Trans Pex Tu ABC ↓ IVF H 150 cc / L		
ICU #		3	[redacted] b(cc)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted] EPW			20 Sep 03	1045 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	① D/UF to DB 1/2 NS 120K @ 125 cc / L ② Δ CBC to BID (0400/1500) ③ D/C Daily ABG		
ICU # 2		3	[redacted] b(cc)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted] EPW low sed			20 Sep 03	1050 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	Chem 8 c 0400 Blood DRAW V.O. DR. [redacted]		
ICU # 2		3	[redacted] b(cc)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted] EPW			29 Sept 03	1620 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	① Portable CXR Now ② ABG Now ③ WBC Panel w. trended daily V.O. DR. [redacted]		
ICU # 2		3	[redacted] b(cc)-2		

DA FORM 4256 1 APR 79

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

ICAL RECORD - DOCTOR'S ORDERS

For use with the form, see AR 40-66, the proponent agency is GPO

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]	[REDACTED]	9/30/03		
b1e5-4			1) Well keep by 2		noted b1e5-2 10/1/03 0830 30 Sep 03
			until PEEP 5.0 set > 93%		
NURSING UNIT	ROOM NO.	BED NO.	b1e5-2	[REDACTED]	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]	[REDACTED]	[REDACTED]	10 Oct 03		
b1e5-4			1) CT Scan Chest and pelvis		b1e5-2 4/6 9/11/03 0830 1 Oct 03
			report by Dr. [REDACTED] and report from [REDACTED] with IV and oral contrast		
NURSING UNIT	ROOM NO.	BED NO.	2) DC [REDACTED] / DC [REDACTED]		
			3) TB [REDACTED] 490mg INQD		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]	[REDACTED]	[REDACTED]	4) Minaxia 500mg	2/9/60	
b1e5-4			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
# [REDACTED]	[REDACTED]	[REDACTED]	1 OCT 03	1630	
b1e5-4			① Place Dophoff		b1e5-2 7/6 10/3/03 1 Oct 03
			② Obtain KUB p Dophoff placement.		
NURSING UNIT	ROOM NO.	BED NO.	V.O. Dr. [REDACTED]		
			[REDACTED]		

DA FORM 1 APR 79 4256

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDCOM - 19703

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
			9/26/53		
			1) Add Chem 7 to 1500 hrs		
			2) Lasix 2mg IV now		
			b(6)-2		
			[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2/19/53		
			① MSO4 drip start @ 4mg/hr. 50mg/50ml NS		
			② Versed drip start @ 4mg/hr and titrate to effect. 50mg/50ml NS		
			③ Vacuumum 50mg/50ml NS start @ 7mg/hr		
			④ A-line		
			⑤ Portable CXR		
			⑥ Blood culture X 2 sets		
			⑦ ABG X 1 now and each vent change P 30 min		
			⑧ ABG, CBC, PT/PTT, cytes X 1 now		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑨ D/C ② central line		
			⑩ Vent. TV 300 PEEP 5		
			VIB. 20		
			b(6)-2		
			[REDACTED]		
			[REDACTED]		
			[REDACTED]		

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 EPW # [REDACTED] b(6)-4			DATE OF ORDER [REDACTED]	TIME OF ORDER 1745 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]
PATIENT IDENTIFICATION [REDACTED] b(6)-4			DATE OF ORDER 08/03	TIME OF ORDER 2000 HOURS	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]

- ① Albuterol Neb 2.5 x 4B hr
- ② NT suction 15 min 4x Ath every other neb
- ③ incentive Spirometry
- ④ Heparin 1000q IV Bolus No stat order
- ⑤ Heparin 1000 units IV q4h No stat order

PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER 08/03	TIME OF ORDER 2000 HOURS	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER [REDACTED]	TIME OF ORDER [REDACTED]	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]

- ① D/L NGT
- ② Hold Heparin now
- ③ Nasal trumpet

PATIENT IDENTIFICATION # [REDACTED]			DATE OF ORDER [REDACTED]	TIME OF ORDER 0820 HOURS	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER [REDACTED]	TIME OF ORDER [REDACTED]	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]

- ① CxR Hx UNOW and Q Am
- ② send sputum for Cr and Gram stain
- ③ Record drainage Q shift

PATIENT IDENTIFICATION b(6)-4			DATE OF ORDER 21/03	TIME OF ORDER 2006 HOURS	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]
PATIENT IDENTIFICATION [REDACTED]			DATE OF ORDER [REDACTED]	TIME OF ORDER [REDACTED]	[REDACTED]
NURSING UNIT ICU #2			ROOM NO. [REDACTED]	BED NO. 3	[REDACTED]

- ① OOB schedule B/D
- ② D/L special precautions

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 OTCG

ORIENTED MEDICAL RECORD

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

DO NOT SIGN EACH SET OF ORDERS. IF PROBLEM IS IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

LIST TIME ORDER NOTED AND SIGN

XX [Redacted] b (c) - 4

- 1) 9/26/03 1000u/hr. noted
- 2) PT PTT Q 60 26 Sept 03
- 3) Titrate Norcine to 1700
- 4) 0/4 hatched. b (c) - 2
- 5) Vancomycin 1gm IV q 12h

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

5) ABG [Redacted] b (c) - 2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

9/26/03 NS500 ceft Be [Redacted] 1740

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

9/26/03 NS500 ceft Be [Redacted] b (c) - 2

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED UNTIL 31 MAR 79

U.S. GOVERNMENT PRINTING OFFICE: 1994-563-710

MEDCOM - 19706

THE DOCTOR SHALL RECORD DATE, TIME AND SIGNATURE ON 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
# [REDACTED]			9/26		ORDERS NOTED AND SIGNED

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME
# [REDACTED]			9/26/03		ORDERS NOTED AND SIGNED

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME
# [REDACTED]			9/27/03		ORDERS NOTED AND SIGNED

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME
# [REDACTED]			9/28/03		ORDERS NOTED AND SIGNED

NURSING UNIT	ROOM NO.	BED NO.

✓ T&C 4u PRBC
 ✓ CBC new report with PT/PET
 ✓ Needing at Bedside
 ✓ DC Antif
 ✓ Urine 3 gm IV PC
 ✓ Cef. am 450mg IV QD
 ✓ Treat this with
 Cef. with [unclear]

[REDACTED] 2130
 [REDACTED] 2143
 [REDACTED] 2143
 [REDACTED] 0900/28/03

DA FORM 4256
 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDCOM - 19707

ICAL RECORD - DOCTOR'S ORDERS

For use as form, see AR 40-66, the proponent agency is USG

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

PATIENT IDENTIFICATION

b(6)-4
[redacted] EPW
dated 9/23/03
0900

DATE OF ORDER: 9/23/03
TIME OF ORDER: _____ HOURS
LIST TIME ORDER NOTED AND SIGN

1) Laser Day 20 mm

[redacted] b(6)-2

NURSING UNIT: ICU #2
ROOM NO.:
BED NO.: 3

PATIENT IDENTIFICATION

b(6)-4
[redacted] EPW
dated 9/23/03
0845

DATE OF ORDER: 9/23/03
TIME OF ORDER: _____ HOURS

1) Laser Day 20 mm

[redacted] b(6)-2

NURSING UNIT: ICU #2
ROOM NO.:
BED NO.: 3

PATIENT IDENTIFICATION

b(6)-4
[redacted] EPW

DATE OF ORDER: 9/25/03
TIME OF ORDER: _____ HOURS

1) Laser Day 20
2) Clear liquid diet
3) Wear O2 at mantle Su
793

dated @ 0930h
[redacted] b(6)-2

NURSING UNIT: ICU #2
ROOM NO.:
BED NO.: 3

PATIENT IDENTIFICATION

[redacted] EPW
b(6)-4

DATE OF ORDER: 9/26/03
TIME OF ORDER: _____ HOURS

1) 2 Cans 75% Alk on a l...
on a l...

[redacted] b(6)-2

NURSING UNIT: ICU #2
ROOM NO.:
BED NO.: 3

DA FORM 4256
1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-353-710

MEDCOM - 19708

Double-Blinded

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

9/28/03

1300

HOURS

DC Atwan whole body

[redacted] b(6)-u

23 [redacted] b(6)-u

Albuterol 2.5/3.0

cc q4° when wheezing
fractured to ward.

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

24 Afloversol

q8p

Cubital fracture to use

27 Decur - Wincor drug to
1-2 4 twitcher.

Down per [redacted] at fast mark

to [redacted]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

9/29/03

0900

HOURS

Plan sth Chest X-ray

Plan CT with IV

and oral antibiotics

to [redacted] Plan Abx

and evaluated by [redacted]

[redacted]

b(6)-u

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

30 Sep 03

HOURS

0115

① KCl 40meq in 100cc NS to run
over 4°, repeat x 1 after first run

0145
30 Sep 03

VO [redacted]

b(6)-u

NURSING UNIT

ROOM NO.

BED NO.

b(6)-u

DA FORM 4256
1 APR 79

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

MEDCOM - 19709

Double checked

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] b(c)-4			10 Oct 03		
[Redacted]			0)	Buy right side den left side in 450	done
[Redacted]			2)	Repeat long 20 9:10 for 200! 1st den in	2000 10/2/03 [Redacted]
NURSING UNIT	ROOM NO.	BED NO.	[Redacted] b(c)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted]			20 Oct	0800	
[Redacted]			Chest PT and section		
[Redacted]			ATT per RT @ 40		
[Redacted]			VIO Dr. [Redacted]		
NURSING UNIT	ROOM NO.	BED NO.	[Redacted] b(c)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted]			10/2/03		
[Redacted]			Dr. Norman		
[Redacted]			Check the arm chel		
[Redacted]			[Redacted] b(c)-2		
NURSING UNIT	ROOM NO.	BED NO.	[Redacted]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted] b(c)-4			10/2/03		
[Redacted]			1) Osmolite at 10 call		
[Redacted]			2) clamp on and chel send		
[Redacted]			[Redacted] b(c)-2		
NURSING UNIT	ROOM NO.	BED NO.	[Redacted]		

DA FORM 1 APR 79 4256

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

MEDCOM - 19710

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

INDICATE COLUMN IN WHICH EACH SET OF ORDERS IS USED. IF PROBLEM NUMBER COLUMN INDICATED BY ARROW BELOW.

IDENTIFIED MEDICAL RECORD

PATIENT IDENTIFICATION

[redacted] b(6)-4 Done 020ct03 SUS 2300

DATE OF ORDER

020ct03

TIME OF ORDER

2300

HOURS

LIST TIME ORDER NOTED AND SIGN

- 1 Replace Dobhoff Feeding Tube
- 2 may be NG tube

NURSING UNIT ROOM NO. BED NO.

V.O. Dr. [redacted] MJA

PATIENT IDENTIFICATION

DATE OF ORDER

10/3/03

TIME OF ORDER

HOURS

- 1) Cut rate to 8 gms in 30 min
- if gcs look good & not to 4 if the gcs good

[redacted] 490 9/20/03 03-04-03

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

b(6)-2 [redacted] tried open done 10/3/03

DATE OF ORDER

TIME OF ORDER

HOURS

- 1) Turn RR to 4 BPM, FiO2 to maintain PaO2 > 60.
- 2) ABG in 30 mins

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER

40ct03

TIME OF ORDER

HOURS

- 1) NT Suction @ 20
- 2) Chest PT, gals @ 20

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH IS OBSOLETE

U.S. GOVERNMENT PRINTING OFFICE: 1964-553-710

MEDCOM - 19711

shoe nosw bus

THE DOCTOR SHALL RECORD DATE, TIME, AND SIGNATURE OF EACH SET OF ORDERS. IF PROBLEM NUMBER COLUMN INDICATED BY ARROW BELOW

DATE OF ORDER TIME OF ORDER HOURS

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION [Redacted] DATE OF ORDER 7 Oct 03 TIME OF ORDER [Redacted] HOURS LIST TIME ORDER NOTED AND SIGN

1) Transfer ICU
2) Dx - S/P O/SW Abdomen /
Abdominal lower like pressure
3) Condition stable
4) Vital q 4 x 24 then q 8 hrs with sat check
5) Achlorhydria with Atrophic TIS

6) Diet regular
7) JU D₅W + Zemequal /
at 100 cc/h
8) Zemequal 5 x q 1 hrs
9) MEDS
10) phosol + p₂ q 4-6 pr
11) Albuterol neb 2.5/3.0 cc q 6^o x 480

12) Tobramycin 49mg IV q 8h 7 days
13) Primaxin 500mg IV q 6
14) Wrenox 70mg q 12
15) Cefixime MOIC > 10/5, SB > 180
C/W. Sat < 93%

PATIENT IDENTIFICATION [Redacted] DATE OF ORDER 8 Oct 03 TIME OF ORDER [Redacted] HOURS

DC fly if no vns 8^o post pul
I to call, please fly if
Output > 500cc

DA FORM 1 APR 79 4256

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDCOM - 19712

THE DOCTOR SHALL RECORD DATE, TIME AND SIGNATURE OF ORDER. IF PROBLEM NUMBER SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

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

PROBLEM NUMBER

PATIENT IDENTIFICATION

[redacted] b(6)-4 15 Oct 03 @ 1000 [redacted] b(6)-2

DATE OF ORDER

TIME OF ORDER

HOURS

LIST TIME ORDER NOTED AND SIGN

- 1) DePruney
- 2) CSC, CMP the afternoon
- 3) UA, urine culture

b(6)-2

NURSING UNIT

ROOM NO.

BED NO.

ICW#

2

B

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

DATE

TIME OF ORDER

HOURS

17 Oct 03

DC Foley MW

go down to void & go port room 2 to cath. if > 500

b(6)-2 leave in place

[redacted] b(6)-2

NURSING UNIT

ROOM NO.

BED NO.

ICW#

2

B

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

DATE

HOURS

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

[redacted] b(6)-4

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.

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED. WRITE PROBLEM N

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

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
5 Oct 03			
1) Furosemide IV and remove central line			[redacted] 9/11/03 5 Oct 03 (b)(6)-7
2) Admin diet to reg			
[redacted]			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
5 Oct 03			
1) DC Heparin Drug			[redacted] 9/11/03 5 Oct 03 (b)(6)-7
2) Lovox 7mg SQ BID			
[redacted]			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
7 Oct 03			
1) DC Albu done			[redacted] 9/11/03 7 Oct 03 (b)(6)-2
2) Chy lab to CRG SNAE 12 @ Am			
3) Wen O2 etc.			
4) Wen 3 @ IV Q6			
5) DNS 220k at 1250			
[redacted]			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
7 Oct 03			
1) Primash 500mg W Q6			[redacted] 9/11/03 7 Oct 03 (b)(6)-2
2) DC Unasyn noted 5/1			
[redacted]			

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

EDITION OF 1 JUL 77 WHICH MAY BE USED.

[redacted] b6d-4

CONTROLLED SUBSTANCE INVENTORY					To be used with DA Form 3949-1				
DATE		ITEM							
YEAR 03		Morphine gtt 50mg/50ml							
MONTH 09									
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
29 Sep	1829	Balance Brought Forward							
30 Sep	0336	[redacted]	[redacted]	[redacted]				50	50
30 Sep	1510	[redacted]	[redacted]	[redacted]	50				0
30 Sep	1515	[redacted]	[redacted]	[redacted]	50			50	50
1 Oct		[redacted]	[redacted]	[redacted]	50				0
04-09	0218	[redacted]	[redacted]	[redacted]				50	50
10 Oct 03	1315	[redacted]	[redacted]	[redacted]	50				0
10 Oct 07	1323	[redacted]	[redacted]	[redacted]				50	50
1 Oct		[redacted]	[redacted]	[redacted]				50	
10 Oct	11300	[redacted]	[redacted]	[redacted]	50				0
10 Oct		[redacted]	[redacted]	[redacted]				50	50
2 Oct	1500	[redacted]	[redacted]	[redacted]					0
20 Oct	1442	[redacted]	[redacted]	[redacted]				50	50
30 Oct	12105	[redacted]	[redacted]	[redacted]	50				0
30 Oct	0210	[redacted]	[redacted]	[redacted]				50	50
9 Oct 07	0100	[redacted]	[redacted]	[redacted]	35	15	[redacted]		0

b(6)-2

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

MEDCOM - 19716

[redacted] b1a)-4

CONTROLLED SUBSTANCE INVENTORY					To be used with DA Form 3949-1				
DATE	ITEM								
YEAR	Versed gtt 50mg/50ml								
MONTH	[redacted]								
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
29	1810	[redacted]	[redacted]	[redacted]	50		[redacted]	50	50
29	1540	[redacted]	[redacted]	[redacted]	50			50	0
29	0540	[redacted]	[redacted]	[redacted]	50			50	50
30	1510	[redacted]	[redacted]	[redacted]	50			50	0
30	1515	[redacted]	[redacted]	[redacted]	50			50	50
10		[redacted]	[redacted]	[redacted]	50				0
02	0218	[redacted]	[redacted]	[redacted]				50	50
10	1315	[redacted]	[redacted]	[redacted]	50				0
10	1323	[redacted]	[redacted]	[redacted]				50	50
10		[redacted]	[redacted]	[redacted]	50			50	0
10		[redacted]	[redacted]	[redacted]				50	50
20		[redacted]	[redacted]	[redacted]	90				0
20		[redacted]	[redacted]	[redacted]				50	50
20		[redacted]	[redacted]	[redacted]	50				0
20		[redacted]	[redacted]	[redacted]				50	50
30	0105	[redacted]	[redacted]	[redacted]	50				0
30	0210	[redacted]	[redacted]	[redacted]				50	50
40	0700	[redacted]	[redacted]	[redacted]	45	5	[redacted]		0

b1a)-2

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

MEDCOM - 19717

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo. 10 Yr. 2003											
VERIFY BY INITIALING		INITIAL PROP.			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 Oct	[redacted]	VS Q4 x 24 ^o then Q shift & SATS	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Oct	[redacted]	Act: Up ambulatory & assistance TID	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Oct	[redacted]	Diet: Regular NIO: Ensure 6 meals	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7 Oct	[redacted]	IS 5 x Q1 ^o while awake	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
11 Oct 03	[redacted]	NIO: Foley to Gravity	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
17 Oct	[redacted]	NIO: Q2 turns	D E N	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P GSW ABD / Bilat ↓ lobe pneumo
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: EPW
 [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

b(6)2 All

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		
10/8	[redacted]	Transfer to ICU - Cond: stable		done		[redacted]		
10/8	[redacted]	D/C Foley, if void 8°	10/8	1000		[redacted]		
		8° p D/C I&O cath, leave						
		Foley if > 500cc						
15 Oct	[redacted]	CBC, CMP this after noon	15 OCT	1200	1110	[redacted]		
15 Oct	[redacted]	UA, urine culture	15 OCT	1200	1110	[redacted]		
10/17	[redacted]	D/C Foley @ midnight	10/17	2400	0200	[redacted]		
10/17	[redacted]	Due to void 8° post removal	10/17	10AM				
		I&O cath if > 500cc leave	10/18	done				
		in place						
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION					
			TIME/DATE COMPLETED					
7 Oct	[redacted]	Call MD T > 100.5						
		SBP > 180 < 90						
		Sats < 93%						

USAPA V1.00

MEDCOM - 19719

b(6)-2 All

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 ACTIONS, FREQUENCY, TIME	HR	8	4	5	6	7	8	9	10
19 Sept	[redacted]	Vitals Q 1 ^o sat + D ₂ O	06								
19 Sept	[redacted]	Activity bedrest	06								
19 Sept	[redacted]	Foley to gravity	06								
19 Sept	[redacted]	Wound prep to keep	06	11	11	11	11	11	11	11	11
19 Sept	[redacted]	Sats > 90%	18	18	18	18	18	18	18	18	18
4 Oct 03	[redacted]	NT suction q 2 ^o	06								
4 Oct 03	[redacted]	Chest Pt q 2 ^o	06								
26-28-03	[redacted]	PT/NT - 02^o - 04^o	06	11	11	11	11	11	11	11	11
26-28-03	[redacted]	Wound prep to keep	11	11	11	11	11	11	11	11	11
26-28-03	[redacted]	A line maintain pressures	06								
26-28-03	[redacted]	Call QAM; + chn 8 ^o each	04								
		Am. Blood Draw									
30-01-03	[redacted]	Adverse pt. as	07								
		Tolerated	12								
			17								
17 Oct 03	[redacted]	CBC, SMAc 12 ^o 8 AM	05								

ALLERGIES: YES NO PRIMARY DIAGNOSIS: s/p GSW @ Flank / Pelvis ADDITIONAL PAGES IN USE: YES NO
Unknown PAGE NO: 2

PATIENT IDENTIFICATION: EPW # [redacted] ACTION TIMES
b(6)-4 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

b(6)-2 All

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. Sep Yr. 2003

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION														
ORDER DATE	CLERK/NURSE			DATE COMPLETED														
				20	21	22	23	24	25	26	27	28	29	30	1	2	3	
21 Sep 03	[REDACTED]	CBC TO BID	04	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
20 Sep 03	[REDACTED]	CHEM 8 & AM BLOOD DRAW	04	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
20 SEP 03	[REDACTED]	X 48° NT Suction	04	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
21 SEP 03	[REDACTED]	CXR @ AM	04	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
21 SEP 03	[REDACTED]	RECORD HEMOVAC DRAINAGE OUTPUT	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
21 SEP 03	[REDACTED]	9 SHIFTS	18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
21 SEP 03	[REDACTED]	OOB to Chair BIP	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
25 SEP 03	[REDACTED]	CLEAR LIQUID DIET	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
25 SEP 03	[REDACTED]	WEAN OFF O2, MAINTAIN SAT > 93%	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

ALLERGIES: YES NO PRIMARY DIAGNOSIS: slp GSW to @ flank/penis ADDITIONAL PAGES IN USE: YES NO
 PKD PAGE NO: _____

PATIENT IDENTIFICATION: [REDACTED] 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

- blue-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)										SEPT Mo. 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 SEPT 03	[REDACTED]	Vitab Q1 - sat 1/10	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 SEPT 03	[REDACTED]	Activity reduced	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19 SEPT 03	[REDACTED]	Foley & gravity	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]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
20 SEPT 03	[REDACTED]	Wear peep to 5	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Keep sats > 93%	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SIP GSW to (R) Flank/Pelvis

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PATIENT IDENTIFICATION: # [REDACTED] 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

blue-4

(b)(e)-2 A11

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													
				26	27	28	29	30	1	2	3	4	5	6	7	8	9
2/6/9	[REDACTED]	[REDACTED]															
2/6/9	[REDACTED]	A-6 [REDACTED]															
2/6/9	[REDACTED]	[REDACTED]															
2/6/9	[REDACTED]	[REDACTED]															
2/6/9	[REDACTED]	am blood draw															
2/8/9	[REDACTED]	NGT TO LIPS	06/18														
		[REDACTED]															

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P BSW @ Flank/Pelvis ADDITIONAL PAGES IN USE: YES NO
 UNKNOWN PAGE NO: 1

PATIENT IDENTIFICATION: EPW # [REDACTED] # (w)-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

516)-2AM

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	
2/9/9	[redacted]	Portable CXR X2	2/9/9	1100		[redacted]	
2/9/9	[redacted]	Blood cultures x2 sets			1100	[redacted]	
2/9/9	[redacted]	ABB now			1100	[redacted]	
2/9/9	[redacted]	Pull ETT BACK 2cm	2/9/9	1800		[redacted]	
2/9/9	[redacted]	D/C @ subcl centera line ASAP	2/9/9	ASAP	1700	[redacted]	
2/9/9	[redacted]	@ subcl TL okay for use	2/9/9	✓	1600	[redacted]	
2/9/9	[redacted]	Place @ subcl TL (P. Mulligan)	2/9/9	1530	1530	[redacted]	
2/9/9	[redacted]	T/C 4 units PRBC	2/9/9	1830	1830	[redacted]	
2/9/9	[redacted]	Send CBC / coop / mets / abb XI now	2/9/9	ASAP	1600	[redacted]	
2/9/9	[redacted]	T+C 4u PRBC	2/9/9	now	1820	[redacted]	
2/9/9	[redacted]	CBC now	2/9/9	now	1820	[redacted]	
2/9/9	[redacted]	Place NGT thru to LWS	2/9/9	ASAP	1300	[redacted]	
2/9/9	[redacted]	CXR to verify NGT Placement	2/9/9	ASAP	1330	[redacted]	
2/9/9	[redacted]	Decrease PEEP to 8 if SATs remain	2/9/9	ASAP	1330	[redacted]	
2/9/9	[redacted]	79% wean PEEP to 5				[redacted]	
1-01-03	[redacted]	CX Chest, ABG, Relays of pneumonia by 1-01-03 1030			1030	[redacted]	
		At press and No Mic Access, = 5/1 v oral contact				[redacted]	

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

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blew-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. Sep 03					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION									
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED							
				26	27	28	29	30	1	2	3
26 Sep	[redacted]	Heparin drip 1000U/hr. No bolus 1 @ 120 20/9/03	06 18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26 Sep	[redacted]	MSO4 drip 50mg/50ml start @ 4mg/hr	06 18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26 Sep	[redacted]	fersed drip 50mg/50ml NS start @ 4mg/hr & titrate to effect	06 18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26 Sep	[redacted]	Vacorenum 50mg/50ml NS start @ 7mg/hr Titrate to effect	06 18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26 Sep	[redacted]	Vent: TV 800 FiO2 100% Ratix keep 5 P10	06 18	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[REDACTED]											
26 Sep	[redacted]	Vancomycin 15m IV now @ 20 @ 12°	06 12 18 24	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
27 Sep	[redacted]	Unasyn 3gm IV @ 6°	06 12 18 24	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Monitor
 26 Sep 03
 [redacted]

PK 11
 26 Sep 03
 [redacted]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Lenknoun SIP GSW @ flank/Reluis ADDITIONAL PAGES IN USE: YES NO
 PATIENT IDENTIFICATION: G PW DISPENSING TIMES
 # [redacted] blew-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

D(6)-2 All

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				
26 Sep	[Redacted]	500 ml NS bolus x1 Now	26 Sep		1730	[Redacted]				
26/9	[Redacted]	500cc NS bolus x1 Now	26/9	ASAP	1750	[Redacted]				
26/9	[Redacted]	25% ALBUMIN 2 cans (200cc) x1 Now	26/9	ASAP	1750	[Redacted]				
26/9	[Redacted]	MSO4 4mg IVP x1 Now	26/9	1515	1515	[Redacted]				
26 Sep	[Redacted]	Transfuse 2u PRBC 4634085 #1	26 Sep	Now	1940	[Redacted]				
		10 58698 #2	26 Sep	Now	2030	[Redacted]				
27 Sep	[Redacted]	Transfuse 1u PRBC	27 Sep	Now	2135	[Redacted]				
27 Sep	[Redacted]	Give Lasix 20mg IV p transfusion	27 Sep	Now	2355	[Redacted]				
28/9	[Redacted]	Decrease Vc qtt to 1-2/4 hwtches	28/9	ASAP	2330	[Redacted]				
30 Sep	[Redacted]	Kcl 40meq in 100NS over 4hrs x 2 dose	30 Sep	1145	0145	[Redacted]				
		#2	30 Sep	Now	0600	[Redacted]				
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE DISPENSED							
10/9	[Redacted]	MSO4 2-10mg q1								
		IVP PRN PN								
11/9	[Redacted]	Tylenol 650mg	26/8	29	30	1 Oct				
		PRN BT Q6° PRN 1	10:40	11:00	11:30	00:30				
		Rever	15:00							

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MEDCOM - 19728

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) SEPT - 03
 For use of this form, see AR 40-407; Mo. Yr. 03
 the proponent agency is the Office of The Surgeon General.

