

MEDICAL RECORD	PROGRESS NOTES	
DATE	NOTES	
9/29/03	Pre-op Dx: Penetrating GSW to Brain	
10:30	Post-op Dx: Same w/ occlusion posterior sagittal sinus	
	Procedure: (R) ICA cerebral Angiogram / Transfemoral	
	Surgeon: [REDACTED] (b)(6)-2 Anesth: [REDACTED] (No Pentothal) (b)(6)-2	
	Indications: Penetrating Parietal GSW w/ intractable ICP.	
	Findings: Occlusion Posterior 1/3 of Superior Sagittal Sinus	
	Anterograde Venous flow Ven Trilobed / Labell	
	Venous collaterals to Deep System of Sagittal Sinus	
	Normal (R) ICA flow	
	Comp: $\phi$	
	Brain: $\phi$	
	(D) common femoral sheath removed good distal pulses, Equipment 5 Fr MPB/038 glide/shunt	
	[REDACTED] (b)(6)-2	

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MR	
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] (b)(6)-4

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 6/1989)  
 Prescribed by GSA/CMR FPMR (41CFR) 101-11.203b(10)  
 USAPA V1.00



LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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to drop. Had to titrate Dopamine. Now @ 15mcg/kg/min. Had to suction jet around 0530 d/t lowering sats and course lungs Pt tolerated w/ Sats were @ 98%. Pt stable @ this time Report given to [redacted] (b)(6)-g

9/30/1800 <sup>(b)(6)-4</sup> Assumed pt care from [redacted] (b)(6)-4. Dopa @ 15mcg/kg/min, 15 1/2 us. <sup>(b)(6)-g</sup> 20ml @ 1500/hr, Adhaff/Drae clamped before to provide, ventricles intact, no training. Pt in no apparent distress, uss, applicable, no issues noted [redacted]

9/30/1800 Pt remains stable dopa @ 7.5mcg/kg/min, fice 60; keep's <sup>(b)(6)-g</sup> VE 700, RR 14, sats 100%. O/A remains @ 3. ea No issues noted of existing lung. Report given to [redacted] (b)(6)-4

9/30/3(1920) Received report from [redacted] <sup>(b)(6)-4</sup> and assumed care of <sup>(b)(6)-g</sup> jet @ 1815. See DA Form 4700 OP 375 for assessment data. Dopamine stopped @ 1830. BP's maintained in the 120's - 130's [redacted]

9/30/3(2130) Started pt's bath around 1950. Lid lined. Pt's pt <sup>(b)(6)-g</sup> in straight line @ HOB ↑ 45°. Pt had duoderm to buttocks, small blisters, size of pencil eraser, to lower back and one to @ side. No skin breakdown on backside. Small sores on @ medial arm above elbow. Small, scabbed over, old blisters. Skin breakdown of on tongue @ side where ETT was. Moved ETT to @ side and secured. Cuff checked and good. Dr. [redacted] <sup>(b)(6)-g</sup> came in to see patient. No new orders. [redacted] (b)(6)-g

9/30/3(2130) Report given to [redacted] <sup>(b)(6)-g</sup>. Pt did OK throughout night BP around 130-150's. ICP went to a max of 35 but back down. Pt's

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DATE	NOTES
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30 SEP 03

Neurosurgery

0835 (1) Afebrile. Requiring 15 mg/kg/min Dopamine.

Vent on 80% FIO<sub>2</sub>.

ILV 4700/2900; Ventrilic 2-15/hr.

No response this Am - Pentobarb off.

Pupils fixed/dilated since angiogram yesterday.

Lungs LLL rhonchi.

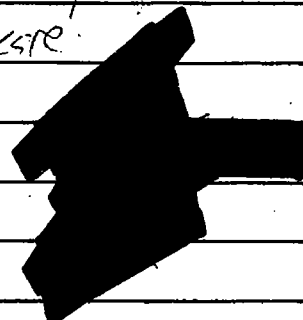
(2) (1) GSW head - changed after angiogram yesterday.

Likely suffering brain death. Anticipate

unresponsive brain death exam today.

(2) Pneumonia - receiving Vanc/Cipro. Continue

Supportive ventilator care.



(b)(6)-2

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27SEP03	DNR Note.	
213	Despite aggressive interventions this evening, ICP has continued to be an ongoing problem. His pentathal coma has reached maximum interventions - further pushes have caused drops in blood pressure. Together with pulmonary problems, ICP has made this patient's overall prognosis poor. I discussed today's angiography findings with Dr. [REDACTED]. We both agree that this patient's likelihood of recovering to independent function is extremely unlikely. For this reason, we have agreed to make the patient DNR and pursue palliative care. We will begin tonight by stepping pentathal. Pressors will be used until Dobamine reaches 20 µg/kg/min, then we will elevate no further.	
(b)(6)-2	[REDACTED] (b)(6)-2	

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

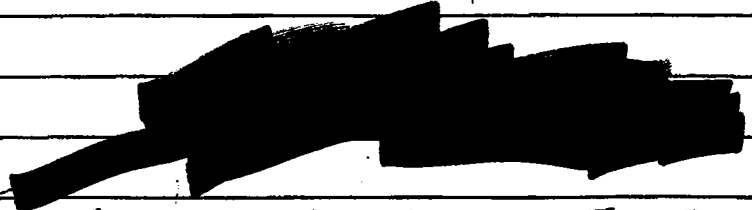
PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 6/1989)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203B(110)  
USAPA V1.00

DATE	NOTES
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10/01/03  
0901

Neurosurgery WPE  
 ICP 10-12 with metric clamped draining 9-12 c/hr but over  
 past 3<sup>rd</sup> hours has ↑ SBP to 190+. Plan metric decompress drain  
 in discomant where it is and insure that the  
 central line is irrigated. ↓ IV fluids to 100 cc/hr. Give  
 10mg labetalol ↓ SBP from 195 → 140.



(b)(6)-2

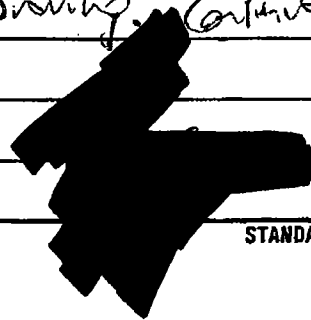
02 OCT 03  
0643

Neurosurgery  
 (S/O) Tin 100.2, Intermittent hypertension. ICP 7-14  
 I/G 4000/4191, Ventricle 15-30/hr.  
 146 |                    ) 9 <                    7.48-34.6-84--2  
 4.3 |                    ) 27 <

GCS 3T.  
 Pup. 7.5 reactive / 3.  
 Corneal ⊖.  
 Gag ⊖.  
 Oculocephalic ⊖.  
 Cough ⊖.  
 Abnormal response ⊖.

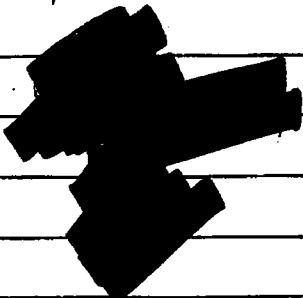
(N/P) ⊕ GSW brain. Exam remains low despite  
 ICP controlled < 48°. Will discuss palliative  
 GTR.

⊕ LLL pneumonia - Improving. Continue Vanc/Cipro.




(b)(6)-2

MEDICAL RECORD      PROGRESS NOTES

DATE	NOTES
01 OCT 03	Neurosurgery
0619	④ Im 99.7, HR 100-115, SBP 140-160 off pressors. ICP 15-20
	I/O 5000/3000 CSF 6-18/hr.
	11.3) 9.2 (347 148/108   (182 7.36-43.3-106-24 30.3 (5.4   1.1)
	No eye opening. GSR excit. Pupils 4/R
	Corneal ⊖
	Oculographic ⊖
	Gag ⊖
	Cough ⊖
	Nixius central ⊖
	Nixius peripheral ⊖
	④ ⊕ GSW head, better controlled. Will observe
	off Pentothal today.
	② Pneumonia, improved clinically. Continue Vanc/Lipro.
	 (b)(6)-2

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 (b)(6)-4

**PROGRESS NOTES**  
Medical Record

STANDARD FORM 509 (REV. 6/1998)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)(i)  
USAPA V1.00

MEDICAL RECORD	PROGRESS NOTES	
DATE	NOTES	
10/01/03 (b)(6)	pupils checked around 0100 and then again @ 0600 @ 0102 cont. - pupils 4mm sluggish. @ 0600 pupils 3mm and fixed. In (b)(6)-2 [redacted] in and get about 4mm and reaction sluggish. No pain response. [redacted] (b)(6)	
0100	Assumed pt's core @ 0615. Pt hemodynamically stable @ this moment. ↓ F.O <sub>2</sub> 45% ↑ RR 16 per doctor's order.	
0700	0740 ↓ F.O <sub>2</sub> to 40%. Will draw ABG @ 0815	
(b)(6)-2	0800 Called Dr. [redacted] to notified BP 190/70's. 0900 Dr. [redacted] @ bedside given 1mg labetalol IVP. & ↓ IVF @ 100cc/hr. per doctor's order. Will continue to monitor.	
(b)(6)-2	Next ABG @ 0820 pH 7.37 PaCO <sub>2</sub> 36.9 PO <sub>2</sub> 104 HCO <sub>3</sub> 24 SO <sub>2</sub> 98%	
(b)(6)-2	Dr. [redacted] notified [redacted] ILIAD (b)(6)-4	
1210	@ 1100 suctioned mouth BP ↑ 180's/70's & progressively ↓ till 110's/40's @ 1130 ET tube suctioned x1 & suctioned per O <sub>2</sub> 98% BP ↑ 140/60's pt's mouth suctioned @ 1200 BP 160's/60's at this time O <sub>2</sub> sat 100%. Will continue to monitor [redacted] (b)(6)	
1410	Pt's BP ↑ 190's/80's Called Dr. [redacted] (b)(6)-2 5mg labetalol IVP given. BP @ this time 169/66 ICP 10mmHg. Will continue to monitor [redacted] (b)(6)	

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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.

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

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1989)  
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(d)(10)  
 USAPA V1.00



LAST NAME	(b)(6)-4	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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10.2/0700 (b)(6)-g  
 Assumed pt came from CPT [redacted] pt in no apparent distress & change of vital signs. US, glabrous, 10/12/15 [redacted] @ [redacted], STG, [redacted] clamped, ventric intact, CSE device [redacted] pt to [redacted] [redacted]

(b)(6)-2  
 Not line not correlating to [redacted] physician [redacted] aware, per Dr. [redacted] monitor RPS to [redacted] pt remains on DNR status. No other [redacted]

(b)(6)-2  
 noted [redacted] per Dr. [redacted] possible to total withdrawal of care

(b)(6)-2  
 by this PM, will consult Dr. [redacted] electrocorticogram and

(b)(6)-2  
 call to monitor [redacted] KTAU

10.2/0910 (b)(6)-4  
 Dr. [redacted] evaluated pt and intends to monitor pt for 48 hours at which time if neuro exam does not improve, palliative care will be initiated (resource consent). No further questions [redacted]

(b)(6)-g  
 this time [redacted] KTAU BSN.

020CT03  
 Neurology - Palliative Care

0917  
 Pt with 3 days unresponsive brainstem exam except pupillary reactivity on serial exams. Given patient's current exam and prognosis, his likelihood of recovery to independent function is nil. I have

(b)(6)-g  
 discussed this case with Dr. [redacted] and we both agree palliation is this patient's best human intervention. Will initiate.

[Large redacted signature block]

(b)(6)-g



<b>MEDICAL RECORD</b>		<b>EMERGENCY CARE AND TREATMENT (Patient)</b>				LOG NUMBER	TREATMENT FACILITY
						RECORDS MAINTAINED AT	
PATIENT'S HOME ADDRESS OR DUTY STATION						ARRIVAL	
STREET ADDRESS EPW # [REDACTED] (b)(6)-4				DATE (Day, Month, Year) 22 09 03		TIME 0022	
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY Ambulance		
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
AGE ?	HOME PHONE		PRP				ADDITIONAL INSURANCE
	AREA CODE	NUMBER	FLYING STATUS				DD 2568 IN CHART
CURRENT MEDICATIONS ?			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
ALLERGIES ?			ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT
			IS THIS AN INJURY?			WHERE	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
CHIEF COMPLAINT			INJURY/SAFETY FORMS			HOW	TETANUS
			DATE LAST SHOT	COMPLETED INITIAL SERIES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CATEGORY OF TREATMENT							
<input checked="" type="checkbox"/> EMERGENT	TIME	TIME		VITAL SIGNS			
<input type="checkbox"/> URGENT	INITIALS	BP	90/30	90/35			
<input type="checkbox"/> NON-URGENT		PULSE	110/82	119/55			
		RESP	72	96			
		TEMP	16	16			
		WT					99(2)
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	<input checked="" type="checkbox"/> ABG	<input checked="" type="checkbox"/> PT/PTT	BHCG/URINE/BLOOD/QUANT		<input checked="" type="checkbox"/> CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	<input checked="" type="checkbox"/> UA/MSCC/CATH		CHEM: 12 E 1 g/L		<input checked="" type="checkbox"/> ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X					SINUS	<input checked="" type="checkbox"/> HEAD CT
	Type Screen					ANKLE R/L	
						<input checked="" type="checkbox"/> Intubate 1 0025	
ORDERS							
<input checked="" type="checkbox"/> PULSE OX	ORDERS			<input checked="" type="checkbox"/> MONITOR	PATIENT'S RESPONSE		
TIME	BY	COMPLETED BY	TIME	ECG SR 803C 123			
0023	SUCC 100		0023	Discharge 1909A			
	LIDOCAINE 100		0028	Vaccination status, history 500g			
	FENTANYL 100			T.D. Smith			
	ETOMIDATE 10						
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<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		REFERRED	TO	WHEN	
<input checked="" type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED						
<input type="checkbox"/> DETERIORATE		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			
(For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)							

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

**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

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MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER <i>ADD</i>
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TEST RESULTS									
CBC	WBC	SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>		
	H/H		SUP O2	PH	PO2	RESULTS			
	PLT		PCO2	SAT	OTHER				
PT	<i>(P/L)</i>			DIP	EKG INTERPRETATION				
APTT				BHCG			ETOH	GLU	MICRO

PROVIDER HISTORY/PHYSICAL *Gsw to head*

*OPM/Soc th*

*eye open to pain verbal to pain  
low lips to pain*

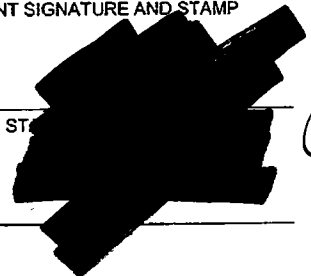
*See Neuro Surg note*

*head @ small gsw mid occiput @ 12 o'clock*

*eyes dysconjugate PE 5/8/88 3-6 in GCS 10*

*PRI 2° Aug / Gsw to head / combative  
protect airway*

*@ enters upon arrival to ED  
AT ↑ OR for CT = N/A*

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
<i>N/A</i>			
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
<i>Gsw to head</i>			<i>(b)(6)</i>
			CODES

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

*(b)(6)-4*

EMERGENCY CARE AND TREATMENT (Doctor)  
Medical Record

STANDARD FORM 558 (REV. 9-96)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1.00

<b>MEDICAL RECORD</b>	<b>PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT</b> <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: <u>16</u> HEIGHT: WEIGHT: <u>65 kg</u>	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>NKA</u>
	3. PREVIOUS SURGERY [ ] NO <input checked="" type="checkbox"/> YES (type): <u>see H+P</u>

4. PROPOSED SURGICAL PROCEDURE:  
Cerebral Arteriogram

5. ADDITIONAL INFORMATION: Last PO: see H+P Medical Hx: see H+P Implants:  Medications: see chart  
 Jewelry removed:  yes/no Family waiting:  yes/no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <u>Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment</u>	<input type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. exhibits relaxed body posture.  <div style="text-align: center; font-size: 2em; font-family: cursive;">intubated sedated</div>	<input type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input type="checkbox"/> Explain all nursing procedures before they are done. <input type="checkbox"/> Remain with pt. whenever possible. <input type="checkbox"/> Maintain family interface.
B. AERATION <u>Potential for respiratory dysfunction due to 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 <u>Potential impairment of skin integrity due to 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 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)

# (b)(6) - 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 <u>anesthesia; traumatic injury; position; shock; previous surgery</u></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 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 <u>sedation; pain; injury</u></p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to <u>injury; pain</u></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 type="checkbox"/> Diminished visual perception due to being <u>injury; sedation;</u></p> <p>F.2. <input type="checkbox"/> Potential for decreased communication due to <u>language barrier; sedation</u></p> <p>F.3. <input type="checkbox"/> Potential injury due to <u>dentures.</u></p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input type="checkbox"/> Minimize danger of injury during <u>intraop period.</u></p> <p style="text-align: center;"><i>intubated</i></p>	<p><input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p><input type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input type="checkbox"/> Speak clearly and slowly.</p> <p><input type="checkbox"/> Address pt. from _____ side.</p> <p><input type="checkbox"/> Validate pt.'s understanding of verbal communications.</p> <p><input type="checkbox"/> Verify removal of dentures.</p>
<p>G. OTHER PATIENT PROBLEMS AND NEEDS. Or continuation of above problems/needs.</p> <p style="text-align: center;"><i>[Signature]</i></p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p> <p style="text-align: center;"><i>[Signature]</i></p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p> <p style="text-align: center;"><i>[Signature]</i></p>

10. OF \_\_\_\_\_ COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 \_\_\_\_\_ - *CPT/AN* 29SEP03 DATE

11. POSTOPERATIVE EVALUATION:

*Pt remains intubated, No S/S of distress noted*

*Dressing CDI*

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2 \_\_\_\_\_ *CPT/AN*  
 DATE: 29SEP03 TIME: 0750

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

\_\_\_\_\_ *CPT/AN* (b)(6)-2  
 DATE: 29SEP03 TIME: 1015

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the procedure manual of the Army Medical Department. The agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA wheeled litter BY Anesthesia

2. PATIENT IDENTIFIED BY CP1 [redacted] (b)(6)-g

3. DATE 29 SEP 03 TIME PATIENT ARRIVED IN SUITE 0830

4. PATIENT IN ROOM [redacted] TIME 0830 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify) intubated

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SGT [redacted] 91D</u> <u>(b)(6)-g</u>	RELIEF SCRUB	<u>(b)(6)-g</u>
ASSIGNED CIRCULATOR	<u>CPT [redacted] 66E</u> <u>(b)(6)-g</u>	RELIEF CIRCULATOR	<u>CPT [redacted] 66E (0920-0940)</u>

7. POSITION AND POSITIONAL AIDS (Specify) PT on padded OR bed Head on foam doughnut Bilat. Arms rolled in towels + tucked to sides in CAP sheets. Foam doughnuts under heels

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

COMMENTS: Correct Body Alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL  YES  NO

DONE BY:  OR  NURSING UNIT

METHOD:  DEPILATORY  RAZOR Grain  CLIP

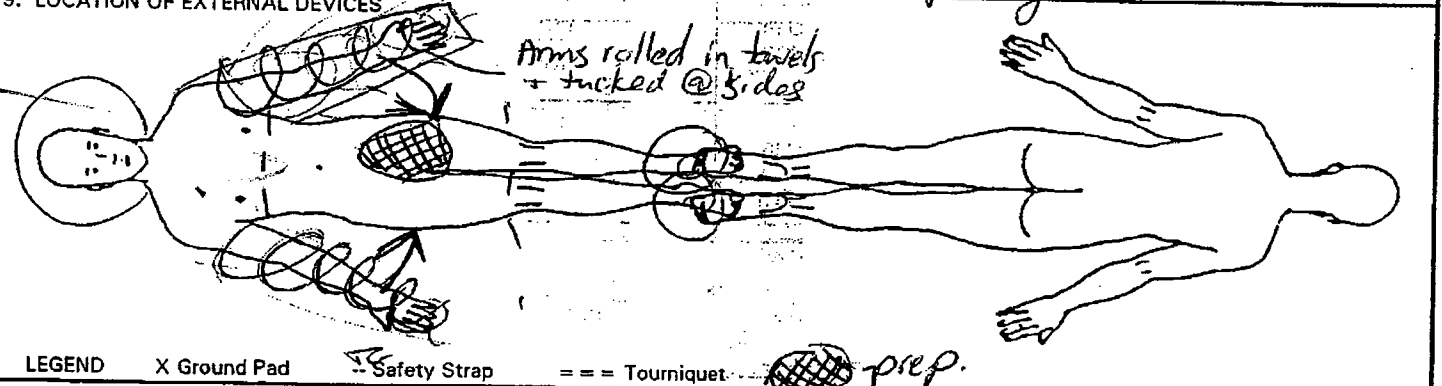
PREP SOLUTION (Specify) Betadine Paint

SITE: Grain BY WHOM: SGT [redacted]

SITE: (b)(6)-g BY WHOM: (b)(6)-g

COMMENTS: no nicks or cuts noted

COMMENTS: no pooling of solutions noted



10. COUNTS

	C = Correct I = Incorrect		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
	Yes	No					
Sponge	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<u>(b)(6)-g</u>	<u>(b)(6)-g</u>
Needle Sharp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>C</u>		<u>C</u>	<u>SGT [redacted]</u>	<u>CPT [redacted]</u>
Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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

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

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

ESU NO: \_\_\_\_\_

GROUND PAD: \_\_\_\_\_ BRAND: \_\_\_\_\_

LOT NO: \_\_\_\_\_

ESU NO: \_\_\_\_\_

GROUND PAD: \_\_\_\_\_ BRAND: \_\_\_\_\_

LOT NO: \_\_\_\_\_

BIPOLAR NO: \_\_\_\_\_

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

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		
Heparin + NS 4000U/1000cc	QS	intra-op	lm flush	CPT [redacted]	Dr [redacted]		
Visipaque, 100:50ml	140 ml	intra-op	injection	CPT [redacted]	Dr [redacted]		
						(b)(6) - g	

WOUND IRRIGATION  YES  NO, TYPE(S):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES  NO  IF YES, SITE  
 fluoro via C-arm Upper Body (Chest) neck, Head

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)  
 2x2 plain sponge + opsite.