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					
17 SEPT 03	[REDACTED]	Ancef 1 gm IV Q8h	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
19 SEPT 03	[REDACTED]	Ativan 1 mg IV Q8h	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
20 Sep 03	[REDACTED]	AS IVF TO DS 1/20 20kel @ 125cc/h	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
22 Sep 03	[REDACTED]	Cent. Neb q 6h	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
26 Sep	[REDACTED]	Neodrip @ bedside	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
27 Sep	[REDACTED]	Gentamycin 450mg IV QD	22	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SIR GSW 4 (12) Flank/Pelvic
 ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

PATIENT IDENTIFICATION: # [REDACTED]

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(w)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				SEPT - OCT 03 Mo. Yr.							
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials							
17 SEPT 03	[redacted]	For IV @ 150cc will complete Panama Bay IVI, misonin 100mg and Folate 1mg in 100cc NS	19 SEPT 2003										
19 Sep	[redacted]	Multivitamin x1 per NGT			06	[redacted]							
19 Sep	[redacted]	Bolus 1000cc LR x1 now	19 Sep		0715	[redacted]							
19 Sep	[redacted]	Transfuse 1 unit PRBC's over 2 hrs	19 Sep		1330	[redacted]							
20 SEP	[redacted]	TRANSFUSE 1 UNIT. PRBC'S	20 SEP	NOW	0745	[redacted]							
20 SEPT 03	[redacted]	Heparin 1000u TV Bolus 1000u IV drip 100/500/500				[redacted]							
22 Sep 03	[redacted]	Transfuse 2u PRBC over 2 hrs each	18:20		07:27 SEPT 03	[redacted]							
23 Sep	[redacted]	GIA Lasix 20mg IV now	23 Sep		0900	[redacted]							
24 Sep	[redacted]	GIA Lasix 20mg IV now	24 Sep	0845	0815	[redacted]							
25 Sep	[redacted]	Lasix 20mg IV 20mg WP xl now	25 Sep	NOW	0940	[redacted]							
25/9	[redacted]	Lasix 20mg WP xl NOW	24/9	1440	1440	[redacted]							
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION										
			TIME/DATE DISPENSED										
17 SEPT 03	[redacted]	MSO4 2-10mg IV q1 ^o	T I	9/19 19 SEPT 20 4mg 2000	20 8P	21 SEP 0915	21 Sep 1620	22 SEP 2300	23 SEP 0400	24 Sep 1100	25 Sep	25 0430	26/9 0940
		p.r.n pain	M E	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
17 SEPT 03	[redacted]	Tylenol 650mg PRN q1 ^o	T I	9/23 24/9 1130	24 1130	25 1115							
		q6o p.r.n fever	M E	[redacted]	[redacted]	[redacted]							

reviewed
25/9/03
[redacted]

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MEDCOM - 19730

666-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)										Mo. 9 yr 03						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	27	28	29	30	1	2	3	4	5	6	7	8	9	10	
27/9	[REDACTED]	Gentamycin 450mg IV qd	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	[REDACTED] @ 125 cc	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	Neosuprenalmin	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28/9	[REDACTED]	Atrovent 980	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO
 UNKNOWN

PRIMARY DIAGNOSIS:
 S/P GSW @ flank / pelvis

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION:
 # [REDACTED] EPW
 066)-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

b/cw-2 All

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 9 Yr. 2003											
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				1	2	3	4	5	6	7	8	9	10	11	12		
26-9-03	[redacted]	Neurolept analgesic 100mg/1hr	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26-9-03	[redacted]	Morphy drip 50mg/50ml NS start @ 4mg/hr	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26-9-03	[redacted]	Vered drip 50mg/50ml NS start @ 4mg/hr & Titate to effect.	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26-9-03	[redacted]	Vecuronium 50mg/50ml NS start @ 2mg/hr, Titate to effect	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
26-9-03	[redacted]	Vent: TV 800, F.O ₂ 100% Rate 14, PEEP 5	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
1 Oct 03	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
1 Oct 03	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
1 Oct 03	[redacted]	Reglan 10mg IV q 6 ^h for 24 ^h 1 st dose now	03	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			09	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			15	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
			21	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P GSW @ Plank Plu's ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

PATIENT IDENTIFICATION: [redacted] 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/cw-4

blu-2

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. 1007

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/ NURSE			DATE DISPENSED															
				5	6	7	8	9	10	11	12	13	14						
2858-03	[REDACTED]	MIVE 152 NS + 20 K	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	@ 125 cc	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2858-03	[REDACTED]	Neosynepine, # to bed	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]
2858-03	[REDACTED]	Albuterol Neb 2.5/3.0 Q4	02	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	cont int. of pt transferred	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	to ward	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
2858-03	[REDACTED]	Atrovent Q8	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED SECTION]																			
1007-03	[REDACTED]	lobramach 490 mg IV Q10	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1007-03	[REDACTED]	Prinakin 500 mg IV Q6	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	Q6	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6-01-03	[REDACTED]	Lovenox 70mg SQ Q12	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7-01-03	[REDACTED]	Unisen 3mg IV Q6	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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]	[REDACTED]	[REDACTED]	[REDACTED]
1007-03	[REDACTED]	D5 NS + 20 K @ 125cc/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]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **GIP GSW @ Flank/Pelus** ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: **EFW** [REDACTED] PAGE NO. _____

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(1)(a)-2 All

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. 17 yr. 03													
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				7	8	9	10	11	12	13	14	15	16	17	18	19	20
7 Oct	[REDACTED]	IV D5NS + 20KCL @ 100cc/hr	D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Oct	[REDACTED]	Albuterol nebs 2.5/3.0cc Q6 x 48°	06	[REDACTED]	[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]	[REDACTED]
			18	[REDACTED]	[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]	[REDACTED]
7 Oct	[REDACTED]	Tobramycin 490mg IV QO (7 days)	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Oct	[REDACTED]	Primaxin 500mg IV Q6	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			10	[REDACTED]	[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]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Oct	[REDACTED]	Lavenox 70mg SQ QO	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW ABO / Bilat ↓ lobe pneumo

ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

PATIENT IDENTIFICATION: EPW b(1)(a)-4 [REDACTED]

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

MEDCOM - 19737

REPORT TITLE
 INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

INITIAL SHIFT ASSESSMENT		Time: 0700	Initials: [Redacted] b(6)-2	Time:	Initials:
N		Time: 0700 Initials: [Redacted] b(6)-2			
E	Pupils	23m reactive			
U	Sensorium	Sclera edema & jaundiced			
R	LOC / GCS	Sclera			
O	Tag reflex	Versed 5mg / Vec 4mg / MSO4 5mg 200 more ucp - arms + head son			
C	Cardiac Rhythm	SIMV R16 TR80D FIO2 50%			
A	PRI / QRS:	PS. 80% - 97% Bilat coarse			
R	Pulse Strength	Rhonchi. Suction Q1 ETT +			
D	Cap Refil / JVD	orally & yellow moderate			
I	Edema	Secretions via ETT. ETT #8			
A	Chest Pain	27@lep. pulled back 2cm today			
C		evently 26@lep.			
R	Respiratory Pattern	HR 111-120's ST @ ectopy, S1S2			
E	Breath Sounds	united 2+ UELLE pulses			
S	Secretions	CR to UE 23sec / LE VTA DIT			
P	Cough	thickened nails.			
S	Color	NFR / slightly jaundiced			
K	Integrity	Reddened areas to B&A&S&L			
I	Backside	midline ABD inc - steel strips / col			
N		2lep & puncture w rd / col			
	Access Devices	DIT @ sedation meds infusing			
I	Location	Dart radial line @ Dwave line			
V	Condition	DSETL - one port @ use / clotted @			
	Abdomen	blood. All others intact			
G	Bowel Sounds	@ BS. NCT @ Nare LIWS			
I	Stoma/Ostomy	@ BM			
G	Device	Foley - 1/0 100-200cc @			
U	Color / Clarity	concentrated Amber urine			

PREPARED BY (Signature & Title)

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

DATE

ICU #1 [Redacted]

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

NAME:

RANK:

AGE:

HISTORY/PHYSICAL

FLOW CHART

UNIT:

GENDER:

OTHER EXAMINATION OR EVALUATION

OTHER (Specify)

STATUS: US: AD / CIV

IRAQI: CIV / EPW

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 4700, MAY 78

USA PPC V2.09

[Redacted]

SPW

b(6)-4

MEDCOM - 19739

[REDACTED] 7-3 2

DATE: 29 SEP 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
BP INV	112/63	115/65	120/112	121/113	131/75	135/82	123/72	117/70	90/53	107/64	103/62	110/64	120/57	123/59	115/55	103/58	111/63	120/71	120/70	111/66	112/65	113/65	
BP NIBP	117/72	119/70	122/74	109/63	135/82	135/84	128/78	110/71	107/68	107/65	110/66	110/64	120/57	123/59	115/55	103/58	111/63	120/71	120/70	111/66	112/65	113/65	
TEMP	101.2	101.2			101.2			101.4		101.4	101.4	101.4	101.4	101.4	101.4	101.4	101.4	100.8	100.9	100.9			
PULSE	111	112	114	114	125	124	121	118	123	123	118	125	128	119	115	125	128	120	119	111	112	121	1023
RESP	20	18	17	17	17	17	17	17	17	17	17	17	17	17	17	20	37	37	26	16	19	19	11
SPO2	100	100	100	98	90	93	99	100	100	95	95	94	95	97	96	97	96	97	100	100	100	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%
PEAK	31	29	28							32	32												
SUGAR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
INPUT																							
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
WPB	100	850																					
Hcp	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
WVsd	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
WScd	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
WSc	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
NGT																							
O.R. IN																							
SUB TOTAL	134	409	159	159	159	159	259	159	159	159	159	159	159	409	159	159	159	159	184	184	184	184	184
TOTAL	134	543	702	861	1020	1179	1238	1597	1756	1915	2074	2233	2392	2890	3049	3208	3367	3526	3685	3844	3980	4124	4248
OUTPUT																							
URINE	200	200	180	180	180	180	180	200	200	180	180	180	180	200	200	200	200	200	180	180	180	180	180
NGT																							
STOOL																							
O.R. OUT																							
SUBTOTAL					580						180												
TOTAL	200	1100	580	740	1320	1420	1600	1800	2000	2300	2600	3000	3110	3170	3416	3616	3816	4016	4196	4316	4496	4616	4876
BALANCE																							

MEDCOM - 19740

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form AR 40-65, the proponent agency is the Office of The

General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		Time:	Initials:	Time:	Initials:
N				1830	[Redacted] b/c-2
E	Pupils	1-2mm sluggish, sclera edema		2mm round BRISK	[Redacted]
U	Sensorium	oriented Sedated mscu/ruscid long		PT SEDATED C VERSED @ 5MG/HR	
R	LOC / GCS	vec 7mg		MSCU 5MG/HR VEC @ 4MG/HR	
O				PT C RESPONSE EVIDENCE OF INTENT	
C	Cardiac Rhythm	ST-108-120's. LRR w/o ectopy		ST 110-120S S1, S2 ⊕ PULSES	
A	PRI / QRS:	+1-2 pulses throughout		24 THROUGHOUT; H TRACE	
R	Pulse Strength	CR hard to detect to LE, 4th post		EDS THROUGHOUT.	
D	Cap Refil / JVD	CR L base throughout		⊕ JVD	
I	Edema	⊕ generalized edema throughout			
A	Chest Pain				
C					
R	Respiratory Pattern	ETT #8 22 @ up / simv / R16 / S00 / S01 / S		ETT #8 24 @ TEETH SIMV 16 TV	
E	Breath Sounds	SPR 2-98% BBS ⊕ TV chest: rhonchi		800-805 FIO2 90%. PEEP 5 PIP 30S	
S	Secretions	-chacklo noted throughout. ETT suction		RHONCHI THROUGHOUT BILATERAL	
P	Cough	2 yellow secretions - moderate amt.		ETT suction copious thick yellow	
S	Color	NER - dry on feet ⊕ cracks in		WHITE SECRETIONS ⊕ DEX REFLEX	
K	Integrity	soles. generalized edema noted		WNL WARM, DRY. MILD ABD	
I	Backside	throughout. midline ABD inc. puncta elp		INCISION STERIL STRIPS OTA S S/S OF	
N				INFECTION. RLR C PUNCTURE WOUND	
	Access Devices	⊕ SCTL Patent all ports flush		FROM GSW DRESSING INTACT	
I	Location	WNL. ⊕ Radial art line		⊕ SCTL ALL PORTS PATENT C	
V	Condition	All intact. 188 corrallatu ⊕ NBP		EASY FLUSH AND ⊕ BLOOD RETURN	
	Abdomen	Midline inc/steri strips - cap/well		⊕ RADIAL Δ-LINE MAPS 60-70S.	
G	Bowel Sounds	approximated. RLQ - puncture wound		SOFT ND C MIDLINIE. INCISION	
I	Stoma/Ostomy	⊕ drsing over per. Res. BS - hypo-		STERIL STRIPS OTA. S S/S INFECTION	
		active to all quads. NBT to ⊕ mare -		BS ⊕ NBT ⊕ MARE TO LBS	
		LWS.			
G	Device	#16 Foley - ⊕ ~70 cc AMBER URINE		FTZ CLEAR DARK AMBER	
U	Color / Clarity	⊕		QS URINE. [Redacted]	

PREPARED BY

[Redacted] b/c-2

DEPARTMENT/SERVICE/CLINIC

ICU #1, [Redacted] b/c-2

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

NAME: RANK: AGE: GENDER: UNIT: STATUS: US: AD / CIV IRAQI: CIV **EPW**

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

DA FORM 4700, MAY 78

USAPPC V2.00

[Redacted] b/c-4

MEDCOM - 19741

DATE: 28/9/03

1042

Any words in PC

EPMU



9-5-03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	
BP INV	136/94	147/100	151/100	129/100	120/84	130/93	124/89	118/86	115/83	109/82	109/83	123/90	109/80	113/82	102/86	112/85	107/83	111/84	110/85	112/85	109/80	112/85	109/80	112/85
BP NIBP	107/73	124/84	123/77	123/72	114/71	124/83	117/70	127/82	107/81	107/72	120/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81	109/81
TEMP	100.9	100.9	100.9	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2	100.2
PULSE	112	115	109	105	105	114	112	109	105	117	103	112	110	109	109	102	102	107	106	103	119	126	120	112
RESP	16	16	17	20	16	17	16	17	15	17	16	16	16	16	16	16	16	16	16	16	16	16	16	16
SP02	90%	98	96	97	98	98	98	97	98	98	97	98	98	98	98	98	98	98	98	98	98	98	98	98
FI02	65%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Peak	40	34	29	28	33	34	35	33	35	30	31	31	30	32	30	30	31	30	33	33	34	34	32	31
NAKs																								
SUGAR IN		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
INPUT																								
IV MIXF	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
VVP	100	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250
WDR	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
VERSED	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
MS04	4	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
V06	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
H07																								
GR-IN																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	180	136	120	90	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
NGT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STOOL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
O.R. OUT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUBTOTAL	180	130	120	90	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
TOTAL	180	310	430	520	590	660	730	800	820	720	830	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100	1100
BALANCE																								

MEDCOM - 19742

REPORT TITLE
INTENSIVE CARE NURSING FLOW

T

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

N		Time: 0630 Initials: [redacted] b(6)-2	Time: 2000 Initials: [redacted] b(6)-2
E	Pupils	Yupile mm x non reactive	1mm non reactive
U	Sensorium	oriented & oriented 5mg/hr MSO4 4mg/hr	oriented & paralyzed
R	LOC / GCS	paralyzed & Ucc 7mg/hr	oriented 5mg/hr, MSO4 4mg/hr
O			vercuronium 7mg/hr
C	Cardiac Rhythm	Sinus tachycardia & HR in low	ST & HR 110's
A	PRI / QRS:	one beat. 01 palpable pulses	Palpable pulses 1+ @
R	Pulse Strength	in all extremities. no evidence	unable to assess strength
D	Cap Refil / JVD	of JVD or edema noted & present	& edema noted
I	Edema	triv	
A	Chest Pain		
C			
R	Respiratory Pattern	#8 ETT, 24e teeth simv 12,	vent, = chest expansion
E	Breath Sounds	TV 800, Resp 10, FIO 50% 50%	#8.0 ETT 24e teeth simv
S	Secretions	95-98% lung sounds clear	R/L P10 TV 800 FIOa 70%
P	Cough	& rhonchi noted in lower @	@ lower sounds & rhonchi
S	Color	color normal for race. no	diminished @LL
K	Integrity	evidence of skin breakdown	Normal & skin incision
I	Backside	noted	approximated. No skin
N			breakdown
	Access Devices	@ subclavian TC, Rga @ forearm	(R) SC triple lumen, 18G @
I	Location	patent & edema erythema	FA, (L) Rad Arter
V	Condition		patently flushes. 0 SS infection
	Abdomen	Abdomen round & slightly	round & hypoactive bowel
G	Bowel Sounds	distended & skin strips to	sounds. Midline ABD incision
I	Stoma/Ostomy	incision. Hypoactive bowel	& skin strips
		sounds noted	
G	Device	Foley to gravity draining	Foley to BSO
U	Color / Clarity	dark amber urine	amber urine

PREPARED BY: [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: (5)(2)(2)

DATE: 27 Sept 03

PA: [redacted] b(6)-2
When entries give: Name - last, first, middle; grade, date, hospital or military facility)
 NAME: [redacted] RANK: [redacted] AGE: [redacted]

UNIT: [redacted] 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)

P.T.'S NAME:

[redacted] 1310

DATE:

27 Sept 73

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
BP INV	123/50	127/50	128/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52	129/52
BP NIBP	112/63	115/63	115/57	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61	109/61
TEMP	97.6				100.0			101.3											101.6				100.8
PULSE	110	112	107	106	111	109	112	121	115	108	105	112	119	114	111	121	116	110	107	117	114	107	108
RESP	10	14	21	12	12	12	12	12	17	17	17	17	18	17	17	16	18	17	16	16	16	16	16
SP02	95	96	94	94	93	94	95	93	93	96	99	95	93	96	97	94	98	94	95	98	96	97	98
FI02	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
POUR	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT
INPUT																							
WASTONS	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
HEAVEN	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
NGUY	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
WATER	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
POUR	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
NOT POUR																							
O.R. IN																							
SUB TOTAL																							
TOTAL																							
OUTPUT																							
URINE	70	60	80	60	100	80	60	70	110	70	60	50	45	45	12	30	435	100	155	100	100		
NGT																							
STOOL																							
O.R. OUT																							
SUBTOTAL																							
TOTAL																							
BALANCE																							

MEDCOM - 19744

INITIAL SHIFT ASSESSMENT

(b)(2)

	Time: [redacted] ls: [redacted]	Time: 20C vitals: [redacted]
Pupils	Perrla	Imm sluggish but reactive
Sensorium	Follows commands	Sedated, paralyzed
LOC / GCS	Alert	
Cardiac Rhythm	NSR in 110's 120's	ST in 110's
PRI / QRS:	S, S2	
Pulse Strength	+2 x4 extremities	2+ palpable edema
Cap Refil / JVD	<3sec \emptyset JVD	3sec CR
Edema	\emptyset	
Chest Pain		
Respiratory Pattern	Equal rise + fall	Vent. Equal chest expansion
Breath Sounds	CTA Bilat	CTA (L) lobe (R) LL diminished \bar{c} crackles. White oral secretions
Secretions	\emptyset	#8.0 24 teeth SIMV RIV P10 TV80 100%
Cough	Productive cough	
Color	Normal	Normal
Integrity	Intact	Intact \bar{c} midline ABD incision well approximated \bar{c} skin strips to site
Backside		Abck area \bar{c} skin tear approx 1" long
Access Devices	Central Triple lumen	RISC tube, 18G RIV, (L) Rad Arter
Location	(L) subclavian	All sites patent \bar{c} SIS
Condition	C/O/E \emptyset SIS of infection	of infection
Abdomen	Soft NT/ND	Soft, \bar{c} active bowel sounds x 4 quads. Old drain site to RLL \bar{c} scant amt old drng
Bowel Sounds	\emptyset BS x4 Quadrants	
Stoma/Ostomy		
Device	Foley	Foley to BSD
Color / Clarity	Clear (Yellow)	dark yellow \rightarrow amber urine cloudy in appearance

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)

DATE 26 Sep 03

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

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

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (S, M, S, P)

DA FORM 4700, MAY 78

USA FPO V2 00

MEDCOM - 19745

PAT'S NAME



DATE: 26 Sep - 27 Sep

CHB UNIT INT
CARE

Substituted

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
INV	108	108	108	108	108	108	108	108	108.5	108	108	108	108	108	108	108	108	108	108	108	108	108	108	108
NIBP	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/	59/
TEMP	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3
PULSE	116	112	110	112	112	110	115	115	115	117	113	118	114	116	115	116	116	114	114	114	116	112	112	113
RESP	34	30	32	25	28	29	25	25	25	25	24	14	17	16	14	14	14	14	14	14	14	12	12	13
SPO2	92	93	97	98	95	99	95	95	95	95	91	95	97	100	98	90	80	90	90	90	97	97	97	94
FI02	1L	1L	1L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L	1.5L
PRIL	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
UP B						2																		
Washed																								
Vegetarian																								
PRBC																								
POISON																								
NGT																								
STOOL																								
URINE	144	57	154	25	25	60	48		390	360														
TOTAL	125	250	375	500	625	750	875	1000	1125	1250	1375	1500	1625	1750	1875	2000	2125	2250	2375	2500	2625	2750	2875	3000
OUTPUT																								
OR OUT																								
SUBTOTAL																								
TOTAL	150	300	375	400	460	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

NITIAL SHIFT ASSESSMENT

(b)(2)-2

N	Time:	Initials:	Time: 1845	Initials:
E	Pupils	Perla	3mm	Perla
U	Sensorium	Moves all 4 Qs	Follows simple commands	
R	LOC / GCS	Alert	2 language barrier	
O				
C	Cardiac Rhythm	NSR	ST @ 110	
A	PRP / QRS	S, S ₂	2 pulses x4 ext. - as	
R	Pulse Strength	+3 x4 Extrem.	refill <3sec x4 @ JVD	
D	Cap Refil / JVD	<3secs @ JVD	Edema, @ CP	
I	Edema	φ		
A	Chest Pain	φ		
C				
R	Respiratory Pattern	RRR equal rise + fall	RRR bilaterally, rates on	
E	Breath Sounds	Rales	inspiration, @ secretion	
S	Secretions	φ	@ cough production @	
p	Cough	φ productive cough	green phlegm	
S	Color	Normal	Normal for race, midline	
K	Integrity	chest tube @ side intact	ABD incision @ sternal strips	
I	Backside		ENT, handle @ flank	
N				
	Access Devices	① @ subclavian - Central Trip	① subclavian triple lumen	
I	Location	① subclavian	= 15 1/2 NS @ 20R @ 125cc/HR	
V	Condition	C/D/I @ s+s of infection	to medial part, unable to	
		15 1/2 + 2φ @ 125cc/hr	flush distal + proximal ports	
	Abdomen	soft NT/ND	soft, non distended, tender to	
G	Bowel Sounds	BS x4	midline, @ BS x4	
I	Stoma/Ostomy	φ	@	
G	Device	Foley	Foley to grossly	
U	Color / Clarity	Amber >30cc/hr	dark amber / 125cc	

PREPARED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC (b)(2)-2 DATE _____
 ICU #1 _____

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

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

PAGE NUMBER

EPW



7-13-11

DATE:

25 Sep - 26 Sep

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
INVT	100	12	101	101	104	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122
Bp NIBP	98/72	98/88	106	107	103	101	99	105	104	102	105	107	102	111	115	114	116	121	112	111	113	109	106	100
TEMP	36.7	36.8	36.7	36.7	36.5	36.1	36.2	36.5	36.4	36.2	36.3	36.2	36.3	36.4	36.3	36.2	36.3	36.4	36.3	36.2	36.3	36.4	36.3	36.2
PULSE	106	104	106	107	103	101	99	105	104	102	105	107	102	111	115	114	116	121	112	111	113	109	106	100
RESP	25	23	26	35	25	27	22	20	24	16	13	30	30	29	36	33	42	45	32	32	43	42	43	43
SFO2	94	91	100	100	100	100	100	100	99	98	99	98	98	94	93	94	94	94	94	94	94	94	94	94
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
Mask			Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask	Mask
IV	125	125	105	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
Med																								
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	35	75	100	100	55	400	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55
NGT																								
STOOL																								
O.R. OUT	75	75	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SUBTOTAL	75	150	150	250	350	450	550	650	750	850	950	1050	1150	1250	1350	1450	1550	1650	1750	1850	1950	2050	2150	2250
TOTAL	75	150	150	250	350	450	550	650	750	850	950	1050	1150	1250	1350	1450	1550	1650	1750	1850	1950	2050	2150	2250