19. ADDITIONAL INFORMATION  
 WC-I  
 Dr [redacted] Anesthesia - CPT [redacted] CRNA - Gen/Endo  
 (b)(6) - 2

20. OPERATION(S) PERFORMED  
 Cerebral Arteriogram

21. PATIENT TRANSFERRED TO ICU3 TIME 1012 METHOD wheeled litter.

22. [redacted] (b)(6) - g MEDCOM - 20056 (b)(6) - g [redacted] CPT/Dr [redacted]



(b)(2)-2

PHCV

#

(b)(6)-4

8 STT 210 @ lip

VENTILATOR FLOW SHEET

G-SW back of head

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT	RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	
23 Sep	0115	SIMV	14	600	100	5	20	14	91	92%	117/60									
	0331	SIMV	14	600	60	5	20	16	90	100	170/75	7.34	41	302	-1	24	100	99.8	99, 170/85	
	0531	SIMV	20	600	35	5	21	20	83	100	150/75									
	0800	SIMV	20	600	35	5	21	20	90	105	150/70									
	1000	SIMV	18	600	35	5	21	18	96	99	150/73									
	1200	SIMV	18	600	35	5	22	18	109	100	150/73									
	1400	SIMV	18	600	35	5	21	18	99	100	150/73									
	1558	SIMV	18	600	35	5	22	18	85	100	170/73									
	1900	SIMV	15	600	35	5	22	18	79	100	170/73									
	2043	SIMV	15	600	35	5	21	18	74	100	183/60									
	2200	SIMV	18	600	38	5	21	18	75	100	178/60	7.40	30	154	-2	23	99	99	1	
23 Sep	0415	SIMV	18	600	35	5	25	18	73	100	160/70	7.32	35.1	18	18	100	99.8	99	1	
	0418	SIMV	22	600	35	5	28	18	71	100	170/70	7.42	28.6	20.4	-2	21	100	99.8	150.5 (STT)	
	0530	SIMV	21	600	35	5	28	18	78	100	183/63									
	0801	SIMV	21	600	35	5	29	21	67	100	167/78									
	1000	SIMV	21	600	35	5	31	21	64	100	176/82									
	1200	SIMV	21	600	35	5	35	21	119	100	185/82									
	1400	SIMV	21	600	35	5	45	21	82	94	180/90									
	1644	SIMV	21	600	30	5	41	21	125	99										
	1810	SIMV	21	600	75	5	46	21	112	100	180/90	7.36	31.4	70	-5	20	95			
	2016	SIMV	21	600	75	5	43	21	118	100	150/80									
	2315	SIMV	21	600	65	10	37	21	111	100	117/60									
	0145	SIMV	21	600	60	10	34	21	115	99	170/70									
	0800	SIMV	21	600	70	10	30	21	112	100	132/61	7.35	34	79	-6	19	95		STT	
	1000	SIMV	21	600	70	10	40	21	111	97	100/59									STT - Total b/c Flow
	1300	SIMV	21	600	80	10	35	21	105	100	139/63									
	1406	SIMV	21	600	80	10	38	21	101	100	138/63									
	1552	SIMV	21	600	80	10	33	21	105	100	140/70									
	1844	SIMV	21	600	75	10	31	21	121	99	150/61									
	2012	SIMV	21	600	75	10	36	21	123	100	151/64									
	0100	SIMV	21	600	70	10	35	21	114	100	158/73	7.34	30	131	-6	20	99		25 CO2-se	
	0240	SIMV	22	600	60	10	36	22	117	100	150/63									
	0415	SIMV	22	600	55	10	37	22	113	100	157/63									
	0630	SIMV	22	600	50	10	32	22	100	100	131/60									STT per number

FR 2  
78%



(b)(2)-2

Page DNR

# [redacted]

(b)(6)-4

[redacted]

VENTILATOR FLOW SHEET

FETT 26 @ 11P PW

29th - All 04x34 (21:30/11/02) GSO back of head

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SpO2	REMARKS
29 Oct	0110	SIMV	18	600	70	10	36	16	119	95	140/92							ALB tk started
	0140	SIMV	24	600	70	10	35	18	112	98	140/56	7.45	41	74	4	28	95	ALB tk
	0210	SIMV	30	600	70	10	34	18	114	98	135/59	7.48	41	79	4	28	96	ALB tk
	0240	SIMV	18	700	70	10	41	14	104	95	108/55							ALB tk
	0251	SIMV	14	700	70	10	40	14	104	94	101/54							ALB tk
	0259	SIMV	16	700	70	10	38	16	101	96	99/40							ALB tk
	0305	SIMV	18	700	70	10	41	14	94	94	102/48/42							ALB tk
	0310	SIMV	18	600	70	10	36	14	100	97	111/44							ALB tk
	0318	SIMV	18	600	70	10	34	18	104	97	110/43	7.43						ALB tk
	0335	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0340	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0350	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0400	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0410	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0420	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0430	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0440	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0450	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0500	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0510	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0520	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0530	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0540	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0550	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0600	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0610	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0620	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0630	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0640	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0650	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0700	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0710	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0720	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0730	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0740	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0750	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0800	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0810	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0820	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0830	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0840	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0850	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0900	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0910	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0920	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0930	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0940	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	0950	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1000	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1010	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1020	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1030	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1040	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1050	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1100	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1110	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1120	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1130	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1140	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1150	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1200	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1210	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1220	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1230	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1240	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1250	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1300	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1310	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1320	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1330	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1340	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1350	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1400	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1410	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1420	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1430	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1440	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1450	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1500	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1510	SIMV	18	600	70	10	35	18	104	97	108/46							ALB tk
	1520	SIMV	18	600														

Ward/Section: <b>IC43</b>			REQUESTING PHYSICIAN: <b>(b)(6)-g</b>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <b>P W (b)(6)-4</b>			DATE: <b>22 SEP 2000</b>		TIME: <b>2000</b>		SSN/PEEUO SSN:	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
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	<b>Microbiology</b>		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 fl(M) 81-99 fl(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Macroscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	<b>CSF</b>			<b>Blood Bank</b>		
Set Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>		<b>TYPE</b>		<b>CROSSMATCH</b>	
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug /ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

MEDCOM - 20060

0 1 3

Ward/Section:			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE	TIME	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				BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA <sup>++</sup>		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 <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)				K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)				CL <sup>-</sup>		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	GLU	120*	73-118 MG/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	BUN	5*	7-22 MG/DL	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	CRE	0.9	0.6-1.2 MG/DL	ALP		26-84 u/l
BUN		8-26 mg/dl	CK	825*	39-380 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	NA <sup>+</sup>	123*	128-145 MMOL/L	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	K <sup>+</sup>	4.1	3.3-4.7 MMOL/L	AMY		11-38 u/l
Hct		38-51% PCV	CL <sup>-</sup>	102	98-108 MMOL/L	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	tCO2	17*	18-33 MMOL/L	GGT		5-65 u/l
Misc. Chemistry			INST QC: OK    CHEM QC: OK HEM 0 ; LIP 0 ; ICT 0			TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE				(Piccolo) Electrolyte		
Tropoin-1			TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l
Drug of Abuse			K <sup>+</sup>		3.3-4.7 mmol/l	CL <sup>-</sup>		98-108 mmol/l
			tCO2		18-33 mmol/l			
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

(b)(6)-g

Ward/Section: ICU#3		REQUESTING PHYSICIAN: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)						
LAST, FIRST, MI. EPW # [REDACTED]		(b)(6)-4		DATE: 22 Sept 1985	TIME: [REDACTED]	SSN/PEUDO SSN:				
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE		
WBC		4.8-10.8 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	<b>Microbiology</b>				
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source				
MCV		80-94 fl(M) 81-99 fl(F)	Ket		Negative	Gram Stain				
Plt		130-500 x10 <sup>3</sup>	SG		N/A	Oce Bld		Negative		
<b>(b)(6)-4</b> ID: [REDACTED] 22-09-03 WP [REDACTED] 18:25 Patient Limits WBC 15.1 H x10 <sup>3</sup> /uL 4.5 10.5 RBC 4.64 x10 <sup>6</sup> /uL 4.00 6.00 Hgb 12.1 g/dL 11.0 18.0 Hct 37.6 % 35.0 60.0 MCV 81.0 fL 80.0 99.9 MCH 28.1 L pg 27.0 31.0 MCHC 32.3 L g/dL 33.0 37.0 Plt 236 x10 <sup>3</sup> /uL 150 450 LYZ 9.7 uL Z 20.5 51.1 LYW 1.5 * x10 <sup>3</sup> /uL 1.2 3.4			Bld		Negative	H. pylori		Negative		
			pH		N/A	Micro Parasites				
			Prot		Negative	Malaria				
			Urob		0.2-1.0	O & P				
			Nit		Negative	Other				
			Leuk		Negative	<b>Macroscopic Urinalysis</b>				
			HCG		Negative					
						<b>CSF</b>			<b>Blood Bank</b>	
						Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
			Other			Directigen		Negative	ABO/Rh	
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>							
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH				
PT		9.8-13.6 secs								
APTT		21-34 SESS								
D dimer		<20 ug/ml								
FDP		<10 ug /ml								
REMARKS:										
REPORTED BY:			DATE:		LAB ID NO.:					

Ward/Section: #3		REQUISITION: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. EPW #		(b)(6)-4		DATE: 22 SEP 73	TIME: 1815	SSN/PEEUO SSN:		
(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 <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
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) 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		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 / (M) 30-190 / (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 20063





Ward/Section: <i>ICU-3</i>			REQUESTING PHYSICIAN: <i>DA [REDACTED] (b)(6)-2</i>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <i>[REDACTED]</i>			(b)(6)-4		DATE: <i>22 Sep 03</i>	TIME: <i>10:50</i>	SSN/PEEUO SSN:	
(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				BUN		7-22 mg/dl
Cl		98-109 mmol/L	===== PICCOLO =====			CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	09/22/03		04:32 PM	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	REFERENCE RANGE:		MALE	NA <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	PATIENT #:		(b)(6)-4	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	METLYTE 8			CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	DISC LOT #:	(b)(6)-2	3152MM	IC02		18-33 mmol/l
SO2		95-98%	OPER #:		DR #: 000	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	SERIAL #:	(b)(6)-4		TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU	121*	73-118 MG/DL	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	BUN	5*	7-22 MG/DL	ALP		26-84 u/l
BUN		8-26 mg/dl	CRE	0.7	0.6-1.2 MG/DL	ALT		10-47 u/l
GLU		70-105 mg/dl	CK	849*	39-380 U/L	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	NA <sup>+</sup>	127*	128-145 MMOL	AMY		11-38 u/l
Hct		38-51% PCV	K <sup>+</sup>	4.2	3.3-4.7 MMOL	FBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CL <sup>-</sup>	103	98-108 MMOL	GGT		5-65 u/l
Misc Chemistry			tCO2	18	18-33 MMOL	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	INST QC: OK    CHEM QC: OK			(Piccolo) Electrolyte		
			HEM 0 , LIP 0 , ICT 0			TEST	RESULT	REF. RANGE
Tropoin-1						Na <sup>+</sup>		128-145 mmol/l
Drug of Abuse						K <sup>+</sup>		3.3-4.7 mmol/l
						Cl <sup>-</sup>		98-108 mmol/l
						CO2		18-33 mmol/l
REMARKS:								
REPORTED BY: <i>[Signature]</i>			DATE: <i>22 Sep 03</i>		LAB ID NO.:			

Ward/Section: **ICU3**      REQUESTING PHYSICIAN: **(b)(6)-2**      **LABORATORY RESULT FORM**  
 (Subject to the Privacy Act of 1974)

LAST FIRST, MI: **EDW (b)(6)-4**      DATE: **22 Sep 03**      TIME: **0340**      SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
WBC	(b)(6)-4			N/A		RPR		Negative
RBC				N/A		Mono		Negative
Hgb	ID: [redacted]	22-09-03		Negative		<b>Microbiology</b>		
Hct	WB [redacted]	03:39		Negative		Source		
MCV		Patient Limits		Negative		Gram Stain		
Plt	WBC 17.2 H	4.5 10.5		N/A		Occ Bld		Negative
Lymph %	RBC 4.56	4.00 6.00		Negative		H. pylori		Negative
(Hemat)	Hgb 11.8	11.0 18.0		N/A		Micro Parasites		
Segs	Hct 36.9	35.0 60.0		Negative		Malaria		
Bands	MCV 81.0	80.0 99.9		N/A		O & P		
Lymph	MCH 25.9	27.0 31.0		Negative		Other		
Atyp	MCHC 32.0	33.0 37.0		0.2-1.0		<b>Macroscopic Urinalysis</b>		
RBC	Plt 274	150. 450.		Negative				
Morph	LYZ 9.7	20.5 51.1		0.2-1.0		<b>Blood Bank</b>		
Spun Hematoc	LY# 1.7*	1.2 3.4		Negative		<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Set Rate	22/09/03	03:39		Negative		igen	Negative	ABO/Rh
Other	REFERENCE RANGE: MALE			<b>Blood Bank Unit Crossmatch</b>				
GLU	PATIENT #: [redacted] (b)(6)-4			<b>MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED</b>				
BUN	METLYTE 8			UNIT	TYPE	CROSSMATCH		
CRE	DISC LOT #: (b)(6)-2 3141AA4							
CK	OPER #: [redacted] DR #: 000							
NA+	SERIAL #: [redacted] (b)(6)-2							
K+	.....							
CL-	INST GC: OK    CHEM GC: OK							
tCO2	HEM 0, LIP 0, ICT 0							
APTT								
D dimer								
FDP								
REMA								
REPO								
				LAB ID NO.:				



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

MEDCOM - 20068

RAPIDPOINT COAG ANALYZER V4.54  
SERIAL [REDACTED] 09/22/03 12:57 AM

(b)(6)-2

Patient ID: [REDACTED] (b)(6)-4  
Test Name : APTT  
Test Result:= 45.9 sec.  
\*\*\*RESULT NOT RANGE CHECKED\*\*\*  
Sample Type:citrated wh. blood  
Test Date :09/22/03  
Test Time :12:55 AM  
Card Lot :100208  
Operator : [REDACTED] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54  
SERIAL [REDACTED] 09/22/03 01:04 AM

(b)(6)-2

Patient ID: [REDACTED] (b)(6)-4  
Test Name :PT  
Test Result:= 15.4 sec.  
\*\*\*RESULT NOT RANGE CHECKED\*\*\*  
Ratio = 1.3  
Calculated INR = 1.46  
Sample Type:citrated wh. blood  
Test Date :09/22/03  
Test Time :01:01 AM  
Card Lot :010301  
Operator : [REDACTED] (b)(6)-2

MEDCOM - 20069

# Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name:	(b)(6)-4	Specimen:	(b)(6)-4	Status:	Final
Patient ID:	[REDACTED]	Source:	Sputum	Collected:	
Ward/Rm:	1	Ward of Iso:		Attd. Phys:	

1	Staphylococcus aureus	Status: Final
---	-----------------------	---------------

**1 S. aureus**

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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	Biac = 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 (B=S, B-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:	(b)(6)-4	Specimen:	(b)(6)-4	Status:	Final
Patient ID:	[REDACTED]	Source:	Sputum	Collected:	(b)(6)-2
Ward/Rm:	1	Ward of Iso:		Req. Phys:	[REDACTED]

MEDCOM - 20070

Printed 07/26/2007 09:49:45 AM

TU

# Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Specimen: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Status: Final
Patient ID: <span style="background-color: black; color: black;">[REDACTED]</span>	Source: Sputum	Collected:
Ward/Rm: 1 ICU3/Rm2/Bed 4	Ward of Iso:	Attd. Phys:

1 Staphylococcus aureus Status: Final

**1 S. aureus**

<u>Drug</u>	<u>MIC</u>	<u>Interps</u>	<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	MEDCOM - 20071	Status: Final
Patient ID: <span style="background-color: black; color: black;">[REDACTED]</span>	Source: Sputum	Collected:

# Microbiology Report

ABN SINA - HOSPITAL Laboratory

Name: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Specimen: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Status: <b>Final</b>
Patient ID: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Source: Sputum	Collected: <span style="background-color: black; color: black;">[REDACTED]</span>
Ward/Rm: 1	Ward of Iso:	Attd. Phys: <span style="background-color: black; color: black;">[REDACTED]</span>

1 **Staphylococcus aureus** Status: Final

**1 S. aureus**

<u>Drug</u>	<u>MIC</u>	<u>Interps</u>	<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	<=8/4				
Ampicillin	>8	BLAC			
Azithromycin	<=2	S			
Cefazolin	<=8				
Cefepime	<=8				
Cefotaxime (c)	<=8				
Ceftriaxone (c)	<=8				
Cephalothin	<=8				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5	S			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	<=4				
Levofloxacin	<=2	S			
Linezolid	4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Ofloxacin	<=2	S			
Oxacillin	N/R				
Penicillin	>8	BLAC			
Pip/Tazo (d)	<=4				
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	<=2/38	S			
Vancomycin	<=2	S			

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	Blec = 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: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Specimen: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Status: <b>Final</b>
Patient ID: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-4	Source: Sputum	Collected: <span style="background-color: black; color: black;">[REDACTED]</span> (b)(6)-2
Ward/Rm: 1	Ward of Iso: MEDCOM - 20072	Req. Phys: <span style="background-color: black; color: black;">[REDACTED]</span>

Page 1 of 1

Tech: [REDACTED]



Ward/Section:		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI		DA		SSN:	
i-STAT EC8+		<b>(Piccolo) Chem</b>		===== PICCOLO =====	
Pt: (b)(6)-4		TEST RESULT		09/23/03 09:13 PM	
Pt Name:		ALB		REFERENCE RANGE: 73-118 mg/dl	
Glu 113 mg/dL		ALP		PATIENT #: (b)(6)-4	
BUN 6 mg/dL		ALT		METLYTE 8	
Na 136 mmol/L		AMY		DISC LOT #: 3152A/M	
K *** mmol/L		AST		OPER #: (b)(6) Z DR #: 000	
Cl 107 mmol/L		TBIL		SERIAL #: (b)(6) Z	
TCO2 23 mmol/L		BUN		GLU 117 73-118 MG/DL	
AnGap *** mmol/L		CA <sup>++</sup>		BUN *** 7-22 MG/DL	
Hct 39 %PCV		CHOL		CRE *** 0.6-1.2 MG/DL	
Hb* 13 g/dL		CRE		CK 411* 39-380 U/L	
*via Hct		GLU		NA+ *** 128-145 MMOL/L	
PH 7.381		TP		K+ 4.2 3.3-4.7 MMOL/L	
PCO2 36.2 mmHg		<b>(Piccolo) Met</b>		CL- 104 98-108 MMOL/L	
HCO3 21 mmol/L		TEST RESULT		tCO2 21 18-33 MMOL/L	
BEecf -4 mmol/L		GLU		INST QC: OK CHEM QC: OK	
Sample Type:		BUN		HEM 0 ; LIP 0 ; ICT 0	
23SEP03 21:05		CRE		3.3-5.5 g/dl	
Oper: (b)(6) Z		CK		26-84 u/l	
Physician:		NA <sup>+</sup>		10-47 u/l	
Ser#		K <sup>+</sup>		14-97 u/l	
Sent		CL <sup>-</sup>		11-38 u/l	
		tCO2		0.2-1.6 mg/dl	
				5-65 u/l	
				5.4-8.1 g/dl	
				<b>Panel Plus</b>	
				REF RANGE	
				3.3-5.5 g/dl	
				26-84 u/l	
				10-47 u/l	
				14-97 u/l	
				11-38 u/l	
				0.2-1.6 mg/dl	
				5-65 u/l	
				5.4-8.1 g/dl	
				<b>Panel Plus</b>	
				REF RANGE	
				128-145 mmol/dl	
				3.3-4.7 mmol/l	
				98-108 mmol/l	
				18-33 mmol/l	
REMARKS:					
REPORTED BY:		DATE:		LAB ID NO.:	



Ward/Section: <b>JC03</b>		REQUESTING PHYSICIAN: <b>(b)(6)-2</b>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: <b>(b)(6)-4</b>		DATE: <b>9/23</b>		TIME: <b>1100</b>		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	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-87 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (ar) 41-51 mmHg (ve)	<p>===== PICCOLO =====            23/09/03 11:02            REFERENCE RANGE: MALE            PATIENT #: <b>(b)(6)-4</b>            METLYTE 8            DISC LOT #: 3141AA4            OPER #: <b>(b)(6)-2</b> DR #: 000            SERIAL #: <b>(b)(6)-2</b>            .... (b)(6)-2 .....</p>			NA <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (a) N/A (ven)	GLU	104	73-118 MG/DL	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (a) 24-29 mmol/L (v)	BUN	4*	7-22 MG/DL	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (a) 23-28 mmol/L (a)	CRE	0.5*	0.6-1.2 MG/DL	tCO2		18-33 mmol/l
SO2		95-98%	CK	703*	39-380 U/L	<b>(Piccolo) Liver Panel Plus</b>		
BEecf		(-2) - (+3) mmol/L	NA+	123*	128-145 MMOL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	K+	3.8	3.3-4.7 MMOL	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/l	CL-	105	98-108 MMOL	ALP		26-84 u/l
BUN		8-26 mg/dl	tCO2	21	18-33 MMOL	ALT		10-47 u/l
GLU		70-105 mg/dl	INST QC: OK CHEM QC: OK			AST		14-97 u/l
Creat		0.7-1.5 mg/dl	HEM 0, LIP 0, ICT 0			AMY		11-38 u/l
Hct		38-51% PCV	<b>(Piccolo) Electrolyte</b>					
Hgb		12-17 g/dl	TEST	RESULT	REF. RANGE	TP		6.4-8.1 g/dl
<b>Misc. Chemistry</b>								
TEST	RESULT	REF. RANGE						
Tropoin-1								
Drug of Abuse								
REMARKS:								
REPORTED BY: <b>(b)(6)-2</b>			DATE: <b>23 Sep 03</b>			LAB ID NO.:		

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(b)(6)-2

Ward/Section: <u>IU03</u>			REQUESTING PHYSICIAN: <u>[REDACTED]</u>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <u>[REDACTED]</u>			DATE: <u>9/23</u>		TIME: <u>1100</u>		SSN/PEEUO SSN:	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
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	<b>Microbiology</b>		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-100 fi(M) 81-91 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Macroscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	<b>CSF</b>			<b>Blood Bank</b>		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		<10 ug /ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

AB

Ward/Section: ICU 3 REQUESTING PHYSICIAN: (b)(6)-4 CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPCW (b)(6)-4 DATE 9.23 TIME 0800 SSN/PSEUDO SSN: EPCW (b)(6)-4

(i-STAT) (Piccolo) Chemistry 12 (Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALP		118-146 mmol/dL	ALP	2555 u/dl		GLU		73-118 mg/dl
ALI			ALI			IN		7-22 mg/dl
i-STAT G3+			===== PICCOLO =====			(Piccolo) Liver Panel Plus		
Pt: (b)(6)-4			23/09/03 09:04			AST		3.3-5.5 g/dl
Pt Name:			REFERENCE RANGE: MALE			B		26-84 u/l
TCO2 25 mmol/L			PATIENT #: (b)(6)-4			P		10-47 u/l
At 37C			METLYTE 8			T		14-97 u/l
PH 7.379			DISC LOT #: 3141AA4			IT		11-38 u/l
PCO2 39.9 mmHg			OPER #: DR #: 000			BIL		0.2-1.6 mg/dl
PO2 77 mmHg			SERIAL #: (b)(6)-2			GT		5-65 u/l
HCO3 24 mmol/L			GLU 113 73-118 MG/DL			P		6.4-8.1 g/dl
BEecf -2 mmol/L			BUN 6* 7-22 MG/DL			(Piccolo) Electrolyte		
sO2* 95 %			CRE 0.6 0.6-1.2 MG/DL			EST		
*calculated			CK 743* 39-380 U/L			A+		128-145 mmol/l
Sample Type:			NA+ 126* 128-145 MMOL			+		3.3-4.7 mmol/l
235EP03 09:04			K+ 3.4 3.3-4.7 MMOL			L-		98-108 mmol/l
Oper: (b)(6)-2			CL- 103 98-108 MMOL			CO2		18-33 mmol/l
Physician:			tCO2 21 18-33 MMOL					
Ser# (b)(6)-2			INST QC: OK CHEM QC: OK					
Ver: (b)(6)-2			HEM 0, LIP 0, ICT 0					

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

Ward/Section: **ICU3** REQUESTING P. **(b)(6)-4** LABORATORY RESULT FORM  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, ML **(b)(6)-4 EPCW** DATE **9-23** TIME **800** SSN/PSEUDO SSN **EPCW** **(b)(6)-4**

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	Microbiology		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Macroscopic Urinalysis		
			HCG		Negative			
			CSE			Blood Bank		
			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative	ABO/Rh		

ID: 000-71 23-09-03  
 WB 08:24  
 Patient Limits  
 WBC 15.4 H x10<sup>3</sup>/uL 4.5 10.5  
 RBC 4.57 x10<sup>6</sup>/uL 4.00 6.00  
 Hgb 11.7 g/dL 11.0 18.0  
 Hct 36.8 % 35.0 60.0  
 MCV 80.6 fL 80.0 99.9  
 MCH 25.5 L pg 27.0 31.0  
 MCHC 31.7 L g/dL 33.0 37.0  
 Plt 224 x10<sup>3</sup>/uL 150 450  
 LY% 9.9 % 20.5 51.1  
 LY# 1.5 \* x10<sup>3</sup>/uL 1.2 3.4

Coagulation Studies Blood Bank Unit Crossmatch  
 (MUST SUBMIT SF 518 WITH THE 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: DATE: LAB ID NO.:

Ward/Section: <b>ICU3</b>	REQUESTING PHYSICIAN: <b>(b)(6)-4</b>	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)																																																																																																																									
LAST, FIRST, MI. <b>EPW</b>	<b>(b)(6)-4</b>	DATE <b>23 Sep 80</b>	TIME <b>0400</b>	SSN/PSEUDO SSN: _____																																																																																																																							
<b>(Hematology) CBC</b>		<b>Urinalysis</b>		<b>Misc. Serology</b>																																																																																																																							
<p>===== PICCOLO =====  23/09/03 04:46  REFERENCE RANGE: MALE  PATIENT #: <b>(b)(6)-4</b>  METLYTE 8  DISC LOT #: 3141AA4  OPER #: _____ DR #: 000  SERIAL #: <b>(b)(6)-2</b>  .....  GLU 106 73-118 MG/DL  BUN 5* 7-22 MG/DL  CRE 0.4* 0.6-1.2 MG/DL  CK 741* 39-380 U/L  NA+ <del>126*</del> 128-145 MMO/L  K+ 3.5 3.3-4.7 MMO/L  CL- 103 98-108 MMO/L  tCO2 21 18-33 MMO/L</p> <p>INST QC: OK CHEM QC: OK  HEM 0, LIP 0, ICT 0</p> <p><b>(b)(6)-4</b></p> <p>ID: _____ 23-09-03  WB: _____ 04:48  Patient Limits</p> <p>MBC 14.1 H x10<sup>3</sup>/uL 4.5 10.5  RBC 4.48 x10<sup>6</sup>/uL 4.00 6.00  Hgb 11.4 g/dL 11.0 18.0  Hct 36.3 % 35.0 60.0  MCV 80.9 fL 80.0 99.9  MCH 25.4 L pg 27.0 31.0  MCHC 31.4 L g/dL 33.0 37.0  Plt 236. x10<sup>3</sup>/uL 150. 450.  LYZ 9.8 %L % 20.5 51.1  LY# 1.4 * x10<sup>3</sup>/uL 1.2 3.4</p>		<table border="1"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr> <td>Color</td> <td></td> <td>N/A</td> <td>RPR</td> <td></td> <td>Negative</td> </tr> <tr> <td>App</td> <td></td> <td>N/A</td> <td>Mono</td> <td></td> <td>Negative</td> </tr> <tr> <td>Glu</td> <td></td> <td>Negative</td> <td colspan="3"><b>Microbiology</b></td> </tr> <tr> <td>Bili</td> <td></td> <td>Negative</td> <td>Source</td> <td></td> <td></td> </tr> <tr> <td>Ket</td> <td></td> <td>Negative</td> <td>Gram Stain</td> <td></td> <td></td> </tr> <tr> <td>SG</td> <td></td> <td>N/A</td> <td>Occ Bld</td> <td></td> <td>Negative</td> </tr> <tr> <td>Bld</td> <td></td> <td>Negative</td> <td>H. pylori</td> <td></td> <td>Negative</td> </tr> <tr> <td>pH</td> <td></td> <td>N/A</td> <td>Micro Parasites</td> <td></td> <td></td> </tr> <tr> <td>Prot</td> <td></td> <td>Negative</td> <td>Malaria</td> <td></td> <td></td> </tr> <tr> <td>Urob</td> <td></td> <td>0.2-1.0</td> <td>O &amp; P</td> <td></td> <td></td> </tr> <tr> <td>Nit</td> <td></td> <td>Negative</td> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Leuk</td> <td></td> <td>Negative</td> <td colspan="3"><b>Macroscopic Urinalysis</b></td> </tr> <tr> <td>HCG</td> <td></td> <td>Negative</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	Color		N/A	RPR		Negative	App		N/A	Mono		Negative	Glu		Negative	<b>Microbiology</b>			Bili		Negative	Source			Ket		Negative	Gram Stain			SG		N/A	Occ Bld		Negative	Bld		Negative	H. pylori		Negative	pH		N/A	Micro Parasites			Prot		Negative	Malaria			Urob		0.2-1.0	O & P			Nit		Negative	Other			Leuk		Negative	<b>Macroscopic Urinalysis</b>			HCG		Negative				<table border="1"> <thead> <tr> <th colspan="2"><b>CSP</b></th> <th colspan="2"><b>Blood Bank</b></th> </tr> </thead> <tbody> <tr> <td>Cell Count</td> <td></td> <td colspan="2">MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</td> </tr> <tr> <td>Directigen</td> <td>Negative</td> <td>ABO/Rh</td> <td></td> </tr> <tr> <td colspan="4"><b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b></td> </tr> <tr> <td>UNIT</td> <td>TYPE</td> <td colspan="2">CROSSMATCH</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>	<b>CSP</b>		<b>Blood Bank</b>		Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		Directigen	Negative	ABO/Rh		<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>				UNIT	TYPE	CROSSMATCH																	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																																																																																																																						
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REMARKS:																																																																																																																											
REPORTED BY:		DATE:	LAB ID NO.:																																																																																																																								

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Ward/Section: <u>243</u>			REQUISITION: <u>(b)(6)-4</u>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>(b)(6)-4</u>			DATE <u>23-09-03</u>		TIME <u>0000</u>		SSN/PEEUO SSN:	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	15.1 H	$10^3/\mu\text{l}$	Color		N/A	RPR		Negative
RDW	4.70	$10^6/\mu\text{l}$	App		N/A	Mono		Negative
Hgb	12.3	g/dL	Glu		Negative	<b>Microbiology</b>		
Hct	38.1	%	Bili		Negative	Source		
MCV	81.0	fL	Ket		Negative	Gram Stain		
MCH	26.2	pg	SG		N/A	Occ Bld		Negative
MCHC	32.3	g/dL	Bld		Negative	H. pylori		Negative
Plt	237	$10^3/\mu\text{l}$	pH		N/A	Micro Parasites		
LYZ	10.6	* $10^3/\mu\text{l}$	Prot		Negative	Malaria		
LY#	1.6	* $10^3/\mu\text{l}$	Prob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	<b>Macroscopic Urinalysis</b>		
			ICG		Negative			
<b>Basic Metabolic</b>			<b>CSP</b>			<b>Blood Bank</b>		
GLU	108	73-118 MG/DL	Cell count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
BUN	5*	7-22 MG/DL	Directigen		Negative	ABO/Rh		
CA++	9.0	8.0-10.3 MG/DL	<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
CRE	0.7	0.6-1.2 MG/DL	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
NA+	128	128-145 MMO/L						
K+	3.8	3.3-4.7 MMO/L						
CL-	103	98-108 MMO/L						
tCO2	20	18-33 MMO/L						
INST QC: OK    CHEM QC: OK								
HEM 0, LIP 0, ICT 0								
ID: <u>(b)(6)-4</u> 23-09-03 00:19								
Patient Limits								
WBC	15.1 H	$10^3/\mu\text{l}$	4.5	10.5				
RBC	4.70	$10^6/\mu\text{l}$	4.00	6.00				
Hgb	12.3	g/dL	11.0	18.0				
Hct	38.1	%	35.0	60.0				
MCV	81.0	fL	80.0	99.9				
MCH	26.2	pg	27.0	31.0				
MCHC	32.3	g/dL	33.0	37.0				
Plt	237	$10^3/\mu\text{l}$	150	450				
LYZ	10.6	* $10^3/\mu\text{l}$	20.5	51.1				
LY#	1.6	* $10^3/\mu\text{l}$	1.2	3.4				
FDP								
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

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Ward/Section: <b>ICU3</b>			REQUESTING PHYSICIAN: <b>(b)(6)-2</b>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <b>BPW (b)(6)-4</b>			DATE: <b>23 Sep 03</b>		TIME: <b>20 35</b>		SSN/PEUDO SSN:	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
WBC		4.8-10.8 x10 <sup>3</sup>	Color		N/A	RPR		Negative
R			App		N/A	Mono		Negative
H	ID: <b>(b)(6)-4</b>	23-09-03	Glu		Negative	<b>Microbiology</b>		
H	WB	21:08	Bili		Negative	Source		
M		Patient	Ket		Negative	Gram Stain		
		Limits	SG		N/A	Occ Bld		Negative
P	WBC 16.6 H	x10 <sup>3</sup> /uL 4.5 10.5	Bld		Negative	H. pylori		Negative
L	RBC 4.99	x10 <sup>6</sup> /uL 4.00 6.00	pH		N/A	Micro Parasites		
	Hgb 12.4	g/dL 11.0 18.0	Prot		Negative	Malaria		
	Hct 40.3	% 35.0 60.0	Urob		0.2-1.0	O & P		
	MCH 80.8	fL 80.0 99.9	Nit		Negative	Other		
	MCHC 30.9 L	g/dL 33.0 37.0	Leuk		Negative	<b>Macroscopic Urinalysis</b>		
	Plt 237.	x10 <sup>3</sup> /uL 150. 450.	HCG					
	LYZ 5.6	*L % 20.5 51.1						
	LYH 0.9	* x10 <sup>3</sup> /uL 1.2 3.4						
RBC Morph								
Spun Hematocrit		42-52%(M) 37-47%(F)	<b>CSF</b>			<b>Blood Bank</b>		
Set Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		≤ 10 ug /ml						
<b>REMARKS:</b>								
REPORTED BY:			DATE:			LAB ID NO.:		

*MISC  
ARR*

MEDCOM - 20081

Ward/Section:			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 <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2		95-98%	(Piccolo) Liver Panel Plus					
B/Ecf		(-2) - (+3) mmol/L	TEST	RESULT	REF. RANGE			
AnGap		10-20 mmol/L	B		3.3-5.5 g/dl			
Ca		1.12-1.32 mmol/L	P		26-84 u/l			
BUN		8-26 mg/dl	T		10-47 u/l			
GLU		70-105 mg/dl	ST		14-97 u/l			
Creat		0.7-1.5 mg/dl	MY		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			P		6.4-8.1 g/dl			
TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte					
Tropoin-1	<del>ACB</del>		TEST	RESULT	REF. RANGE			
Drug of Abuse			A <sup>+</sup>		128-145 mmol/l			
			+		3.3-4.7 mmol/l			
			L <sup>-</sup>		98-108 mmol/l			
			CO2		18-33 mmol/l			

===== PICCOLO =====  
 24/09/03 00:59  
 REFERENCE RANGE: MALE  
 PATIENT #: (b)(6)-4  
 METLYTE 8  
 DISC LOT #: 3024AA4  
 OPER #: DR #: 000  
 SERIAL #: (b)(6)z  
 GLU 120\* 73-118 MG/DL  
 BUN 7 7-22 MG/DL  
 CRE 0.6 0.6-1.2 MG/DL  
 CK 331 39-380 U/L  
 NA+ 137 128-145 MMOL  
 K+ 3.6 3.3-4.7 MMOL  
 CL- 103 98-108 MMOL  
 tCO2 24 18-33 MMOL

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

REMARKS:

REPORTED BY:

Ward/Section: <u>ICU3</u>		REQUESTING PHYSICIAN: <u>(b)(6)-2</u>		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. <u>EPW</u>		DATE: <u>2+8sep03</u>		TIME: <u>0040</u>		SSN/PEEUO SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
V			Color		N/A	RPR		Negative
R			App		N/A	Mono		Negative
H	ID	24-09-03	Glu		Negative	<b>Microbiology</b>		
H	WB	00:58	Bili		Negative	Source		
		Patient	Ket		Negative	Gram		
		Limits	SG		N/A	Occ Bld		Negative
M	WBC	14.8 H x10 <sup>3</sup> /ul	4.5	10.5		Bld		Negative
P	RBC	4.68 x10 <sup>6</sup> /ul	4.00	6.00		pH		N/A
L	Hgb	11.9 g/dL	11.0	18.0		Prot		Negative
	Hct	38.2 %	35.0	60.0		Urob		0.2-1.0
	MCV	81.6 fl	80.0	99.9		Nit		Negative
	MCH	25.5 L pg	27.0	31.0		Leuk		Negative
	MCHC	31.2 L g/dL	33.0	37.0		HCG		Negative
S	PLT	224 x10 <sup>3</sup> /ul	150	450		<b>Macroscopic Urinalysis</b>		
F	LYZ	4.4 %L %	20.5	51.1				
L	LYH	0.7 * x10 <sup>3</sup> /ul	1.2	3.4				
A								
RBC								
Morph								
Spun								
Hematocrit			42-52%(M)			<b>CSF</b>		
			37-47%(F)			<b>Blood Bank</b>		
Set Rate						Cell		
						Count		
Other						<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
						Directigen		Negative
						ABO/Rh		
<b>Congulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (MUST SUBMIT SF 518 WITH THE EVERY UNIT OF BLOOD REQUESTED)					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

  
 MEDCOM - 20083

Ward/Section:			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE		TIME	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					7-22 mg/dl
Cl		98-109 mmol/L	ALT					8.0-10.3 mg/dl
pH		7.31-7.45	AMY					0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST					128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL					3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN					98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA <sup>+</sup>					18-33 mmol/l
SO2		95-98%	CH			(Piccolo) Liver Panel Plus		
BE <sub>ecf</sub>		(-2) - (+3) mmol/L	GLU	137*	73-118	ST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	CF	0.8	7-22	3		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	G	280	0.6-1.2	P		26-84 u/l
BUN		8-26 mg/dl	T	3.9	39-380	T		10-47 u/l
GLU		70-105 mg/dl	K <sup>+</sup>	105	3.3-4.7	ST		14-97 u/l
Creat		0.7-1.5 mg/dl	CL <sup>-</sup>	22	98-108	AMY		11-38 u/l
Hct		38-51% PCV	tCO2		18-33	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl				GGT		5-65 u/l
Misc. Chemistry			INST QC: OK HEM 0, LIP 0, ICT 0			CHEM QC: OK		
TEST	RESULT	REF. RANGE				(Piccolo) Electrolyte		
Tropoin-1						TEST	RESULT	REF. RANGE
Drug of Abuse						NA <sup>+</sup>		128-145 mmol/l
						K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 20084

REQUESTING PHYSICIAN: (b)(6)-2 LABORATORY RESULT FORM  
(Subject to the Privacy Act of 1974)

DATE: 04/20/07 TIME: 04:30 SSN/PEEUO SSN:

Urinalysis			Misc. Serology			
RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
0.8 x10 <sup>6</sup>	Color		N/A	RPR		Negative
1 x10 <sup>6</sup>	App		N/A	Mono		Negative
g/dl(M) g/dl(F)	Glu		Negative	Microbiology		
%(M) %(F)	Bili		Negative	Source		
g(M) g(F)	Ket		Negative	Gram Stain		
0 x10 <sup>3</sup>	SG		N/A	Occ Bld		Negative
.1%	Bld		Negative	H. pylori		Negative
entinal	pH		N/A	Micro Parasites		
	Prot		Negative	Malaria		
	Urob		0.2-1.0	O & P		
	Nit		Negative	Other		
	Leuk		Negative	Macroscopic Urinalysis		
	HCG		Negative			
	CSF			Blood Bank		
	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
	Directigen		Negative	ABO/Rh		
Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH THE EVERY UNIT OF BLOOD REQUESTED)						
TYPE	UNIT			TYPE		CROSSMATCH

29 mmol/L  
 79 mmol/L  
 19 mmol/L  
 8 mmol/L  
 5  
 calculated  
 79  
 sample TYPE: ART  
 048EP00 05:06  
 Patient: (b)(6)-2  
 Physician:  
 Ser#:   
 Ver:   
 ID: (b)(6)-4 24-09-03  
 UB: 04:48  
 Patient Limits

NBC	14.8 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	4.78	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	12.2	g/dL	11.0	18.0
Hct	39.3	%	35.0	60.0
MCV	82.2	fL	80.0	99.9
MCH	25.6	pg	27.0	31.0
MCHC	31.1	g/dL	33.0	37.0
Plt	226	x10 <sup>3</sup> /uL	150	450
LYZ	4.3	*L %	20.5	51.1
LY#	0.6	*L x10 <sup>3</sup> /uL	1.2	3.4

REPORTED BY: DATE: LAB ID NO.:

TEMP 99.1  
FiO2 70%

Ward/Section:		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST MI:		DATE	TIME	SSN/PEUDO SSN:			
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel			
		TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		dL	ALB	3.5-5.5 g/dl	GLU		73-118 mg/dl
** PRINT CANCELLED **			ALP	26-84 u/l	BUN		7-22 mg/dl
					CA <sup>++</sup>		8.0-10.3 mg/dl
					CRE		0.6-1.2 mg/dl
i-STAT G3+		(art)	09/24/03	09:19 AM	NA <sup>+</sup>		128-145 mmol/dl
Pt: 0815		(ven)	REFERENCE RANGE:	MALE	K <sup>+</sup>		3.3-4.7 mmol/l
Pt Name:		(art)	PATIENT #:	(b)(6)-4	K <sup>+</sup>		3.3-4.7 mmol/l
		(art)	METLYTE 8		CL <sup>-</sup>		98-108 mmol/l
		(ven)	DISC LOT #:	3141AA4	IC02		18-33 mmol/l
		(art)	OPER #:	DR #: 806	(Piccolo) Liver Panel Plus		
		(art)	SERIAL #:	(b)(6)	TEST	RESULT	REF. RANGE
TCO2 _____ 20 mmol/L					ALB		3.3-5.5 g/dl
At 37C					ALP		26-84 u/l
PH _____ 7.358					ALT		10-47 u/l
PCO2 _____ 33.6 mmHg					AST		14-97 u/l
PO2 _____ 68 mmHg					AMY		11-38 u/l
HC03 _____ 19 mmol/L					FBIL		0.2-1.6 mg/dl
BEecf _____ -7 mmol/L					GGT		5-65 u/l
sO2* _____ 93 %					TP		6.4-8.1 g/dl
*calculated					(Piccolo) Electrolyte		
Patient Temp					TEST	RESULT	REF. RANGE
PH _____ 7.354					NA <sup>+</sup>		128-145 mmol/l
PCO2 _____ 34.0 mmHg					K <sup>+</sup>		3.3-4.7 mmol/l
PO2 _____ 69 mmHg					CL <sup>-</sup>		98-108 mmol/l
Patient Temp: 99.1F					CO2		18-33 mmol/l
FI02 _____ : 70							
Sample Type_:							
** PRINT CANCELLED **							
REMARKS:							
REPORTED BY:		DATE:		LAB ID NO.:			
S		9-24-03					

Ward/Section: CW3 REQUESTING PHYSICIAN: (b)(6)-2 LABORATORY RESULT FORM  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)-4 DATE: 24 Sep TIME: 0800 SSN/PEEUO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10 <sup>3</sup> /dL	Color		N/A	RPR		Negative
RB			App		N/A	Mono		Negative
Hg			Glu		Negative	Microbiology		
Hct			Bili		Negative	Source		
MC			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Ly			Bld		Negative	H. pylori		Negative
ID		24-09-03	pH		N/A	Micro Parasites		
WB		08:17	Prot		Negative	Malaria		
Sc		Patient Limits	Urob		0.2-1.0	O & P		
B:	WBC 14.5 H x10 <sup>3</sup> /dL	4.5 10.5	Nit		Negative	Other		
Ly	RBC 4.60 x10 <sup>6</sup> /dL	4.00 6.00	Leuk		Negative	Macroscopic Urinalysis		
	Hgb 11.7 g/dL	11.0 18.0	HCG		Negative	Blood Bank		
	Hct 37.8 %	35.0 60.0	CSF			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
	MEV 82.1 fL	80.0 99.9	Cell Count			ABO/Rh		
	MEH 25.4 L pg	27.0 31.0	Directigen		Negative			
	MCHC 30.9 L g/dL	33.0 37.0	Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
	PLt 219 x10 <sup>3</sup> /dL	150 450	TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
	LYZ 5.0 %L	20.5 51.1	PT		9.8-13.6 secs			
	LY# 0.7 #L x10 <sup>3</sup> /dL	1.2 3.4	APTT		21-34 SESS			
			D dimer		<20 ug/ml			
			FDP		<10 ug/ml			

Oth:  Directigen Negative ABO/Rh

Coagulation Studies: PT, APTT, D dimer, FDP

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: DATE: LAB ID NO.:

Ward/Section: <b>ICU 3</b>		REQUESTING PHYSICIAN: <b>(b)(6)-2</b>		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)																																																												
LAST, FIRST, MI: <b>EPW</b>		ID: <b>(b)(6)-4</b>		DATE: <b>24 Sep</b>	TIME: <b>1200</b>	SSN/PSEUDO SSN: <b>(b)(6)-4</b>																																																										
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<p>===== PICCOLO =====            09/24/03 11:54 AM            REFERENCE RANGE: MALE            PATIENT #: <b>(b)(6)-4</b>            METLYTE 8            DISC LOT #: 3141AA1            OPER #: <b>(b)(6)-2</b> DR #: 000            SERIAL #: <b>(b)(6)-2</b></p> <table border="1"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr> <td>GLU</td> <td>138*</td> <td>73-118 MG/DL</td> </tr> <tr> <td>BUN</td> <td>♦♦♦</td> <td>7-22 MG/DL</td> </tr> <tr> <td>CRE</td> <td>0.6</td> <td>0.6-1.2 MG/DL</td> </tr> <tr> <td>CK</td> <td>185</td> <td>39-380 U/L</td> </tr> <tr> <td>NA+</td> <td>121*</td> <td>128-145 MMOL</td> </tr> <tr> <td>K+</td> <td>3.5</td> <td>3.3-4.7 MMOL</td> </tr> <tr> <td>CL-</td> <td>111*</td> <td>98-108 MMOL</td> </tr> <tr> <td>tCO2</td> <td>23</td> <td>18-33 MMOL</td> </tr> </tbody> </table> <p>INST QC: OK    CHEM QC: OK            HEM 0, LIP 0, ICT 0</p>				TEST	RESULT	REF. RANGE	GLU	138*	73-118 MG/DL	BUN	♦♦♦	7-22 MG/DL	CRE	0.6	0.6-1.2 MG/DL	CK	185	39-380 U/L	NA+	121*	128-145 MMOL	K+	3.5	3.3-4.7 MMOL	CL-	111*	98-108 MMOL	tCO2	23	18-33 MMOL	<table border="1"> <thead> <tr> <th colspan="3">(Piccolo) Liver Panel Plus</th> </tr> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr> <td>ALB</td> <td></td> <td>3.3-5.5 g/dl</td> </tr> <tr> <td>ALP</td> <td></td> <td>26-84 u/l</td> </tr> <tr> <td>ALT</td> <td></td> <td>10-47 u/l</td> </tr> <tr> <td>AST</td> <td></td> <td>14-97 u/l</td> </tr> <tr> <td>AMY</td> <td></td> <td>11-38 u/l</td> </tr> <tr> <td>TBIL</td> <td></td> <td>0.2-1.6 mg/dl</td> </tr> <tr> <td>GGT</td> <td></td> <td>5-65 u/l</td> </tr> <tr> <td>TP</td> <td></td> <td>6.4-8.1 g/dl</td> </tr> </tbody> </table>				(Piccolo) Liver Panel Plus			TEST	RESULT	REF. RANGE	ALB		3.3-5.5 g/dl	ALP		26-84 u/l	ALT		10-47 u/l	AST		14-97 u/l	AMY		11-38 u/l	TBIL		0.2-1.6 mg/dl	GGT		5-65 u/l	TP		6.4-8.1 g/dl
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TEST	RESULT	REF. RANGE																																																														
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tCO2		18-33 mmol/l																																																														
REPORTED BY: <b>(b)(6)-2</b>		DATE: <b>22 Sep 03</b>		LAB ID NO.:																																																												

MEDCOM - 20088



F<sub>1</sub>O<sub>2</sub> 80%

Ward/Section: ICU 3			REQUESTING PHYSICIAN: (b)(6) - Z			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. epw (b)(6) - 4			DATE 24 Sep 03		TIME 1200	SSN/PEUDO SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RE			App		N/A	Mono		Negative
Hg			Glu		Negative	<b>Microbiology</b>		
He			Bili		Negative	Source		
MC			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Ly			Bld		Negative	H. pylori		Negative
ID: (b)(6) - 4			pH		N/A	Micro Parasites		
Sc			Prot		Negative	Malaria		
Br			Urob		0.2-1.0	O & P		
Ly			Nit		Negative	Other		
At			Leuk		Negative	<b>Macroscopic Urinalysis</b>		
RI			HCG		Negative			
M			<b>CSF</b>			<b>Blood Bank</b>		
Sp			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
He			Directigen		Negative	ABO/Rh		
Se			<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 513 WITH THE EVERY UNIT OF BLOOD REQUESTED)</b>		
	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>		
	PT		9.8-13.6 secs					
	APTT		21-34 SESS					
	D dimer		<20 ug/ml					
	FDP		<10 ug /ml					
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>		<b>LAB ID NO.:</b>			