MEDCOM - 19748

INITIAL SHIFT ASSESSMENT

b(2)-2

N		Time: 0630	Initials: [Redacted]	Time: 1830	Initials: [Redacted]
E	Pupils	Pupils 3mm Dark		3mm Dark	
U	Sensorium	Pt is alert + responsive to verbal stimuli.		responds to verbal stimuli appropriately	
R	LOC / GCS				
O					
C	Cardiac Rhythm	ST-He the 101 ECG		ST @ 117	
A	PRI / QRS:	+2 pulse throughout, Cap		@ 2 pulses x 4 ext. Cap	
R	Pulse Strength	Ref + 3sec ECG noted		refill < 3secs - @ JVD	
D	Cap Refil / JVD	as this time		@ edema @ CP	
I	Edema				
A	Chest Pain				
C					
R	Respiratory Pattern	Bilateral rise + fall of chest, rales still present		@ rise + fall, @ rales throughout - SFM @ 6LPM	
E	Breath Sounds	Bilaterally, or on NIC on 3L		S=O ₂ 99%, encourage use of IS, cough + deep breath	
S	Secretions	500 cc @ 125cc/hr in previous 24hrs			
P	Cough				
S	Color	Normal to rose - skin is warm + dry. @ Flank tenderness to incision sites. CDI.		Normal for race, sternal strips to mid-ABD incision	
K	Integrity			CPT, DRSG to @ Flank	
I	Backside			CDI	
N					
	Access Devices				
I	Location	R subclavian central line CDI		@ subclavian CDI, DS 1/2 NS	
V	Condition	@ 5L of urine DS 1/2 NS		@ 20cc @ 125cc/hr in previous 24hrs	
G	Abdomen	Abdomen soft non-tender		ABD soft non-distended	
B	Bowel Sounds	BS x 4 @ BM as per TUE.		@ BS x 4 @ BM @ 11/11/88	
I	Stoma/Ostomy				
G	Device	Foley to gravity down		Foley to gravity, amber	
U	Color / Clarity	Clear colored urine as per TUE.		urine, clear	

PREPARED BY: (Signature & Title)

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

ICU # [Redacted]

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

NAME: # [Redacted] RANK: AGE:

UNIT: b(2)-4 GENDER: ♂

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

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

PT'S NAME

[REDACTED] EPM

DATE:

24 SEP 03

520

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
INVT																								
IIBP	109/66	105/64	123/61	117/65	91/57	92/59	99/59	125/64	110/65	117/69	108/65	108/62	115/62	112/60	101/57	104/70	104/70	103/63	110/61	109/61	107/56	109/63	107/64	105/61
MP	99.2																							
PULSE	101	104	107	107	114	112	114	110	114	115	111	112	116	107	114	120	117	117	109	117	117	112	105	104
RESP	24	21	20	23	35	39	33	29	29	38	29	29	26	26	27	37	32	37	36	38	37	41	24	27
SPO2	93	96	96	96	89	93	95	97	96	96	98	98	97	96	97	100	100	96	98	98	96	93	94	98
FI02	86	91	91	91	91	91	81	66	81	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66
MedFlow	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
INPUT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
MEAS								50								50								50
ACTIV								5																5
PO																								
NGT																								
OR, IN	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
SUB TOTAL	125	250	375	500	625	750	875	1175	1300	1425	1550	1675	1800	1925	2050	2225	2350	2475	2600	2725	2850	2975	3100	3225
TOTAL	125	250	375	500	625	750	875	1175	1300	1425	1550	1675	1800	1925	2050	2225	2350	2475	2600	2725	2850	2975	3100	3225
OUTPUT																								
URINE	200	150	450	800	800	800	500	400	250	200	150	100	100	100	100	100	100	100	100	100	100	100	100	100
NGT																								
STOOL																								
Metabolic	10																							
CAT'S																								
OR, OUT	210	150	450	800	800	800	500	400	250	200	150	100	100	100	100	100	100	100	100	100	100	100	100	100
SUBTOTAL	210	150	450	800	800	800	500	400	250	200	150	100	100	100	100	100	100	100	100	100	100	100	100	100
TOTAL	210	150	450	800	800	800	500	400	250	200	150	100	100	100	100	100	100	100	100	100	100	100	100	100

MEDCOM - 19750

INITIAL SHIFT ASSESSMENT

(b)(2)-2

N		Time: 0600	Initials: [Redacted]	Time: [Redacted]	Initials: [Redacted]
E	Pupils	PERRL @ 2mm PT		3mm BRISK EQUAL ROUNDS	
U	Sensorium	is Alert + responsive to		INTACT C ABILITY TO HEAR	
R	LOC / GCS	verbal stimuli.		EQUAL STRENGTH.	
O				PATIENT FOLLOWS COMMANDS	
C	Cardiac Rhythm	ST IM 105 @ Roshel + pedal		ST IN LOW 100% OF ECTOPY	
A	PRI / QRS	pulse B.I. cap ref + 3 sec.		SKIN WARM C 2+ PULSES	
R	Pulse Strength	① Edema noted @ proximal		THROUGHOUT; CAP REFILL	
D	Cap Refil / JVD			BRISK.	
I	Edema			① EDEMA NOTED @ THIS TIME	
A	Chest Pain				
C					
R	Respiratory Pattern	Bilateral rise + fall of chest.		NT IN PULSE @ NARE	
E	Breath Sounds	mild heard Bilateral. pr on		UNLABORED EVEN C EQUAL	
S	Secretions	S/L mask @ 6L. pr is		EXPANSION OF CHEST.	
P	Cough	caching Cough color sputum.		BBS CTA C SLIGHT RHOUGH	
S	Color	Skin is clean + dry. WNL for		UPPER LOBES. NC 6L @ 96%	
K	Integrity	wound ① noed lavender EDI ②		ITS Q 1° 6-10 REPS C COUGH / DEEP BREA	
I	Backside	② Urinary or S/S of ulcers.		NORMAL FOR RACE, WARM AND	
N				DRY. ② FLANK HEAVY TO	
	Access Devices	Central line ② occluded ③ S/S		VACUUM SUCTION. DRSG TO [Redacted]	
I	Location	of ulcers or ulcers. DS 1/2 NS		① SIDE D/I MIDLINE INCLINATION	
V	Condition	20kda @ 125cc/hr via proximal		STERI STRIPS. INTACT WEA APPROPRIATE	
		medial + dorsal Plaster cell.		S/S OF INFECTION.	
				② SCL CONTROL LWE C LINES	
	Abdomen	Abdomen soft non-tender 15x4		INTACT AND EXTENT ③ S/S OF	
G	Bowel Sounds	mid low to - retro upper abd.		C INSERTION SITE.	
I	Stoma/Ostomy	Ulcer noted. OCC Bright color blood.		ABD SOFT. MILDLY DISTENDED	
				NON-TENDER BS (+)	
				③ BM [Redacted]	
G	Device	Delay to primary dress clean		FIB VOIDING QS YELLOW	
U	Color / Clarity	color was.		CLEAR URINE.	

PREPARED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC (b)(2)-2 DATE _____

ICU #1 [Redacted]

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

NAME: _____ RANK: _____ AGE: _____

UNIT: _____ GENDER: _____

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

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION. OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

37 y.o S/P E X/D

EPW H 796

Admitted 23 SEPT 03
15 SEPT 03

PAT NAME: 4 days HMO

H/H 13.1 Hct 9.2g

Abg 11 g/dl Hct 33.2% Today 23 SEPT 03
Ordering 2100m in 22 SEPT

Next CBC

DATE: 23 SEPT 03 - 24 SEPT 03

~~Autopsy - Thursday~~
~~Monday - Autopsy~~

FILE 16R
E Jdm

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
TEMP	99.1	103	103	103	106	107	111	105	104	105	106	103	104	109	110	111	113	110	103	99	102	97	98	102
PULSE	116	103	123	115	106	107	111	105	104	105	106	103	104	109	110	111	113	110	103	99	102	97	98	102
RESP	28	25	32	25	25	25	24	25	25	29	29	29	23	20	21	20	21	27	24	22	23	21	22	20
SPO2	97	98	92	94	98	98	97	98	99	97	97	97	97	95	95	95	97	96	96	99	99	99	98	96
FI/O2	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L	6L
METHOD	SFM	SFM	SFM	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR	DIR
INPUT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
NGT																								
OR IN	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
SUB-TOTAL	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
TOTAL	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
OUTPUT																								
URINE	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
NGT																								
STOOL																								
HEAVY METAL	10																							
CAFFEINE																								
OR OUT	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SUB-TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

MEDCOM - 19752

INITIAL SHIFT ASSESSMENT

		Time:	Initials:	Time:	Initials:
N					
E	Pupils	PERLA, 3mm (B); Best response to light			
U	Sensorium	movement of all extremities upon command			
R	LOC / GCS	obed & responds to all verbal commands & gestures.			
O					
C	Cardiac Rhythm	S/E 110 bpm currently			
A	PRL / QRS:	S, J, S @			
R	Pulse Strength	+ palpable pulse in all four extremities.			
D	Cap Refil / JVD	< 3secs x 4 extremities / @ JVD			
I	Edema	Minimal edema noted			
A	Chest Pain	absent			
C					
R	Respiratory Pattern	RR 20's; SaO2 > 95% on 2L O2 PC			
E	Breath Sounds	Rales in all four lung lobes			
S	Secretions	Minimal			
P	Cough	+ productive cough, intermittently to IS exercise (sputum clear); @ nasal trumpet in place			
S	Color	normal for nationalities			
K	Integrity	intact xlt on n/e / low back induration			
I	Backside	Dt. Swath (per Dr. Bergman)			
N					
I	Access Devices	#18ga AC patent / intact (LAC 200)			
V	Location	#18ga (L) AC patent / intact			
	Condition	@ removal cordis hepbach (flush & difficulty)			
		@ radial alive patent / intact			
G	Abdomen	Somewhat distended, tender			
I	Bowel Sounds	absent throughout; NB ILS (green tinged bile)			
	Stoma/Ostomy	hypovolemic @ I/Q intact			
		with no abd discolor (G, D, I)			
G	Device	foley cath intact			
U	Color / Clarity	yellow, clear.			
		U/O ~ 150u/h			

PREP: [redacted] / [redacted] (b)(6)-2
 DEPARTMENT/SERVICE/CLINIC: (b)(2)-2 ICU # [redacted] DATE: 20 Sep 03
 PATIENT IDENTIFICATION: [redacted] (typed or written entries give: Name - last, first, middle; date of birth; or medical facility)
 NAME: # [redacted] RANK: AGE: HISTORY/PHYSICAL FLOW CHART
 UNIT: (b)(6)-4 GENDER: ♂ OTHER EXAMINATION OR EVALUATION OTHER (specify)
 STATUS: US: AD / CIV IRAQI: CIV EPW DIAGNOSTIC STUDIES
 TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 19754

blat-d

1-STAT G3+
 Pt: [redacted] (b)(6)-2
 Pt Name:
 TC02 28 mmol/L
 At 370
 PH 7.468
 PCO2 36.5 mmHg
 PO2 122 mmHg
 PCO3 25 mmol/L
 BEecf 2 mmol/L
 S02* 99 %
 #calculated

Sample Type:
 26SEP90 21:15
 Oper: [redacted]
 Physician:
 Serv: [redacted]
 Ver: [redacted]

Operator: [redacted]
 Serv: [redacted]

1-STAT G3+
 Pt: [redacted] (b)(6)-2
 Pt Name:
 TC02 24 mmol/L
 At 370
 PH 7.484
 PCO2 30.5 mmHg
 PO2 96 mmHg
 PCO3 23 mmol/L
 BEecf -1 mmol/L
 S02* 98 %
 #calculated

Sample Type:
 27SEP90 08:15
 Oper: [redacted]
 Physician:
 Serv: [redacted]
 Ver: [redacted]

Operator: [redacted]
 Serv: [redacted]

1-STAT G3+
 Pt: [redacted] (b)(6)-100
 Pt Name:
 TC02 26 mmol/L
 At 370
 PH 7.481
 PCO2 33.8 mmHg
 PO2 122 mmHg
 PCO3 25 mmol/L
 BEecf 2 mmol/L
 S02* 99 %
 #calculated

Sample Type:
 26SEP90 16:15
 Oper: [redacted]
 Physician:
 Serv: [redacted]
 Ver: [redacted]

Operator: [redacted]
 Serv: [redacted]

1-STAT G3+
 Pt: [redacted] (b)(6)-d
 Pt Name:
 TC02 27 mmol/L
 At 370
 PH 7.411
 PCO2 46.1 mmHg
 PO2 122 mmHg
 PCO3 25 mmol/L
 BEecf 2 mmol/L
 S02* 98 %
 #calculated

Sample Type:
 26SEP90 16:15
 Oper: [redacted]
 Physician:
 Serv: [redacted]
 Ver: [redacted]

Operator: [redacted]
 Serv: [redacted]

1-STAT G3+
 Pt: [redacted] (b)(6)-100
 Pt Name:

TC02 26 mmol/L
 At 370
 PH 7.440
 PCO2 37.5 mmHg
 PO2 140 mmHg
 PCO3 25 mmol/L
 BEecf 1 mmol/L
 S02* 95 %
 #calculated

Sample Type:
 26SEP90 21:15
 Oper: [redacted] (b)(6)-2
 Physician:
 Serv: [redacted]
 Ver: [redacted]

INITIAL SHIFT ASSESSMENT

N	Time: 0715 hrs	Initials: [redacted] (b)(2)-2	Time: 1838	Initials:
E	Pupils	3mm e PEARLA (B)	3mm PEARLA B ₁ ocular	
U	Sensorium	⊕ movement all extremities & apprehension of all quadrig; Alert / responds to all commands appropriately.	moves all extremities (R) ocular weakness ⊕ hip secondary to injury. Alert orient x3 Arabic primary language.	
R	LOC / GCS			
O	Cardiac Rhythm	STC @ 115 bpm	ST 12L range 100s - 120s	
C	PRI / QRS:	S, S, S @	S, S, S 5 minurs	
A	Pulse Strength	3+ palpable pulses x 4	3+ upper 2+ lower	
R	Cap Refil / JVD	< Bscs all light. ⊕ JVD	23 sec 1 ⊕ JVD	
D	Edema	minimal ⊕ focal	⊕ forearm edema noted ⊕	
I	Chest Pain	Absent.	absent (Puch cough 8x 10cm edema)	
A	Respiratory Pattern	Tachypneic @ 32. ⊕ SOB / ⊕ difficulty breathing	Clear sallow respirations guarded	
R	Breath Sounds	Rales in lobes Venturi mask (40%) SpO ₂ 97%	thick green to tan production of 1° IS ⊕ Cough Deep	
E	Secretions	greenish, thick sputum	productive	
S	Cough	(Productive ⊕. IS exercises are rel. tx's)	productive	
S	Color	normal for nationality	NFR	
K	Integrity	intact throughout.	intact	
I	Backside	intact (⊕ skin breakdown)	⊕ shin	
N	Access Devices	⊕ femoral dressing (⊕ c & cond's)		
I	Location	⊕ SC triple lumen patent/intact	⊕ SC tri lumen	
V	Condition	⊕ radial a-line → non functional	PIV AC (R)(L) 18L	
		⊕ #18 ga AC patent/intact heparin	patent 5 SLS of indention irritable man: PS h NC 20MEq KLL	
		⊕ D5 1/2 to 20K @ 125cc/hr	Flowed hnd distended stretch active PS	
	Abrdomen	Round tend.	Remove around of shift	
G	Bowel Sounds	hyperactive intermittently otherwise absent		
I	Stoma/Ostomy	⊕ flat hernia ⊕ 2nd output @ 3-4hr		
		mildly all incision ⊕ steri-strips		
C	Device	foley cath (16 ga) gravity drain	FIL 16 Fr ⊕ gravity	
U	Color / Clarity	⊕ Amber ⊕ output ~ 125cc/hr	Amber ⊕ yellow	

Signature & Title: [redacted] DEPARTMENT/SERVICE/CLINIC: (b)(2)-2 ICU #: [redacted] DATE: 21 Sep 03

NAME: # [redacted] RANK: [redacted] AGE: [redacted] GENDER: [redacted]

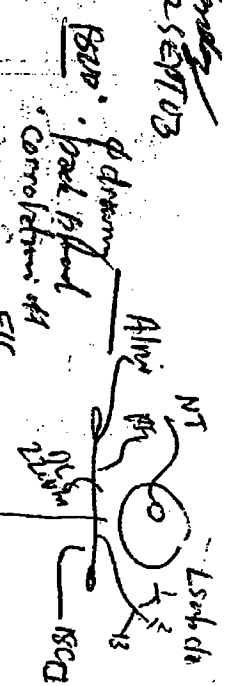
STATUS: US: AD / CIV IRAQI: CIV / EPW

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

DA FORM 4700, MAY 78

OK GSW & RMD
 gp Ex for
 DOS 19 SEPT 03
 7-3

Sunday - Monday
 21 - 22 SEPT 03



BP INV	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
BP NIBP	110/74/110/74	109/70/102/64	108/70/98/70	111/65/111/65	117/70/98/70	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71	117/71/107/71
TEMP	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	
PULSE	115	114	114	107	109	110	108	110	116	116	111	111	128	121	121	122	120	112	112	113	110	114	114	114	
RESP	32	29	34	30	28	28	32	31	34	36	36	36	30	30	30	32	27	28	28	28	25	26	26	26	
SPO2	99%	99%	99%	99%	99%	98%	98%	97%	97%	98%	99%	99%	95	95	95	97	97	97	95	95	97	97	97	97	
FI O2	40%	40%	40%	40%	40%	41	41	41	41	41	41	41	42	42	42	42	42	42	42	42	42	42	42	42	
Flow	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	
IBBP	90	99	99	88	84	87	87	87	89	91	88	88	76	76	76	76	76	76	76	76	76	76	76	76	
INPUT																									
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
MEAS																									
Arched																									
H-O																									
HGT																									
O.R. IN																									
SUB TOTAL	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
TOTAL	125	350	375	500	625	750	875	1000	1125	1250	1375	1500	1625	1750	1875	2000	2125	2250	2375	2500	2625	2750	2875	3000	
OUTPUT																									
URINE	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
NGT																									
STOOL																									
Hemorrh	70								70																
O.R. OUT	145	125	200	350	470	590	710	830	950	1070	1190	1310	1430	1550	1670	1790	1910	2030	2150	2270	2390	2510	2630	2750	
TOTAL	145	290	490	740	1030	1370	1760	2190	2660	3170	3720	4310	4940	5610	6320	7070	7860	8690	9560	10470	11420	12410	13440	14510	

MEDCOM - 19757

INITIAL SHIFT ASSESSMENT

N		Time: 0620 Initials: [REDACTED]	Time: 0900 Initials: [REDACTED]
E	Pupils	Pupils 2-3mm +brn. Normal	3mm BRISK [REDACTED]
U	Sensorium	all extremities. Alert and appropriate	MAE
R	LOC / GCS		ALERT
O			
C	Cardiac Rhythm	NSR @ HR in upper 60's. @ palpable	ST @ HR 100s & [REDACTED]
A	PRE / QRS:	pulses in all extremities	PP ALL EXTREMITIES @ CAP
R	Pulse Strength	Cap refill < 3 seconds. No	REFILL < 3 SECONDS THROUGHOUT
D	Cap Refil / JVD	evidence of JVD or edema	JVD 0
I	Edema	noted @ present time.	ITRACE ELEM
A	Chest Pain		
C			
R	Respiratory Pattern	Lungs CTA bilaterally. O ₂	BBS CTA @ EQUAL INLUBERS
E	Breath Sounds	sats 96-100% on room air.	BREATHING. RR 20s.
S	Secretions		0 SECRETIONS
P	Cough		0 COUGH
S	Color	Color normal for race. No	SPO2 97-100% ON RA
K	Integrity	evidence of skin breakdown	NORMAL FOR RACE
I	Backside	noted @ present time.	INTACT @ SKIN BREAKDOWN PT
N			ABLE TO SHIFT DOWN WEIGHT
	Access Devices		AND THEN SELF PRN.
I	Location	18ga @ AR 18ga @ AR @ IL	@ AC 18G, @ AC 18G @ LR
V	Condition	intact @ 150cc/hr @ femoral	@ 200cc/hr. @ FEMORAL CATH
		coronary + @ radial Artery	PRESENT AND @ RADIAL A-LINE
			COORDINATING @ NIBP
G	Abdomen	Abdomen round + tender	AND SLIGHTLY DISTENDED AND ROUND
B	Bowel Sounds	@ 18ga x7 noted, clear dry,	@ @ TENDERNESS w/ palpation.
I	Stoma/Ostomy	contact. Hemovac draining	@ @ @ INTACT @ @ DRAINAGE.
		Moderate amt of bloody drainage	Hemovac in place @ @ @ @ @
G	Device	key to gravity draining	DRAINAGE NOTED IN @ @ @ @ @
U	Color / Clarity	adequate amt of yellow	DRAINAGE. Ftz @ @ @ @ @ @ @ @ @ @ @
		urine	

PREPARED BY: [REDACTED] b(6)-2 / CPT/Am

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

ICU #1: [REDACTED]

DATE: 19 Sept 03

PATIENT'S IDENTIFICATION: [REDACTED]

NAME: [REDACTED] RANK: [REDACTED] AGE: [REDACTED]

UNIT: b(6)-4 GENDER: ♂

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

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

DA FORM 4700, MAY 78

MEDCOM - 19758

Dr. Gun shot wound
S10 BX large

DATE: 19 SEPT 03 (20)
Saturday - Saturday
Abil-12 x 4cm
186 (2) NPT 1
186
16F

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
BP INV	75/46	75/63	87/52	87/53	75/57	87/52	80/50		114/58	123/60	124/55	109/60	111/57	121/62	122/60	111/64	109/62	109/54	104/54	104/54	104/54	104/54	104/54	104/54	104/54
BP NIBP	83/63	98/59	98/58	98/62	93/60	91/62	93/64	99/69	105/64	109/66	108/58	119/66	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65	109/65
TEMP	97.5					97.0			98.3																
PULSE	89	97	105	109	111	116	109	116	103	100	109	106	106	107	110	109	106	106	112	109	107	107	105	119	
RESP	20	22	28	21	15	18	22	28	20	12	20	27	27	21	24	22	22	21	22	22	22	22	22	24	
SP02	98%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
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	
MAP	66	75	83	79	67	71	62	74	79	75	70	77	76	79	80	76	73	72	74	74	74	74	74	74	
INPUT																									
IV	150	150	150	150	150	150	150	150	200	300	300	200	200	200	200	200	200	200	200	200	200	200	200	200	
N ₂ O																									
PO																									
O.R. IN																									
SUBTOTAL	150	1150	150	150	150	650	150	50	200	300	200	200	200	200	200	200	200	200	200	200	200	200	200	200	
TOTAL	50	1300	1450	1400	1750	2400	1550	3000	3400	3800	3700	4100	4300	4300	4300	4300	4300	4300	4300	4300	4300	4300	4300	4300	
OUTPUT																									
URINE	100	100	100	100	50	40	40	70	70	90	90	100	50	65	50	50	100	50	50	75	75	100	150	150	
NGT																									
STOOL																									
Primo Ure	340		340		370		240		140		200		50		25		90								
O.R. OUT																									
SUBTOTAL	340	100	440	100	320	40	280	70	210	90	90	400	460	65	50	50	250	50	75	75	100	75	75	75	
TOTAL	340	440	880	880	1300	1340	1820	1890	1900	2080	2480	2980	2980	2980	2980	2980	2980	2980	2980	2980	2980	2980	2980	2980	
BALANCE																									

MEDCOM - 19759

INITIAL SHIFT ASSESSMENT

N	Time: 0615	Initials: [Redacted] b(6)-2	Time:	Initials:
E	Pupils	PERIOD AMM - [Redacted]		
U	Sensorium	Pt Alert		
R	LOC / CCS			
O				
C	Cardiac Rhythm	ST HR 112 ⊕ Radial & pedal		
A	PR / QRS	Pulses bil. Cap refill 2-3 sec		
R	Pulse Strength	@ finger nail & toenail beds		
D	Cap Refil / JVD	bil.		
I	Edema			
A	Chest Pain			
C				
R	Respiratory Pattern	= rise & fall of chest bil.		
E	Breath Sounds	diminished & 100% bil. Clear		
S	Secretions	r. lobes		
P	Cough			
S	Color	WNL for race		
K	Integrity	edema noted to lumbar area		
I	Backside			
N				
I	Access Devices	central line @ subclavian		
V	Location	5538 intake - Bunk # 40		
V	Condition	NOTED 11/8/85 15:20 @ 125 c/hr		
		Via proximal line, Medial 10/25/85 flush well.		
G	Abdomen	ABD soft nondistended, BBL		
G	Bowel Sounds	small & gurg. Midline incision		
I	Stoma/Ostomy	E strip strips CD. Hemovac		
G	Device	TDR @ intub - PSG small ant		
U	Color / Clarity	to body drainage noted on PSG		
		TDR to drainage - Ampen		
		color white noted on Foley		
		Dag		

PREPARED BY: [Signature & Title] DEPARTMENT/SERVICE/CLINIC: (b)(2)-2 DATE: []

ICU #: [Redacted]

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

NAME: RANK: AGE: HISTORY/PHYSICAL FLOW CHART

UNIT: GENDER: OTHER EXAMINATION OR EVALUATION OTHER (Specify):

STATUS: US: AD / CIV IRAQI: CIV ? EPW DIAGNOSTIC STUDIES

TREATMENT

DA FORM 4700, MAY 78

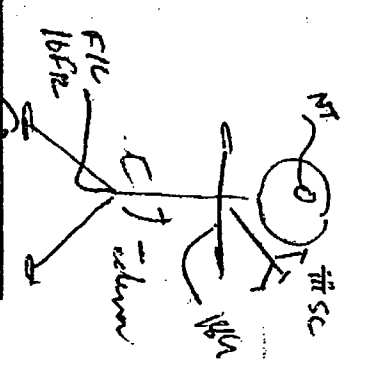
USAFFO V2.00

MEDCOM - 19760

APR 37/10 S10 Ex 10p
 19 SEP 03
 2105-4

H/A Hgt 72 HCT 24³/₁₆
 US sec Program Note
 OPUS → AB POS
 4634021
 1st unit blood
 1420 - 1554
 OPUS → AB POS
 4634002
 2nd unit blood
 1625 to 1820

23 SEP 03
 H/A Hgt 72 HCT 24³/₁₆
 US sec Program Note
 OPUS → AB POS
 4634002
 2nd unit blood
 1625 to 1820



BP INV	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
NI BP	110	110	105	105	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
RESP	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
SP02	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
FI02	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
Method	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
INPUT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
OUTPUT	200	100	100	100	50	180	275	175	200	350	285	250	200	200	200	200	200	200	200	200	200	200	200	200	200
SUB TOTAL	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
TOTAL	250	325	500	625	950	975	1700	1325	1650	1745	2350	945	600	8745	2926	3050	3153	3300	3425	3550	3675	3800	3925	4050	4175
URINE																									
NGT																									
STOOL																									
PO																									
NGT																									
OR IN																									
SUB TOTAL																									
TOTAL																									
OR OUT																									
SUB TOTAL																									
TOTAL																									

MEDCOM - 19761

MEDICAL RECORD-SUPPLEMENTAL MEDICAL FORM A

For use of this form, see AR 40-55; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 19 SEP 03 Anesthesia Type (Circle): General Spinal Epidural
Time In: 0357 IV Sedation Nerve Block
Allergies: NKDA OR Intake: Crystalloid 4200 Colloid 1u PRBC
Pre-op V/S: 80/40 P96 OR Output: UOP 300 EBL 500
Procedures: Ek CAP Meds/Times: 250 Pant/10mg MSK

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds and History table with columns for Time, SaO2, FIO2, Methods, and History grid.