MEDCOM - 20089

Ward/Section:		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)																															
LAST, FIRST MI.		DATE	TIME	SSN/PSEUDO SSN:																															
<i>(i-STAT)</i>		<i>24 SEP 03 15:58</i>		<i>(Piccolo) Metabolic Panel</i>																															
<i>(Piccolo) Chemistry 12</i>																																			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																											
			ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl																											
<p><i>i-STAT EG 7+</i></p> <p>Pt: <i>(b)(6)4</i></p> <p>Pt Name: <i>(b)(6)4</i></p> <p>Na <i>145</i> mmol/L</p> <p>K <i>3.3</i> mmol/L</p> <p>tCO2 <i>23</i> mmol/L</p> <p>iCa <i>1.0</i> mmol/L</p> <p>Hct <i>36</i> %PCV</p> <p>Hb* <i>10</i> g/dL</p> <p><i>*via Hct</i></p> <p>At 37C</p> <p>pH <i>7.336</i></p> <p>PCO2 <i>35.8</i> mmHg</p> <p>PO2 <i>95</i> mmHg</p> <p>HCO3 <i>19</i> mmol/L</p> <p>BEecf <i>-7</i> mmol/L</p> <p>sO2* <i>97</i> %</p> <p><i>*calculated</i></p> <p>At Patient Temp</p> <p>pH <i>7.336</i></p> <p>PCO2 <i>35.8</i> mmHg</p> <p>PO2 <i>95</i> mmHg</p> <p>Patient Temp: <i>98.6F</i></p> <p>Sample Type: <i></i></p> <p><i>24SEP03 15:38</i></p> <p>Oper: <i>(b)(6)-2</i></p> <p>Physician: <i>/</i></p> <p>Ser#: <i></i></p> <p>Ver: <i></i></p>			<p><i>===== PICCOLO =====</i></p> <p><i>24/09/03 15:58</i></p> <p>REFERENCE RANGE: <i>MALE</i></p> <p>PATIENT #: <i>(b)(6)-4</i></p> <p>METLYTE 8</p> <p>DISC LOT #: <i>3141AA4</i></p> <p>OPER #: <i></i> DR #: <i>000</i></p> <p>SERIAL #: <i>(b)(6)-2</i></p> <p>.....</p> <p>GLU <i>130*</i> 73-118 MG/DL</p> <p>BUN <i>***</i> 7-22 MG/DL</p> <p>CRE <i>0.6</i> 0.6-1.2 MG/DL</p> <p>CK <i>161</i> 39-380 U/L</p> <p>NA+ <i>***</i> 128-145 MMOL/L</p> <p>K+ <i>3.3</i> 3.3-4.7 MMOL/L</p> <p>CL- <i>110*</i> 98-108 MMOL/L</p> <p>tCO2 <i>23</i> 18-33 MMOL/L</p> <p>INST QC: OK CHEM QC: OK</p> <p>HEM 0, LIP 0, ICT 0</p> <p><i>I-Stat</i></p> <p><i>Bun-11</i></p> <p><i>Na-143</i></p>			<p><i>(Piccolo) Liver Panel Plus</i></p> <table border="1"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr> <td>ALB</td> <td></td> <td>3.3-5.5 g/dl</td> </tr> <tr> <td>ALP</td> <td></td> <td>26-84 u/l</td> </tr> <tr> <td>ALT</td> <td></td> <td>10-47 u/l</td> </tr> <tr> <td>AST</td> <td></td> <td>14-97 u/l</td> </tr> <tr> <td>AMY</td> <td></td> <td>11-38 u/l</td> </tr> <tr> <td>TBIL</td> <td></td> <td>0.2-1.6 mg/dl</td> </tr> <tr> <td>GGT</td> <td></td> <td>5-65 u/l</td> </tr> <tr> <td>TP</td> <td></td> <td>6.4-8.1 g/dl</td> </tr> </tbody> </table>			TEST	RESULT	REF. RANGE	ALB		3.3-5.5 g/dl	ALP		26-84 u/l	ALT		10-47 u/l	AST		14-97 u/l	AMY		11-38 u/l	TBIL		0.2-1.6 mg/dl	GGT		5-65 u/l	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE																																	
ALB		3.3-5.5 g/dl																																	
ALP		26-84 u/l																																	
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			<i>(Piccolo) Electrolyte</i>																																
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																											
			NA+		128-145 mmol/l																														
			K+		3.3-4.7 mmol/l																														
			CL-		98-108 mmol/l																														
			CO2		18-33 mmol/l																														
DATE:		LAB ID NO.:																																	

MEDCOM - 20090

Ward/Section: <b>103</b>		REQUESTING PHYSICIAN: <b>(b)(6)-2</b>		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: <b>(b)(6)-4</b>		DATE: <b>7/4/02</b>	TIME: <b>1535</b>	SSN/REF ID/SSN: <b>(b)(6)-4</b>				
<b>(Hematology) CBC</b>			<b>Urinalysis</b>		<b>Misc. Serology</b>			
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
V			Color		N/A	RPR		Negative
R			App		N/A	Mono		Negative
H	ID# <b>(b)(6)-4</b>	24-09-03	Glu		Negative	<b>Microbiology</b>		
H	WB <b>(b)(6)-4</b>	15:42	Bili		Negative	Source		
		Patient Limits	Ket		Negative	Gram Stain		
M	WBC 15.1 #/mm <sup>3</sup>	4.5 - 10.5	SG		N/A	Occ Bld		Negative
P	RBC 4.46 x10 <sup>6</sup> /uL	4.00 - 6.00	Bld		Negative	H. pylori		Negative
L	Hgb 11.5 g/dL	11.0 - 18.0	pH		N/A	Micro Parasites		
	Hct 36.6 %	35.0 - 60.0	Prot		Negative	Malaria		
	MCV 82.1 fL	80.0 - 99.9	Urob		0.2-1.0	O & P		
	MCH 25.8 pg	27.0 - 31.0	Nit		Negative	Other		
	MCHC 31.4 g/dL	33.0 - 37.0	Leuk		Negative	<b>Macroscopic Urinalysis</b>		
	Plt 204 x10 <sup>3</sup> /uL	150 - 450	HCG		Negative			
S	LY% 3.5 %	20.5 - 51.1						
	LY# 0.5 x10 <sup>3</sup> /uL	1.2 - 3.4						
B								
L								
A								
RBC Morph								
Spun Hematocrit		42-52%(M) 37-47%(F)	<b>CSF</b>			<b>Blood Bank</b>		
Set Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
PT		9.8-13.6 secs						
APTT		21-34 SECS						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>		<b>LAB ID NO.:</b>			

MEDCOM - 20091

Ward/Section:			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE		TIME	SSN/PSEUDO SSN:		
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L	<p>===== PICCOLO =====</p> <p>09/24/03 08:54 PM</p> <p>REFERENCE RANGE: MALE</p> <p>PATIENT #: (b)(6) 4</p> <p>METLYTE 8</p> <p>DISC LOT #: 3141AA4</p> <p>OPER #: DR #: 000</p> <p>SERIAL #: (b)(6) 2</p> <p>GLU 138* 73-118 MG/DL</p> <p>BUN *** 7-22 MG/DL</p> <p>CRE 0.6 0.6-1.2 MG/DL</p> <p>CK 100 39-380 U/L</p> <p>NA+ 117* 128-145 MMOL</p> <p>K+ 3.6 3.3-4.7 MMOL</p> <p>CL- 111* 98-108 MMOL</p> <p>tCO2 *** 18-33 MMOL</p> <p>INST QC: OK CHEM QC: OK</p> <p>HEM 0, LIP 0, ICT 0</p> <p>i-STAT EC8+</p> <p>Pt: 815</p> <p>Pt Name: _____</p> <p>Glu_____ 133 mg/dL</p> <p>BUN_____ 13 mg/dL</p> <p>Na_____ 130 mmol/L</p> <p>K_____ *** mmol/L</p> <p>Cl_____ 116 mmol/L</p> <p>TCO2_____ 23 mmol/L</p> <p>Gap_____ *** mmol/L</p> <p>Hct_____ 40 %PCV</p> <p>Hb*_____ 14 g/dL</p> <p>*via Hct</p> <p>PH_____ 7.320</p> <p>PCO2_____ 41.8 mmHg</p> <p>HCO3_____ 22 mmol/L</p> <p>BEect_____ -5 mmol/L</p> <p>Sample T<sub>i</sub> 24 SEP 03 20:41</p> <p>K<sup>+</sup> 3.3-4.7 mmol/l</p> <p>CL<sup>-</sup> 98-108 mmol/l</p> <p>tCO2 18-33 mmol/l</p>					
pH		7.31-7.45						
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)						
PO2		80-105 mmHg (art) N/A (ven)						
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)						
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)						
SO2		95-98%						
BEect		(-2) - (+3) mmol/L						
AnGap		10-20 mmol/L						
Ca		1.12-1.32 mmol/L						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						
Misc. Chemistry								
TEST	RESULT	REF. RANGE						
Tropoin-1								
Drug of Abuse								
REMARKS:								
REPORTED BY: (b)(6) -2	DATE: 24 Sep 03	LAB ID NO.:						

144

Ward/Section: <b>ICU3</b>			REQUESTING PHYSICIAN: <b>(b)(6)-2</b>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: <b>FPW</b>			DATE: <b>24SEP03</b>			TIME: <b>2000</b>		
SSN/PSEUDO SSN: <b>(b)(6)-4</b>								
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
W			Color		N			Negative
RJ	ID: [redacted]	24-09-03	App		N			Negative
Hq	WB	20:25	Glu		N			OGY
Hc		Patient Limits	Bili		N			
M	WBC	19.1 H $\times 10^3/\mu L$	4.5	10.5				
	RBC	4.99 $\times 10^6/\mu L$	4.00	6.00				
	Hgb	12.7 g/dL	11.0	18.0				
	Hct	41.0 %	35.0	60.0				
	MCV	82.3 fL	80.0	99.9				
	MCH	25.6 L pg	27.0	31.0				
	MCHC	31.1 L g/dL	33.0	37.0				
	PLT	261 $\times 10^3/\mu L$	150	450				
	LY%	3.0 %	20.5	51.1				
	LY#	0.6 $\times 10^3/\mu L$	1.2	3.4				
Sej			Prot		Ne			
Bal			Urob		0.2			
Lyn			Nit		Ne			
Atp		Imm	Leuk		Ne			
RBC Morph			HCG		Ne			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF					
Set Rate			Cell Count					
Other			Directigen					
Coagulation Studies			Bil (MUST SUBMIT)					
TEST	RESULT	REF. RANGE	UNIT					
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			L:		

1-STAT CS+  
 Pt: [redacted] **(b)(6)-4**  
 Pt Name: \_\_\_\_\_  
 CO2 \_\_\_\_\_ 19 mmol/L  
 Pt S70  
 pH \_\_\_\_\_ **7.297**  
 PCO2 \_\_\_\_\_ 36.7 mmHg  
 PO2 \_\_\_\_\_ 100 mmHg  
 HCO3 \_\_\_\_\_ 18 mmol/L  
 HCO3 \_\_\_\_\_ 9 mmol/L  
 CO2# \_\_\_\_\_ 97 %  
 articulated  
 At Patient Temp  
 pH \_\_\_\_\_ 7.283  
 PCO2 \_\_\_\_\_ 38.4 mmHg  
 PO2 \_\_\_\_\_ 112 mmHg  
 Patient Temp: 100.5F  
 F1O2 \_\_\_\_\_ : 75  
 Sample Type: ART  
 Field: \_\_\_\_\_  
 24SEP03 20:43  
 Oper: [redacted]  
 Physician: \_\_\_\_\_ **(b)(6)-2**  
 Ser#: [redacted]  
 Ver: [redacted]

MISC  
ART

MEDCOM - 20093

ART

Ward/Section: **ICU 3** REQUESTING PHYSICIAN: **(b)(6) - 2** **CHEMISTRY RESULT FORM**  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: **EPW (b)(6) - 4** DATE: **9/25/03** TIME: **2130** SSN/PSEUDO SSN:

**(I-STAT)** **(Piccolo) Chemistry 12** **(Piccolo) Metabolic Panel**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	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 (ven)	CA**		8.0-10.3 mg/dl
sO2		95-98%	CHOL		100-200 mg/dl
BEecf		(-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	<b>(Piccolo) Metlyte 8</b>		
GLU		70-105	<b>RESULT</b>	<b>REF. RANGE</b>	

TEST	RESULT	REF. RANGE
Creat		0.6-1.2 mg/dl
Hct		7-22 mg/dl
Hgb		0.6-1.2 mg/dl
Hct		39-380 w/l (M) 30-190 w/l (F)
Hgb		128-145 mmol/l
Hct		3.3-4.7 mmol/l
Hgb		98-108 mmol/l
Hct		18-33 mmol/l

REMARKS: **CBC**

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

===== PICCOLO =====  
 09/25/03 10:00 PM  
 REFERENCE RANGE: MALE  
 PATIENT #: (b)(6) 4  
 METLYTE 8  
 DISC LOT #: 3152AA4  
 OPER #: DR #: 000 (b)(6) - 2  
 SERIAL #: \_\_\_\_\_  
 .....  
 GLU 144\* 73-118 MG/DL  
 BUN \*\*\* 7-22 MG/DL  
 CRE 1.3\* 0.6-1.2 MG/DL  
 CK 1325\* 39-380 U/L  
 NA+ 120\* 128-145 MMOL/L  
 K+ 2.8\* 3.3-4.7 MMOL/L  
 CL- 116\* 98-108 MMOL/L  
 tCO2 \*\*\* 18-33 MMOL/L

INST QC: OK CHEM QC: OK  
 HEM 0, LIP 0, ICT 0  
 I-Stat  
 Bun-20  
 Na-156  
 TCO2 24

Ward/Section: <b>ICU3</b>		REQUESTING PHYSICIAN: <b>(b)(6) 2</b>		<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: <b>(b)(6) -4</b>		DATE: <b>9/25</b>	TIME: <b>1500</b>	SSN/PSEUDO SSN:	
<b>(STAT)</b>		<b>(Piccolo) Chemistry 12</b>		<b>(Piccolo) Metabolic Panel</b>	
TEST	RESULT	REF. RANGE			
Na		138-146 mmol/L	===== PICCOLO =====		
K		3.5-4.9 mmol/L	09/25/03 03:30 PM		
Cl		98-109 mmol/L	REFERENCE RANGE: MALE		
pH		7.31-7.45	PATIENT #: <b>(b)(6) 4</b>		
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	METLYTE 8		
PO2		80-105 mmHg (art) N/A (ven)	DISC LOT #: 3152AA4		
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	OPER #: <b>(b)(6) 2</b> DR #: 000		
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	SERIAL #: <b>(b)(6) 2</b>		
sO2		95-98%	GLU 143* 73-118 MG/DL		
BEccf		(-2) - (+3) mmol/L	BUN *** 7-22 MG/DL		
AnGap		10-20 mmol/L	CRE 0.8 0.6-1.2 MG/DL		
Ca		1.12-1.32 mmol/L	CK 1263* 39-380 U/L		
BUN		8-26 mg/dl	NA+ <del>118*</del> 128-145 MMOL/L		
GLU		70-105 mg/dl	K+ 2.6* 3.3-4.7 MMOL/L		
Creat		0.7-1.5 mg/dl	CL- 114* 98-108 MMOL/L		
Hct		38-51% PCV	tCO2 *** 18-33 MMOL/L		
Hgb		12-17 g/dl	INST QC: OK CHEM QC: OK		
			HEM 0, LIP 1+, ICT 0		
			I-Stat		
			NA-152		
			TCO2 - 21		
<b>Misc. Chemistry</b>			<b>(Piccolo) Liver Panel Plus</b>		
TEST	RESULT	REF. RANGE	ST	RESULT	REF. RANGE
Troponin-I					3.3-5.5 g/dl
Drug of Abuse					26-84 u/l
					10-47 u/l
					14-97 u/l
					11-38 u/l
					0.2-1.6 mg/dl
					5-65 u/l
					6.4-8.1 g/dl
			<b>(Piccolo) Electrolyte</b>		
			ST	RESULT	REF. RANGE
					128-145 mmol/l
					3.3-4.7 mmol/l
					98-108 mmol/l
					18-33 mmol/l
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

MEDCOM - 20095

Ward/Section: <b>ICU 3</b>		REQUESTING PHYSICIAN: <b>(b)(6) 2</b>		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. <b>EPW</b>		DATE: <b>25 Sep</b>	TIME: <b>1155</b>	SSN/PSEUDO SSN: <b>(b)(6) 4</b>	
<b>(STAT)</b>		<b>(Piccolo) Chemistry 12</b>		<b>(Piccolo) Metabolic Panel</b>	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L			7-22 mg/dl
Cl		98-109 mmol/L			8.0-10.3 mg/dl
pH		7.31-7.45			0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)			128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)			3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)			18-33 mmol/l
sO2		95-98%			
BEecf		(-2) - (+3) mmol/L			
AnGap		10-20 mmol/L			
Ca		1.12-1.32 mmol/l			
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgb		12-17 g/dl			
<b>Misc. Chemistry</b>			<b>(Piccolo) Liver Panel Plus</b>		
TEST	RESULT	REF. RANG	TEST	RESULT	REF. RANGE
Troponin-I			LB		3.3-5.5 g/dl
Drug of Abuse			LP		26-84 u/l
			LT		10-47 u/l
			AMY		14-97 u/l
			AST		11-38 u/l
			FBIL		0.2-1.6 mg/dl
			GGT		5-65 u/l
			TP		6.4-8.1 g/dl
			<b>(Piccolo) Electrolyte</b>		
			TEST	RESULT	REF. RANGE
			NA <sup>+</sup>		128-145 mmol/l
			K <sup>+</sup>		3.3-4.7 mmol/l
			CL <sup>-</sup>		98-108 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l
REMARKS:					
REPORTED BY: <b>fb-2</b>		DATE:	LAB ID NO.:		

===== PICCOLO =====  
 09/25/03 12:45 PM  
 REFERENCE RANGE: MALE  
 PATIENT #: **(b)(6) 4**  
 METLYTE 8  
 DISC LOT #: 3141AA4  
 OPER #: **(b)(6) 2** DR #: 000  
 SERIAL #: **(b)(6) 2**  
 INST QC: OK CHEM QC: OK  
 HEM 0, LIP 0, ICT 0



Ward/Section: <b>ICU 3</b>		REQUESTING PHYSICIAN: <b>(b)(6) 2</b>		<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. <b>[REDACTED]</b>		DATE: <b>05/09/03</b>	TIME: <b>0400</b>	SSN/PSEUDO SSN: <b>[REDACTED]</b>	
<b>(b)(6) 4</b>		<b>(Piccolo) Chemistry 12</b>		<b>(Piccolo) Metabolic Panel</b>	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	134*	134-145	GLU		73-118 mg/dl
K	3.3	3.3-4.7	BUN		7-22 mg/dl
Cl	110*	98-108	CA <sup>++</sup>		8.0-10.3 mg/dl
pH			CRE		0.6-1.2 mg/dl
PCO2			NA <sup>+</sup>		128-145 mmol/l
PO2			K <sup>+</sup>		3.3-4.7 mmol/l
TCO2			CL <sup>-</sup>		98-108 mmol/l
HCO3					18-33 mmol/l
sO2			<b>Ever Panel Plus</b>		
BEecf			T	REF. RANGE	
AnGap					3.3-5.5 g/dl
Ca					26-84 u/l
BUN					10-47 u/l
GLU					14-97 u/l
Creat					11-38 u/l
Hct					0.2-1.6 mg/dl
Hgb					5-65 u/l
					6.4-8.1 g/dl
			<b>Electrolyte</b>		
			T	REF. RANGE	
					128-145 mmol/l
					3.3-4.7 mmol/l
					98-108 mmol/l
					18-33 mmol/l
<b>REMARKS:</b>					
REPORTED BY:		DATE:	LAB ID NO.:		

*misc  
CBC*

Ward/Section: JU3 REQUESTING PHYSICIAN: (b)(6) 2 LABORATORY RESULT FORM  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. BPW (b)(6) 4 DATE 05/25/03 TIME 00:40 SSN/PEEUO SSN:

(Hematology) CBC Urinalysis Misc. Serology

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WE			Color		N/A	RPR		Negative
RB			App		N/A	Mono		Negative
Hgl	09/25/03	12:46 AM	glu		Negative	Microbiology		
Hct	REFERENCE RANGE:	MALE	bili		Negative	Source		
MC	PATIENT #:	<u>(b)(6) 4</u>	ket		Negative	Gram Stain		
Plt	METLYTE 8					c Bld		Negative
Lyn	DISC LOT #:	3024AA4				pylori		Negative
	OPER #:	<u>(b)(6) 2</u>				cro		
	DR #:	000				rasites		
	SERIAL #:	<u>(b)(6) 2</u>				alaria		
Seq	GLU	132* 73-118				& P		
Bar	BUN	<del>15</del> 15-22				lber		
Lyn	CRE	0.9 0.6-1.2				Macroscopic Urinalysis		
	CK	*** 39-380				Blood Bank		
Aty	NA+	<del>120</del> 128-145				JUST SUBMIT SF 518 WITH VERY UNIT REQUESTED		
RB	K+	3.7 3.3-4.7				BO/Rh		
Moi	CL-	110* 98-108				crossmatch EVERY UNIT OF BLOOD (D)		
	tCO2	29 18-33				CROSSMATCH		

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

TEST	RESULT	REF. RANGE
WBC	16.9 H	x10 <sup>3</sup> /uL 4.5 10.5
RBC	4.50	x10 <sup>6</sup> /uL 4.00 5.00
Hgb	11.6	g/dL 11.0 18.0
Hct	37.4	% 35.0 60.0
MCV	83.1	fL 80.0 99.9
MCH	25.7	pg 27.0 31.0
MCHC	30.9	g/dL 33.0 37.0
Plt	245.	x10 <sup>3</sup> /uL 150. 450.
LYZ	4.1	% 20.5 51.1
LYE	0.7	% 1.2 3.4

TEST	RESULT	REF. RANGE
D dimer		<20 ug/ml
FDP		<10 ug/ml

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

Ward/Section: **ICU3** REQUESTING PHYSICIAN: **(b)(6) 2** **CHEMISTRY RESULT FORM**  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **(b)(6) 4** DATE: **9/26/03** TIME: **0405** SSN/PSEUDO SSN: **(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/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l			7-22 mg/dl
Cl		98-109 mmol/L	ALT					8.0-10.3 mg/dl
pH		7.31-7.45	AMY					0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST					128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL					3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN					98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>					18-33 mmol/l
sO2		95-98%	CHOL					
BEecf		(-2) - (+3) mmol/L	CRE					
AnGap		10-20 mmol/L	GLU					
Ca		1.12-1.32 mmol/L	TP					
BUN		8-26 mg/dl						

===== PICCOLO =====  
 09/26/03 04:34 AM  
 REFERENCE RANGE: MALE  
 PATIENT #: **(b)(6) 4**  
 BASIC METABOLIC  
 DISC LOT #: 3145AA.4  
 OPER #: **(b)(6) 2** DR #: 000  
 SERIAL #: **(b)(6) 2**  
 GLU 132\* 73-118 MG/DL  
 BUN \*\*\*19 7-22 MG/DL  
 CA++ 9.0 8.0-10.3 MG/DL  
 CRE 0.6 0.6-1.2 MG/DL  
 NA+ 125/55 128-145 MMOL  
 K+ 3.0\* 3.3-4.7 MMOL  
 CL- 110\* 98-108 MMOL  
 tCO2 \*\*\*24 18-33 MMOL

**Liver Panel Plus**

ULT	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

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

**Electrolyte**

ULT	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

**GL** **(b)(6) 4**

**Cr** ID# **(b)(6) 4** 04:17

**He** Patient

**Hg** Limits

WBC	18.8 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	3.89 L	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	9.8 L	g/dL	11.0	18.0
Hct	31.6 L	%	35.0	60.0
MCV	81.4	fL	80.0	99.9
MCH	25.3 L	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	347	x10 <sup>3</sup> /uL	150	450
LY%	4.3	%	20.5	51.1
LY#	0.8	x10 <sup>3</sup> /uL	1.2	3.6

REMARKS:

**CBC**

REPORTED BY:

DATE:

NO.:

Ward/Section: <b>ICU 3</b>			REQUESTING PHYSICIAN: <b>(b)(6) 2</b>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <b>EPW [REDACTED] (b)(6) 4</b>			DATE <b>26 Sep 03</b>		TIME <b>0025</b>		SSN/PSEUDO SSN: <b>[REDACTED] (b)(6) 14</b>	
<b>(STAT)</b>			<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				N		7-22 mg/dl
Cl		98-109 mmol/L				FF		8.0-10.3 mg/dl
pH		7.31-7.45	===== PICCOLO =====			E		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	26/09/03 00:29					128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	REFERENCE RANGE: MALE					
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	PATIENT #: [REDACTED] (b)(6) 4					
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	METLYTE 8					
sO2		95-98%	DISC LOT #: 3152AA4					
BEecf		(-2) - (+3) mmol/L	OPER #: [REDACTED] DR #: 000					
AnGap		10-20 mmol/L	SERIAL #: [REDACTED] (b)(6) 2					
Ca		1.12-1.32 mmol/L	.....					
BUN		8-26 mg/dl	GLU	144*	73-118 MG/DL			
GLU		70-105 mg/dl	BUN	<del>13</del> 13	7-22 MG/DL			
Creat		0.7-1.5 mg/dl	CRE	0.7	0.6-1.2 MG/DL			
Hct		38-51% PCV	CK	1476*	39-380 U/L			
Hgb		12-17 g/dl	NA+	<del>13</del> 13	128-145 MMOL			
<b>Misc. Chemistry</b>			K+	2.4*	3.3-4.7 MMOL			
TEST	RESULT	REF. RANGE	CL-	114*	98-108 MMOL			
Troponin-I			tCO2	<del>24</del> 24	18-33 MMOL			
Drug of Abuse			INST QC: OK CHEM QC: OK					
			HEM 0, LIP 1+, ICT 0					
REMARKS: <b>CBC</b>								
REPORTED BY:	DATE:	LAB ID NO.:						

MEDCOM - 20100

EPW (b)(6)4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

PICCOLO 15:09  
26/09/03 REFERENCE RANGE: MALE  
PATIENT #: (b)(6)4  
METILYTE 8  
DISC LOT #: 3152AA4  
OPER #: (b)(6)4  
SERIAL #: (b)(6)2  
GLU 146\* 73-118 MG/DL  
BUN 7-22 MG/DL  
CRE 0.7 0.6-1.2 MG/DL  
CK 1432\* 39-380 U/L  
NA+ 120\* 128-145 MMOV/L  
K+ 4.0 3.3-4.7 MMOV/L  
CL- 114\* 98-108 MMOV/L  
tCO2 18-33 MMOV/L

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

No 134

i-STAT G3+  
Pt: (b)(6)4  
Pt Name:

TCO2 25 mmol/L  
At 37C  
PH 7.447  
PCO2 34.2 mmHg  
PO2 125 mmHg  
HCO3 24 mmol/L  
BEecf 0 mmol/L  
sO2\* 99 %  
\*calculated

Sample Type:  
26SEP03 15:08

Oper: (b)(6)4  
Physician: (b)(6)2  
Ser#: (b)(6)4  
Ver: (b)(6)4

PICCOLO 08:47 AM  
09/26/03 REFERENCE RANGE: MALE  
PATIENT #: (b)(6)4  
METILYTE 8  
DISC LOT #: 3152AA4  
OPER #: (b)(6)4  
SERIAL #: (b)(6)2  
GLU 166\* 73-118 MG/DL  
BUN 7-22 MG/DL  
CRE 0.7 0.6-1.2 MG/DL  
CK 1569\* 39-380 U/L  
NA+ 123\* 128-145 MMOV/L  
K+ 3.9 3.3-4.7 MMOV/L  
CL- 117\* 98-108 MMOV/L  
tCO2 18-33 MMOV/L

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

BUN - 19  
CRE - 0.7  
NA - 152  
CO2 - 24

STAT (Specify) PATTER

STANDARD FORM 357 (Rev. 3-77)  
FPMR (41 CFR) 101-11.6

PICCOLO  
 09/27/03  
 REFERENCE RANGE: 03:36 PM  
 PATIENT #: (b)(6)4  
 METLYTE 8  
 DISC LOT #: 3152AA4  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]  
 .. (b)(6)2 ..  
 GLU 145\* 73-118 MG/DL  
 BUN \*\*\* 7-22 MG/DL  
 CRE 0.9 0.6-1.2 MG/DL  
 CK 943\* 39-380 U/L  
 NA+ 124\* 128-145 MMOVL  
 K+ 3.2\* 3.3-4.7 MMOVL  
 CL- 112\* 98-108 MMOVL  
 tCO2 \*\*\* 18-33 MMOVL

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

Bun 20  
 +CO2 30

SPECIMEN/LAB RPT. NO.  
 URGENCY:  ROUTINE  
 PATIENT STATUS:  BED,  AMB,  OUTPATIENT,  DOM

PATIENT'S MED. RECORD

DATE: 9/27  
 SPEC: CHEM  
 REC: UME

27 Sep 03  
 03:15 PM  
 ICU W

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 REQUESTING PHYSICIAN'S SIGNATURE: [REDACTED] REPORTED BY: [REDACTED] MD/DAT

HEM/UR  
 PATIENT STATUS: [REDACTED]

PICCOLO  
 09/27/03  
 REFERENCE RANGE: 03:24 AM  
 PATIENT #: [REDACTED] MALE  
 METLYTE 8  
 DISC LOT #: 3152AA4  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]  
 .. (b)(6)2 ..  
 GLU 141\* 73-118 MG/DL  
 BUN \*\*\* 97-22 MG/DL  
 CRE 1.0 0.6-1.2 MG/DL  
 CK 1081\* 39-380 U/L  
 NA+ 124\* 128-145 MMOVL  
 K+ 2.9\* 3.3-4.7 MMOVL  
 CL- 115\* 98-108 MMOVL  
 tCO2 \*\*\* 30 18-33 MMOVL

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

ID: [REDACTED] 27-09-03  
 03:25  
 Patient Limits

WBC	13.7 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	3.54 L	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	8.8 L	g/dL	11.0	18.0
Hct	28.7 L	%	35.0	60.0
PCV	81.3	fL	80.0	99.9
MCH	24.9 L	ps	27.0	31.0
MCHC	30.7 L	g/dL	33.0	37.0
Plt	237	* x10 <sup>3</sup> /uL	150	450
LYZ	7.8 #	%	20.5	51.1
LYM	1.1 #	x10 <sup>3</sup> /uL	1.2	3.4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)2 REPORTED BY MD DATE

REMARKS

PICCOLO 27/09/03 20:37 MALE  
 REFERENCE RANGE: [redacted]  
 PATIENT #: [redacted]  
 METILYTE 8  
 DISC LOT #: 3152AA4  
 OPER #: [redacted] DR #: 000  
 SERIAL #: [redacted]  
 (b)(6)2

GLU	152*	73-118	MG/DL	U/L
BUN	♦♦♦	7-22	MG/DL	MMOVL
CRE	0.8	0.6-1.2	MG/DL	MMOVL
CK	863*	39-380	U/L	MMOVL
NA+	130	128-145	MMOVL	MMOVL
K+	3.3	3.3-4.7	MMOVL	MMOVL
CL-	114*	98-108	MMOVL	MMOVL
CO2	♦♦♦	18-33	MMOVL	

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

Bun 19  
 Co 29

SPECIMEN/LAB RPT. NO.  
 PATIENT STATUS  
 UNUSUAL  
 BED  
 ROUTINE  
 OUTPATIENT  
 TODAY  
 NP  
 PRE-OP  
 STAT  
 AMB  
 DOM  
 SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)2 REPORTED BY MD DATE

REMARKS

09-09-03  
 04:44  
 Patient Limits

WBC	8.9	x10 <sup>3</sup> /uL	4.5	10.5
RBC	4.17	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	10.3	L g/dL	11.0	18.0
Hct	33.4	L %	35.0	60.0
MCV	86.5	fL	89.0	99.9
MCH	24.7	L pg	27.0	31.0
MCHC	30.7	L g/dL	33.0	37.0
Plt	401.	x10 <sup>3</sup> /uL	150.	450.
LYZ	13.5	%L %	20.5	51.1
LYH	1.2	%L x10 <sup>3</sup> /uL	1.2	3.4

(b)(6)2  
 FCU 3  
 28 SEP 03

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)2 REPORTED BY MD DATE

REMARKS

i-STAT EC&+ (b)(6)4  
 Pt Name: (b)(6)4

GLU	139	MG/DL
BUN	20	MG/DL
Na	157	MMOL/L
K	***	MMOL/L
Cl	122	MMOL/L
TCO2	32	MMOL/L
ANGap	***	MMOL/L
Hct	31	%PCV
Hb*	11	g/dL

\*via Hct  
 PH 7.425  
 47.0 MMHG  
 31 MMOL/L  
 6 MMOL/L

Sample Type: 26SEP03 04:43  
 Oper: [redacted]  
 Physician: [redacted]  
 Ser#: (b)(6)2  
 Ver: [redacted]

EPW [REDACTED]

(b)(7)(D)

103

28 Sep 03

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY

TEST(S)  
SPECIMEN TAKEN  
TIME

i-STAT EC8+

Pt: [REDACTED]

Pt Name: [REDACTED]

GLU 130 mg/dL  
BUN 19 mg/dL  
Na 155 mmol/L  
K 3.3 mmol/L  
Cl 121 mmol/L  
O2 35 mmol/L  
iGap 3 mmol/L  
ct 28 %PCV  
ib\* 10 g/dL  
#via Hct  
PH 7.472  
PCO2 46.6 mmHg  
HCO3 34 mmol/L  
BEecf 10 mmol/L

MISC  
URGENCY  
 ROUTINE  
 TODAY  
 PRE-OP  
 STAT

PATIENT STATUS  
 RED  
 AMB  
 OUTPATIENT  
 NP  
 DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Sample Type:  
\*\* PRINT CANCELLED \*\*

MISCELLANEOUS  
STANDARD FORM 357 (REV. 3-77)  
FORM PREPARED BY GSA/PCAR  
FORM #1 GSA 5010-108-500

Abg  
20/102  
X-100

(b)(6)-4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY

REMARKS

TECH

TEST(S)  
SPECIMEN TAKEN  
DATE 28 Sep 03  
TIME 0730  
A.M.  
P.M.

i-STAT G3+

Pt: [REDACTED]

Pt Name: [REDACTED]

TCO2 29 mmol/L  
At 37C  
PH 7.489  
PCO2 36.9 mmHg  
PO2 80 mmHg  
HCO3 28 mmol/L  
BEecf 5 mmol/L  
SO2\* 97 %  
\*calculated

At Patient Temp

PH 7.482

PCO2 36.6 mmHg

PO2 79 mmHg

Patient Temp: 98.3F

FIO2 : 40

Sample Type:

28SEP03 14:56

Oper: [REDACTED]

Physician: [REDACTED]

ser#

ver:

(b)(6) 2



EPW# [REDACTED]

===== PICCOLO =====  
 29/09/03 05:17  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] (b)(6)4  
 METLYTE 8  
 DISC LOT #: 3141AA4  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED] (b)(6)2  
 GLU 134\* 73-118 MG/DL  
 BUN 337-22 MG/DL  
 CRE 0.6 0.6-1.2 MG/DL  
 CK 429\* 39-380 U/L  
 NA+ 133 128-145 MMOL  
 K+ 4.9\* 3.3-4.7 MMOL  
 CL- 114\* 98-108 MMOL  
 tCO2 37 18-33 MMOL

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

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 REQUESTING PHYSICIAN'S SIGNATURE [REDACTED] REPORTED BY [REDACTED] MD DATE 29 Sep

REMARKS

TEST(S)	DATE	TIME	TEST(S)
	29 Sep 03	0500	CBC, chem 8

Patient	Limits
WBC	4.5 10.5
RBC	4.00 6.00
Hgb	11.0 18.0
Hct	35.0 60.0
MCV	80.0 99.9
MCH	27.0 31.0
MCHC	33.0 37.0
PLT	150 450
LYZ	20.5 51.1
LYM	1.2 5.4

(b)(6)4

ERC # [REDACTED]

ICU # 3

===== PICCOLO =====  
 09/29/03 03:28 PM  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED]  
 METLYTE 8  
 DISC LOT #: 3141AA4  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED] (b)(6)2

GLU 143\* 73-118 MG/DL  
 BUN 7-22 MG/DL  
 CRE 0.5\* 0.6-1.2 MG/DL  
 CK 368 39-380 U/L  
 NA+ 128-145 MMOL  
 K+ 4.6 3.3-4.7 MMOL  
 CL- 112\* 98-108 MMOL  
 tCO2 18-33 MMOL

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

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE  
 REQUESTING PHYSICIAN'S SIGNATURE [REDACTED] REPORTED BY [REDACTED] MD DATE

REMARKS

TEST(S)	DATE	TIME	TEST(S)
	29 Sep 03	1445	CBC, chem 8

Patient	Limits
WBC	4.5 10.5
RBC	4.00 6.00
Hgb	11.0 18.0
Hct	35.0 60.0
MCV	80.0 99.9
MCH	27.0 31.0
MCHC	33.0 37.0
PLT	150 450
LYZ	20.5 51.1
LYM	1.2 5.4

(b)(6)2

Bun 21  
 Co2-32  
 Na-152





ANESTHETIC AGENTS AND DRUGS CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML "1" = CONSTANT INFUSION	DRUG (Units)	MEDICAL RECORD							ANESTHESIA	TOTALS	TOTALS
	STP (mg)	125/125/100/65/135/125									1025
VELURONUM (mg)	7								10		
PENTAMYL (mg)	NONE									TOTAL URINE	
										200	
VOLAT AGENT	FORANE - % del. % e.t.	0.4	0.4	0.4	0.4	0.4	0.4	0.4	FLUIDS - SUMMARY		
AIR	L/Min								CRYSTALLOID-	500	
H2O	L/Min								COLLOID-	0	
O2	L/Min	3	3	3	3	3	3	3	BLOOD-	0	

SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS CENTER IN REMARKS	(2)	(3)	(4)
FLUIDS	LINE site (1) <input type="checkbox"/> Warmed	REMARKS-	
	FORANE 200 <input type="checkbox"/> Warmed	Code drugs with numbers, events with letters	
	(2) FROM LINE <input type="checkbox"/> Warmed	① PT ID IN ICU3, TRACH IN PLACE.	
	<input type="checkbox"/> Warmed	② RM-02 - MONITORS	
LOSSES	EST BLOOD LOSS	③ ④ Surgeon request 10-20 sec of apnea periodically for flows.	
	URINE-	⑤ OK TO PACU	
		⑥ RPT TO PACU/ICU3 (b)(6)	
		⑦ IN PACU DR [redacted] CONCERNED E BP 90/50 18ug Ephedrine given E Surg/kg/min Dopamine	

PHYS STATUS	TIME	SYMBOLS:	
1 2 3 4 5 E	0830 0900 0930 1000	BP by cuff	220
BODY WEIGHT		Heart rate	200
70 (KG) LB		Resp rate	180
HEMATOCRIT		BP (transduced)	160
28		TOURNIQUET	140
INITIAL DATA		T - X	120
BP - 88 148		MAP	100
HR - 92		ANES - X-X	80
ECG/HR CHECK		PROC - 0-0	60
OK? - (1) N			40
OK for PROCEDURE? Y			20
TIME - 0835			

VENTILATION	VT - ml	f - breaths/min	Peak Inf pres / PEEP	MODE - (Spon), (Assist), (Cont)	ET CO2 (torr)	FIO2 (Frac or %)	SpO2 (%)	Steth- PCIES	Gas analyzer	TEMP- site	N-M Block (T14)
	620	18	38	CV	33	70	100	ST	AVAIL	0/4	
	680	18	38	CV	32	70	100	ST			
	630	18	38	CV	31	0.72	100	ST			
	620	18	38	CV	31	0.72	100	ST			
	670	16	38	CV	31	0.71	100	ST			
	730	16	39	CV	36	0.71	100	ST			
	700	16	36	CV	36	0.72	100	ST			

RECOVERY AT	1010
PACU/ICU (Specify)	
OTHER	
CONDITION:	
RESP- 16	SpO2- 97
BP- 90/50	HR- 102
ANES	Start Room End
	0725 0830 1030
PROC	Ready Begin End
	0840 0914 1005

Mark with letters & symbols. Explain under REMARKS. EVENTS Position → 0

PROCEDURES and CPT Codes  
Cerebral angiogram

AIRWAY MANAGEMENT: Intubation route, mode, technique, comments	GERA
ET in place from ICU3	
SURGEONS:	[redacted]
ANESTHETISTS:	[redacted] (b)(6) 2
PROCEDURE LOCATION	OR1
DATE	29 SEP 03
PAGE	1 OF 1

PATIENT IDENTIFICATION - Typed or written entries: Name, Grade, Rate, Medical facility  
[redacted] (b)(6) 4

**PRE-ANESTHETIC ASSESS AND PLAN OF CARE**

AGE: 72 Days Mos Yrs

GENDER:  Male  Female  
 ALLERGIES: Unknown

P S: 1 2 3 4 5 E  
 WT: 70 Kg/Lb HT:      In.

PROPOSED PROCEDURE: cerebral angiogram  
 SURGICAL SERVICE: (b)(6) Z  
 NPO SINCE: (b)(6) Z

PREOP DX / MECHANISM OF INJURY: BSW to head s/p prolonged r icp

HABITS:	PAST MEDICAL HISTORY / SYSTEMS REVIEW	SURGICAL HISTORY
Tobacco: _____ ETOH: _____ Drugs: _____ <b>CURRENT MEDICATIONS:</b> ( ) = ordered as premed ( ) Zantac IV q8° ( ) Dilantin 100mg q8° ( ) Pantoloc 40mg qd ( ) Lovemox ( ) Cyprio 800 ( ) Vancomycin gel <b>PREMEDICATIONS:</b> None / Yes @ _____ Hrs <b>LABORATORY STUDIES:</b> 155   121   130 3.3   35   6.0 10 28 Other: _____	<b>Cardiovascular:</b> Hypertension N Y <u>unable</u> Angina N Y <u>unable to obtain</u> MI N Y <u>history from pt.</u> CVA N Y _____ Other N Y <u>All history from chart</u> <b>Pulmonary:</b> Asthma N Y <u>#8.0 OETT</u> URI N Y <u>Sinu 18 TV 650</u> COPD N Y <u>PN, 706</u> Other N Y <u>PNP 10</u> <b>Renal System:</b> ARF/CRF N Y _____ Other N Y _____ <b>Gastrointestinal:</b> Hepatitis N Y _____ Hiatal Hernia N Y _____ GERD/PUD N Y _____ <b>Endocrine:</b> Diabetes N Y _____ Steroids N Y _____ Thyroid N Y _____ <b>Neurological:</b> Seizures N Y <u>Ventricular long tube</u> Neuropathy N Y <u>JIP</u> <b>Gynecological:</b> Pregnancy N Y _____ Other N Y _____ <b>Other Problems:</b> _____ <b>Familial Hx</b> N Y _____	<b>SURGICAL HISTORY</b> <u>unknown</u> <b>PHYSICAL EXAMINATION</b> BP: <u>116/61</u> HR: <u>101</u> RR: <u>    </u> T: <u>101.1</u> Pain (0/10 Scale): _____ Airway Exam: Dentition <u>OETT</u> Trachea _____ TMJ/C-spine _____ Oropharynx _____ Chest: Lungs <u>rhonchi</u> Heart <u>ST - Regun</u> IV Access: <u>L Radial APT</u> <u>R Femoral poplite hum</u> Ulnar Filling: _____ Back: _____ Other: <u>JIP &lt; 20</u> * BP 90/50 @ 0725. DW DR. <u>(b)(6) Z</u>

ANESTHETIC PLAN: ( ) Local/MAC ( ) Regional: \_\_\_\_\_  General: Intubation / Mask-LMA Notes: (b)(6) Z

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives, and risks of anesthesia including death have been explained to and discussed with patient and/or legal guardian. The patient/legal guardian seems to understand and agrees to proceed. Questions answered.

Signed: (b)(6) Z Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sedated/nonresponsive/minor patient with no family or guardian present.

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

**POST-ANESTHESIA EVALUATION AND NOTE:**

( ) No apparent anesthetic complications.  
 ( ) Other (see progress notes)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

EXAMINATION(S) REQUESTED

PCXR  
in AM

AGE SEX M	SSN (Sponsor)	WARD/CLINIC 7113	REGISTER NO.
FILM NO.	REQUESTED BY (Print) [Redacted]		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF REQUESTOR [Redacted]		TELEPHONE/PAGE NO.	
DATE REQUESTED 22 Sep 03			

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

Intubated (vent)

(b)(6) z

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

RADIOLOGIC REPORT

No comparison.



ETT TIP in (R) main bronchus.

Lungs appear clear/aerated.

[Redacted] MD.

(b)(6) z

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

EPW

[Redacted]

(b)(6) 4

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION  
REQUEST/REPORT  
1 - MEDICAL RECORD

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

MEDCOM - 20110



**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 ERW # [REDACTED] (b)(6)4			DATE OF ORDER 22 SEP 03	TIME OF ORDER 0704 HOURS	LIST TIME ORDER NOTED AND SIGN 0710
			① Mannitol 25 grams IV q 6 <sup>o</sup>		
			[REDACTED]		(b)(6)2

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION			DATE OF ORDER 22 SEP 03	TIME OF ORDER 0845 HOURS	
			① NG Tube for meals.		
			② Tylenol 650 mg PT/PR q 4 <sup>o</sup> prn temp > 100.4		
			③ Δ Mannitol to 12.5 g IV q 4 <sup>o</sup>		
			[REDACTED]		(b)(6)2

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION			DATE OF ORDER [REDACTED]	TIME OF ORDER [REDACTED] HOURS	
			① Labs now and q 4 @ 1500: CBC, Chem 8		
			[REDACTED]		(b)(6)2

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION			DATE OF ORDER 22 SEP 03	TIME OF ORDER 1800 HOURS	
			① 500ml 3% Sodium Chloride @ 10cc/hr		
			Report Chem 8 call to results		
			CT Scan @ 2000 tonight		
			Chem 04 Chem 8 Q40 2510		
			[REDACTED] line flush of IV fluids @ 31.		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

24 hr cc done 23 Sep 03 2030 [REDACTED]

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY

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**CLINICAL RECORD - DOCTOR'S ORDERS**  
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
EPW # [REDACTED] (b)(6) 4			22 SEP 03	2032 HOURS	
			① ↑ 3% NS to 20 cc/hr. ② ↓ IVP (NS) to 50 cc/hr. ③ ↑ Mannitol to 25 grams IV = 4 <sup>th</sup> ④ Δ Lab to CBC/Chem 8 @ 2400.		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6) 2	[REDACTED]	[REDACTED]
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			23 SEP 03	0100 HOURS	
			① ↑ 3% NS to 30 cc/hr V.O. - R...		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]	[REDACTED]	[REDACTED]
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			22 SEP 03	0837 HOURS	
			① ↑ Vecuronium to 10 mg/hr. ② [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]	[REDACTED]	[REDACTED]
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			9/23	0800 HOURS	
			① Per Dr. [REDACTED] give additional 25mg ZUP [REDACTED] 1/10 [REDACTED] 1130 ② Per Dr. [REDACTED] give additional 25mg IVP [REDACTED] & Xipental [REDACTED] 1130 ③ [REDACTED] IVP [REDACTED] by KT		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAINTAINS COMPATIBILITY WITH THE PREVIOUS EDITION.