Pacu Intake and Post-Anesthesia Recovery score table with columns for Time, Solution, Amount, Site, By, Infused, and various criteria.

Administrative section including Department/Service/Clinic (JCUZ), Date (19 SEPT 03), and checkboxes for History/Physical, Flow Chart, etc.

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

NURSING NOTES

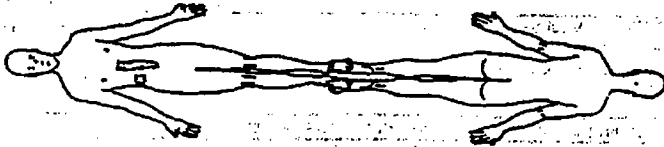
See progress note - [redacted] 14/A

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	Midline abd		
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
0840	Hemovac	bloody	500cc
0845	Hemovac	bloody	275cc
0845	Foley	clear yellow	100cc

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

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

WAMC OP 173-E

MEDCOM - 19763

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 ASSESSMENT	
	TIME	INITIALS	INITIALS
N E U R O	PUPILS	0700 1mm pupils NR	1mm nonreactive
	SENSORIUM	Sedated & Versed MSO4, paralyzed & vecuronium	sedated & versed 5mg MSO4 5mg; vecuronium 4mg
	RESPIRATORY PATTERN	#8ETT 24cm @	Vent SIMV R16 P5 TV800
R E S P I R A T O R Y	BREATH SOUNDS	Teeth SIMV 16 TV800	FIO2 45% #8.0
	SECRETIONS	approx 10 FIO 45% secretions 90% LS CTA thick yellow secretions	24c teeth. Coarse RBS thick blood tinged yellowish secretions
	COLOR	w/d, midline	w/p; ABD incision
S K I N	INTEGRITY	abd incision & steri strips	intact & steri strips
	LOCATION	(R) SC T12 @aur	(R) SC Triple lumen
I V	CONDITION	18G @rad A-limb D/S/S ₂ infection noted D/S/S ₂ & 20mg KCl @ 125 cc/hr - patent	(L) Rad Artery PIV x1 D/S infiltration or infection
	ABDOMEN	(R) none NGT → LIS	round distended
G A S T R O	BOWEL SOUNDS	↓ D/S x4 quad norm abd soft non-distended	Absent bowel sounds soft to touch
	URINE:	Foley, drng dk	Amber urine, no foley cath
G U	COLOR/CLARITY	amber urine sufficient amt	foley cath
	CARDIAC RHYTHM	ST 110's decap S/S ₂ & mummified pulses UE, 2+ LE Heparin @ 1000u/hr CBC & PT/PTT Q6	ST in 110's weak palpable pulses 1+ UE 2+ LE. edema
LEGEND		Cr - Creatinine FIO ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure
		S/A - Fractional SAT - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

EPW # *b(6)-4*

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

DA FORM 4700
1 MAY 78
Proponent: Dept of Nurs

MEDCOM - 19764

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

DATE		DX		HOSPITAL DAY																	
30 Sep 03		S/P GSW @ Flank/pelvis		12																	
V	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
	I	BP Arterial Line	107/67	113/67	90/48	107/58	102/50	117/66	121/68	123/68	112/56	110/60	105/53	/	109/59	117/75	123/68	112/62	/	/	
I	BP Cuff																				
T	Temperature			100 ²						101 ⁰				101 ⁶							
A	Pulse	112	107	112	114	111	100	109	103	111	107	105	123	107	111	109	100	107			
A	Respiratory Rate	16	16	16	18	17	16	19	19	16	18	17		16	27	19	16	16			
L	Fio2	45	45	45	45	45	45	45	45	45	45	45		45	45	45	45	45			
L	Sats	99	98	94	97	98	97	96	96	94	96	97		96	96	97	96	95			
S	Source	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	vent	vent			
I	Peep	10		8		6		5											5		
G																					
N	Suction			X	X	X		X		X		X									
S	Turn			R		B		L		B		R									
I	TIME									8 ⁰ T									8 ⁰ T		
N	maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125			
N	Heparin	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20			
T	MSO4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
T	Versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
A	Vecuronium	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
A	IVPB	50	50	250	100		100								100		250				
K	Bolus																				
E	Subtotal	209	209	409	259	159	259	159	159	159	159	159	259	159	409	159	159	159			
E	TOTALS	209	418	827	1086	1245	1504	1623	1822	1981	2140	2299	2558	2917	3126	3285	3444	3603	3603		
O	URINE	HOUR	110	100	110	110	200	200	205	120	170	170	150	130	160	200	200	200	210		
U		TOTAL	110	210	320	430	630	830	1030	1220	1390	1560	1710	1840	2000	2200	2400	2600	2800		
U	NG	OUTPUT																			
T		PH																			
T	GUAC																				
P	EMESIS																				
P	STOOL																				
U	DRAINS																				
T	TOTALS																				

POST-OP DAY								ACUITY LEVEL CLASSIFICATION													
V I T A L S I N S I N T A K E O U T P U T	24	07	02	03	04	05	06	R E S P I R A T O R Y	TIME												
	110 59		129 10	133 73		107 59			MODE												
				101		100 ³			F _I O ₂												
	110	107	104	112		102	102		TV												
	16	16	16	16		17	29		RATE												
	45	45	48	45		45	46		PEEP												
	95	96	98	98		97			A A T O R Y	pH											
	Vent									A	PCO ₂										
	5									B	HCO ₃										
										G	SAT										
									BASE												
									TIME												
							8° T	A	GLUCOSE												
								B	Na/K	/											
								D	Cl/CO ₂												
								R	BUN/Cr												
								A	WBC/PLATELET												
								T	Hc/Hgb												
								O													
								B													
								Y													
								A	TIME												
								C	MOUTH CARE						T U R N	TIME					
								D	BATH												
								I	SKIN CARE												
								V	FOLEY CARE												
								I	TRACH CARE												
								L	ROM EXERCISES												
								S													
								V													
								I													
								D													
								N													
								F													
								G													
									24 H&O TOTALS												
									NURSE'S SIGNATURE					INITIALS							
									wt Yesterday					wt Today							
									INTAKE					OUTPUT							
									IV					Urine:							
									po												
									TOTAL					TOTAL							
									BALANCE												

MEDCOM - 19766

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
	TIME	INITIAL	INITIAL	INITIAL	INITIAL
N E U R O	PUPILS	0623	[Redacted]	b(10)-2	[Redacted]
	SENSORIUM	awake, gurgly, & excited & verbal and MSOP paralyzed & Vecuronium	[Redacted]	2mm sluggish but reactive. Sedated	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	F8 ET, 24 cm @ tooth	[Redacted]	Coarse, breath sounds @	[Redacted]
	BREATH SOUNDS	5cm, rate 16, TV 800, FIO2 40%	[Redacted]	BS LLL	[Redacted]
	SECRETIONS	thick yellow secretions from GIT, thick clear secretions from oropharynx, nasal and oral at chest	[Redacted]	COARSE BBS = chest expansion vent SIM	[Redacted]
S K I N	COLOR	Normal for race	[Redacted]	Normal	[Redacted]
	INTEGRITY	Midline incision intact	[Redacted]	intact & midline	[Redacted]
I N T R A V E N O U S	LOCATION	(A) flank dressing CI/IE	[Redacted]	incision well approximated	[Redacted]
	CONDITION	(B) forearm cut, CI/IE (C) Central line CI/IE L Radial A-line 2 record, etc CI/IE	[Redacted]	(L) FA, (R) SC triple lumen. Site OK p 88 I. patent. Purple lumen except 7 port ()	[Redacted]
G A S T R O I N T	ABDOMEN	BS, NO, soft	[Redacted]	normal soft	[Redacted]
	BOWEL SOUNDS		[Redacted]	absent bowel sounds	[Redacted]
G U	URINE:	Colly to gravity, Amber colored urine	[Redacted]	foles amber	[Redacted]
	COLOR/CLARITY	30 cc/hr	[Redacted]	urine 7 100/hr	[Redacted]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	ST rate 100-110 S1 S2, @ ectopy UE - +1 pulses LE - +2 pulses, @ e lead	[Redacted]	ST @ HR 110's pedeme palpable pulse 2+	[Redacted]
	LEGEND	Cr - Creatinine FIO2 - Fraction of Inspired O2 HCO3 - Bicarbonate	[Redacted]	ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure	[Redacted]

(Continue on reverse)


PREPARED BY: [Redacted] Title: [Redacted] DEPARTMENT/SERVICE/CLINIC: [Redacted] DATE: 1 Oct 83

PATIENT SIGNATURE: [Redacted] or typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EPW # [Redacted] b(10)-4

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

DATE		DX								HOSPITAL DAY										
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22			
V	BP Arterial Line	111/60	110/59	114/62	114/65	108/60	120/69	120/69	118/70	119/61	131/70	115/69		121/61	130/60	149/76	120/59			
I	BP Cuff						102/61	112/61		102/61	112/62	112/69	112/60							
T	Temperature	99.9	99.7	99.6	99.6	99.4	99.7	99.0	98.7	98.7	98.0	97.0	98.0	99.1						
A	Pulse	104	100	96	93	92	101	100	98	101	97	97	96	101	114	121	117			
A	Respiratory Rate	17	18	18	16	16	18	17	17	14	16	16	16	16	22	26	16			
L	FiO2	40%	40	40%	40	40	40	40%	40	40	40	40	40	40						
L	SpO2	98	98	98	95	100	97	97%	96	97	96	97	96	98	94	93	93			
S	Source	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent							
S	PEEP	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
I																				
G																				
N	Suction	X																		
S	Turn																			
TIME																				
I	8° T																			
I	As LNS + 20K	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125			
N	Heparin	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20			
N	M504	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
T	Veronal	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5			
A	Veronal				100															
A	Geot																			
K	Velomin	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
K	Permaxin				100					100							100			
E		160	260	160	359	159	159	159	159	159	259	159	159	159	159	159	259			
E	TOTALS	160	420	580	939	1099	1357	1516	1675	1675	1834	2093	2242	2401	2560	2719	2878	3137	3137	
O	URINE	HOUR	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	
O		TOTAL	7:00	4:00	2:50	9:40	12:70	15:50	17:90	20:50	23:50	24:40	25:00	26:00	18:50	1:00	2:00	2:00	2:00	4:15
O		SP GR																		
U	NG	OUTPUT	0	0	50	50	50	0	0	0	100	100	50	0						
U		PH																		
U		GUAC																		
T	EMESIS																			
P	STOOL																			
U	DRAINS																			
U																				
T	TOTALS																			

POST-OP DAY								ACUTY LEVEL CLASSIFICATION																
V I T A L S I G N S	23	24	01	02	03	04	05	06	R E S P I R A T O R Y	TIME	07	01	15	19	23	03								
	113	133	139	126	134	132				MODE	9:57 AM													
	59	72	76	67	73	70				F _I O ₂	40													
	993				987					TV	800													
	103	119	121	119	122	119				RATE	16													
	14		23	21	28	32				PEEP	5													
	40	40	40	40	40	40				A A B G	pH	7.488												
	95	95	95	95	96	97					PCO ₂	32.6												
	5	5	5		5						pO ₂	73												
											HCO ₃	25												
								SAT	96															
								BASE	1															
I N T A K E									L A B O R A T O R Y	TIME	07													
										GLUCOSE	110													
										Na/K	126 4.0													
										CVCO ₂	9.2 24													
										BUN/Cr	0.6													
										WBC/PLATELET	10 206													
										Hct/Hgb	34.9 9.5													
O U T P U T									A C T I V I T Y	TIME							T U R N S U C T I O N	TIME						
										MOUTH CARE														
										BATH														
										SKIN CARE														
										FOLEY CARE														
										TRACH CARE														
										ROM EXERCISES														
								24* I&O TOTALS				NURSE'S SIGNATURE		INITIALS										
wt Yesterday				wt Today				 b (k) - Z																
INTAKE				OUTPUT																				
IV				Urine:																				
PO																								
TOTAL				TOTAL																				
BALANCE																								

8° T

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SURVIVAL ASSESSMENT	
	TIME	IN	INITIALS
NEUROLOGIC	PUPILS	2mm sluggish, react	2mm sluggish
	SENSORIUM	oriented 5m, 11/10, 5m verbal, oriented 5 4m Vesperiinam	oriented 10/11/11 rec-D/act. opens eyes
		Awake, jerky and response to touch when touched.	
	RESPIRATORY PATTERN	18g ETI, 24 cm @ teeth	ETT 24cm @ teeth
RESPIRATORY	BREATH SOUNDS	vent 5mm 10, TV 80 L/O ₂	ETT 5mm 13 TV 80
	SECRETIONS	40% thick chest secretions from oropharynx, coarse lung sounds, equal over and bill at chest	Fior 40% LS ^{NO} SA coarse equal over full chest
SKIN	COLOR	Normal for race	normal for race
	INTEGRITY	rubric incision intact, 0/1/5 intact, 0/1/5	good integ. malice incision intact 0/1/5
EXTREMITY	LOCATION	0 AC-site C/1/5	0 AC-pat 0/1/5
	CONDITION	0 SC central line, 0/1/5 0 distal line, 0/1/5	0 SC central 0/1/5 0 radial line 0/1/5
GASTRO	ABDOMEN	0/1/5, soft, normal	0/1/5 soft (-rigidity)
	BOWEL SOUNDS	0/1/5	
GU	URINE:	Flow to gravity	Flow to gravity
	COLOR/CLARITY	clear amber urine 7200/hr	clear amber 5200/hr
CARDIOVASCULAR	CARDIAC RHYTHM	ST 3 ectopy rate 110/2/5 3, 39, 0/1/5 Pulses +2 throughout	ST 2 ectopy rate 100 ↓ 100's pulses present x 2 cap refill brisk
	LEGEND	Cr - Creatinine F _I O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure
		S/A - Fractional SAT - Saturation TRACH - Tracheostomy	

PREPARED BY: [Redacted] b(6)-2 DEPARTMENT/SERVICE/CLINIC: ICU-2 DATE: 2-Oct-83

PATIENT'S IDENTIFICATION (If handwritten 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)

DATE		DX														HOSPITAL DAY													
TIME		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23											
V	BP Arterial Line	120/67	121/68	116/57	123/64		111/60	107/59	107/59		119/60	108/59	114/60	108/59	102/59	102/59	91/57	94/55	96/55										
I	BP Cuff																												
T	Temperature	99.7	99.7	98.5	98.6	98.4	99.0	9.7		97.8	97.0	97.0	100.2	100.1	100.0	100.0	100.0	100.0											
A	Pulse	115	108	111	110	110	106	104	99		190	113	109	107	104	99	99	109	102										
E	Respiratory Rate	26	17	19	26	28	20	16	15		18	20	21	19	13	17	13	17	18										
S	Fio2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40	40										
I	SpO2	97	97	98	95	95	96	97	98		93	94	95	95	95	98	99	98	98										
G	Source	vent	vent	vent	vent	vent	vent	vent	vent		vent	vent	vent	vent	vent	vent	vent	vent	vent										
N	PEEP	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5										
S	Function	X	X	X	X	X	X	X	X		X																		
A	TURN	R		L		L		L			R																		
TIME																8° T													
I	NS 1/2 NSC 20K	15	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	125										
N	HEPARIN	20	20	20	20	20	20	20	20		20	20	20	20	20	20	20	20	20										
T	MBO4	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5										
A	VERSED	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5										
K	TORSEMID				100																								
E	Veruron	4	4	0	0	0																							
	Painaxin				100								100						100										
	Dobhoff (asmtwte)																		10										
	TOTALS	159	318	477	636	781	936	1091	1246		155	255	195	155	155	155	155	155	155										
O	URINE	260	200	200	300	200	200	250	200		260	240	240	280	200	170	150	200	220										
U	NG	0	0	0	100	0	0																						
P	EMESIS																												
U	STOOL																												
T	DRAINS																												
	TOTALS	260	400	660	1060	1160	1360	1640	1940		2100	2340	2600	2860					3880										

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0600	[Redacted]	b(6)-2	
	SENSORIUM		PERK @ 2mm. P. Intact		
R E S P I R A T O R Y	RESPIRATORY PATTERN		= Rise of diaphragm		
	BREATH SOUNDS		Chest pd. NB SOB		
	SECRETIONS		NOTED. PT coughs up mucus spots in tissue @ X'S. B50 TA Bil. Will monitor.		
S K I N	COLOR		WNL for age. W&D		
	INTEGRITY		to touch. Midline ABD Incision sterile strips etc.		
V I S I B I L I T Y	LOCATION		Sub area (3) (2)		
	CONDITION		lat. area CO2. O foot stab area CO2. O2 @ 54% on NC. IV KCl DFA 5 5/5g injection ocul. 100mg D5 NS @ 125cc/hr. 500ml etc		
G A S T R O	ABDOMEN		160 DAC 55/5g infection.		
	BOWEL SOUNDS		Fluskes well. 160 ACHL. Aline site red. Aline works. Will inform MD.		
G U	URINE:		ABD soft non tender. Non-distended. B50 in all 4 quadr. Foley to gravity		
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM		Clear amb. Aline. HR 120-130's @ X'S. ST. (F) radial & pedal pulse. 120. Cap. 33 sec @ Aline. 120's to normal beds.		

LEGEND
 Cr - Creatinine
 F₁O₂ - Fraction of Inspired O₂
 HCO₃ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - Pressure of Arterial CO₂
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SAT - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted] b(6)-2. DEPARTMENT/SERVICE/CLINIC: **ICU 2** DATE: **07 Oct 83**

PATIENT: [Redacted] (typed or written entries give: Name--last, first, middle; hospital or medical facility)

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

DATE		DX													HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
V I T A L S	BP Arterial Line	119/78	118/77	100/60														
	BP Cuff	102/62	104/64	111/66	90/57	114/61	114/64	105/52	100/56	95/55	110/60							
	Temperature	97.2	97.4	97.2	97.4	97.4	97.2	97.2	97.8	97.8	98	97.4						
	Pulse	114	111	90	87	96	96	98	94	105	86							
	Respiratory Rate	39	37	31	27	20	21	24	29	24	20							
	SpO2	97	100	96	97	96	96	96	99	97	97							
	O2	.5L	.5L	1L	1L	1L	1L	1L	1L	1L	1L							
	Method	NC	NC															
	CTPTg2		NA	NA	NA	NA	NA	NA	NA	NA	NA							
	IS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA							
I N T A K E	TIME									8° T							8° T	
	AS 05/15-25	125	125	125	125	125	126	125	125	125	125							
	IVPB																	
	PO	350					200											
	TOTALS							1550	1575	1690								
	O U T P U T	URINE	HOUR TOTAL	200	20	50	90	150	200	30	100	100	100	150				
		SPGR	110	170	220	310	460	760	840	940	1100	1150						
		S/A																
	U N G	OUTPUT	NA															
		PH																
GUIAC																		
EMESIS																		
STOOL																		
D R A I N S	DRAINS																	
	TOTALS																	

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

INITIAL SHIFT ASSESSMENT			
	TIME	INITIALS	INITIALS
N E U R O	PUPILS	3mm, sluggish, R=LLA	
	SENSORIUM	Rt alert at times, cooperative sedated 5mg 1904 and 5mg versed	
		Movmt + sensation x 4 extrem	
R E S P I R A T O R Y	RESPIRATORY PATTERN	96%T 24cm @ rest	
	BREATH SOUNDS	Went 50mv 16, TV 800, FIO2 40%	
	SECRETIONS	↑ sputum in mouth coarse @ lung sounds W lung sound @ base	
S K I N	COLOR	Normal for race	
	INTEGRITY	Midline, incision intact	
		D-Block dress CIOTE	
I N V A S I V E	LOCATION	① AC CIOTE	
	CONDITION	② se triple lumen central line - 2 patent ports ③ caudal A-line	
G A S T R O	ABDOMEN	As in LUQ, RUQ	
	BOWEL SOUNDS	ND, NT, Rumb Diphtht = 10w hr Ondipht	
G U	URINE:	Foley to gravity	
	COLOR/CLARITY	Clear amber to yellow color 7/100cc	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	Sinus tach rate 100-110's S2, S3, edema, R waves +2 throughout, cap ref: 11 < 3 2/10 BP's 100/52	
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 SAT - Saturation TRACH - Tracheostomy	

PR [redacted] & Title [redacted] DEPARTMENT/SERVICE/CLINIC ICA-2 DATE 5-00-89

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

[redacted] b(6)-4

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

DATE 03-01-03		DX																HOSPITAL DAY															
TIME		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
V	BP Arterial Line	97/57	99/59	102/62	102/61		102/60	102/58	102/58	118/62	102/57	110/61	102/57	115/59	104/52	102/57	102/57	118/62	102/57	110/61	102/57	115/59	104/52	102/57	115/59	104/52	102/57	115/59	104/52	102/57	115/59	104/52	
I	BP Cuff													115/68		115/68	115/68									115/68		115/68		115/68	115/68	115/68	
T	Temperature	99.7	100.4	100.6	100.3	99.8	99.3	99.7	99.2	98.8	98.8	99.0	99.0	99.1	99.5	99.4	99.6	98.8	98.8	99.0	99.0	99.1	99.5	99.4	99.6	99.1	99.5	99.4	99.6	99.1	99.6		
A	Pulse	96	100	102	100	97	97	97	97	112	103	104	101	106	109	102	100	112	103	104	101	106	109	102	100	106	109	102	100	106	109		
A	Respiratory Rate	16	16	30	30	28	26	30	28	30	31	36	30	25	34	36	30	30	31	36	30	25	34	36	30	25	34	36	30	25	34		
L	E _{o2}	40	40	40	45	45																											
S	S _{po2}	97	97	96	96	98	100	93	96	96	95	96	94	95	96	97	97	96	95	96	94	95	96	97	97	96	95	96	97	97	96		
S	Source	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt	unt		
S	FEEL	5	5	5	5	5				50%	50%	50%	50	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%		
G	Residual	10	10	10	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
N	TUBEN	B	L	R	B	L	R																										
S	Suction	X	X	X	X	X																											
TIME																		8° T															
I	NS 1/2 NS 20k	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125		
N	HEPARIN	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20		
T	MSO4	5	5	5	5	0	0																										
T	Verapamil	5	5	5	5	0	0																										
A	Tobramycin																																
A	Painexin																																
A	Feeding	10	10	10	0	0	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10		
K																																	
E			165	165	155	145	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135		
E	TOTALS	1105	320	485	640	785	1115	1270	1425	1580	1735	1990	2135	2280	2425	2570	2715	2860	3005	3150	3295	3440	3585	3730	3875	4020	4165	4310	4455	4600	4745		
O	URINE	HOUR	200	140	140	168	200	200	200	240	240	240	240	240	240	240	240	260	260	240	200	200	200	200	200	200	200	200	200	200			
O	URINE	TOTAL	200	340	480	640	840	1040	1240	1440	1640	1840	2040	2240	2440	2640	2840	3040	3240	3440	3640	3840	4040	4240	4440	4640	4840	5040	5240	5440			
U	NG	OUTPUT																															
T	NG	pH																															
T	NG	GUAC																															
P	EMESIS																																
P	STOOL																																
U	DRAINS																																
T	TOTALS																																

POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S I N T A K E O U T P U T	23	24	01	02	03	04	05	06	R E S P I R A T O R Y L A B O R A T O R Y A C T I V I T Y T U R N S U C T I O N	TIME	07	09	15	19	23	01	04		
	103/69	114/75	124/74	144/75	134/72	121/68	127/70				MODE	50MM	40MM						
	104/51	119/61	124/70	129/67	134/72	115/60	115/70				F _{IO2}	40	40						
	981	993	994	990	187	991	995				TV	800	800						
	99	94	101	103	103	99	99				RATE	18	8						
	16	40	32	28	23	40	39				PEEP	9	5						
	94	95	95	94	93	94	94				A A B G	PH							
	Venturi	Venturi	Venturi	NC	NC	NC	NC					PCO ₂							
	50%	50%	50%	4L	4L	5L	5L					pO ₂							
												HCO ₃							
									SAT										
									BASE										
									TIME										
								8° T	GLUCOSE										
125	175	125	125	125	125	125			Na/K										
20	20	20	20	20	20	20			CU/CO ₂										
				100					BUN/Cr										
									WBC/PLATELET										
									Hcu/Hgb										
									TIME										
145	145	145	145	145	145				T U R N S U C T I O N	MOUTH CARE									
860	3005	3150	3215	3110	585			BATH											
110	90	100	105	125	125	150				SKIN CARE									
100	100	100	100	100	100	100				FOLEY CARE									
										TRACH CARE									
										ROM EXERCISES									
									24 H&O TOTALS										
									wt Yesterday										
									wt Today										
									INTAKE										
									OUTPUT										
									IV										
									Urine:										
									po										
									TOTAL										
									TOTAL										
									BALANCE										
									NURSE'S SIGNATURE		INITIALS								
									[Redacted Signature]		[Redacted Initials]								
											b16j-2								

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input checked="" type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: <u>Running Check pt</u>	
<input type="checkbox"/> Arson (I.P.C. 342) <input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399) <input type="checkbox"/> Rape/Incest/Sexual Assaults/Acts (I.P.C. 393-98, 402) <input type="checkbox"/> Murder (I.P.C. 405) <input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410) <input type="checkbox"/> Molestation (I.P.C. 412) <input type="checkbox"/> Simple Assault (I.P.C. 415) <input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428) <input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430) <input type="checkbox"/> Theft (I.P.C. 439) <input type="checkbox"/> Destruction of Property (I.P.C. 477) <input checked="" type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487) <input type="checkbox"/> Discharging Firearms/ Explosive in City/Town/Village (I.P.C. 495) <input type="checkbox"/> Riot or Breach of Peace (I.P.C. 489(3)) <input type="checkbox"/> Other
<input type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe:	
<input type="checkbox"/> Violation of Curfew <input type="checkbox"/> Illegal Possession of Weapon <input type="checkbox"/> Assault/Attack on Coalition Forces <input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Trespass on Military Installation or Facility <input type="checkbox"/> Photographing/Surveillance Military Installation or Facility <input type="checkbox"/> Obstructing Performance of Military Mission <input type="checkbox"/> Other
Apprehending Unit: <u>3/2ACR</u> Location Grid: <u>VIC: PA/INGHA</u>	
Date of Incident: (D/M/Y) <u>9/10/03</u> to <u>1/1</u> Time of Incident: <u>1</u> hrs to <u>1</u> hrs Date of Report: (D/M/Y) <u>1/1</u> Time of Report: <u>1</u> hrs	
Detainee # _____ Key Connected Person <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>[REDACTED]</u> Last Name: _____ Given Name: _____	
First Name: <u>[REDACTED]</u> First Name: _____ Scars/Tattoos/Deformities: _____	
Hair Color: <u>B/R</u> Scars/Tattoos/Deformities: _____ Hair Color: _____ Scars/Tattoos/Deformities: _____	
Eye-Color: <u>BRN</u> Weight: _____ lb Height: _____ in Eye-Color: _____ Weight: _____ lb Height: _____ in	
Address: _____ Address: _____	
Place of Birth: <u>IRAQ</u> Place of Birth: _____	
Ethn/Tribel Sect: _____ Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Phone#: _____ DOB D/M/Y: _____ Ethn/Tribel Sect: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: _____ DOB D/M/Y: _____	
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	
Document # _____ Document # _____	
Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")	
<input type="checkbox"/> Vehicle Information Vehicle Number _____ of _____ Vehicle(s) Owner: _____	
Make: _____ Color: _____ VIN: _____ Number of People In Vehicle: _____	
Model: _____ Type: _____ Plate No.: _____	
Year: _____ Names of People In Vehicle: _____	
Contraband/Weapons in Vehicle: _____	
<input type="checkbox"/> Property/Contraband <input type="checkbox"/> Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type: _____ Model: _____ Color/Caliber: _____	
Serial No.: _____ Quantity: _____ Make: _____ Receipt Provided to Owner: Yes/ No	
Other Details: _____ Where Found: _____ Owner: _____	
Name of Assisting Interpreter: <u>CONTACT 3/2ACR FOR DETAILS OR 2 ACR F&I</u> Email, Phone, or Contact Info: _____	
Detaining Soldier's Name (Print): _____ Last, First MI _____ Supervising Officer's Name (Print): _____ Last, First MI _____	
Signature: _____ Signature: _____	
Email: _____ Email: _____ Date: _____ Date: _____	
Unit Phone: _____ Unit Phone: _____	

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? IRAQI MALE RAN CHECKPT
MANNED BY I & U.S. FORCES, BROUGHT
TO ZACK SURGICAL TEAM & TRANSFERRED TO
U.S. HOSP

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

How was this person traveling (car, bus, on foot)? CAR

Who was with this person?