CLINICAL RECORD - DOCTOR'S ORDERS

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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)(6)4			9/23		
[REDACTED]			①	For U/O Dr [REDACTED] Prop ↑ 10. U/O	[REDACTED]
[REDACTED]					
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.			
ICU3					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]					
[REDACTED]			①	CXR - S/P W/D ETT 20 cm / teeth.	
[REDACTED]			②	NC (occlusion)	
[REDACTED]			③	Bag / Suction 2"	
[REDACTED]			④	<del>esom 500mg IV 5 6</del> Start 0000	
[REDACTED]			⑤	<del>Cipro 400mg IV 9 12</del> Start 2000 NS	
NURSING UNIT	ROOM NO.	BED NO.			
24 hr cc done	24 Sep 03	0105	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			23 Sep 03	1930	
[REDACTED]			①	PCXR	
[REDACTED]				V.O. Dr [REDACTED]	
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			24 SEP 03	0650	
[REDACTED]			①	Mannitol to 25 grams IV 5 40 pm ICP > 20.	
[REDACTED]			②	Place Dehoff Feeding tube, KUB to confirm	
[REDACTED]			③	Begin Tube Feeds Entera Plus @ 10 cc/hr.	
[REDACTED]			④		
NURSING UNIT	ROOM NO.	BED NO.			
24 hr cc done	24 Sep 03	2000	[REDACTED]		

IA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

**CLINICAL RECORD - DOCTOR'S ORDERS**  
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER 23SEP03	TIME OF ORDER 1234 HOURS	LIST TIME ORDER NOTED AND SIGN 1246
[REDACTED] (b)(6)4			① Thiopental: 350 mg Bolus, then 5 mg/kg/hr drip. (70kg)		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER 23SEP03	TIME OF ORDER 1434 HOURS	LIST TIME ORDER NOTED AND SIGN 1455
[REDACTED] (b)(6)4			① N/C NS IVF.	② N/C Versed drip.	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER 23SEP03	TIME OF ORDER 1503 HOURS	LIST TIME ORDER NOTED AND SIGN 1600
[REDACTED] (b)(6)4			① N/C Fentanyl	② ↓ Vecuronium drip to 5mg/hr.	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

PATIENT IDENTIFICATION			DATE OF ORDER 9/23	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] (b)(6)4			① ↑ 31 NS to 40cc/hr per v/o by Dr. [REDACTED] Alud by ICU [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.	24 hr cc DOM 9/23/03 0100 [REDACTED]		
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FORM 4256 1 APR 79

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

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CLINICAL RECORD - DOCTOR'S ORDERS  
For use of this form, see AR 40-66, the proponent agency 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]				HOURS	
24 SEP 03 1030 OH			①	↓ Temp paracetamol by 504 now (1 Dosing Per)	
(b)(6)4			[REDACTED]	[REDACTED]	

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
PATIENT IDENTIFICATION			24 SEP 03	24 5000	
24 SEP 03 2000 OH			1 - CXR (PARASITIC)	@ 1000	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
PATIENT IDENTIFICATION			24 SEP 03	1215	
24 SEP 03 1400 OH			Guarstein & Bly fluids Cx.		
[REDACTED]			Cx hay @ 1315		
[REDACTED]			U.O. H.F.		

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
PATIENT IDENTIFICATION			24 SEP 03	1725	
24 SEP 03 1730 OH			① KCl 20 meq / 250 NS over 40		
[REDACTED]			[REDACTED]	[REDACTED]	

738

NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
PATIENT IDENTIFICATION			24 SEP 03	2000	
24 SEP 03			[REDACTED]	[REDACTED]	

JA FORM 4256 1 APR 79

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

OPTION

U.S. GOVERNMENT MEDCOM - 20116

**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 25 Sep 03	TIME OF ORDER 2100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0000 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0000 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		

PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		
PATIENT IDENTIFICATION EPW [REDACTED] (b)(6)4			DATE OF ORDER 25 Sep 03	TIME OF ORDER 0100 HOURS	LIST TIME ORDER NOTED AND SIGN [Handwritten notes and signatures]
NURSING UNIT [REDACTED]			[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH IS NO LONGER USED.

U.S. GOVERNMENT

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*Handwritten scribbles at the top of the page.*

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

*26 Sep 03  
0815  
AM*

DATE OF ORDER

TIME OF ORDER

HOURS

LIST TIME ORDER NOTED AND SIGN

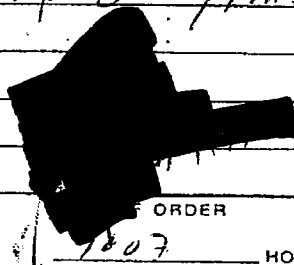
(b)(6)-4

- ① N/C Mannitol.
- ② Bolus 350 mg Thiopental.
- ③ Thiopental drip 50 mg/hr.

NURSING UNIT

ROOM NO.

BED NO.



PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

(b)(6)(2)

- ① ↑ Thiopental 100 mg/hr.
- ② Vecuronium Drip 10 mg/hr.



NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

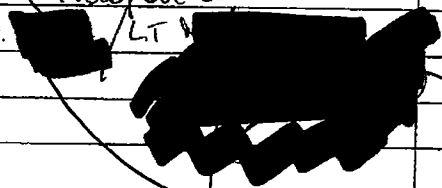
*26 Sep 03  
1025  
AM*

DATE OF ORDER

TIME OF ORDER

HOURS

- ① Bolus 350 mg Thiopental
- U.O. Dr. [Redacted]



NURSING UNIT

ROOM NO.

BED NO.

(b)(6)(2)

PATIENT IDENTIFICATION

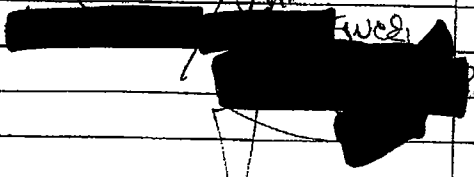
*26 Sep 03  
1120  
AM*

DATE OF ORDER

TIME OF ORDER

HOURS

- ① 350 mg Thiopental IVP
- ② ↑ Thiopental @ 200 mg/hr
- U.O. Dr. [Redacted]



038

NURSING UNIT

ROOM NO.

BED NO.

DA FORM 1 APR 79 4256

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

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

PATIENT IDENTIFICATION

[REDACTED] (b)(6)4

DATE OF ORDER 9.25.03 TIME OF ORDER \_\_\_\_\_ HOURS LIST TIME ORDER NOTED AND SIGN

1) 40 mg KCl IV PB [REDACTED]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

[REDACTED] (b)(6)4

DATE OF ORDER 25 Sept 03 TIME OF ORDER 1530 HOURS

1) KCl 40 meq IV in 100cc NS Cray 4°

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

ICU'S [REDACTED]

DATE OF ORDER 26 Sep 03 @ 0050 TIME OF ORDER \_\_\_\_\_ HOURS

1) 40 meq KCl in 100cc NS IV over 3° x 2 hour. V.O. Dr [REDACTED]

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

038 [REDACTED]

DATE OF ORDER 26 SEP 03 TIME OF ORDER 0646 HOURS

1) NC NS IIF.  
 2) ↑ TF to 60 cc/hr.  
 3) WRAI FIO<sub>2</sub> to 40% as tolerated, then taper PEEP to five.  
 4) ↓ RR to P102 goal ~ 40.  
 5) Rev Lytes P K<sup>+</sup> below [REDACTED]

DA FORM 1 APR 79 4256

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

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

MEDCOM - 20119

CONFIDENTIAL

CLINICAL RECORD - DOCTOR'S ORDERS

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

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]  
(b)(6)4

DATE OF ORDER 27 Sep 03 TIME OF ORDER 2120 HOURS LIST TIME ORDER NOTED AND SIGN

① 40 mEq KCL in 250cc NS over 2 hrs

V.O. [Redacted] CPTA [Redacted]

NURSING UNIT ROOM NO. BED NO.

ICR3

(b)(6)2

PATIENT IDENTIFICATION

(b)(6)2

DATE OF ORDER 27 SEP 03 TIME OF ORDER 2315 HOURS

① ↑ FIO<sub>2</sub> to keep Sats > 98%  
② Bag/Suction pm for mucus plugs  
③ Protect Suctioning with 50 mg Lidocaine IV no more than 5-10

④ Restart Vancomycin 500mg IV q 12h

⑤ Pull back ETT to 23 cm Lip (check)

⑥ Albuterol Nebulizer q 4h x 24h

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 28 Sep 03 @ 2300 HOURS

1) 200mg Na Pentothal IVP now x 1

2) ↑ Na Pentothal to 400mg/hr

V.O. Dr. [Redacted] ITN

NURSING UNIT ROOM NO. BED NO.

(b)(6)2

PATIENT IDENTIFICATION

29 Sep 03 @ 0645 done out

DATE OF ORDER 29 SEP 03 TIME OF ORDER 0638 HOURS

① ↑ TV to 700.

② Repeat ARS in 30-60 min.

③ On call for any issues re: [Redacted]

④ Bilus 500mg IV

NURSING UNIT ROOM NO. BED NO.

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH IS OBSOLETE.

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*Handwritten scribbles at the top of the page.*

### CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

# [Redacted]  
(b)(6) 4

29 Sep 03  
1030  
001

DATE OF ORDER

29SEP03

TIME OF ORDER

1024

HOURS

LIST TIME ORDER NOTED AND SIGN

- 1 Dopamine drip to keep SBP  $\geq$  100.
- 2 Ephedrine 10 mg IV x 1 (clave)

[Redacted signature]

(b)(6) 2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

29 Sep 03  
1030  
001

DATE OF ORDER

29 Sep 03

TIME OF ORDER

1200

HOURS

01 Pentothal @ 200mg/hr  
V.O. Dr. [Redacted]

(b)(6) 2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

238

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: 1994-353-710

MEDCOM - 20121

underevised

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6) 4

29 Oct 03  
1045  
OH

DATE OF ORDER

9/29/03

TIME OF ORDER

10:30 HOURS

LIST TIME ORDER NOTED AND SIGN

(b)

D5 0.9 NS w/ ROLCEL @ 150 cc/hr

[Redacted]

(b)(6) 2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

(b)(6) 4  
# [Redacted]

DATE OF ORDER

01 OCT 03

TIME OF ORDER

1609 HOURS

(b)

Labetalol 5-10 mg IV q 10  
pm SBP > 180.

[Redacted]

(b)(6) 2

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME OF ORDER

HOURS

238

NURSING UNIT

ROOM NO.

BED NO.

JA FORM 4256  
1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1994-553-710

MEDCOM - 20122

**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 29 SEP 03	TIME OF ORDER 219 HOURS	LIST TIME ORDER NOTED AND SIGN
# [REDACTED] (b)(6) 4			(1) Palliative care. No escalation of therapeutic interventions.		
			(2) Pt is DNR - No CPR No Defib/Cardioversions. No ACLS medications.		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
noted in [REDACTED] 09/29/03 7:25 AM					
			(3) may elevate dopamine as needed to maximum 20 mg/kg/min.		
			(4) Call Dr. [REDACTED] with questions.		
					(b)(6) 2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			9/29/03 @ 2100		
			(1) Bolus 200mg theopental IVP now per v.o. Dr. [REDACTED]		
					(b)(6) 2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			9:30	0830 HOURS 0630	
			(1) 500mg bolus x1 per v/o Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			

JA FORM 4256 1 APR 79

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



**CLINICAL RECORD - DOCTOR'S ORDERS**  
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			30 Sep 03	2100 HOURS	
↓			1. DC IV Zantac when Pharmacy supply is depleted then begin Tagamet		
			2. Tagamet 300mg IUPB Q6hr		
NURSING UNIT	ROOM NO.	BED NO.	V.O. Dr. [REDACTED]		
Icu3			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			01 Oct 03	0625 HOURS	
b)(6)4			1. ↑ RR to 14, adjust to keep CO <sub>2</sub> ~40		
			2. ↓ PEEP to 45%, when P 40 Fer Sat > 95%.		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			10 Oct 03	2000 HOURS	
①			may increase RR to 14 & elevate PEEP further if ICP > 20		
			V.O. Dr. [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			02 Oct 03	0943 HOURS	
①			Palliative Care: Room air T-piece		
②			Saline lock IV		
③			DC IV medications & narcotics		
④			Morphine 5-10 mg IV 7-10 pm pain		
⑤			Notify [REDACTED] when cardiopulmonary arrest		
⑥			Pt 15 [REDACTED] RR=No SRR, no shock, no meds		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
			[REDACTED]		

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

★ U.S. GOVERNMENT PRINTING OFFICE MEDCOM - 20125













**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. 09 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED																		
				29	30	01																
9/29/03	[REDACTED]	Palliative Care, No escalation of therapeutic interventions	06	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9/29/03	[REDACTED]	PT is DNR - No CPR, no defib/ Cardioversion, no ACLS medications	06	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9/29/03	[REDACTED]	Call Dr [REDACTED] with questions	06	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b)(6)2

(b)(6)2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

GSW to head

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



Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>SEP</u>	Yr. <u>03</u>
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
9-23	[REDACTED]	Dilantin 1000 mg bolus IV	9-23-03	ASAP	0330	[REDACTED]	
9-23	[REDACTED]	Mannitol 25 GM IV x1	9-23-03	ASAP	0330	[REDACTED]	
9-23	[REDACTED]	Mannitol 25 mg IVP x1	9-23-03	0730	0730	[REDACTED]	
9-23	[REDACTED]	Mannitol 25 mg IVP x1	9-23	ASAP	1100	[REDACTED]	
9-23	[REDACTED]	Thiopental 150 mg (500 mg)	9-23	ASAP	1105	[REDACTED]	
9-24	[REDACTED]	Thiopental by 50% now (100 mg/hr)	9-24	now	1020	[REDACTED]	
9-24	[REDACTED]	KCl 20 mEq / 250 NS over 40'	9-24	ASAP	1730	[REDACTED]	
9-25	[REDACTED]	40mg KCl IVPB x1	9-25	ASAP	1105	[REDACTED]	
9-25	[REDACTED]	40mg KCl IVPB x1	9-25	ASAP	1600	[REDACTED]	
9-26/03	[REDACTED]	40mg KCl in 100cc NS IV over 30' x2 now	9/26/03	ASAP	0110	[REDACTED]	
			9/26/03	ASAP			
INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED				
9-26/03	[REDACTED]	Tylenol 650mg PRN/PR Q4 PRN Temp 7100.9	9-26/03	9-26/03	9-26/03	9-26/03	

(b)(6)-2

Mo. 9 Yr. 03

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION			
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED	
22 SEP 03	[REDACTED]	Mannitol 250MS IV q4h	00	/	/
			04	/	/
			08	/	/
			12	/	/
			16	/	/
			20	/	/
23 SEP 03	[REDACTED]	3% NS @ 100cc/hr	06	/	/
			18	/	/
23 SEP 03	[REDACTED]	Zosyn 3.375 GMS IV q6h	00	/	/
			06	/	/
			12	/	/
			18	/	/
23 SEP 03	[REDACTED]	Cipro 400mg IV q12h	10	/	/
			22	/	/
23 SEP 03	[REDACTED]	Thiopental qtt 5mg/kg/hr (70kg)	06	/	/
			18	/	/
23 SEP 03	[REDACTED]	Thiopental qtt 50mg/hr	06	/	/
			18	/	/
24 SEP 03	[REDACTED]	NS @ 100cc/hr	06	/	/
			18	/	/
27 SEP 03	[REDACTED]	3% heuCl @ 25cc/hr	06	/	/
			18	/	/
28 SEP 03	[REDACTED]	Zantac 750mg IV q12h	10	/	/
			22	/	/
9/25	[REDACTED]	Lavenox 30mg SQ q12h	10	/	/
			22	/	/

(b)(6)-2

23 SEP 03

23 SEP 03

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: OSW to bleed

ADDITIONAL PAGES IN USE:  YES  NO

PAGE NO. 2

PATIENT IDENTIFICATION:

EW [REDACTED] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
	23	24	01	02	03	04	05	06



(b)(6)-7

(b)(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)							Mo. _____ Yr. _____		
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION									
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	26	27	28	29	30	1	2	3
23 Sep 03	[REDACTED]	Propr 400mg IV q 12h	10	✓							
			22								
23 Sep 03	[REDACTED]	Kosyn 3.375 gms IV q 8h	00	✓							
			06	✓							
			12	✓							
			18	✓							
23 Sep 03	[REDACTED]	Zantac 50mg IV q 8h	06	✓							
			14	✓							
			22	✓							
25 Sep 03	[REDACTED]	Lavenox 30mg SQ q 12h	10	✓							
			22	✓							
22 Sep 03	[REDACTED]	Dilantin 100mg IV q 8h	04	✓							
			12	✓							
			20	✓							
26 Sep 03	[REDACTED]	tiopental drip 200mg/hr @ 200mg/hr	06	✓							
			18	✓							
26 Sep 03	[REDACTED]	Vecuronium drip 10mg/hr	06	✓							
			18	✓							
26 Sep 03	[REDACTED]	Vancomycin 500mg IV q 12h	00	✓							
			22	✓							
9/27/03	[REDACTED]	Cipro 400mg IV q 12h	10	✓							
			22	✓							
28 Sep 02	[REDACTED]	Vancomycin 500mg IV q 12h	12	✓							
			24	✓							
28 Sep	[REDACTED]	Albuterol Neb q 4h x 24h	06	✓							
			18	✓							

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: GSW to head

PATIENT IDENTIFICATION: EPW [REDACTED] (b)(6)-4

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

ADDITIONAL PAGES IN USE:  YES  NO

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

DA FORM 1 FEB 79 4678

EDITION OF 1 MEDCOM - 20136



Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>Sep</u> yr. <u>03</u>	
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
9/27	[REDACTED]	40meq KCl IVPB x1	9/27	ASP	0730	[REDACTED]	
9/27	[REDACTED]	40 meq KCl IVPB x1	9/27	ASP	1130	[REDACTED]	
9/27	[REDACTED]	40 meq KCl in 250cc NS over 2hrs.	9/27	now			
9/28	[REDACTED]	200mg Na Pentothal IVP now x1	9/28	2300	2300	[REDACTED]	
9/29	[REDACTED]	200mg theopental bolus IVP now x1	9/29	2100	2100	[REDACTED]	
9/30	[REDACTED]	500cc NS bolus x1	9/30	0630	0630	[REDACTED]	
(b)(6) - 2							
Order/Expir Date	Clerk/Nurse	MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION				
09/28/03	[REDACTED]	Tylenol 650mg PT/PR Q4 <sup>hr</sup> pm temp > 100.4	09/28/03	1000	1000	[REDACTED]	
10/03/03	[REDACTED]	labetalol 50mg IV q 1 <sup>hr</sup> pm SBP > 180.	10/03/03	1610	1630	[REDACTED]	

\*U.S. GPO: 1988-454-110/95216

MEDCOM - 20137

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>Sept</u> yr. <u>03</u>			
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials			
	[redacted]	labeled 10mg IVP for SBP > 90 if CPP > 70 x1	1 Oct 03	1300	0900	[redacted]			
	[redacted]	labeled 5mg IVP x1	1 Oct 03	1400	1408	[redacted]			
(b)(6) - 2									
INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION									
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED						
20 Sept 03	[redacted]	Pretreat suction & lidocaine 5mg IV - no more than 10	2315 28 Sept	0200 28 Sept	0500 29 Sept	1940 29 Sept	2300 29 Sept	0400 30 Sept	2130 30 Sept

U.S. GPO: 1996-454-110/95216

MEDCOM - 20138

(b)(6)-2

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

VERIFY BY INITIALING... Mo. 9 Yr. 03

Table with columns: ORDER DATE, CLERK/NURSE, RECURRING MEDICATIONS, DOSE, FREQUENCY, HR, DATE DISPENSED. Contains handwritten entries for various medications and dates.

(b)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: GSW to head

ADDITIONAL PAGES IN USE: YES NO

PAGE NO.

PATIENT IDENTIFICATION:

(b)(6) 4

DISPENSING TIMES table with columns D 7-14 and E 15-22.

EPW [redacted] (b)(6) 4

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

REPORT TITLE: **INTENSIVE CARE NURSING FLOW SHEET** OTSG APPROVED (Date)  
CA-Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT		INITIAL	INITIAL
NEURO	TIME	2300	2300
	PUPILS	2mm reactive to light	Pinpoint/unreactive
	SENSORIUM	Sedated & paralyzed	Sedated/paralyzed
		Versed/fentanyl/Vec	FCP monitor to be placed
RESPIRATORY	RESPIRATION PATTERN	normal on SIMV 18	normal on SIMV
	BREATH SOUNDS	2/25 TV 600 FIO <sub>2</sub> 30%	CTA @
	SECRETIONS	ETT #8 @ 26 cm	
		secretions deferred until sure	
SKIN	COLOR	NFR	NFR
	INTEGRITY	Intact x esw to head/ventriculostomy	Intact x esw to occ
IV SITE	LOCATION	Cal 186 @ ac x 2	D arm (R) arm
	CONDITION	normal T/C/Dressing	Q/D H
GASTRO	ABDOMEN	flat/hondistended	flat/hondistended
	BOWEL SOUNDS	BS present x4	hypocactive x4 quad
GU	URINE	foley to gravity	foley to gravity
	COLOR/CLARITY	clear yellow	clear yellow
CARDIOVASCULAR	CARDIAC RHYTHM	NSR ectopy	NSR ectopy
		pedal pulses	

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

PREPARED BY (Signature & Title): **EPW** CPT/AN  
DEPARTMENT/SERVICE/CINC: **FCU 3**  
DATE: **2300 03 (b)(6)-2**

INDICATIONS (For type of entries give: Name—Last, First, Middle; grade; date; hospital or medical facility):  
**EPW** [redacted] (b)(6)-4

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

MEDCOM - 20140

2001/18

MMP-D.R

man...  
@D...

60-70

DATE		HOSPITAL DAY																		
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V I T A L S	BP Arterial line				179/76	162/75	175/52	134/78		124/74	142/74	147/74	146/74	154/74	164/74	127/74	100/74			
	BP cuff				118/58			106/78		96/74	94/74	98/74	94/74	99/74	91/74	102/74	104/74			
	Temperature				99.2			101	101.8	102	101	101.8	100	100	99	99.8	99.5			
	Pulse				89	92	87	80	91	94	90	90	94	90	91	93	94			
	Respiratory Rate				16	16	20	20	20	18	18	18	18	18	18	18	18			
	PCP				33	33	35	35	4	50	12	34	25	25	26	27	31			
	CPP					72	81	59	93	71	90	65	64	72	100	75	73			
	O2 Sets				100	100	100	100	100	100	100	100	100	100	100	100	100			
	Other	Coke Cerebral Drinkers																		
	M N S A K E G U I D R A I N S	TIME	24	01	02	03	04	05	06	07	8 <sup>°</sup> T	08	09	10	11	12	13	14	15	8 <sup>°</sup> T
INF		100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
Verdol				3	3	3	4	4	4	8.7	4	4	4	4	4	4	4	4	3.2	
fent				5	5	5	5	5	5	6.0	5	5	5	5	5	5	5	5	4.0	
vecuron				5	5	5	5	5	5	6.0	5	5	5	5	5	5	5	5	4.0	
PB														50					50	
Morphine												100			50				150	
TOTALS																				
URINE		HOUR TOTAL																		
NG		OUTPUT																		
EMESIS																				
STOOL																				
DRAINS	Enteral				10	15	15	15	15	15	17	18	14	18	15	14	20	14	20	

(b)(6)-4

3  
9

(1318)

POST-OP DAY								ACUITY LEVEL CLASSIFICATION							
16	17	18	19	20	21	22	23	TIME	0800	0900	1000	1100	1200		
115	112	108	105	103	101	98	95	MODE	SIMV/SIMN						
104	103	110	118	114	110	105	101	F <sub>I</sub> O <sub>2</sub>	100	60					
100	100	100	100	100	99.6	98	95	TV	600	600					
35	34	33	33	33	33	33	33	RATE	14	16					
18	18	18	18	18	18	18	18	PEEP	5	5					
26	29	33	31	33	27	25	34	A pH	7.30	7.37	7.40	7.41	7.41		
77	74	71	71	81	83	77	80	A PCO <sub>2</sub>	46	41	39.6	34	31.1		
100	100	100	100	100	100	100	100	B PO <sub>2</sub>	305	332	387	322	180		
100	100	100	100	100	100	100	100	B HCO <sub>3</sub>	25	24	22	22	23		
100	100	100	100	100	100	100	100	SAT	100	100	100	100	100		
100	100	100	100	100	100	100	100	G BASE	-2	-1	-1	-1	-1		
100	100	100	100	100	100	100	100	CLUCOSE							
100	100	100	100	100	100	100	100	Na/K							
100	100	100	100	100	100	100	100	Cl/CO <sub>2</sub>							
100	100	100	100	100	100	100	100	BUN/Cr							
100	100	100	100	100	100	100	100	WBC/PLATELET							
100	100	100	100	100	100	100	100	Hct/Hgb							
100	100	100	100	100	100	100	100	MOUTH CARE							
100	100	100	100	100	100	100	100	BATCH							
100	100	100	100	100	100	100	100	SKIN CARE							
100	100	100	100	100	100	100	100	FOLEY CARE							
100	100	100	100	100	100	100	100	TRACH CARE							
100	100	100	100	100	100	100	100	ROM EXERCISES							
100	100	100	100	100	100	100	100	24 HOURS TOTALS							
100	100	100	100	100	100	100	100	WT Yesterday							
100	100	100	100	100	100	100	100	wt Today							
100	100	100	100	100	100	100	100	INTAKE							
100	100	100	100	100	100	100	100	OUTPUT							
100	100	100	100	100	100	100	100	IV							
100	100	100	100	100	100	100	100	Urine:							
100	100	100	100	100	100	100	100	Po							
100	100	100	100	100	100	100	100	TOTAL							
100	100	100	100	100	100	100	100	TOTAL							
100	100	100	100	100	100	100	100	BALANCE							

MEDCOM - 20142

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

(b)(6) 25

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
NEURO	PUPILS	0700	[redacted]	[redacted]	530
	SENSORIUM	3mm/3mm, equal, reactive to light			2mm/nonreactive
		strip 014 TOF, 0.8mg/kg			extended & paralyzed
RESPIRATORY	RESPIRATION PATTERN	even, unlabored, 20/min			
	BREATH SOUNDS	35% HE, 600 rps RR, 21			coarse crackles @ BS ↓
	SECRETIONS	serious, ET, 8 X 10, white			to @ lung, 8th & 8th
SKIN	COLOR	appropriate for room			hfk
	INTEGRITY	intact, 4-6cm indurated sternal scar			intact x ventric side
IV SITE	LOCATION	(R) Fx PZV, (L) PZV, (D) PZV			(L) Cx 2, 150 / RAC, 100
	CONDITION	(R) General, central, TC			(R) femoral, TLC, (D) radial
GASTRO	ABDOMEN	soft, nondistended			flat / nondistended
	BOWEL SOUNDS	(BS) NG, (D) none			BS not (D) none
GU	URINE	yellow amber OS			clear yellow urine
	COLOR/CLARITY	ETG			100% clear
CARDIOVASCULAR	CARDIAC RHYTHM	NSP, 60-70, 55			sinus tach 110's
		TC radial, 100% radial			radial, pedal, pulse 3
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub>	PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub>	SAI - Saturation	
		F <sub>2</sub> O <sub>2</sub> - Bicarbonate	PEEP - Positive end Expiratory Pressure	TRACH - Tracheostomy	

PREPARED BY (Signature) [redacted] CPT IAN DEPARTMENT/SERVICE/CINC ICU 3 DATE 25 Sep 03

PATIENT'S INDICATIONS (For typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)  
[redacted]  
(b)(6) 4

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

MEDCOM - 20143







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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

SYSTEM	TIME	INITIALS	
		(b)(6)-2	INTILAS
NEURO	PUPILS	0615	0630
	SENSORIUM	2mm non reactive on Thiopental 35mg ICP between 8-10	3mm sluggish rx (B) select 2 Thiopental 100mg/hr ICP 10 <sup>15</sup> -20 <sup>15</sup>
	RESPIRATION PATTERN	vent, SIMV 21 FiO <sub>2</sub>	normal on SIMV 21 TV 600 Res 10 FiO <sub>2</sub>
RESPIRATORY	BREATH SOUNDS	70% RR 21 PEEP 10	coarse @ LZR
	SECRETIONS	Suction for q 1 <sup>st</sup> thick mucous.	5m amt thick yellow
	COLOR	NFR.	NFR
SKIN	INTEGRITY	Intact	Intact & intact sites ESW to head
	LOCATION	R IA PIV @ AXIL X 2	(L) ac PIV x 2 / (R) FA x 1
IV SITE	CONDITION	R humeral Cl TL D A-line radial	(R) Femoral ILC / (C) radial a line Patient / CID #
	ABDOMEN	Soft nondistended	fluffy nondistended
GASTRO	BOWEL SOUNDS	BS x 4 & more NG tube clamped	BS x 4 Dobhoff - TF @ 10cc/hr stool
	URINE	Foley	Foley to gravity + u
GU	COLOR/CLARITY	Amber urine	Amber/clear
	CARDIAC RHYTHM	Stach 100-110's @ ectopy, pulses taxy	Decreasing WOP but > 200cc Sinus tach & ectopy Pulses palpable x 4 (radial, pedal, @) FA sedentary

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

(Continue on reverse)

PREPARED BY: [Redacted] DEPARTMENT/SERVICE/CINC: [Redacted] DATE: 29 Sep 03

ENTRIES give: Name - Last, First, Middle; grade; date; hospital or medical center

EPW

(b)(6)-4

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

MEDCOM - 20146

DATE		DX															HOSPITAL DAY			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V	BP Arterial line	122/69	138/76	142/68	151/66	158/56	151/62	122/58	114/52	88/59	129/62	145/64	127/59	152/67	142/67	150/62				
I	BP Cuff																			
T	Temperature	97.8	98.3	98.7	99.0	99.3	98.3	98.4	99.1	99.1	98.1	98.3	97.9	97.6	97.7	97.9	98.6			
A	Pulse	111	110	117	119	117	113	112	114	113	111	107	103	101	105	105	112			
L	Respiratory Rate	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21			
S	O2 sats	100	100	99	99	99	99	100	100	98	100	100	100	100	97	100	100			
I	FIO2	65	60	60	60	60	70	70	70	70	80	80	80	80	80	80	80%			
S	MAP	88	88	90	90	83	68	83	80	76	71	84	87	79	91	85	88			
I	ICP	25	25	25	18	16	10	10	8	9	10	8	9	9	13	9	23			
G	CPP	63	63	65	72	67	58	73	72	67	61	72	78	70	78	76	65			
N	Cerebral O2	52/68	51/63	52/64	57/63	59/65	72/76	58/63	65/67	66/69	74/76	60/69	64/68	67/68	60/64	62/66	67/70			
S																				
I	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
I	IVF	30	20	20	20	20	20	20	20	160	20	20	20	20	20	20	20	20	20	160
N	3% NS	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40	40	40	320
N	Thiopental	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	140	17.5	17.5	5	5	5	5	5	5	5	54.5
N	IVPB	50				100		50		200			300		150					450
T																				
A																				
K																				
E	TOTALS																			
O	URINE	HOUR TOTAL	40	100	100	100	100	100	100	70	75	70	34	38	35	42	31	35	360	
U	NG	OUTPUT																		
T	EMESIS																			
F	STOOL																			
D	DRAINS	Ventric	12	14	12	22	16	22	15	33	14	20	25	19	20	18	31	10	18	16

MEDCOM - 20147



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	TIME	INITIALS
N E U R O	PUPILS	0630	[Redacted]	1845	[Redacted]
	SENSORIUM	3mm PER [Redacted] PER 3mm Venys sluggish sluggish. no response. No response to pain. responsive to stimuli. Resp. head aligned straight			
R E S P I R A T O R Y	RESPIRATION PATTERN	even unlabored slow Vent SIM Vt, 6cc, F <sub>IO2</sub> 50,			
	BREATH SOUNDS	VECO, fog, SSI, papilo Resp.ETT #2.0 24cm			
	SECRETIONS	RR 22, SpO2 100% Thick lip, Thick yellow white sputum secretions ETT secretions cough + 8 sputum cough not CTA ribben. ill whistles over directed. U crackles.			
S K I N	COLOR	appropriate for race. NFR. Approx 1cm incision to			
	INTEGRITY	w/ incision to Anterior lobe staples. Anterior lobe accepted. Drain to Pericranial head			
I V S I T E	LOCATION	① drainage axilla			
	CONDITION	WDE (① AC 18g SL, CAC, ② Lat AC SL, ③ Groin ④ Radial A-line. All dressings CDE. A-line ICP zeroed			
G A S T R O	ABDOMEN	Soft nondistended			
	BOWEL SOUNDS	Soft, nondistended. Hypoactive. NGT to ① 20cm. ② 20cm.			
G U	URINE	Coly to DD. Close			
	COLOR/CLARITY	F+G, OS. yellow urine			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR ST S ectop. ST S ectop. S. S. ① S <sub>2</sub> + 2 radial pulse. ② pedal 2+, ③ pedal Bifid + 1 pedal pulse. radial 3+. Cap refill < 3sec. Bredema BLUE. T on pillows.			
	LEGEND	Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>H</sub> O <sub>2</sub> - Bicarbonate ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure S/A - Fractional SAI - Saturation TRACH - Tracheostomy			

(Continue on reverse)

NAME: [Redacted] CPT / AN DEPARTMENT/SERVICE/CINC: ICU 3 DATE: 25 Sep 89

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

[Handwritten signature: EPW]

[Redacted signature]

(b)(6) 4

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

4155 2400-1500

DATE		DX		HOSPITAL DAY																
a. 25				TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
V	BP Arterial line	144	141	145	132	130	135	140	127				114	121	123	129	140	135	128	136
F	BP Cuff				116	117	121	127	127	127	127	127	114	121	123	129	140	135	128	136
T	Temperature		100.2		99.2	99.2		98.6	98.8								97.5			
A	Pulse	113	117	120	117	117	110	105	97				94	97	97	97	98	102	99	101
L	Respiratory Rate	21	21	22	22	22	22	22	22				22	20	20	20	20	20	20	20
S	O2 sat s	100	100	100	100	100	100	100	100				100	100	100	100	100	100	100	100
S	FIO2	20	65	65	60	60	55	55	50				50	50	40	40	60	60	66	45
I	MAP	91	90	88	86	87	94	93	80				70	76	76	80	98	81	80	83
I	ICP	22	18	16	16	15	15	20	8				9	14	8	11	12	10	11	10
G	CPP	69	72	72	70	72	76	73	72				61	62	68	68	68	71	69	73
N	Cerebral O2	64	64	60	67	61	59	63	52				54	60	62	63	69	65	62	60
S		69	69	70	69	64	65	69	52				54	60	62	63	69	65	62	60
I	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
I	IVF	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N	3% NPB	25	25	25	25	25	25	25	25	175	-	-	-	-	-	-	-	-	-	-
T	Thiopent	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	5	450
T	TF	10	10	10	10	10	10	10	10	80	30	30	30	30	30	30	30	30	30	740
A																				
K																				
E	TOTALS									1145										1530
O	URINE	HOUR	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
O	URINE	TOTAL									1145									1530
O	URINE	SP gr									46	46	36	52	60	70	72	58		
O	URINE	SIA																		
D	NG	OUTPUT																		
D	NG	PH																		
D	NG	GUIAC																		
T	EMESIS																			
P	STOOL																			
U	DRAINS	Net	15	20	18	18	15	15	15	8	15	18	10	20	13	16	12	118		
T	TOTALS																			

MEDCOM - 20150

POST-OP DAY										ACUITY LEVEL CLASSIFICATION																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th colspan="2"></th></tr> <tr><td>NO</td><td>160</td><td>165</td><td>136</td><td>148</td><td>143</td><td>133</td><td>123</td><td colspan="2"></td></tr> <tr><td>63</td><td>71</td><td>71</td><td>101</td><td>106</td><td>101</td><td>95</td><td>63</td><td colspan="2"></td></tr> <tr><td colspan="10">Temp 98.2</td></tr> <tr><td colspan="10">Pulse 99</td></tr> <tr><td colspan="10">RR 20</td></tr> <tr><td colspan="10">O2 Sat 100</td></tr> <tr><td colspan="10">FIO2 50</td></tr> <tr><td colspan="10">MAP 85</td></tr> <tr><td colspan="10">ICP 12</td></tr> <tr><td colspan="10">CVP 73</td></tr> <tr><td colspan="10">Cerebral 60</td></tr> <tr><td colspan="10">PaO2 68</td></tr> </table>										16	17	18	19	20	21	22	23			NO	160	165	136	148	143	133	123			63	71	71	101	106	101	95	63			Temp 98.2										Pulse 99										RR 20										O2 Sat 100										FIO2 50										MAP 85										ICP 12										CVP 73										Cerebral 60										PaO2 68										<table border="1"> <tr><th>TIME</th><td>0800</td><td>0820</td><td>1925</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>MODE</th><td>SIM</td><td>SIM</td><td>SIM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>F<sub>O</sub>2</th><td>60</td><td>50</td><td>60</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>TV</th><td>600</td><td>600</td><td>600</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>RATE</th><td>22</td><td>22</td><td>18</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>PEEP</th><td>10</td><td>10</td><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>A</th><td colspan="11"></td></tr> <tr><td>pH</td><td>7.37</td><td>7.44</td><td>7.36</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PCO<sub>2</sub></td><td>30.8</td><td>26.5</td><td>39.9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PO<sub>2</sub></td><td>126</td><td>155</td><td>88</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>B</th><td colspan="11"></td></tr> <tr><td>HCO<sub>3</sub></td><td>18</td><td>18</td><td>24</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><th>G</th><td colspan="11"></td></tr> <tr><td>SAT</td><td>99</td><td>100</td><td>96</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>BASE</td><td>-7</td><td>-6</td><td>-1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										TIME	0800	0820	1925									MODE	SIM	SIM	SIM									F <sub>O</sub> 2	60	50	60									TV	600	600	600									RATE	22	22	18									PEEP	10	10	10									A												pH	7.37	7.44	7.36									PCO <sub>2</sub>	30.8	26.5	39.9									PO <sub>2</sub>	126	155	88									B												HCO <sub>3</sub>	18	18	24									G												SAT	99	100	96									BASE	-7	-6	-1								
16	17	18	19	20	21	22	23																																																																																																																																																																																																																																																																																																																																		
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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA  
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
NEURO	PUPILS	0615	[Redacted]	[Redacted]	1930
	SENSORIUM	3mm sluggish, no response to pain stimuli HOB ↑ head aligned + straight			3mm unreactive Pontothalmic drip @ 300mg/hr Vecuronium @ 10mg/hr response to ket pain HOB 30° Body aligned / 1st 20
RESPIRATORY	RESPIRATION PATTERN	Vent SIMV 18T @ 600			Normal SIMV 18 T @ 600 Rep!
	BREATH SOUNDS	FiO2 50% PEEP 10.			FiO2 40% 0
	SECRETIONS	ETT #8 24cm @ lip. Thick yellow/greenish sputum cough CTA @ L/W crackles			ETT #8 24cm lip
SKIN	COLOR	UFR. Incision aer			UFR
	INTEGRITY	head CST.			Intact x, BSN to head ventric site
SITE	LOCATION	@ groin CL TIC. @ Axilla			@ femoral TIC @ Radial
	CONDITION	A-line. PIV's @ AC @ AC @ lat. AC. All CST.			aline @ ac PIV x 2 @ FA PIV All patent / @ SIS Atebitis
GASTRO	ABDOMEN	Soft non distended.			Soft non distended
	BOWEL SOUNDS	Hyperactive BS x4. Dobhoff (w/ more TF PERATIVE @ 200cc/hr @ BM.			@ BS. Dobhoff + tacur TK @ 60cc/hr @ BM with succ
GU	URINE	Foley to gravity draining amber urine			Foley to gravity yellow / clear adequate amt
	CARDIAC RHYTHM	Stoch pectopy. + 2 perf phenol holds. 84 cal. refill @ 25sec + 3 edema upper ext.			Sinus tach to ectop peripheral pulses palpable XY @ FA's edematous
LEGEND		Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- - Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - tracheostomy	

(Continue on reverse)

PREP [Redacted] 11/AV

DEPARTMENT/SERVICE/CINC ICU 3

DATE 26 Sep 83

PATIENT [Redacted] written entries give: Name—Last, First, middle; (facility)

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



DATE		DX															HOSPITAL DAY		
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V I T A I S I G N S	BP Arterial line	134/59	149/67	125/62	125/65	131/63	144/72	164/77	152/74	110/62	124/68	158/86	137/74	132/68	126/65	127/65	124/63		
	BP Cuff																		
	Temperature	97.0	97.1		96.8		97.9	98.2	97.7	97.7		98.6		98.2		97.4			
	Pulse	89	91	92	91	95	95	105	106	114	109	121	117	113	110	106	103		
	Respiratory Rate	18	18	18	18	18	18	18	16	16	16	16	16	16	16	16	16		
	O2 Sats	100	100	100	100	100	100	100	100	100	100	100	99	100	100	100	100		
	FiO2	50	50	50	50	50	50	50	40%	40	40	40	40	40	40	40	40		
	MAP	79	89	80	84	84	94	104	100	81	90	116	100	91	87	87	84		
	ICP	12	13	10	9	9	12	31	28	86	20	34	23	24	20	19	19		
	CPP	67	76	70	75	75	82	73	73	60	70	82	77	67	67	68	65		
Cerebral O2	60/68	62/70	60/68	55/67	58/66	60/68	69/72	67/68	77/71	69/73	70/72	71/72	70/72	70/72	69/72	69/72			
TIME		24	01	02	03	04	05	06	07	8 <sup>°T</sup>	08	09	10	11	12	13	14	15	8 <sup>°T</sup>
I N T A K E	MINF-NS	100	100	100	100	100	100	100	OFF	700									
	IVPB	50		40	40	40	140	140		450		250		100	50	50	6	450	
	rent											2.5	2.5	5	5	10	10	10	55
	Vec																		
	TF	30	30	30	30	30	30	30	60	270	60	60	60	60	60	60	60	60	480
TOTALS										1120									785
O U T P U T	URINE	HOUR TOTAL	10	80	80	60	80	65	115	130	130	144	109	125	90	85	65	85	1099
		SP gr	70	150	230	190	370	435	650	780	780	780	49	274	364	49	1074	89	1099
	NG	SIA																	
		OUTPUT																	
		PH																	
EMESIS																			
STOOL																			
DRAINS	Ventric	76	16	15	11	21	10	15	14	119	10	16	10	10	12	10	15	83	
																		1183	

MEDCOM - 20153

POST-OP DAY									ACUITY LEVEL CLASSIFICATION											
BP	V	14	17	18	19	20	21	22	23	TIME	0640	0815	1500	1800						
	I	52/41	60/61	105/61	103/61	105/61	101/61	101/60	111/59	MODE	SMU	SMU	SMU	SMU						
	Temp	T	97.1	97.7	98.2	97.8	100.9	99.4	98.1	F <sub>o2</sub>	50	40	40	90						
		A	106	108	107	111	112	107	105	97	TV	600	600	600	600					
	HR	14	16	18	18	18	18	18	18	RATE	18	16	16	18						
	RR	100	99	99	100	99	100	100	100	PEEP	10	10	08	8						
	O <sub>2</sub>	40	40	40	40	40	40	40	40	A	pH	7.36	7.35	7.38	7.39					
	FiO <sub>2</sub>	97	80	78	81	77	78	78	PCO <sub>2</sub>		38.4	40.9	37.4	40.8						
	HAP	30	20	17	23	20	17	13	12	B	pO <sub>2</sub>	122	115	129	97					
	ICP	67	60	61		54	60	65	66	HCO <sub>3</sub>	22	23	22	25						
Case	71	76	75	75	77	77	76	77	G	SAT	99	98	99	97						
OL									BASE	-4	-3	-3	4							
IVF	14	17	18	19	20	21	22	23	8°T	TIME	0030									
	100				100	50	150	CLUCOSE	144											
	10	10	15	15	15	15	15	90	Na/K	15.2 2.4	15.2 3.2	15.2 3.2								
	10	10	10	10	10	10	10	80	Cl/CO <sub>2</sub>	114 24										
	60	60	60	60	60	60	60	480	BUN/Cr	18 2.7										
									WBC/PLATELET	19.2 326										
									Hct/Hgb	31.5 9.6	42 15	30 10								
NURSING	65	65	60	50	50	50	50	485	TIME		2000									
									MOUTH CARE	KH 0830										
									BATH	KH 0830										
									SKIN CARE	KH 0830										
									FOLEY CARE	KH 0830										
									TRACH CARE	MM										
									ROM EXERCISES	MM										
									Linen	KH 0830										
24 HR TOTALS									NURSE'S SIGNATURE											
WT Yesterday									wt Today											
INTAKE									OUTPUT											
IV									Urine:											
MEDCOM - 20154																				

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

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

(b)(6) Z

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	INTILAS	INTILAS
NEURO	PUPILS	0700	3mm PERR sluggish		1830 3mm/sluggish
	SENSORIUM				Responsive to tactile / painful stimuli
RESPIRATORY	RESPIRATION PATTERN		regular unlabored SIMV		normal on SIMV 16
	BREATH SOUNDS		fine crackles vt 600 percs AR16		TV 600 percs flow 40%
	SECRETIONS		ETT #8 2x cm tooth. Thick yellow coating on cath, p / gag		ETT #8 2x cm 1P BS CIA
SKIN	COLOR		appropriate to per. circ		hfk
	INTEGRITY		RT Temp 6-8cm incision stable intact occipital hole 6cm incision staples intact.		Intact x 6cm to occiput / ventric site staples
LIV SITE	LOCATION				
	CONDITION		RT Temp TL all present. RT head active.		RT femoral TLC / RT radial art line
GASTRO	ABDOMEN		Soft / slightly distended		Soft / slightly distended / error
	BOWEL SOUNDS		high BS vt 4 abdominal / Duodena, percutaneous / RTM / status		Hyperactive x 4 quadrants / Dobhoff to Dren / Kebock. ABM witnessed
GU	URINE		amber ET @ BS.		amber / clear via Foley
	COLOR/CLARITY				adequate output / Simultaneous percutaneous / peripheral pulses (radial / pedal) + 2 per pubis
CARDIO-CIRCULATORY	CARDIAC RHYTHM		NSR - STS ed leg. + 2 radial & pedal pulses @ 50		
	LEGEND		Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>I</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted]

OPTIAN

DEPARTMENT/SERVICE/CINC

DATE

27 Sep 83

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

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

MEDCOM - 20155

(b)(6)-4

(b)(6)-4

DATE		DX								HOSPITAL DAY									
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V T A L S I G N S	BP Arterial line	152/88 56	114/60	132/65	124/63	147/72	127/65	136/68	128/63	120/64	118/63	110/64	119/64	133/66	114/61	124/61	111/61		
	BP Cuff												985						
	Temperature	76.5	96.5	97.4	97.9	97.7	98.3	98.3											
	Pulse	92	90	95	94	101	104	104	101	104	103	105	105	105	105	104	101		
	Respiratory Rate	18	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16		
	O <sub>2</sub> SATS	100	100	100	100	100	100	100	98	100	100	100	100	100	100	100	100		
	FIO <sub>2</sub>	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40		
	MAP	74	77	80	83	85	86	90	83	83	83	84	83	88	79	79	79		
	ICP	8	9	17	17	15	20	21	13	9	12	12	16	15	11	11	11		
	CPP	66	68	63	66	80	66	69	70	74	71	72	67	73	68	69	68		
cerebral O <sub>2</sub>	69	69	67	70	67	70	71	71	74	72	71	66	68	72	71	69			
	TIME	24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>
I N T A K E	IV F																		
	IV PB					100	50	25	175	25	25	125	25	125	25	25	25	25	400
	Pentothal	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	15	15	100
	Rec	10	10	10	10	10	10	10	-	70	-	-	-	-	-	-	-	-	↓
	TF	60	60	60	60	60	60	60	60	480	60	60	60	60	60	60	60	60	480
																			1000
E	TOTALS									845									1000
	URINE	HOUR TOTAL	60	65	60	70	70	100	60	60	70	78	70	70	70	100	100	80	68
U T I L I T Y	SP gr																		
	S/A																		
	NG	PH																	
	GUAC																		
	EMESIS																		↓
	STOOL																		↓
	Vertical	14	15	15	15	17	18	12	12	10	11	11	12	12	15	11	15	97	
	DRAINS																	785	