What weapons was this person carrying? unknown

What contraband was this person carrying? unknown

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD **PROGRESS NOTES**

Admission Date: 7 Oct 03 Diagnosis: SIPASWARD HD: _____ POD: _____

Skin assessment must be done initially and every 7 days.

Braden Scale Evaluation (See Braden Evaluation Table for Details)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Sensory Perception</td> <td style="width: 60%;">No impairment (4)</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td>Slightly limited 3</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td>Very limited 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Completely 1</td> <td style="text-align: center;">1</td> </tr> </table>	Sensory Perception	No impairment (4)	4		Slightly limited 3	3		Very limited 2	2		Completely 1	1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Mobility</td> <td style="width: 60%;">No limitations 4</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td>Slightly limited (3)</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td>Very limited 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Completely immobile 1</td> <td style="text-align: center;">1</td> </tr> </table>	Mobility	No limitations 4	4		Slightly limited (3)	3		Very limited 2	2		Completely immobile 1	1
Sensory Perception	No impairment (4)	4																							
	Slightly limited 3	3																							
	Very limited 2	2																							
	Completely 1	1																							
Mobility	No limitations 4	4																							
	Slightly limited (3)	3																							
	Very limited 2	2																							
	Completely immobile 1	1																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Moisture</td> <td style="width: 60%;">Rarely moist (4)</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td>Occasionally moist 3</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td>Moist 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Constantly moist 1</td> <td style="text-align: center;">1</td> </tr> </table>	Moisture	Rarely moist (4)	4		Occasionally moist 3	3		Moist 2	2		Constantly moist 1	1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Nutrition</td> <td style="width: 60%;">Excellent 4</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td>Adequate (Eats >50%) (3)</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td>Adequate (Rarely eats) 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Very poor 1</td> <td style="text-align: center;">1</td> </tr> </table>	Nutrition	Excellent 4	4		Adequate (Eats >50%) (3)	3		Adequate (Rarely eats) 2	2		Very poor 1	1
Moisture	Rarely moist (4)	4																							
	Occasionally moist 3	3																							
	Moist 2	2																							
	Constantly moist 1	1																							
Nutrition	Excellent 4	4																							
	Adequate (Eats >50%) (3)	3																							
	Adequate (Rarely eats) 2	2																							
	Very poor 1	1																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Activity</td> <td style="width: 60%;">Walks frequently 4</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td>Walks occasionally (3)</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td>Chairfast 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Bedfast 1</td> <td style="text-align: center;">1</td> </tr> </table>	Activity	Walks frequently 4	4		Walks occasionally (3)	3		Chairfast 2	2		Bedfast 1	1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Friction and Shear</td> <td style="width: 60%;">No apparent problem (3)</td> <td style="width: 20%; text-align: center;">3</td> </tr> <tr> <td></td> <td>Potential problems 2</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>Problems 1</td> <td style="text-align: center;">1</td> </tr> </table>	Friction and Shear	No apparent problem (3)	3		Potential problems 2	2		Problems 1	1			
Activity	Walks frequently 4	4																							
	Walks occasionally (3)	3																							
	Chairfast 2	2																							
	Bedfast 1	1																							
Friction and Shear	No apparent problem (3)	3																							
	Potential problems 2	2																							
	Problems 1	1																							

Total Score: 20

Add the total score

- Above 20 Low Risk
- Between 16 and 20 Medium Risk
- Between 11 and 15 High Risk
- Below 10 Very High Risk

Note: A Braden Scale Score of less than 15 indicates **HIGH RISK**-requires immediate Ulcer Prevention program.

Surgical wound (s): Yes No Location: abd Size: _____ Drainage: Ø
 Tubes: _____ Pins: _____ Appearance: sterile strips intact
 Dressing change: _____

Burn wound (s): Yes No % BSA: _____ Partial _____ Full _____
 Location: _____ Size _____
 Appearance: _____
 Dressing change: _____

Pressure Ulcer (s): Yes No
 Stage I, II, III, IV (Circle the one that applies and describe below)
 Location: _____ Size: _____
 Wound character: Pink Moist Dry Granulation tissue Yellow slough Tunneling
 Undermining Odor Purulent discharge Eschar Exudates
 Type of dressing change: Wet-to-dry Comfeel dressing Carrasyn-V Gel Alginate

Physician notified/consulted for wound debridement: Yes No Date/time MD notified _____
 CNS notified/consulted for Stage II and greater: Yes No
 Nutrition Referral: Yes No
 Physical Therapy Referral: Yes No
 Action taken: _____ Date & Time _____

REGISTER NO. _____ WARD NO. _____

Patient's Identification (For typed or written entries give: Name-last, first, middle;
 Grade; rank; hospital or medical facility)

EPW blaw-d
 #

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509

MEDCOM - 19781



1. REPORTING MTF								2. LOCATION		ADMISSION AND CODING INFORMATION									
1	2	3	4	5	6	7	8	(State or Country Code.)		For use of this form, see AR 40-400; the proponent agency is OTSG									
A	I	I	D	I		I	Z							4. PAY GRADE		5. SEX			
3. REGISTER NUMBER						7. NAME (Last, First, Middle Initial)						16		17		18			
[REDACTED]						EPW# [REDACTED] b(a)-4						[REDACTED]		[REDACTED]		Epw M			
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION						
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND						
1	9	6	3	0	1	0	1	0	4	0	Z	Z	Unk						
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER											
32	33	34			35	36	[REDACTED]												
						9		b(a)-4											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		HOUR OF ADMISSION		BRANCH / CORPS									
						46		0330		—									
14. FLYING STATUS				15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61													
			K 7 8																
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		PREV. ADMISSION										
62	63	64 65 66 67 68 69 70				71		YEAR											
I Z							9		<input checked="" type="checkbox"/> NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
[REDACTED]						Icw1		Unk											
21. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY								ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)											
[REDACTED] b(2)-2								Unk											
22. TYPE OF DISPOSITION			23. MTF TRANSFERRED TO				24. DATE OF DISPOSITION (YYYYMMDD)												
73	74	75 76 77 78 79 80				81 82 83 84 85 86 87 88													
							20031015												
25. CLINIC SVC - ADMITTING				26. MTF TRANSFERRED FROM				27. DATE THIS ADMISSION (YYYYMMDD)											
89	90	91	92	93 94 95 96 97 98				99 100 101 102 103 104 105 106											
E A A								20031007											
28. LOCATION OF OCCURRENCE (Battle Casualty Only)				29. MTF OF INITIAL ADMISSION				30. DATE INITIAL ADMISSION (YYYYMMDD)											
107	108	109 110 111 112 113 114				115 116 117 118 119 120 121 122													
LOCAL USE																			
X: s/p Gsuotoabn / Bilatys lobe pneumonia																			
Lower																			
[REDACTED]												86814 9973 481 78820 8057 8085 Dx: 86813 879.3 879.5 E 11/12 Pt. 5411 544							
31. SIGNATURE OF OFFICER (Signature, as required)						32. SIGNATURE OF ADMITTING CLERK													
[REDACTED]						[REDACTED]													

FORM 2985, MAR 2000

MEDCOM - 19782

FE

USAPA V.1.00

1. REPORTING MTF							2. MTF LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	(State or Country Code.)		For use of this form, see AR 40-400; the proponent agency is OTSG												
A	1	1	0	1		I	Z	3. REGISTER NUMBER							NAME (Last, First, Middle Initial)			4. PAY GRADE		5. SEX		
								[REDACTED]							EPW# [REDACTED] b(u)-4			16 17		18		
6. DATE OF BIRTH (YYYYMMDD)							7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND									
								0	3	9	Z	Z	UNK									
10. LENGTH OF SERVICE				ETS			11. FMP				12. SOCIAL SECURITY NUMBER											
32	33	34						35	36													
								0	9	20												
ORGANIZATION (Active Duty Only)							13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH CORPS									
							46						b(u)-4									
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE													
47	48	49																				
								K	7	8												
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				20. PREVIOUS ADMISSION											
62	63																					
I	Z																					
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION							WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
72							ICU 2				UNK											
[REDACTED]							[REDACTED]				ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
[REDACTED]							[REDACTED]				UNK											
[REDACTED]							[REDACTED]				TELEPHONE NUMBER OF EMERGENCY ADDRESSEE											
[REDACTED]							[REDACTED]				UNK											
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION (YYYYMMDD)														
73	74																					
5	0							75	76	77	78	79	80									
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM					26. DATE THIS ADMISSION (YYYYMMDD)													
89	90	91	92																			
A	B	A	A					93	94	95	96	97	98									
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION					29. DATE INITIAL ADMISSION (YYYYMMDD)														
107	108																					
								109	110	111	112	113	114									
FOR LOCAL USE																						
DX: GSW to @ Flank/Pelvis																						
[REDACTED] b(u)-2																						
[REDACTED] b(u)-2																						
ADMITTING OFFICER (Signature, Title, and Address)												SIGNATURE OF ADMITTING CLERK										
Dr. [REDACTED]												[REDACTED]										
MEDCOM - 19783																						

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

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) UNK			3. GRADE NA		ADMISSION REMARKS
4. SEX M	5. AGE 33	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO	
11. FMP 99	12. SSN [REDACTED]	13. ORGANIZATION b(6)-2 NA		14. WARD Jaw1			
15. FLYING STATUS NA	16. RATING/DSG NA	17. DEPT./BEN NA	18. BRANCH/CORPS NA	19. LIC/ZIP NA	20. TYPE CASE NBI		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct From Emt				22. HOURS OF ADMISSION 1950	23. CLINIC SERVICE AEAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION 21	26. DATE OF DISPOSITION 10/29/03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 9/19/03		ADMITTING OFFICER b(6)-2	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED]				30. DATE OF INITIAL ADMISSION 9/19/03	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED [REDACTED]		
31. SIGNATURE OF ADMITTING OFFICER [REDACTED]							

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: (R) FEMUR FX / FOOT BURNS

821.10
 945.39
 998.59
 041.19
 041.6
 E 991.2
 E 899
 17965
 86.04
 86.22
 86.28
 93.59
 97.16
 98.29 86.59

15. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 41	f. TOTAL SICK DAYS 41
--------------------------	--------------------	---------------------------------	--------------------------------	-------------------	--------------------------

16. Total Days All Facilities

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 41	f. TOTAL SICK DAYS 41
--------------------------	--------------------	---------------------------------	--------------------------------	-------------------	--------------------------

SIGNATURE OF ATTENDING MEDICAL OFFICER: [REDACTED]
SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER: [REDACTED]

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

12/20/71 ♂ WYO CAME TO ER WITH (R) PLEUROCYTIC
X-FIX, 22) DAYS OLD, WITH LACERATIONS WOUND
POSTERIOR (R) TIBIA ALSO BURNS TO FOOT.

PMH?

PSY?

MOSES-KOJAK

NKOB

PHYSICAL EXAMINATION

HEENT - WNL

HEENT - SUPPLS

EXT - (R) LWR W/ X-FIX, AX ISEN WOUND
POSTERIOR TIBIA. PUS 2+ (E)

FEET - FULL TENDRONS BURNS ON SOLES OVER TOES
MT NEDOS

PROGRESS (Enter date of discharge and final diagnosis)

XIFTS - CUMULATIVE FX (R) MIBSST PUNNY
BUT NOT OIL

(h) DRW OR 200 III (R) PUNNY KX.

(10) I 4110 BIL

SIGNATURE OF

[Redacted Signature]

DATE

19 5/10/71

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION

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

REGISTER NO.

WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
18ER 1975
FORM PC V1.00

MEDCOM - 19785

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
14/50/83 154D	<p>Ortho Op Note</p> <p>Pre Op Dr - Open (R) femur - fr</p> <p>Post Op Dr - sent</p> <p>Procedures I + O (R) femur</p> <p>Surgeon [redacted] bld - 2</p> <p>AML - MW</p> <p>Findings - No fluid seen fragments still</p> <p>some present</p> <p>Plw" 88X beads 26 Sept 83.</p>
	<p>bld - 2</p> <p>[redacted]</p>
16/50/83 1002	<p>Ortho Op Note</p> <p>Pre Op Dr - Open (R) femur fracture</p> <p>Post Op Dr - sent</p> <p>Procedures I + O (R) femur</p> <p>placement of 88X beads</p> <p>Surgeon [redacted] bld - 2</p> <p>AML - MW 400 22 22 [redacted]</p>

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

[redacted]

bld - 4

PROGRESS NOTES
Medical Record

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

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

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

Findings - Mound without frank pus
6 liters irrigate, Two strings
of tobramycin beads placed,
and skin edges approx with #7
PDS sealed in laband pouch
PDS - PDS slow
recheck in 5-7 days



b(6)-2

MEDICAL RECORD **PROGRESS NOTES** b(c)-2

DATE **NOTES**

30 sep 03 - Assumed care pt. ACOX3. VSS f'elo pain on
 0700 discomfort @ this time. External fixator to @LE intact
 dressing to bilat feet CDI. sylvadene cream applied
 to burns wings clear HEKIC Active BS & 4 gonds
 Will cont. to monitor [redacted]

(2015) Pt alert, VSS, clo pain. to @leg. 11 Percocet given.
 c relief. ex-fix to @ thigh - pin care done. drug's
 CDI. Drop to feet CDI. sylvadene applied burn
 @ pulses. voiding mod. yellow urine via urinal.
 Gentamycin unspung @ this time to @ wrist
 complication. Restraints on @ circulation.
 Will monitor [redacted] [redacted] [redacted]

1 Oct 03 - Assumed care sleep @ this time. VSS External fixator
 0700 to @LE intact. plastic dressing to thigh c 4x4 dressing wrapped
 and secured c kerlix for drainage. Dressing intact. Dressing to
 bilat feet sylvadene cream applied CDI. IV ABC therapy cont
 & evidence of distress Will cont. to monitor [redacted]

(1750) I concur. c above assessment [redacted]

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

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 6/1999)
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(d)(10)
 USAPA V1.00

[redacted] b(c)-4
 (EPW)

blat 2 A11

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

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

10 OCT 03 1915 Pt A+Ox3, VSS, LS CTA(B), @BSx4, Ex Fix to (R) LE, dsqs around Ex Fix CPT, dsqs to toes (B) CPT, pt medicated for pain = 2 percs, HL IV (R) wrist intact S s/sx of infra & s/sx of poor circulation or skin breakdown on pts of restraint.

2015 Dsq on (R) LE A'd, blood drainage noted + smell, packing covered = surbj pads + Kerlix for drainage.

10 OCT 03 2100: J concu = above assessment.

20 OCT 03 @ 1400 Received pt resting in bed, VSS, A+Ox3, speaks arabic. Tal po. HL to (R) wrist patient + intact, humer early. (R) LE dup A'd and pers care done. Relat. feet dup A'd, silvaden cream applied, wounds cleaned w/ NS. Sig's, Tal po, medicated w/ 1/4 Percocet for pain and 5mg morphine prior to dup A. Restraints on per OAV protocol, a breakdown noted. d other remarkable assessments @ this time. Will cont to monitor.

20 OCT 03 @ 2245 Assumed case @ 1800; All VSS, pt A+Ox3; @CMS to (R) LE, IV intact, pain cont. rolled = percs; Ex-fix in place, dsq intact; abd applied, wrapped = Kerlix findings minimal drug noted; dsq to Bilat feet A'd; silvadene applied, wrapped = Kerlix; K Sh patient; cont = Vabx; pt voiding S diff; pin care complete; @ drug noted; Restraints in place, @ circ. @ skinbreak; cont to monitor

30 OCT 03 @ 0100 SL infiltrated; New one started in (R) Ed, patient s s/sx infection/infiltration

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

03 OCT 03 1137 Received pt resting unbed, USS, tal po a+ox3, arabic speaking. IV to @ wrist patent & intact, flushes easily. (R) LE pin care done with iodine swabs & 1/2 strength H₂O₂. & perulant drainage noted. IE @ gauze drainage dressing Δ'd, serous drainage noted to old dsg, foul odor noted. Bilat feet dsg Δ'd, Silvadene cream applied. Pt able to reposition self for most needs, assistance occasionally needed. Restrained on per CPW protocol, & skumbreakdown or circulation issues noted. Will cont to monitor pt. [redacted] (RAN) b(6)-2

03 OCT 03 @ 2245 Assumed care @ 1800; All USS; pt A&O, pain controlled & pres; MSD4 for dsg. (A) leg R Ex-fix in place, pin care complete & 1/2 strength H₂O₂, minimal amt of perulant drainage noted; dsg Δ'd minimal amt of drainage on old dsg, wound unalodorous; (B) Feet dsgs Δ'd & silvadene applied; (C) signifi Δ in assessment; Restraints in place, (D) circulation & skin break, cont to monitor [redacted] b(6)-2

4 Oct 03 16 A+OX3 USS, IV L wrist & patent, IV started @ breadm, flushes easily, pin care complete 1/2 strength H₂O₂

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (ISSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
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[redacted] b(6)-4

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DATE NOTES

4 Oct 03 minimal drainage noted, drsg Δ behind level.
 some drainage noted from opsite drsg, with some odor,
 drsg changed bilat on feet + silvadene wounds healing
 well wounds appear reddish-pink, pt bil via pop-check
 restraints x 2 in place \oplus circulation
 (1700) I concur \bar{c} above assessment.

4 Oct 03 Assumed care @ 1800; A+U55, pt A+Ox3, pain controlled \bar{c} percS, \oplus cons
 throughout, neurovascularly intact; drsg to \oplus Feet Δ \bar{c} silvadene,
 healing well; \bar{c} ex-fix in place, pin care complete \bar{c} 1/2 strength
 H₂O₂; abd pads applied to affected leg wrapped \bar{c} Kerlix, minimal drainage
 noted; pt voiding \bar{c} diff! SL patent \bar{c} easily flushing, restraints in place
 \oplus circ, \oplus skin break \bar{c} , cont to monitor

5 Oct 03 pt A+Ox3, URN, IU \oplus forearm patent
 pin care complete, pt \bar{c} pain frequently given \bar{c} percS
 for pin care pain, drsg Δ 'd, minimal drainage from
 opsite drsg, drainage dark red with a strong odor,
 silvadene applied to feet wounds appear reddish with
 restraints x 2, \oplus circulation, skin integrity intact. Sp

5 Oct 03 1700 I concur \bar{c} above. Will continue monitoring.
 Pt tolerating dinner well

5 OCT. 03 Pt A+Ox3, vss, medicated for pain \bar{c} 2 percS,
 2000 LS CTA \oplus , \oplus BS x 4, Ex Fix on \oplus thigh, drsg on
 posterior thigh saturated \bar{c} yellowish red
 drainage coming from opsite, odor noted, drsg's
 on feet \oplus CDS, \bar{c} sp of poor circulation on
 pts of restraints or skin break \bar{c}

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6 OCT 03	(cont.) Drsgs to feet 2d this am. ϕ slsx infection @ burn sites. Silvadene applied to wounds. IVFs infusing into IV in @ forearm \bar{s} slsx infection/infiltration. voiding \bar{s} difficulty. Ed po well. Will SL \bar{p} dinner. @ point restraints in place \bar{s} slsx infection/infiltration \rightarrow complications. Will continue to monitor. <i>b(6)-2</i>
6 OCT 03	P+ resting in bed, A+Ox3, VSS, \bar{s} on @ LE CDI, opsite \bar{e} abx in place, Ex Fix @ thigh elevated \bar{e} blanket, pain controlled \bar{e} peres, voiding to urinal, cly urine, dsq on toes. @ CDI, IV HL @ FA intact, flushes well, ϕ slsx of intex, dsd soft flat non tender, ϕ slsx of poor circulation or skin breakdown on pts of restraint. <i>b(6)-2</i>
7 Oct 03 0700	Assumed care pt. A+O x3. V... of clo pain or discomfort @ this time. External fixator to @ LE incision to posterior thigh packed \bar{e} antibiotic beads. Bunggs clear H... Active BS x4 quads. Void QS per urinal. Bilat feet dusky CDI healing \bar{o} s/s of infection remains Acute. Will cont to monitor. <i>b(6)-2</i>

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7 OCT 03 Pt resting in bed, A+Ox3, VSS, Ex Fix to
 2045 @ thigh in place, opposite @ abx beads placed
 on posterior @ thigh CDI, Kerlix wrapped
 around opposite to prevent saturation, pin care
 given, & s/sx of infex, pedal pulses equal
 bilat, dsq on toes @ CDI, pain controlled
 @ percs, IV d/c'd due to pain + swelling
 from infiltration, will start new IV in AM, 2
 pt restraint in place, & s/sx of poor circul-
 ation or skin breakdown, 15 cta @ abd
 soft flat nontender, @ BSx4. [redacted] [redacted]
 b/w-2

8 OCT 03 - Assumed care of pt. A+O x3
 0205 VSS & c/o pain or discomfort @
 this time. Bilat foot burns healing dsq
 change CDI. External fixator to @ LE
 serous drainage to check 4x4 sponges pad
 and kerlix wrapped. Will cont to monitor
 [redacted] [redacted] [redacted]
 (1750) I concur w above assessment.


8 OCT 03 1920-VSS, & c/o pain @ present, A+Ox3, Ex fix
 to @ femur intact, continuing pin care BID &
 q 4s, Dsq CDI right now, @ HS tonight,
 Dsq's to @ feet CDI, neurovascularly intact,
 2+ pedal pulses @, @ LE edema noted,
 reinforced BR, IV HL to @ AC flushed & patent,
 continuing IV antiby around the clock,

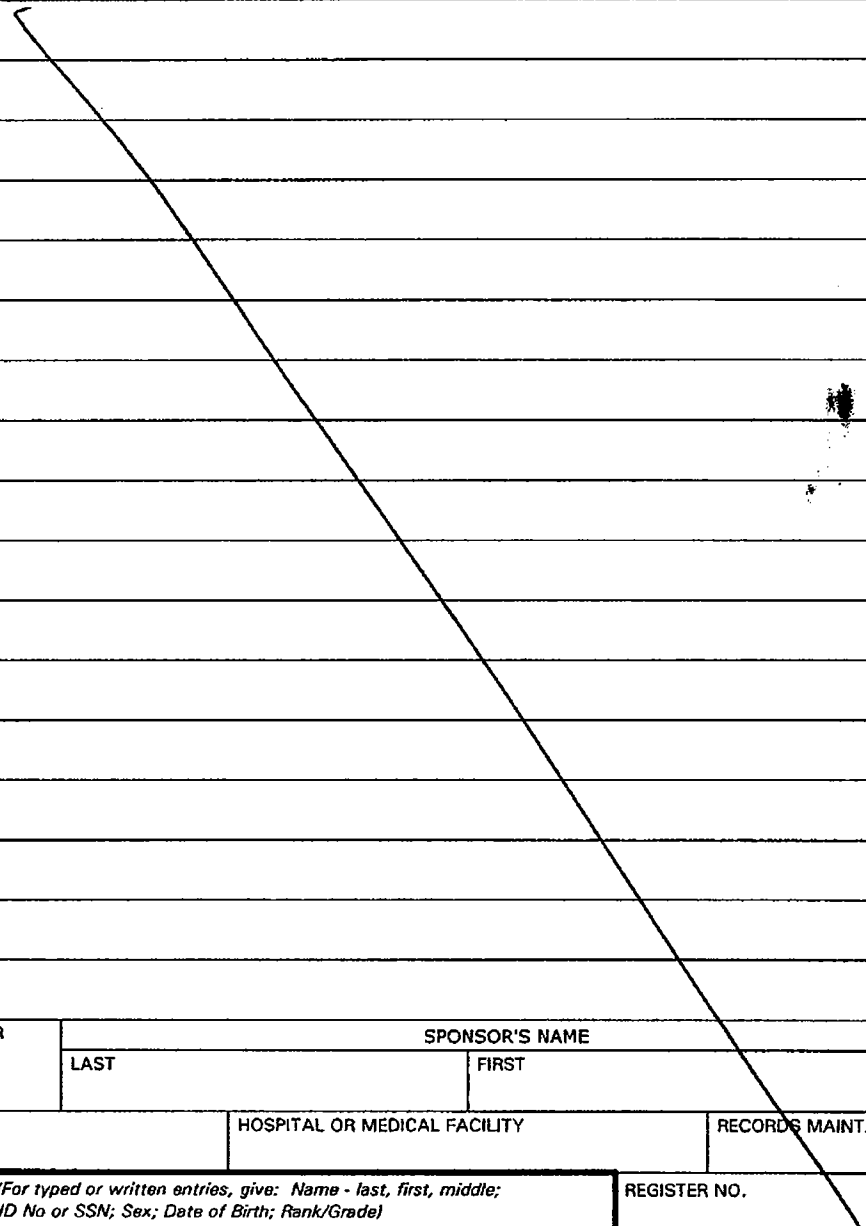
MEDICAL RECORD

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8/11/70 (continued) - +2 restraints on @ skin
 breakdown noted, tolerates PO well
 adequate UOP, continue to monitor 
 bled - 2



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9 OCT 03 0850	Assumed pt. care @ 0800. Pt. A+O x 3. VSS. Lungs CTR. @BS x 4. @strong pulses x 4. All DAC patent to flack. Ex-fix to R leg - using CDT. Edema to @ lower leg. Using to @ and @ foot CDT. Pt. speaks arabic that understands instructions. Gp. pain to @ leg but tolerable 3 meds. Will continue to monitor - b(6)-2 [redacted] 91wurb-
9 OCT 03	1050: Dressing A complete. Pin care above all signs of infection or foul odor noted. [redacted] 91wurb
9 OCT 03	1330: Pt. Gp 7/10 pain to @ leg. ii Percut administration will cont to monitor - [redacted] 91wurb-
9 OCT 03	VSS. A+. DSG's CDT. @ pulses to RLE. Provide AB if as intake. Provide 2 percent for 5/10 leg pain. cont to monitor - [redacted] 91wurb
10 OCT 03	(122) Assumed care of pt @ 0600 p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c Percs/TID motrin. Pt OOB to chair - tol. well. Personal hygiene done by pt. DSG to RLE reinforced c abd pads and Kerlex wrap. Pin care on ex fix on RLE done. Pt able to move all toes. Skin warm/dry to touch. @ pedal pulses equal bilat. SL in @

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10 OCT 03 (1225) (cont) forearm flushes well & slx infection/infiltration
Korlex drsgs applied to feet for comfort. Tol reg diet well. Voiding & difficulty. 2-point restraints in place & slx complications. Will continue to monitor. b(6)-2 [redacted] P/A

11 OCT 03 0127 VSS. AB. 15C AB. (A) pulse to RLE & cr to 2 month. Performed ref care on pins and assisted to DSB change to wound site. DSB's intact to both feet & cr. Voiding best under urine assist. sufficient. b(6)-2 [redacted] P/A

11 OCT 03 (1625) Assumed care of pt as dtdos p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c Percs. Ex fix in place on RLE. An care done this am. Drsg to RLE reinforced c abd pads/Korlex wrap. Feet open to air. Burn sites healing well. SL in @ forearm flushes well & slx infection/infiltration. Tol reg diet well. Voiding & difficulty. 2-point restraints in place & slx complications. Will cont. to monitor. b(6)-2 [redacted] P/A

(1700) Pt MOB to BR. Amb c crutches & difficulty monitoring. b(6)-2 [redacted] P/A

11 OCT 03 2000 = VSS, no pain, resting in bed, MOB c crutches PRN, IV HL to (A) AC running Gent IV @ this time. (B) RLE c ex fix in place, pin care BID (doing tonight @ HS) & drsg Δ's. Neurovascularly intact, (B) RLE ↑, (A) edema, (B) foot burns healing well. - Open to air.

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11 Oct 03 continued @ 2000 = continuing contact precautions, continuing IV antibx, pain mgt, x 2 restraints
 S skin breakdown assessed, will monitor for acute Δ's. b(6)-2 [REDACTED] 19/AN

11 Oct 03 2100 = pin care done, Dsg to (P) femur
 Δ'd ← pt assisted care under supervision.
 Scarf serosangu drainage noted, will continue to monitor. b(6)-2 [REDACTED] 19/AN

11 Oct 03 2245 = IV leaking to (A) AC b/c Δ intact
 restarted 86 to (P) AC - patent. b(6)-2 [REDACTED] 19/AN
 Received pt repositioning bed, VSS, to R PO, at 083.
 Medicated w/ # percocets for pain. Dsg to (A) femur & Bilateral feet (balls & toes) c/d/i.
 18g @ AC intact, reddness on swelling noted.
 IV abx cont, will medicate per MAR as appropriate.
 OOB & amb w/ crutches, safety present. Restraints per epu protocol & breakthrough noted. Will cont to monitor. b(6)-2 [REDACTED]

12 Oct 03 2100 = VSS, A to X 3, managing pain c # percocets as ordered or Motrin around the clock, pin care & Dsg Δ's done to (P) femur

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[REDACTED]
 b(6)-4

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ly & ex fix CDI, neurovascularly intact, (R)LE ↑, (L)edema, IV to (L)FA patent when flushed H'd, continuing IV antibx around the clock, OOB c crutches p/n, tolerates PO well, XZ restraints, (L) skin breakdown, (L) other remarkable findings. Continue to monitor. ^{b(6)-2} [REDACTED]

~~13 Oct 1931~~ Received pt resting in bed, VSS, tol po, neuro Medicated x1 $\frac{1}{2}$ pericocals for parenthesis. (R)LE w/ thigh exten, transparent dsg on place w/ gauge overtop for drainage. foul odor noted to wound & drainage. Pt able to self perform pin care. cont IV Amx. (L)FA access isg patent & intact, flushed easily. Restraints per cpn protocol; (L) breakdown noted. (L) other ^{b(6)-2} remarkable ~~findings at this time. Will continue~~ [REDACTED]

13 Oct 1931 @ 1930: VSS, (L) no pain @ present time, pt did own pin care & assisted c dsg's to (R)LE, (R)LE ↑, (L) edema, neurovascularly intact, IV H'd to (L)FA patent, continuing IV antibx, OOB c crutches p/n, XZ restraints in bed s skin breakdown noted, continue to monitor. POC: Pain control, infection control, wound mgt. ^{b(6)-2} [REDACTED]

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14 OCT 03 0700	Assumed care of pt. B to #3 USS of L/O pain or discomfort cont IU abx to. External fixator @LE Encouraged OOB & crutches. Self pin care assistance ways clear. Hx active as tolerating PO well, remains alert. Will cont to monitor b(6)-2 [REDACTED]
0900	Pt c/o pain to @LE and IU site LFA swollen IU HL did medicated to prevent ii tabs Will access for relect b(6)-2 [REDACTED]
14 OCT 03 2300	JSS AO. @ puber to BSE. mild c/o pain to RFE and provided 2 percent for pain. DSG & pin care performed & minimal assistance to RFE. Applied moisturizer cream to balls of both feet. Tenderness and redness to both feet up & crust washed for 20 min & interval rest periods. Tolerant well. No c/o SOB, CP, up. IV patent to @AC. Foot left OFA. Voiding light yellow urine, quant sufficient. b(6)-2 [REDACTED]

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EPW [REDACTED] b(6)-4

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DATE	NOTES
15 Oct 03 0900	<p style="text-align: right;">b(6)-2 All</p> <p>Assumed care of pt. AEO 03. VSS. bilat feet burn open to air moisturizing cream applied. External fixator intact dressing change and pin care given. Serous drainage to dressing and chux, encouraged to ambulate w/ crutches over ward. Will cont to monitor [REDACTED]</p>
15 Oct 03 2101	<p>(VSS) I concur w/ above assessment.</p> <p>VSS. AO. @ pubis to bilat extremities. @ ankle to [REDACTED] pushed area. DSG 2 & pin care performed w/ e/o pain. Some moderate amount of purulent drainage to site noted prior to DSG 2. Crutch walked for 15 min on ward and tolerated well. e/o SOB, sh. sp. [REDACTED]</p>
16 Oct 03 1210HRS	<p>FT NOTE - R/R OM @ FEET & ANKLES. @ FOOT. @ EDEMA & PITTING: ECCHYMOSES DORSAL SURFACE, ARM ↓ ~ 75%. PNT 40 PAIN & MVT. @ FOOT/ANKLE ROM WNL. [REDACTED] SR [REDACTED] 91W107</p>
16 Oct 03 @ 1000	<p>Assumed care of pt. @ 0700. Pt. AEO 03. V.S.S. Assessment done. Pt. on contact precautions. Outer DSG to @ LE Δ'd. Pin care done by patient @ LE wrapped w/ Kerlix & secured w/ tape. Eucerin cream applied to feet bilaterally to affected areas. @ LE elevated. 1+ pitting edema @ foot. [REDACTED] RLE, A</p>
16 Oct 03 @ 1500	<p>Pt. given 75 Percocet for pain @ 1420. EPIH precautions [REDACTED] restraint protocol used. @ signs of skin breakdown. [REDACTED] RLE, A</p>
16 Oct 03 2308	<p>VSS. AO. DSG's changed to @ thigh & pin care performed. Ambulated to BR and on ward w/ minimal assistance. IV placed to @ forearm & clamped. Provided new gown & blanket. Swab to feet for [REDACTED] & OTH. last AB 74. [REDACTED]</p>

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17 OCT 03 PT NOTE
 1030 HAS HX: CLUTCH AMBUL. ROM @ KNEE 1/2 @ ANKLE. FOR BURNS @ FEET 1/2 E/F @ FEMUR.
 I/M: BURNS 2" TO BALLS @ FEET, SOME 3" TO DIGITS OF @ FOOT. (R) > (L). @ EDEMA @
 PITTING @ ANKLE @ ECUHYMOSIS. MINIMAL EDEMA TO @ KNEE. AROM @ KNEE ~ 30°
 PROM @ KNEE ~ 40-45° @ ANKLE AROM ~ 75° 4WAY, ESP. DF; FROM WNL PF, INV
 EV, DF ~ 5-7°
 DX: AROM/AAROM @ KNEE, PROM @ ANKLE @ ELEVATION. SO ANKLE N/MS BID.
 AMBUL PNT @ CLUTCHES 1/2 @ FOOT BANDAGES (REMOVE @ AMBUL).
 I: PROM @ ANKLE (4WAY). ROM @ KNEE 1/2 AMBUL DEF 2° PAIN.
 G: AROM @ LE @ RESTORE KNEE ~ 90° FLEX; ANKLE ~ 20 DF, ALL OTHER WNL
 1/2 AMBUL PNT 25" 50" X 2 INCH.

SPC [REDACTED] 9112129 PTTK-
 17 OCT 03 @ 1540 Pt. resting quietly in bed, semi-Fowler's. A&D x3, Outer DRSNG
 to @ LE Δ'd. Moderate amount of yellowish-brown drainage on old
 DRSNG. Pin care done by pt. P.T. tech did ROM @ patient. Bilateral
 burns to bottom of feet; too painful to ambulate at this time,
 open to air. @ foot @ pitting edema, @ LE elevated. Pt has
 @ c/o pain at this time. b(lu)-2 [REDACTED] 225, Ma

17 OCT (1950) Pt alert, VSS, c/o pain to @ leg (if Percocet given).
 pin care done, drop Δ'd. (old brown drain-
 age noted). Burns to @ feet OTA. @ foot @

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[REDACTED]
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+1 pitting edema (elevated). Pt getting Gent-
 amycin Qday per MD orders. 2 pt restraints
 on 5 compromise to skin/circulation. Will

18 OCT 0330
 monitor (b)(6)-2 [redacted] 91WMB
 2 percocet given for do pain to (R) leg, relief
 noted (b)(6)-2 [redacted] 91WMB

18 OCT 03
 1106
 Ortho Op Note
 Post Op Dr & Inspected (R) femur post
 Post Op Dr
 Procedure: T + D (R) femur
 degree [redacted] (b)(6)-2
 225403 1020
 2005: 200 W
 2100103 - Minimal drainage. Bands
 removed. Wound closed over
 removal drain.
 PLAN: Remove drain in 3-4 days.
 [redacted] (b)(6)-2

18 Oct 03 1450 PT NOTE
 Pt supine in bed c̄ ex fix (R) femur, burns (B) feet needs P_{rom} and
 ambulation. Pt post-op today, no ambulation. P_{rom} @ ankle ~ 75°
 DF, minimal wv/ev, all c̄ pain. Instructed Pt of ankle exercises.
 ABom @ knee ~ 25°, P_{rom} @ knee ~ 35-40°. [redacted] 91WMB
 (b)(6)-2

[redacted] (b)(6)-4
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18 OCT 03 0700	Pt received from at 0600 hours. Pt A&O LS CTA \textcircled{B} . S ₁ S ₂ present. \textcircled{B} BS x4 grads. Pt voiding spontaneously cyo qs. Drsg on \textcircled{B} LE CDI. Pt on call for OR today. Denies pain at this time. <i>b(6)-2</i> [redacted] <i>91W/M</i>	
18 OCT 03 1300	Pt received from PACU. Pt A&O c/o pain to RLE. RLE Drsg \bar{c} Ace wrap. LLE +2 pitting edema. Warm & Dry to palpation. LS CTA \textcircled{B} + BS x4 grads. S ₁ S ₂ present. Pain controlled \bar{c} percocet. Will continue to monitor <i>b(6)-2</i> [redacted] <i>91W/M</i>	
(1800) (2030)	1 concur \bar{c} above assessment Pt a/o, VSS, c/o pain often, controlled \bar{c} percocet. per care done. drsg to \textcircled{B} LE \bar{c} ace wrap. \bar{c} drain intact, minimal bloody drainage noted. +2 edema to \textcircled{B} leg. (elevated). Sent \bar{c} cipro cont per md orders. pt voiding on side \bar{c} reminder. \textcircled{B} AC HLD - flushing easily. 2 pt restraints on \bar{c} compromise to skin or circulation. Will monitor <i>b(6)-2</i> [redacted] <i>91W/M</i>	

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19 Oct 03 PT/ORTHO NOTES: bles - 2 All

Pt supine in bed c̄ ex fix @ femur, @ foot burns needs ambulation and ROM. Pt (I) sit ↔ stand, ambulated ~ 150 ft. PROM @ ankle ~ 75° DF, minimal inv/ev. Instructed Pt on ankle exercises c̄ litter strap. AROM @ Knee ~ 30°, PROM @ Knee ~ 40°. Elevated leg on blanket c̄ @ Knee bent ~ 20° BPC 91WPI

19 OCT 03 @ 1300 Pt. sitting up in bed c̄ @ LE elevated. Pin care done. Pt. C/O constipation in AM. Pt. given M.Q.M. and assisted to BR c̄ crutches. Pt. remained in BR for 25 min. c̄ @ BM. Pt. given rectal suppository and remained in BR for 25 min. c̄ @ BM. Pt. assisted back to bed c̄ BSC @ bedside. Pt. has @ BS in all 4 quads. 2+ pitting edema to @ foot, painful on palpation. DRSNG to @ thigh ^(M.D.) CDI; drain intact, small amount of sanguinous fluid ^(M.D.) drainage. V.S.S. ii Percocet given @ 1025 for pain. @ C/O pain at this time. All other assessments WNL. EPW restraint protocol in use. @ signs of skin breakdown. 2 CT, AN

19 OCT 03 @ 1730 Drain to @ LE emptied, 30cc serosanguinous drainage. 2 CT, AN

19 OCT 03 @ 2030 Assumed care @ 1800; All VSS, Pt @ speaking arabic, pain controlled c̄ perc; ex-fix to @ LE in place, dsg ^{intact} intact, minimal drainage, pin care completed by pt; drain intact c̄ 3m amt sero-sang DP. 2+ pitting edema to @ LE; PROM (AROM encouraged); No AS in assessment

1100 Restraints in place, @ circ, @ skin break, cont to monitor 2 CT, AN

20 OCT 03 VSS AO assumed care of pt @ 0600. Pt. C/O pain ii perc given @ 0900. 15 CTAB @ Abd. soft, ext fix intact to @ LE. D/LN care performed. Edema to @ E.

BLE-2A11

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE	NOTES
21 OCT 03 0020	USS Alert & Dressed. Legp clear. B5D x 4 Qad. Ald graft non-distended. OOB → Ambulant = crutches to BR. (B) FA Jaline lock patent & intact. Per care done. (B) leg dry dry & intact. Voiding clear amber urine. (B) pain noted as noted. Will continue care as planned. [REDACTED] 2LT, AN
22 OCT 03 @ 0900	Pt. sitting up in bed (R) LE elevated, DRNG TO (R) femur CDL. Pin care done by pt. A&D x 3, V.S.S. IVSL to (R) AC, flushed well. Pt. C/O pain to (L) FA from previous IV infiltration. Site is red & slightly swollen. (L) VE elevated, warm compress applied. All other assessments WNL. EPHU restraint protocol in effect, (L) signs of skin breakdown. [REDACTED] 2LT, AN
22 OCT 03 @ 1620	Pt. ambulated to BR & crutches. (L) BM, Pt. required no assistance getting in and out of bed or going up a step in to BR. Pt. C/O pain. Percocet ii tabs given PO. [REDACTED] 2LT, AN
22 OCT 03 1930	USS alert & oriented. (B) FA Jaline lock patent & intact (L) LE ↑ on folded blankets. Pt completed pin care to (L) LE ext fix with Depovert. (L) C/O pain or discomfort voiced or noted. Voiding clear yellow urine. Tabratey reg diet. Will continue care as planned. (L) Pedal pulses +2. Capillary refill to (R) toes < 3s. [REDACTED] 2LT, AN
23 OCT 03 @ 1300	Pt. A&D x 3, V.S.S. Pt. performed own pin care; Ambulates well & crutches. Physical therapy taught pt. to perform ROM exercises +1 gait to (R) foot. All other assessments WNL. Restraint protocol in use. (L) signs of breakdown. [REDACTED] 2LT, AN

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MEDICAL RECORD **PROGRESS NOTES**

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	(cont'd) encouraged pt - to do ROM exercises. IV HL. (L) hand. Will cont. to monitor pt. b(6) - c
20 Oct 03 @ 2300	Assumed care @ 1800; All VSS; pt A&D speaking arabic; @CMS, +2PP, brisk cap Ref; IV intact; pain controlled c percis; ex-fix in place, dsg intact, pin care completed by pt; +2 pitting edema @ LE; pt voiding is difficult; H/L patent, cont to IV abx; Restraints in place, @ circ, @ skin break; cont to monitor b(6) - c
20 Oct 03 @ 2145	H/L infiltrated, new one started in @ AC, patient flexibly flushes s/sx infection/infiltration; cont to monitor b(6) - c
21 Oct 03	(cont'd) Assumed care of pt @ 0800 p report from night shift. Pt alert, speaking Arabic. VSS. @ pain controlled c Percs/morin. Pt amb in hallway c crutches x2 this shift. OOB to chair. Tol well. Pt does own pin care c supervision. RLE swollen - +2 pitting edema. @ pedal pulse - pt able to move toes. SL in @ ac flushes well s/sx infection/infiltration. site of old IV on @ forearm red/swollen. Heat pack applied to site. Tol reg diet well. voiding is difficulty. 2-point restraints in place s/sx complications. Will continue to monitor. b(6) - c

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

PROGRESS NOTES
Medical Record

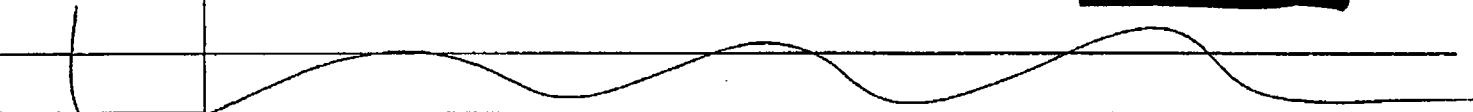
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[REDACTED]
b(6) - d

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
23 OCT 03 2000	<p>VSS, Alert & Oriented. @ AC Saline lock patent and intact. Lungs clear @ x4 heard. Abd. soft. nondistended. Ate 90% of Regular diet for dinner. Pt performed proper pin care with supervision. Pedal pulses palpable +2. Bil toes & capillary refill < 3 sec. Uridy clear amber urine. Will continue continued care as planned.</p> <p>b(6)-2 [REDACTED] ZLT, AN</p>
24 OCT 03 @ 1100	<p>Pt. resting quietly in bed, eyes closed, V.S.S. Pt. given 75 tabs peracet PRN for pain to @ LE @ 0715, @ C10 pain at this time. Pt. given materials to do pin care to @ LE ex-fix. Bandage DRNG to @ LE CDI, Dry scaly skin to both feet; lotion applied. +1 edema to @ foot, +2 pedal pulses @ Bowel sounds, Lungs clear bilat. Urinal at bedside, clear yellow. Pt. refused breakfast. EPN restraint protocol used. @ signs of skin breakdown.</p> <p>b(6)-2 [REDACTED] ZLT, AN</p>
24 OCT 03 @ 1600	<p>Pt. given shave & haircut. New IV SL started at @ AC.</p> <p>b(6)-2 [REDACTED] ZLT, AN</p>



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

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

PROGRESS NOTES
Medical Record

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

DATE

NOTES

b(6) - 2 AU

04007(2)
2010

Pt laying in bed c 2 pt restraints. ⊖ S/SX of skin compromise.

VSS. Pt does self-pin care to (2) RLE Ex-fix. Pains has ⊖ S/SX of ~~infection~~ infection. Lung sounds clear through all lobes. B/L LE dry, scaly. (2) LE elevated c donut. ⊕ Pedal pulses. ⊕ bowel sounds.

Urinary in urinal c ⊖ difficulty. Pt ⊖ LOC/pain. [REDACTED] (U/A)

250001B

(1515) Assumed care of pt c [REDACTED] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c Percs.

Pt working c pt. Amb well c crutches. Rom c RLE done. Ex fix in place. Pin care done by pt.

Drsg to RLE intact. SL in (2) forearm flushes well s S/SX infiltration/infection. Tol. reg diet well. Voiding s difficulty.

2-point restraints in place s S/SX complication will continue to monitor. [REDACTED] (U/A)

25001(19)

Pt sitting up in bed. Denies any pain at this time.

DSB to pin area appear CNF. VSS. Lung sounds clear through all lobes. S, S2 audible. ⊕ bowel sounds. [REDACTED] (U/A)

26001(13)

(1405) Assumed care of pt c [REDACTED] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c TID motrin/Percs.

Pt amb well c crutches. ↑ in chair for 2" - tol. well. Ex fix in place on RLE.

Swelling in RLE cont. to ↓. Pin care done by pt c supervision. Drsg to RLE intact. SL in (2) forearm flushes well s S/SX infection/infiltration.

Tol. reg diet well. Voiding s difficulty. 2-point restraints in place s S/SX complications.

will cont to monitor. [REDACTED] (U/A)

LAST NAME	MID	NUMBER
DATE	NOTES	
28 OCT 03 1900	<p>VSS Alert & Oriented. (L) FA IV = swelling & Pt c/o pain to site. (L) FA IV d/c'd. Warm moist compress applied to (L) FA IV site. Restful Restated 20g 1/4 in IV to (L) FA x 1 attempt. Pt properly performed pin care to (R) LE ex for upper suppur. Pedal pulses palpable +2. Capillary refill brisk to TOE (R). Vicky clay yellow urine Consumed 80% of Regular Diet for dinner. Will continue care as planned.</p> <p style="text-align: right;">b(6)-2 [REDACTED] LTAR</p>	
29 OCT 03 1500	<p>Assumed care of pt. @ 0600, V.S.S. c/o pain, A&O. (R) LE elevated. Small amount of serous drainage to (R) thigh DR5N6, posterior thigh. Pt. performed own pin site care. +1 edema to (R) foot. Pt. ambulated w/ crutches to BR 3 difficulty. (R) BM, IVSL to (R) wrist. All other assessments WNL. Pt. in 2 point restraints. 0 signs of skin breakdown. b(6)-2 [REDACTED] AN,</p>	
29 OCT 03 2000	<p>VSS Alert & Oriented. (R) Knee ex for pin sites without drainage or crusts. Pedal pulses palpable +2. (R) FA Saline lock patent & intact. OOB = crutches to BR. Bruises to feet heelal. D/C to EPN Camp with Pt taken to Pharmacy. Will continue care as planned.</p> <p style="text-align: right;">b(6)-2 [REDACTED] 2000</p>	

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 19810

b(6)-4

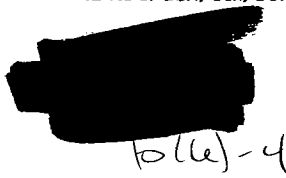
MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
29 AUG 03 204D	<p>Ortho Discharge Note</p> <p>Injured male shot through right femur, and bilateral foot burns, who came here 21 days after wounding with an external fixator. While here underwent multiple wound debridements and eventual wound closure of posterior thigh. Fracture is not healed, and anticipate that it will take 2-3 months to do so.</p> <p>PLSW: Outlier, non-weight bearing. Levofloxacin, 250mg P.O. Q day, #30. Follow-up in 30 days. Day dressing to posterior thigh. P.S. care.</p>



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



PROGRESS NOTES
Medical Record

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

DATE	NOTES
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19 Sep 03 2045 = pt. admitted from EMT via litter
 @ dx (R) femur fx & burns to feet. VSS,
 A to X3, & clo pain @ present, NPO p
 MN for o/c to OR tomorrow - lpt. Informed.
 Restraints x2 in place & assessing skin
 integrity (of breakdown to Uxtremities restrained
 at this time). External fixator to (R) femur
 in place @ Dsg from EMT. Per EMT's
 report (2LT [redacted]), Dr. [redacted] verbalized
 to not do bsg's / pin care R/T going to
 OR tomorrow. 2+ edema to (R) LE (pitting),
 2+ pedal pulse (R) foot, unable to move
 (R) LE very well at all. Reinforced Bedrest.
 IV to (R) AC (18G) running LR @ 125cc / :5
 difficulty. & other v. remarkable. assessment
 findings. Pain Management & will monitor
 for acute s's. ————— (b)(6) [redacted]

20 Sep 03 0700 - Assumed care of pt. awake alert and oriented x3
 VSS & clo pain or discomfort @ this time. Remains NPO
 for OR today. (R) LE Fixator positive circulation to extremity
 AEB warm to touch strong pedal pulse. Able to wiggle toes. Painful
 stimuli upon palpation. Burns to bilat feet. Will cont to monitor
 (b)(6) [redacted]

1730 - Pt back from OR ~~status~~ status post wash out I+D
 to (R) LE external fixator and bilateral feet. Dressing CDI clo
 pain medicated for relief Will cont to monitor
 (b)(6) [redacted]

EPW# [redacted] (b)(6) [redacted]

MEDICAL RECORD

PROGRESS NOTES

DATE

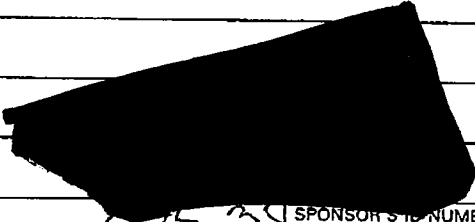
NOTES

926503
204D

Ortho Discharge Note

Irregular male shot through right
femur, and bilateral foot burns who
arrived here 21 days after wounding with
an external fixator. While here
underwent multiple wound debridements
and eventual wound closure of posterior
④ thigh. Fracture is not
healed, and anticipate that it
will take 2-3 months to do so.

Platib. Ortho, non-weight bearing.
Levofloxacin, 250mg P.O. Q day, #30
Follow-up in 30 days
Dof dressing to posterior thigh.
Pain rare



RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S NUMBER
(SSN or Other)

LAST

FIRST

MI

PART/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.



PROGRESS NOTES
Medical Record

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

PROGRESS NOTES

MEDICAL RECORD

NOTES

20 Sep 03 @ 2100 Assumed care @ 1800; VSS, pt AEOX 3, CUS throughout; @ pulses x4, brisk cap Ref, NV intact; Ex-fix to @ LE intact; drg CDE is drainage; S₂, LS CTA @; @ BSX4, pt voiding QS, clear, dark yellow urine; PIV in @ FA patent & infusing @ LR @ 125 cc/hr is v/sa infection/infiltration; pt w/ slight pain to @ LE; restraints in place, @ circulation, @ skin break; cont to monitor [redacted] b/cus-2

21 Sep 03 0700 - Pt resting in bed @ this time sleep. External fixator to @ LE intact dressing CDE Kerlix wrapped and secured with ace bandages. Bilateral feet & burns ~~here~~ char removed in DR feet dressed w Kerlix and ace bandage @ bleeding noted. IV LR @ 105 cc/hr to @ FA patent lungs clear HRRR active QS tolerated PO. will cont to monitor [redacted] s/cus-2

21 Sep 03 Pt resting. External fixator to @ LE. Dressed with Kerlix and ace wrap. Abdomen is drainage noted. Burns to Bilateral feet dressed with Kerlix [redacted]

22 Sep 03 (1545) Assumed care of pt w/ @ @ @ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled w Percs/mSO4 Exfix in place on @ thigh. Pin care done this am. Wet > dry drg on back of @ thigh Ad. wound packed w wet Kerlix. Large amount of green/brown drainage [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
DEPART./SERVICE	LAST	FIRST	MI
HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	WARD NO.
REGISTER NO.			

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

EPW # [redacted] b/cus-2

PROGRESS NOTES Medical Record STANDARD FORM 609 F Prescribed by GSANCMR FPMR (41CFR) 101-1

DATE	NOTES
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23 SEP 03 (1545) (cont) noted on old drsg. Drsgs to bilat. feet & this am. Silvadene cream applied to burned areas, then covered w Kerlex. Pt COB to chair w assist. from staff. Pt tol. well. Tol. reg diet well. Voiding w difficulty. IVF infusing into IV in @ ac. w s/sx infiltration/infection. Will s IVFs p dinner. 1 point restraint in place w s/sx complications. Will continue to monitor.

22 SEP 03 2030 On the Op Note
 p/w 20 by @ infected open (w) femur fr
 @ bilateral foot burns
 PDSI @ 20 - done
 P/D L/M @ I & D (w) femur
 @ I & D @ foot
 drsgs - [redacted] b (u) - 2
 @ - miv

p/w 20 by @ erythema periton thigh in area of shears, suspect 2" to laceration on damp dressing. With some purulence in wound. Round clange should be present
 P/D @ Report I & D in 48-72 hours
 @ @ by beads
 b (u) - 2

22 Sep 03 @ 2100 Pt back from OR; All USS, @ A/O X3, @ CMS, brisk cap Ref, @ pulsus x4, all intact, pain controlled pers. @ MSO4; s/sx, LSCTA @; @ BSx4, pt voiding @S, clear, dark yellow urine, pt TD @ signs of H2O; drsg to R/LE around @ - @ CDT, wrapped w Kerlex & ACE

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

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

DATE

20 SEP 63

16 30

Ortho Op Nels

Pre-Op Dx - D Open, being under D Open

(R) lower fracture

(L) Burns (B) feet

Post Op Dx - dent

Procedure DT 10 (R) lower

(L) 1 x 10 (B) feet

cont-mnt

patient, severely infected, punctate
wound, positive (R) thigh, exposure of
soft tissue, removed numerous
pieces, deep fragments of bone
Reached with X-ray, soft
debrided, very little left, unknown
loss, over swollen toe pads
Dressing applied

Plan: Culture taken from wound, Begin
antibiotics, keep Nels well beads
eventually decide to feet, Road 7404.

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAIN

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

REGISTER NO.

WARD NO.

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-8.202-1

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

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

DATE

5 Oct 03
1975

Ortho Op Note

Pre Op Dx - Open @ femur fracture

Post Op Dx - same

Procedure 1+0 @ femur

antibiotic beads

legends [redacted] b(6)-2

5/15/75 mtr

Fracture - Wound closing, 5/15/75 beads

Exchanged same pins

Plan: Remove beads in 2 weeks

X-ray in 8/23

b(6)-2 [redacted]

0600743 (10/15) Assumed care of pt w/ ~~closed~~ p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c ferus. Pt to OR this pm. Tx back to ward p VD via gurney in stable cond. Drsg to @ thigh ADL. Ex fix in place on RLE. Pt able to move feet. @ pedal pulses equal bilat. Cap refill < 3 sec

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION:

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

[redacted]

b(6)-4

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

MEDCOM - 19817

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER [REDACTED]
PATIENT'S HOME ADDRESS OR DUTY STATION						ARRIVAL DATE (Day, Month, Year) TIME
STREET ADDRESS EPLW - # [REDACTED] b(4)-4				STATE	ZIP CODE	19 Sept. 03 1605
TRANSPORTATION TO FACILITY in wheel chair vehicle						
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE
AGE 33	AREA CODE	NUMBER	ITEM	YES	NO	YES NO
HOME PHONE		PRP	FLYING STATUS			ADDITIONAL INSURANCE
CURRENT MEDICATIONS		MEDICAL HISTORY OBTAINED FROM			NAME OF INSURANCE COMPANY	
ALLERGIES		INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
CHIEF COMPLAINT		IS THIS AN INJURY?	YES	NO	WHEN (Date)	DATE LAST VISIT 24 HOUR RETURN
		INJURY/SAFETY FORMS			WHERE	<input type="checkbox"/> YES <input type="checkbox"/> NO
		HOW				TETANUS
						DATE LAST SHOT COMPLETED INITIAL SERIES
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CATEGORY OF TREATMENT		VITAL SIGNS				
<input type="checkbox"/> EMERGENT	TIME	BP	PULSE	RESP	TEMP	WT
<input type="checkbox"/> URGENT	1605	126/79	102	16	99.6	
<input checked="" type="checkbox"/> NON-URGENT	INITIALS					
	MV					
LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	
	URINE C&S	UA MSCC/CATH		CHEM:	CXR PA & LAT/PORTABLE	C-SPINE
	BLOOD C&S X				ACUTE ABDOMEN	LS SPINE
					SINUS	HEAD CT
					ANKLE R/L	
ORDERS						
<input checked="" type="checkbox"/> PULSE OX 97%						
<input type="checkbox"/> MONITOR						
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE	
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY				
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.				
MODIFIED DUTY UNTIL		RETURN TO DUTY				
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE				
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE				
<input type="checkbox"/> DETERIORATED						
PATIENT'S IDENTIFICATION		PATIENT/DISCHARGE INSTRUCTIONS				
# [REDACTED] b(4)-4		REFERRED TO WHEN				
[REDACTED] EPLW [REDACTED] b(4)-4		I have received and understand these instructions.				
		PATIENT'S SIGNATURE				

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
----------------	--	-----------------------

TEST RESULTS									
CBC	WBC	SMAC 136 4.4 104 24		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
	H/H			SUP O2	PH	PO2	RESULTS		
	PLT			PCO2	SAT	OTHER	EKG INTERPRETATION		
PT	DIP								
APTT	BHCg	ETOH	GLU	U/A	MICRO				

PROVIDER HISTORY/PHYSICAL
 5) age of injury - unknown. arrived at Camp = 3 days ago
 Received Reflex & Areflex. (Supposedly shot by fellow Iraqi. Also had feet burned by other Iraqi (50/4) (Wound - 21 days old)

MEDS: KAFFIDY
 Allergies: N/A
 PMH: 0

6) Head - neurophule
 Heart - clear
 Lung - clear
 Gut - 0
 Abdom - soft NIT
 39 - ND
 Rt leg in X-fix device
 6" inch open wound posterior thigh.
 Pulse - 2T
 Feet - 3° burn anterior 1/3 sole (R) foot
 3° burn " 1/3 sole (L) foot

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

DIAGNOSIS
 1) 65W Rt femur / comminuted fx
 Rt femur
 2) 3° burn sole - feet

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; DO no. ISSN or other; hospital or medical facility)

EPW [Redacted]
 b(4)-4

EMERGENCY CARE AND TREATMENT (Doctor)
 Medical Record

STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/CMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**
 For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.

1. AGE: 33
 HEIGHT: unk.
 WEIGHT: unk.

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

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

4. PROPOSED SURGICAL PROCEDURE:
I+D @ R Thigh wound.

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: SEE chart Implants: unk Medications: unk
 Jewelry removed (yes/no) (yes) Family waiting: yes/no (no)

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> Potential for anxiety related to <u>traumatic injury; language barrier; family separation; surgical environment</u>	<input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" type="checkbox"/> Pt. exhibits relaxed body posture.	<input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input checked="" type="checkbox"/> Explain OR environment and answer questions <u>as possible</u> regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input checked="" type="checkbox"/> Explain all nursing procedures before they are done. <u>as possible</u> <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input type="checkbox"/> Maintain family interface.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>sedation; positioning; injury</u>	<input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase.	<input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input checked="" type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input checked="" type="checkbox"/> Assist anesthesia during intubation and extubation
C. INTEGUMENT <input checked="" type="checkbox"/> Potential impairment of skin integrity due to <u>bovie pad; position; fluid shift</u>	<input checked="" type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to <u>maintain good body alignment.</u> <input checked="" type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids from pooling.

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

blw-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery</p>	<p><input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p><input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors.</p> <p><input type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input type="checkbox"/> Offer pillow for under knees.</p> <p><input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input type="checkbox"/> Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury</p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain</p>	<p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input type="checkbox"/> Insure proper body alignment.</p> <p><input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation;</p> <p>F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation</p> <p>F.3. Potential injury due to dentures.</p>	<p><input checked="" type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input checked="" type="checkbox"/> Pt. will be transferred safely to OR table</p> <p><input checked="" type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input checked="" type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input checked="" type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <i>as possibl</i></p> <p><input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input checked="" type="checkbox"/> Speak clearly and slowly.</p> <p><input checked="" type="checkbox"/> Address pt. from <i>either</i> side.</p> <p><input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communications. <i>as poss</i></p> <p><input type="checkbox"/> Verify removal of dentures.</p>
<p>G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p>

INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[Redacted] *5/01/10 (u)-2*

20 SEP 03 DATE

11. POSTOPERATIVE EVALUATION:

Pt. is s/s of distress.
Drsg CDI.

12. PREOPERATIVE EVALUATION PREPARED BY

b(u)-2 *[Redacted]* *cat/ow*
20 SEP 03 TIME: *1445*

13. POSTOPERATIVE EVALUATION PREPARED BY

[Redacted] *W b(u)-2*
DATE: *20 SEP 03* TIME: *1623*

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.</small>
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1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <p style="text-align: center;"><i>NICAR</i></p> 3. PREVIOUS SURGERY [] NO <input checked="" type="checkbox"/> YES (type): <p style="text-align: center;"><i>See HTP</i></p>
-------------------------------	--

4. PROPOSED SURGICAL PROCEDURE:

I+D Femur

5. ADDITIONAL INFORMATION: Last PO: *PM* Medical Hx: *See HTP* Implants: *See HTP* Medications:
 Jewelry removed: /no Family waiting: yes//no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> Potential for anxiety related to <u>traumatic injury; language barrier; family separation; surgical environment</u>	<input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" type="checkbox"/> Pt. exhibits relaxed body posture.	<input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input checked="" type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input checked="" type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input checked="" type="checkbox"/> Maintain family interface.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>sedation; positioning; injury</u>	<input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase.	<input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input checked="" type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input checked="" type="checkbox"/> Assist anesthesia during intubation and extubation
C. INTEGUMENT <input checked="" type="checkbox"/> Potential impairment of skin integrity due to <u>bovie pad; position; fluid shift</u>	<input checked="" type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	<input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input checked="" type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids from pooling.

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

[redacted] b(1) - 4
EPW -
ICW - 1

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery</p>	<p><input checked="" type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p><input checked="" type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors.</p> <p><input checked="" type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input checked="" type="checkbox"/> Offer pillow for under knees.</p> <p><input checked="" type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input checked="" type="checkbox"/> Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to sedation; pain; injury</p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to injury; pain</p>	<p><input checked="" type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input checked="" type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input checked="" type="checkbox"/> Have sufficient people available for transfer.</p> <p><input checked="" type="checkbox"/> Insure proper body alignment.</p> <p><input checked="" type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input checked="" type="checkbox"/> Offer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being injury; sedation;</p> <p>F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to language barrier; sedation</p> <p>F.3. <input checked="" type="checkbox"/> Potential injury due to dentures. <i>uo</i></p>	<p><input checked="" type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input checked="" type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input checked="" type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input checked="" type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input checked="" type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p><input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input checked="" type="checkbox"/> Speak clearly and slowly.</p> <p><input checked="" type="checkbox"/> Address pt. from <i>either</i> side.</p> <p><input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communications.</p> <p><input checked="" type="checkbox"/> Verify removal of dentures. <i>u</i></p>
<p>G. OTHER PATIENT PROBLEMS AND NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p>

10. OR NURSING INTERVENTIONS NOTED. *MAJAL 6 OCT 03* DATE

11. POSTOPERATIVE EVALUATION *b(1)(c)-2*

12. PREOPERATIVE BY (Signature and Title) *MAJAL*

DATE: *6 OCT 03* TIME: _____

13. PREOPERATIVE BY (Signature and Title) *MAJAL*

DATE: *6 OCT 03* TIME: *1455*

MEDICAL RECORD

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

Agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERA ROOM VIA <u>Litter</u>	BY <u>Anesthesia</u>	2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>CPT [redacted]</u>
3. DATE <u>22 Sept 03</u>	TIME PATIENT ARRIVED IN SUITE <u>1950</u>	4. PATIENT IN ROOM <u>[redacted]</u> NUMBER <u>[redacted]</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PAC [redacted]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: proper body alignment maintained, positioned on beanbag, pillow between legs, axillary rolls, (R) arm resting on pillow, position approved by [redacted]

8. SKIN PREPARATION

HAIR REMOVAL: YES NO

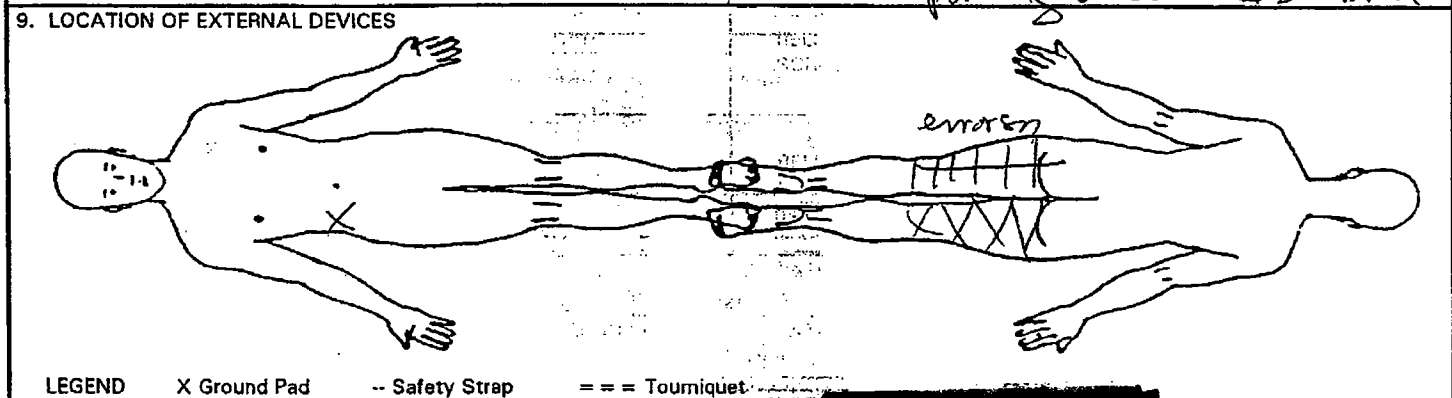
DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta 1 Beta

SITE: Lat (R) thigh + posterior BY WHOM: [redacted]

COMMENTS: no pooling or skin d's noted



10. COUNTS

C = Correct I = Incorrect Initial: [redacted]

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0</u>	<u>0</u>	<u>[redacted]</u>	<u>[redacted]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0</u>	<u>0</u>	<u>[redacted]</u>	<u>[redacted]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

[redacted]
ICW-p(6)-4

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

ESU NO: Valleylab Force 40

GROUND PAD: BRAND V. Ram Polyphase II LOT NO: F0011 2003-04

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Silvadene Ointment	Q5	T10	Topical	[REDACTED]	[REDACTED]

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Tuffs
Kerlix
Acewrap

19. ADDITIONAL INFORMATION
Surgeon: [REDACTED]
Anesthesia: [REDACTED]
- 5179 on chart, SA's noted

20. OPERATION(S) PERFORMED
I+D (R) Femur
Disj. A bic feet

21. PATIENT TRANSFERRED TO [REDACTED] TIME 5:00 METHOD After

22. NURSE SIGNATURE [REDACTED]

REVERSE [REDACTED] MEDCOM - 19825

1. PATIENT TRANSPORTED TO OPERA. VIA 1. Hel BY (1400's) Anesthesia 2. PATIENT ID [REDACTED] VERIFIED AND PROCEDURE BY [REDACTED] P/T/O b(w)-2

3. DATE 24 Sept 03 TIME PATIENT ARRIVED IN SUITE 1440 4. PATIENT IN ROOM [REDACTED] TIME: 1440 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPT [REDACTED]</u> <u>b(w)-2</u>	RELIEF SCRUB	<u>b(w)-2</u>
ASSIGNED CIRCULATOR	<u>CPT [REDACTED]</u>	RELIEF CIRCULATOR	<u>May [REDACTED] 1500-EOC</u>

7. POSITION AND POSITIONAL AIDS (Specify)

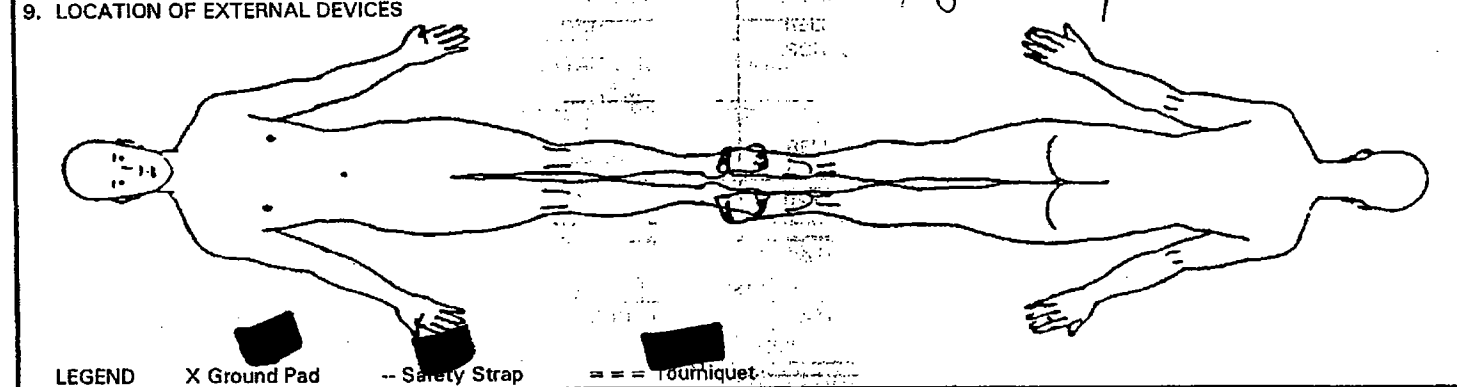
SUPINE LITHOTOMY PRONE KRASKE LATERAL LEFT SIDE UP RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta/Beta
 SITE: (R) leg BY WHOM CPT [REDACTED]
 SITE: BY WHOM: [REDACTED]
 COMMENTS: pooling b(w)-2



10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB <u>b(w)-2</u>	CIRCULATOR <u>b(w)-2</u>
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1</u>	<u>1</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1</u>	<u>1</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>1</u>	<u>1</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>1</u>	<u>1</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

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

[REDACTED] EPW
b(w)-4

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

EW 30 - COOS 30
 ESU NO: Valley Lab
 GROUND PAD: BRAND Valley Lab LOT NO: 68936
 ESU NO: GROUND PAD: BRAND LOT NO:
 BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S): NS

OTHER ORDERS TIME CARRIED OUT BY

None		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Kerlix
fluffs
ace wrap

19. ADDITIONAL INFORMATION

WCI
Surgeon: [Redacted]
Anesthesia: [Redacted] bled - 2
General

20. OPERATION(S) PERFORMED

I & D (R) thigh
5(10) - 2

21. PATIENT TRANSFERRED TO PACU TIME 1:35 METHOD litter

22. REGISTERED NURSE SIGNATURE [Redacted] CM/A

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT b(6)-2	
For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>gurney</u> BY <u>anes thasia</u>		2. PATIENT IDENTIFIED, RECORDS REVIEWED AND PROCEDURE VERIFIED BY <u>[redacted]</u> CPT/AN	
3. DATE <u>26 Sep 03</u>	TIME PATIENT ARRIVED IN SUITE _____	4. PATIENT I.D. NUMBER <u>2-2 (3)</u>	TIME <u>0900</u>
5. PREOPERATIVE EMOTIONAL STATUS			
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify) _____			
COMMENTS: Allergies: <u>NKDA</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>SGT [redacted] 91D</u>	RELIEF SCRUB	_____
ASSIGNED CIRCULATOR	<u>CPT [redacted] 66E</u>	RELIEF CIRCULATOR	_____
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pillows used between legs and arm.</u>			
<input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input checked="" type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>pt positioned on bear bag by Dr. [redacted]</u>			
8. SKIN PREPARATION			
HAIR REMOVAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Betad/Betad</u>	BY WHOM: <u>[redacted]</u>
DONE BY:	<input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>R Hip & leg</u>	
METHOD:	<input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR	SITE: _____	
COMMENTS: _____		COMMENTS: <u>no pooling of prep notes</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad [redacted] Safety Strap === Tourniquet <u>XX-prep</u>			
10. COUNTS		C = Correct I = Incorrect	
	Other**	First Closing Count	Final Closing Count
Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Needle Sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
		SCRUB	CIRCULATOR
		<u>SGT [redacted]</u>	<u>CPT [redacted]</u>
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
# <u>[redacted] b(6)-4</u>		<input type="checkbox"/> ESU NO: _____	
<u>[redacted] b(2)-2</u>		GROUND PAD: BRAND _____	
<u>26 Sep 03</u>		LOT NO: _____	
		<input type="checkbox"/> ESU NO: _____	
		GROUND PAD: BRAND _____	
		LOT NO: _____	
		<input type="checkbox"/> BIPOLE NO: _____	

Tobramycin
 7 SEP 03
 1 MAY 05

13. PROSTHESIS, IMPLANTS YES NO

RADIOPAQUE BONE CEMENT
 Distributed by: **Howmedica Osteonics** Mahwah, New Jersey
 Full Dose
 Cat. No. **[REDACTED]**
 Control No. **[REDACTED]**

ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
fluffs **tape**
cellex **Foot**
Combase **- cellex**
- fluffs
- Swadene

19. ADDITIONAL INFORMATION
 WC **[REDACTED]** Anesthesia: **CPT [REDACTED] b/w-2** Anesthesia Type: **CRNA**
b/w-2

Bovie Pad site intact pre-op _____; post-op _____ Bovie Settings: Coag/Cut
 Tourniquet Site intact pre-op _____; post-op _____
 Tourniquet Time: Up _____ Down _____ **N/A [REDACTED]**

20. OPERATION(S) PERFORMED
Irrigation and DPC of R leg wound.

21. PATIENT TRANSFERRED TO **ICU 3 b/w-2** TIME **10:10** METHOD **gurney**

22. REGISTERED NURSE SIGNATURE **[REDACTED] CPT/AN**

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Wheeled litter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>CPT [REDACTED]</u> <u>blw-2</u>	
3. DATE <u>20SEP03</u>		4. PATIENT IN ROOM TIME <u>1510</u> NUMBER <u>2/1/6</u>	
5. PREOPERATIVE EMOTIONAL STATUS <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS: Allergies: <u>NKDA</u> <u>s/p 6SW & burn on feet x 21 days ago.</u> <u>Ex Fix present @ femur.</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>SPC [REDACTED] 910</u> <u>blw-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>ILT [REDACTED]</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pt in @ Lateral on padded OR table. Pillow between legs, @ arm on Allen Arm Rest. @ Arm on padded arm board <90°.</u> <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input checked="" type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>Normal anatomic body alignment maintained.</u>			
8. SKIN PREPARATION			
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		PREP SOLUTION (Specify) <u>Betadine/Betadine</u> SITE: <u>Right leg</u> BY WHOM: <u>ILT [REDACTED]</u> SITE: BY WHOM: <u>blw-2</u>	
COMMENTS: <u>N/A</u>		COMMENTS: <u>No pooling or adverse reaction</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad - Safety Strap == Tourniquet [Hatched Box] - Prep <u>blw-2</u>			
Initial: <u>SPC sales</u> <u>ILT Malachi</u>		C = Correct I = Incorrect	
10. COUNTS		Other**	First Closing Count
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>C</u>
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>C</u>
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		SCRUB	CIRCULATOR
		<u>SPC [REDACTED]</u>	<u>ILT [REDACTED]</u>
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility): <u>[REDACTED]</u> <u>blw-4</u>		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ESU NO: <u>FOE 000417</u> <u>cut 30</u> GROUND PAD: BRAND <u>Valleylab</u> <u>StyhesValley</u> LOT NO: <u>68936/2005-03</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____	

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	
Silvadene Cream 1% SH09 Exp 5-2005	O.S.	intra-op	local application	[Redacted]	Dr. [Redacted]	

WOUND IRRIGATION YES NO, TYPE(S):
0.9% NaCl - Q.S.

OTHER ORDERS	TIME	CARRIED OUT BY
N/A		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NAME (c) A) Swab from @ femur	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				18. DRESSING/IMMOBILIZATION (Specify) fluffs, Kerlix, ABD, ACE feet: fluffs, Kerlix, ACE
TYPE/SIZE	1.	2.	3.	
	1. Kerlix + NaCl			
SITE	1.	2.	3.	
	1. R thigh wound			

19. ADDITIONAL INFORMATION
 WC IV
 Surgeons: Dr [Redacted] Anesthesia: MAS [Redacted] Anesthesia Type: GETA
 DA 579 initiated
 Bovie Pad site intact pre-op ; post-op _____ Bovie Settings: Coag/Cut 30/30
 Tourniquet Site intact pre-op ; post-op _____
 Tourniquet Time: Up _____ Down N/A

20. OPERATION(S) PERFORMED
 I & D of R thigh wound.
 Debridement of burns on feet.

21. PATIENT TRANSFERRED TO PACU TIME See DA 7389 METHOD Liter + O2

22. REGISTERED NURSE SIGNATURE [Redacted] /AU b(au)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For L 28861 - WOODM MEDCOM 19832

Office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Helicopter BY Anesthesia VERIFIED BY MAS/A

3. DATE 6 OCT 03 TIME PATIENT ARRIVED IN SUITE _____ 4. PATIENT IN ROOM _____ TIME 5:00-2 NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPC</u> <u>[Redacted]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAS</u> <u>[Redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pl transferred to OR table, anatomically aligned for surgical procedure - pad under head, arm on padded arm board 90° arm on pillow across chest, secured in place pillows between legs, + under feet/feet

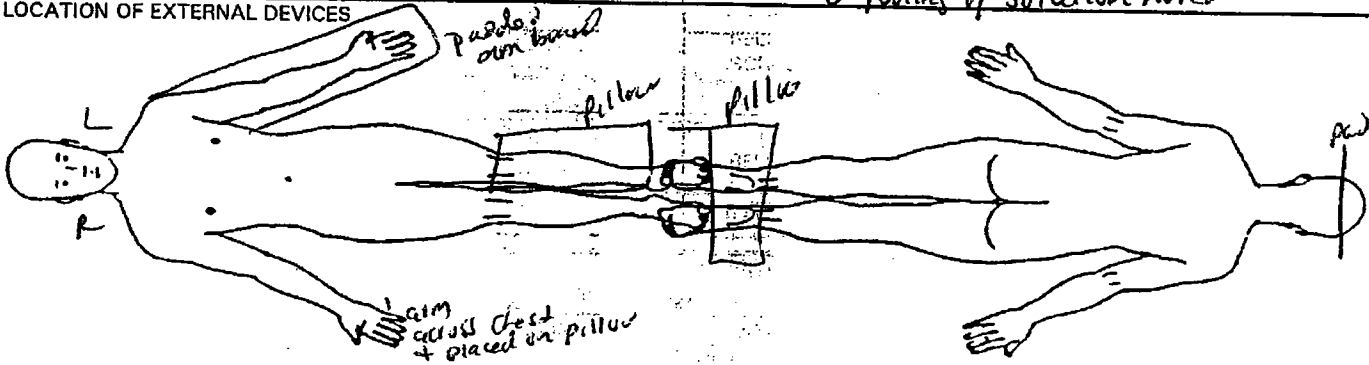
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta/Beta
 SITE (R) Femur -> hip BY WHOM: MAS [Redacted] Ac
 SITE: _____ BY WHOM: 5(c)-2

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/	/
Needle Sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/	/
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/	/
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/	/	/

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

[Redacted]
5(c)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO 30/30

ESU NO: 46S R8E 105 30S
 GROUND PAD: BRAND Valleylab
 LOT NO: 68245 Ehp 2005-02

ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____

BIPOLAR NO: _____

19832

13. PROSTHESIS, IMPLANTS

YES

IO

IF YES NAME: ID

Howe
Rahee
Limerick, Ire
Tobramycin 2.4g
LOT Full Dose
exp. 3/05
REF
LOT

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)

NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):

0.9% NPJ

OTHER ORDERS

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

YES

NO

IF YES, SITE

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION (Specify)

Fluffs
Kerlex
ACE

17. TUBES, DRAINS/PACKING

YES

NO

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

Surgeon

Anesthesia

[Redacted]

20. OPERATION(S) PERFORMED

I + D (R) Femur + Antibiotic Beads placement

21. PATIENT TRANSFERRED TO

PACU

1 (2) - 2

TIME

1433

METHOD

1. Heo 202

22. REGISTER

[Redacted]

MPS/Ar

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERA M [redacted]	2. PATIENT [redacted] REVIEWED AND PROCEDURE
VIA <u>litter</u> BY <u>Anesthesia</u>	VERIFIED BY <u>[redacted] MAJ [redacted]</u>
3. DATE <u>18 Oct 83</u> TIME PATIENT ARRIVED IN SUITE <u>1000</u>	4. PATIENT IN ROOM [redacted] TIME <u>1000</u> NUMBER <u>2-3</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Pt awake, looking around & complaint of pain or discomfort

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>DFC [redacted] ORT [redacted]</u>	RELIEF SCRUB	
	<u>[redacted] b/c 2</u>		
ASSIGNED CIRCULATOR	<u>MAJ [redacted] AN [redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt transferred to table, anatomically aligned for surgical procedure & towel under head. (L) arm on padded arm board less 90° (R) arm across chest & pillow between legs

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

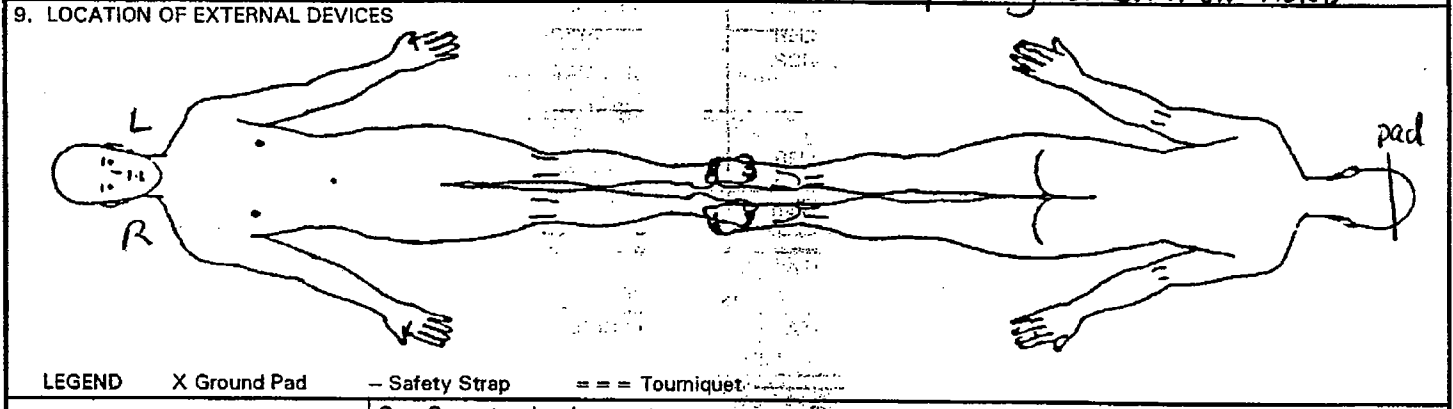
METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta/Beta

SITE: BY WHOM:

SITE: BY WHOM:

COMMENTS: & pooling of solution noted



10. COUNTS

C = Correct I = Incorrect

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/
Needle Sharp	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/

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

[redacted] b/c - 4

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

ESU NO: SN# R8B 102395

GROUND PAD: BRAND Valleylab LOT NO: Lot 108245 8402015-01

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS IF YES NAME: ID NUMBER _____ SURGEON _____

14. MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE _____

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. DRESSING/IMMOBILIZATION (Specify) <u>Fluffs Kerlix</u> <u>ACU</u>	
TYPE/SIZE	1. <u>40ml Hemovac</u>	2.	3.
SITE	1. <u>(R) Thigh</u>	2.	3.

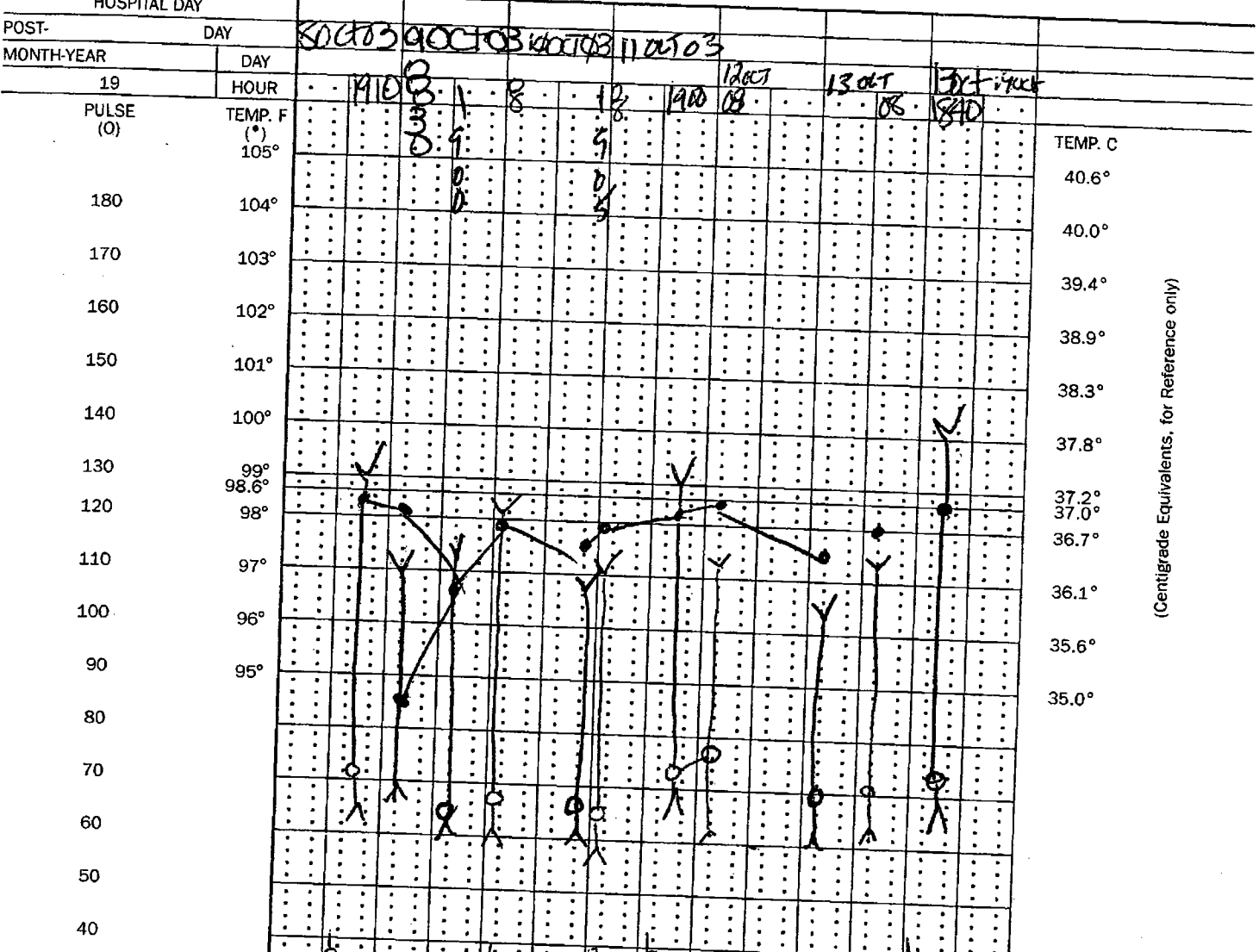
19. ADDITIONAL INFORMATION
Surgeon _____ Anesthesia _____

20. OPERATION(S) PERFORMED
I+D (R) leg

21. PATIENT TRANSFERRED TO PTCU blair TIME 1101 METHOD litter + O2

22. REGISTERED [REDACTED] MAJ/W

MEDICAL RECORD **VITAL SIGNS RECORD**



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		DAY											
BLOOD PRESSURE		8 OCT 63			9 OCT 63			10 OCT 63			11 OCT 63		
HEIGHT:	WEIGHT →	110/80	110/80	110/80	110/80	110/80	110/80	110/80	110/80	110/80	110/80	110/80	110/80
RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA

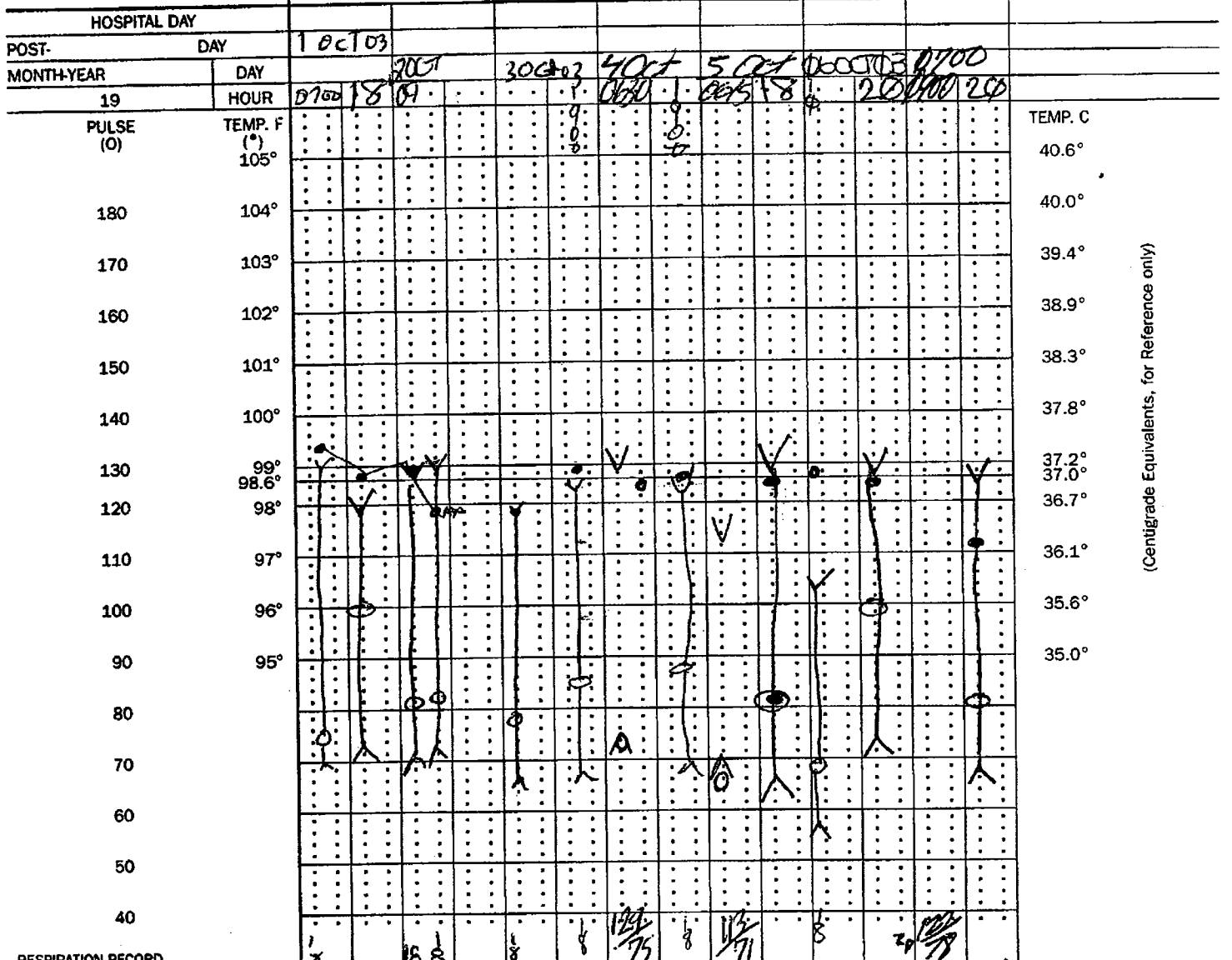
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO. WARD NO.

[Redacted] 6100-4

MEDICAL RECORD

VITAL SIGNS RECORD



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

BLOOD PRESSURE		122/20 118/13 127/12 115/67 P74 124/66 128/57 128/42 124/63 H75 99/28 73 T 123/67 T98.4 122/70 P66 81 99 77.3 82 99 98 118 118 118 118 118 118 118 118 118 118 118 118											
HEIGHT:	WEIGHT →	97 96 97 97 97 97 97 97 97 97 97 97 97 97 KA 97 97 97 97 97 97 97 97 97 97 97 97 97 97											

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

REGISTER NO. WARD NO.

[Redacted] 6165-4

VITAL SIGNS RECORDS
Medical Record

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

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY
 POST- OCTOBER DAY
 MONTH-YEAR

24

19 DAY

HOUR

PULSE (O)

TEMP. F (°)

105°

180 104°

170 103°

160 102°

150 101°

140 100°

130 99°

120 98.6°

110 98°

100 97°

90 96°

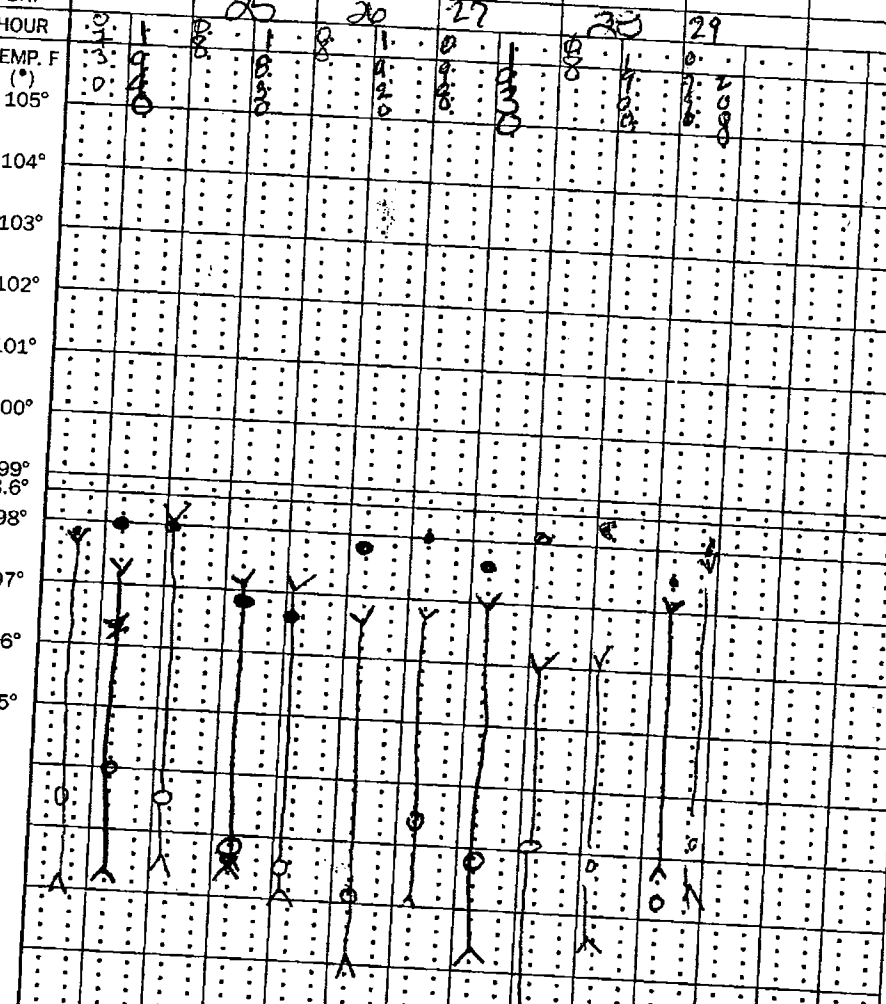
80 95°

70

60

50

40



TEMP. C
 40.6°
 40.0°
 39.4°
 38.9°
 38.3°
 37.8°
 37.2°
 37.0°
 36.7°
 36.1°
 35.6°
 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

117/81 123/63 124/66 117/65 114/62 104/51 110/53 99/42 125/55 118/67

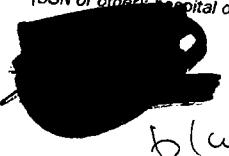
HEIGHT:

WEIGHT →

96 98 96 98 97 97 97 95 95 95

Record special data only when so ordered

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



b(w)-4

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

MEDICAL RECORD		VITAL SIGNS RECORD										
HOSPITAL DAY												
POST-MONTH-YEAR	DAY											
18	OCT	15	16	17	18	19	20	21	22	23		
HOUR												
0700												
PULSE (O)	TEMP. F	99.0	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
	TEMP. C	37.2	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0
	180	105°										
	170	104°										
	160	103°										
	150	102°										
	140	101°										
	130	100°										
	120	99°										
	110	98.6°										
	100	98°										
90	97°											
80	96°											
70	95°											
60												
50												
40												
RESPIRATION RECORD		8	8	6	6	8	8	8	8	8	8	8
BLOOD PRESSURE		104/56	107/64	112/63	104/64	104/64	90	112/63	110/68	110/68	110/68	112/62
HEIGHT: WEIGHT		4720	4780	4780	4780	4780	4780	4780	4780	4780	4780	4780
		12A	12A	12A	12A	12A	12A	12A	12A	12A	12A	12A
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)												
REGISTER NO.										WARD NO.		

(Centigrade Equivalents, for Reference only)


Dw-4

VITAL SIGNS RECORDS
Medical Record

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

b(c)-2

b(a)-2

Ward/Section: ICU #1		REQUESTING PHYSICIAN: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)					
LAST, FIRST, MI. # [REDACTED] EDW		[REDACTED] (b)(6)-2		DATE TIME: 10 OCT 0400	SSN/PSEUDO # [REDACTED]				
(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel						
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl	
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl	
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl	
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl	
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/dl	
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l	
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l	
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l	
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE	
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl	
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l	
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l	
GLU		70-105 mg/dl	TEST	RESULT	REF.	AST		14-97 u/l	
Creat		0.7-1.5 mg/dl	<p>===== PICCOLO =====</p> <p>18/10/03 04:00</p> <p>REFERENCE RANGE: b(w)-4</p> <p>PATIENT #: [REDACTED] MALE</p> <p>METLYTE 8</p> <p>DISC LOT #: b(c)-3 3T51AA1</p> <p>OPER #: [REDACTED] DR #: 000</p> <p>SERIAL #: [REDACTED]</p>						
Hct		38-51% PCV	GLU	97	73-118	MG/DL	(Piccolo) Electrolyte		
Hgb		12-17 g/dl	BUN	16	7-22	MG/DL	TEST	RESULT	REF. RANGE
Misc. Chemistry			CRE	1.2	0.6-1.2	MG/DL	NA ⁺		128-145 mmol/l
TEST	RESULT	REF. RANGE	CK	80	39-380	U/L	K ⁺		3.3-4.7 mmol/l
Tropoin-1			NA+	132	128-145	MMOL/L	CL ⁻		98-108 mmol/l
Drug of Abuse			K+	4.4	3.3-4.7	MMOL/L	tCO2		18-33 mmol/l
			CL-	95*	98-108	MMOL/L			
			tCO2	25	18-33	MMOL/L			
REMARKS:			<p>INST QC: OK CHEM QC: OK</p> <p>HEM 0, LIP 1+, ICT 0</p>						
REPORTED BY:									

MEDCOM - 19840

VER →