MEDCOM - 20156



**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 Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0610	[Redacted]	1845	[Redacted]
	SENSORIUM	3mm sluggish Responsive to painful stimuli. Pentothal @ 200mg/hr		PER 4mm non-reactive Response to stimuli Pentothal @ 15cc	
R E S P I R A T O R Y	RESPIRATION PATTERN	Vent SIMV 16 TV 600		Vent SIMV 16, TV 600,	
	BREATH SOUNDS	Peeps FIO2 40% ET		FIO2 50%. Peeps. Coarse	
	SECRETIONS	24cm LP. BS @ loose coarse.		ET wheezes-ill lung fields ETT #9.0 24cm @ lip.	
S K I N	COLOR	NFR		NFR, WDT, Incision	
	INTEGRITY	Intact GSW to occipital Ventricle site C stopped.		on Parietal Occida head scalples intact. GSW to occipital	
I V S I T E	LOCATION	① femoral r/c		head ① femoral r/c	
	CONDITION	① radial C/D		Infusing Pentothal @ 15cc/hr. ① radial a-line Ventriculostomy top parietal Occida. Both zeroed C/D	
G A S T R O	ABDOMEN	soft hypoactive BS x4		Slightly distended.	
	BOWEL SOUNDS	Dothoff @ near TF 60cc/hr.		ABT hypoactive BS x4 Dothoff @ near TF Peristalsis 10cc/hr.	
G U	URINE	Toley		Toley to DP. Clear	
	COLOR/CLARITY	Amber-urine Adequate amount		yellow urine.	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	Steady & ectopic peripheral pulses +2 x4 cap refill <3sec.		ST & ectopy. S, S2. Radial/Pedal pulses 2+. Cap Refill <3sec. Anes and 2-3+.	
	LEGEND	Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>I</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

b)(6)-2

PREPARED BY (Signature & Title)  
[Redacted Signature] (b)(6)-4  
[Redacted Title]

DEPARTMENT/SERVICE/CINC: ICU 3  
DATE: 58 Sep 89

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

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

MEDCOM - 20158







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) z

OTSG APPROVED (Date)  
 QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	TIME	INTILAS
N E U R O	PUPILS	0815	[redacted]	1830	[redacted]
	SENSORIUM	4mm dilated con reactive, perithal		Dilated pupils, fixed @ 6mm. No response @ 400mg/hr. No respo sive to pupil stimuli P. corneal reflex.	
R E S P I R A T O R Y	RESPIRATION PATTERN	Vent. SIMV 20 TV 600		Vent SIMV 14 TV 600,	
	BREATH SOUNDS	PEEP 5 FiO2 70% lungs		FiO2 70%, PEEP 10 #B.O@	
	SECRECTIONS	P expiratory wheezes P ronchi brought out large amount of secretions No sputuming.		2.2 can @ lip. Inspiratory wheezes resp. wheezes In LL. Thick whitish yellow secretions. Secretions	
S K I N	COLOR	NFR		NFR. Incision to P. perit	
	INTEGRITY	Scrubbed ostomy site CDF		staples + antihistamines Dyspnea, anorexia, etc.	
I V S I T E	LOCATION	R. UL RA femoral		Soft no swelling of	
	CONDITION	U radial A-line CDF.		Aggravated LL. All ports flush, CDF. @ radial A-line. CDF, zeroed correlates. Painful to touch. Flashes. Antihistamines @ perit	
G A S T R O	ABDOMEN	Soft non distended.		Slightly distended.	
	BOWEL SOUNDS	+B3 x4, no BM @ this time.		A3 x4. @ BM. Debrhoff to @ waves clamped.	
G U	URINE	Foley		Foley to PD, clear	
	COLOR/CLARITY	Clear amber & sediment		light yellow.	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	Stach ectopy		ST S ectopy S, S2 low BPs. Dopamine TTE @ BP 100. Cap refill < 3 sec, Radial 3+/ Pedal 2+ pulses. 3+ nasogastric	
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- Bicarbonate	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY [redacted] (Title)

(b)(6) z

DEPARTMENT/SERVICE/CINC

CV3

DATE

29 Sep 03

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

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

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

MEDCOM - 20161

DATE		DX															HOSPITAL DAY			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V I T A L S I G N S	BP Arterial line			110/58	114/59	111/57	116/59	97/50	98/47	98	99/52	120/50	120/54	112/50	112/53	110/58	103/55			
	BP Cuff	110/47	115/49																	
	Temperature		101.1	100.7			99.2	98.8	98.6	98.7				98.8	98.7	98.0	97.9			
	Pulse	119	121	119	115	112	110	105	98	99		109	108	109	106	106	105			
	Respiratory Rate	16	18	20	20	20	20	20	20	16		16	16	16	16	14	14			
	SpO2	95	94%	95	98%	99%	98%	98%	100%	100%		93%	96%	95%	96%	95%	96%			
	FIO2	70%	70%	70%	70%	70%	70%	70%	70%	70%		70%	70%	70%	70%	70%	70%			
	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SMV	SMV		SMV	SMV	SMV	SMV	SMV	SMV			
	MAP	70	73	75	78	76	73	67	61	68		73	71	71	72	71				
	ICP	20	23	17	11	10	13	7	3	18		8	10	10	16	18				
	CPP	50	50	58	67	66	60	60	58	58		65	61	61	56	53				
	Cardinal O2/r	74	73	71	72	67	66	61	67	58				65	70	68	66	69		
		TIME	24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>
	I N T A K E S	Pentothel	20	20	20	20	20	20	20	20	160	77.5		17.5	17.5	15	12	12	12	103.5
		IVPB	100	100	150		150		50		550				200		50			250
IVF									500	500			500	150	150	150	150	150	1250	
Dopamine														13.1	13.1	13.1	13.1	13.1	65.5	
TF		60	60	60	60	60	80	stopped		330										
TOTALS																				
O U T P U T	URINE	HOUR TOTAL	100	130	200	90	270	140	80	120	210	75	70	120	220	200	210	155	1780	
	SP gr																			
	S/A																			
N G	NG	OUTPUT																		
	PH																			
	GLIAC																			
EMESIS																				
STOOL																				
D R A I N S	Drains	Nettie	14	11	11	9	11	8	8	5	77	8		15	10	15	10	13	63	

MEDCOM - 20162



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 Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
H E A D	PUPILS	0700	[Redacted]	1830	[Redacted]
	SENSORIUM	5mm PER, fixed, nonresponsive to painful stimuli. Does not over-brow/blink/vert. Gag reflex.	[Redacted]	PER 4mm, Sluggish. GCS E1. No response to painful stimuli. Gag reflex.	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	amb, unlabored SIMV	[Redacted]	Vent SIMV 14 TV 700, FIO2 0.21	[Redacted]
	BREATH SOUNDS	R: 20/ RR10 vt600	[Redacted]	Perip 15. ETT #30 c/dem @	[Redacted]
	SECRETIONS	ETT's 20/ w/ sputum @	[Redacted]	Teeth, Expiratory wheezes	[Redacted]
S K I N	COLOR	appropriate per race.	[Redacted]	NFR, Aples @ Parietal E	[Redacted]
	INTEGRITY	5 cm linear saph @	[Redacted]	Ventriculostomy crown of head	[Redacted]
L O C A T I O N	LOCATION	@ radial - A line @ femoral	[Redacted]	Ventriculostomy drain	[Redacted]
	CONDITION	R: 20/ RR10, PIV	[Redacted]	Pericardial head turned @	[Redacted]
A B D O M E N	ABDOMEN	firm slightly distended	[Redacted]	Slightly distended	[Redacted]
	BOWEL SOUNDS	@ BS @ but no gurgles	[Redacted]	hypoaactive BS. @ BM	[Redacted]
U R I N E	URINE	amber ETG QS.	[Redacted]	Foley to gravity. Clear	[Redacted]
	COLOR/CLARITY		[Redacted]	yellow urine. Foley	[Redacted]
C A R D I A C	CARDIAC RHYTHM	ST 5 ectopy, 72 radial	[Redacted]	ST 5 ectopy 5. S2 radial	[Redacted]
		3 pedal pulses @10	[Redacted]	3t. Radial 2t. Pulses Cap	[Redacted]
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F <sub>I</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub>	PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub>	SAT - Saturation	
		HCO <sub>3</sub> - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy	

(Continue on reverse)

PREP [Redacted] (b)(6) 2 DEPARTMENT/SERVICE/CLINIC ICU 3 DATE 30 Sep 03

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

eaw [Redacted] (b)(6) 4

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



POST-OP DAY										ACTIVITY LEVEL CLASSIFICATION											
VITALS	16	17	18	19	20	21	22	23	24	P D I A B T A A T O R Y	TIME	0053	0149	0251	0350	0455	0600				
	114/52	105/44	105/45	134/62	143/70	144/62	132/62	119/62			MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV				
				114/52		114/53		114/53			F <sub>O<sub>2</sub></sub>	70%	70%	70%	70%	60%	60				
	99.1				99.9						TV	800	700	600	600	700	700				
	115	111	111	115	114	116	115	115			RATE	16	12	12	10	14	14				
	14	14	14	14	14	14	14	14			PEEP	10	10	5	5	15	10				
	97	100	100	100	97	100	100	100			PH	7.59	7.51	7.49	7.43	7.41	7.42				
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			A PCO <sub>2</sub>	24.4	26.2	30.0	36.4	36.3	34.4				
	70	70	60	60	60	60	60	60			B DO <sub>2</sub>	71	74	71	70	123	154				
	72	65	65	85	96	87	86	82			B HCO <sub>3</sub>	23	21	23	25	23	22				
SIGNS	18	9	9	25	18	19	12	12	A C T I V I T Y	TIME											
	54	56	56	60	78	69	74	70		GLUCOSE											
	67	64	65	61	68	66	72	74		NaK											
										CUCO <sub>2</sub>											
					150		250			8°T	BUNCr										
	16	17	18	19	20	21	22	23			WBC/PLATELET										
	150	150	150	160	150	150	150	150		1200	Hcv/Hgb										
	13'	13'	13'	Ø	Ø	Ø	Ø	Ø		39.3											
OUTPUT									T U R N S U C T I O N	TIME											
	140	120	Ø	165	100	95	110	150		1639	MOUTH CARE	1830									
	260	550	515	100	95	110	150	970		BATH	2030										
											SKIN CARE	2030									
											FOLEY CARE	2030									
											TRACH CARE	2030									
											ROM EXERCISES	2030									
											Linens	2030									
											24 HOURS TOTALS										
											NURSE'S SIGNATURE										
P U T									INITIALS												
									wt Yesterday												
									wt Today												
	8	7	12	23	6	10	13	19	83	INTAKE											
									IV	5883.6											
									OUTPUT												
									Urine	2850											
									PO												
									Vent	250											
									TOTAL	5884											
									TOTAL	3100											
									BALANCE	+2784											

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)  
QA Appr 8 Mar 89

(b)(6) 2

REPORT TITLE  
**INTENSIVE CARE NURSING FLOW SHEET**

		INITIAL SHIFT ASSESSMENT			
		TIME	OBTS	INITIALS	INITIALS
N	PUPILS		3mm reactive		3mm/brisk rx
	SENSORIUM		no response to pain stimuli.		no response to painful stimuli
R	RESPIRATORY PATTERN		vent SIMV 12 FIO <sub>2</sub> 50%		vent SIMV N TV 700
	BREATH SOUNDS		R 700 PEEP 10. lungs		Dep 10 FIO <sub>2</sub> 40%
	SECRETIONS		CTACV base & cough reflex gag reflex.		LS coarse bilat. ET 8 25cm lip
K	COLOR		NR. Ventriculo-brain		NR
	INTEGRITY		no signs infection		Backside assess. heard orth's fin
V	LOCATION		no pain puncture CDS		ventric sites as inf
	CONDITION		no drain C.T.C. @ radial A-line @ wrist PIV 180. All CDS patent.		no drain C.T.C. @ wrist PIV Patient / esp at toilet
G	ABDOMEN		firm distended		Firm / mild to mod disten
	BOWEL SOUNDS		0 BS x4 Dobhoff to @ nare clamped		0 BS 0 BM witness Dobhoff to @ nare clamped
U	URINE		Foley		Foley to gravity
	COLOR/CLARITY		adequate amount of clear amble urine		clear yellow urine ade inside out
C	CARDIAC RHYTHM		Stech ectopy +2 peripheral pulses +4 cap. RT/L < 3 sec. +2 upper extremities pedal pulses		NR - ST - Ectopy +2 peripheral pulses +4 pedal pulses +1

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

(Continue on reverse)

PREPARED BY: (Signature & Title) (b)(6) 2 DEPARTMENT/SERVICE/CLINIC: ICU 3 / PACU DATE: 01 OCT 03

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)

DATE		DX															HOSPITAL DAY			
01 OCT 03		GSW to head																		
V F T A L S P G N S	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
	BP Arterial Line		125/64	155/73	130/66	132/64	138/67	151/68	142/67	127/59	156/68	159/68	140/69	181/67	134/50	132/55	131/60	154/74		
BP Cuff		119/52	134/65	127/57	124/56	122/56	125/59	123/56		115/54		124/58								
Temperature		99.7				99.7			99.7	99.8	100.1	100.0	100.7	100.3	99.1	99.2	99.8			
Pulse		114	121	121	118	116	115	114	110	110	100	103	108	103	101	109	103			
Respiratory Rate		14	12	12	12	12	12	12	14	14	14	14	14	14	14	14	14			
Sats		100%	99%	98%	99%	99%	100%	100%	100%	100%	100%	100%	100%	99%	100	100	99			
Mode		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			
FiO2		60%	50%	50%	50%	50%	50%	50%	45%	40%	40%	40%	40%	40%	40	40	40			
MAP		85	101	89	89	90	94	91	80	92	90	94	94	71	77	102	99			
ICP		15	36	27	22	19	21	16	7	9	11	10	18	17	7	8	13			
CPP		70	65	62	67	71	73	75	73	83	79	84	76	54	70	94	86			
Cerebral O2/r		76/4	77/3	77/3	76/2	76/3	69/9	71/7	62/9	53/67	50/60	55/65	57/66	56/66	57/67	53/65	54/62			
	TIME	24	01	02	03	04	05	06	07	8°T							8°T			
DNSE 20kd		150	150	150	150	150	150	150	150	1200	150	100	100	100	100	100	100	750		
IVPB		150				150				300		100	100	200	100			500		
										1500								1050		
TOTALS																				
O U T P U T	URINE	HOUR	155	130	140	140	212	155	135	230	127	125	350	170	200	600	115	135	180	1420
	TOTAL	155	785	425	565	777	932	1067	1797	1297	125	350	170	200	600	115	135	180	1420	
	NG	OUTPUT																		
	EMESIS																			
	STOOL																			
	DRAINS	Ventric	18	10	7	6	9	10	11	10	78	12	30	21	21	12	19	22	20	157
TOTALS										1374										157





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) z

OTSG APPROVED (Date)

QA Apr 8 Mar 89

INITIAL SHEET ASSESSMENT			
	TIME	INITIALS	INITIALS
N E U R O	PUPILS	3mm, reactive to light	
	SENSORIUM	no response to pain stimuli, gag reflex	
R E S P I R A T O R Y	RESPIRATORY PATTERN	air entrained at 10	
	BREATH SOUNDS	clear, no crackles	
	SECRECTIONS	no secretions	
S K I N	COLOR	normal	
	INTEGRITY	intact	
L O C A T I O N	LOCATION	ICU 3	
	CONDITION	stable	
A B D O M E N	ABDOMEN	soft, no tenderness	
	BOWEL SOUNDS	normal	
U R I N E	URINE	clear	
	COLOR/CLARITY	clear	
C A R D I A C	CARDIAC RHYTHM	regular	
LEGEND		Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End-Expiratory Pressure
		S/A - Fractional SAT - Saturation TRACt - Tracheostomy	(Continue on reverse)

PREPARED BY (Signature & Title)

(b)(6) z

[Redacted] CPT/AW

DEPARTMENT/SERVICE/CLINIC

ICU 3

DATE

201703

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

EPW # [Redacted]

(b)(6) y

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

DATE		DX															HOSPITAL DAY		
TIME		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		
V	BP Arterial Line	168/87	152/83	153/85	176/85	177/83	137/71	116/87											
J	BP Cuff							136/78		138/79	144/81								
T	Temperature	99.7	99.1	99.7	99.7	99.9	98.8												
A	Pulse	100	97	102	97	96	91	95	102	108	115								
A	Respiratory Rate	16	16	16	16	16	10	14	16	16	16								
E	O2 SATS	100	100	100	100	100	100	100	100	100	100								
E	FIO2	40	40	40	40	40	40	40	40	40	40								
S	MAP	103	103	113	108	106	61	95	103	103	108								
S	ICP	14	11	14	13	13	11	7	9	16	23								
I	CPP	89	92	99	95	93	90	90	94	87	75								
G	cerebral O2	51/103	48/65	51/103	51/103	56/103	56/103	53/103	57/103	62/70	62/67								
N																			
S																			
TIME		00	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
I	IVF	100	100	100	100	100	100	100	100	100	100	100							
I	IVPB	200				100													
N																			
T																			
A																			
K																			
E																			
TOTALS																			
O	URINE	HOURLY TOTAL	150	140	190	150	175	120	110	185	105	110							
		SP GR	297	430	580	750	870	510											
U	NG	OUTPUT																	
		PH																	
		GUIAC																	
EMESIS																			
STOOL																			
U	DRAINS	WETTED	31	33	28	26	25	25	20	12	13	15							
TOTALS																			



1. REPORTING MTF						2. MTF LOCATION			ADMISSION AND CODING INFORMATION														
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG															
A	V	L	D	I		I	Z	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX	
[REDACTED]						Epw # [REDACTED] (b)(6)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	Unknown										
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER														
32	33	34				35	36	00000000000000000000															
13. ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS											
						46			0257														
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE														
47	48	49	50	51	52	0934200000																	
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			20. PREVIOUS ADMISSION													
62	63	64	65	66	67	68	69	70	71	YEAR <input checked="" type="checkbox"/> NO													
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION						WARD			NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE														
0						ICU3																	
21. TYPE OF DISPOSITION						22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)													
73	74	75	76	77	78	79	80	0310002															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)															
87	88	89	90	91	92	93	94	95	96	030922													
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)															
103	104	105	106	107	108	109	110	030922															
FOR LOCAL USE												450											
GSw Head						Blood			486 3484														
Cause Death						N			(b)(6)2 ←														
#3																							
ADMITTING OFFICER (Signature Required)						SIGNATURE OF ADMITTING CLERK																	
[REDACTED]						[REDACTED]																	

DA FORM 296-109

USAPPCV1.0

MEDCOM - 20173

(b)(6)-4

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) EPW # [REDACTED] (b)(6)-4				3. GRADE EPW		ADMISSION REMARKS
4. SEX M	5. AGE 34	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION N		
11. FMP 99		12. SSN [REDACTED]		13. ORGANIZATION (b)(6)-4		14. WARD ICW1		
16. FLYING STATUS	18. RATING/OSG	17. DEPT/J BEN K78	18. BRANCH/CORPS	19. LIC/ZIP		20. TYPE CASE WIA		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER				22. HOURS OF ADMISSION 0230	23. CLINIC SERVICE AEAA			

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK		25. TYPE DISPOSITION IC to camp	26. DATE OF DISPOSITION 28 Sep 03
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code) UNK		27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 22 Sep 03

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] Baghdad	30. DATE OF INITIAL ADMISSION [REDACTED]	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED
---	---	---

31. SELECTED ADMINISTRATIVE DATA  
(b)(2)-2

Check if Continued on Reverse

33. CAUSE OF INJURY  
[REDACTED]

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES  
GSW @ Shoulder, GSW @ foot

892.1  
880.11  
E991.2

86.28

35. Total Days This Facility

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

36. Total Days All Facilities

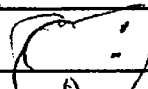

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
---------------------	---------------	----------------------------	---------------------------	-------------	--------------------

SIGNATURE OF ATTENDING MEDICAL OFFICER: [REDACTED] (b)(6)-2


ADMITTING OFFICER: [REDACTED] (b)(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-22-03	MTHO consult
	34 y/o Iraqi male shot by U.S. forces as he was crossing checkpoint earlier tonight.
	① shoulder: 2 cm / 1
	puncture holes  Dist
	② scapula, TTP A no shoulder effusion.
	flam @ shoulder 3 distinctly rounded swellings
	2+ Rubel, when pulse, no neurologic deficits
	③ foot puncture hole base of toe
	XR: foot - shaped, no fr
	Shoulder - rounded shaped
	④ Shaped wound ① shoulder ② foot
	⑤ Fracture in EP, dress, oral tax 
	RTG pb-2

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

 (b)(6) - 4

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-8.202-1

MEDICAL RECORD	PROGRESS NOTES	
DATE	NOTES	
22 Sept 03	Assume del, oLT. ATO x3, VSS & C/O pain Ambulate minimal. Maintains regular diet. No meds necessary except metrin. Lower extremities pulse stable. Will continue to monitor [REDACTED]	
1630	Pt has been ↑ to BR x 4. ↓ extremity splint to ⊕ leg ⊕ distal pulses. Pt has shoulder wrapped w/ ace bandage. Pt displays some discomfort while moving in & out of bed. Does not require anything for pain. Tolerated meals ⊕ IV. Will continue to monitor skin for breakdown under restraints — [REDACTED] 911116	
(b)(6)-2	[REDACTED]	
@ 1920-	assumed call of pt @ 1800. VSS, NO C/O @ this time; sitting ↑ bed, apt restraints on. speaking little English. LS CTA, HLR, ⊕ BS, voiding to toilet S difficulty. (B) foot disq 1/2 splint CDI, ⊕ CMS to PIE. Back disq CDI, wrapped w/ ace drsg. Plan: MS P.T. for assist amb. device. Pam meds prn.	
(b)(6)-2	Will monitor. [REDACTED]	
(b)(6)-2	Addendum: apt restraints on, ⊕ signs of skin or circulation compromise. [REDACTED]	

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



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

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

23 Sept 03  
 Reviewed care of pt. Pt T in bed @ 3/5 of  
 resp distress, pain or discomfort @ present  
 time. Pt tolerated reg meal for breakfast.  
 Pt has ace wrap and klix around shoulder  
 bladeship, OA. @ leg A. dog. Manual dog  
 from bottom of @ foot. Dig 5&I. Strong equal  
 pulse. Pt ambulated to RR. Will continue  
 to monitor - [REDACTED] 910116

(b)(6) - 2

0023

**MEDICAL RECORD** **EMERGENCY CARE AND TREATMENT (Patient)** **(b)(6)-2**

LOG NUMBER [REDACTED] TREATMENT FACILITY [REDACTED]

RECORDS MAINTAINED AT [REDACTED]

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS # [REDACTED] (b)(6)-4

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

ARRIVAL DATE (Day, Month, Year) 22 Sep 03 TIME 0020

TRANSPORTATION TO FACILITY [REDACTED]

SEX M DUTY/LOCAL PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED]

MILITARY STATUS ITEM YES NO N/A

THIRD PARTY INSURANCE ITEM YES NO

AGE 34 HOME PHONE [REDACTED] AREA CODE [REDACTED] NUMBER [REDACTED]

FLYING STATUS [REDACTED]

ADDITIONAL INSURANCE DD 2568 IN CHART

MEDICAL HISTORY OBTAINED FROM [REDACTED] NAME OF INSURANCE COMPANY [REDACTED]

CURRENT MEDICATIONS [REDACTED]

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN (Date)
IS THIS AN INJURY?			
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT [REDACTED] 24 HOUR RETURN  YES  NO

TETANUS

DATE LAST SHOT [REDACTED] COMPLETED INITIAL SERIES  YES  NO

CHIEF COMPLAINT GSW - back

CATEGORY OF TREATMENT

EMERGENT  URGENT  NON-URGENT

TIME 0020

INITIALS [REDACTED]

VITAL SIGNS

TIME	0023	0200	0200
BP	156/104	143/92	122/82
PULSE	105	78	91
RESP	20	19	17
TEMP	98.0		
WT			

LAB ORDERS

CBC/DIFF  ABG  PT/PTT  BHC/URINE/BLOOD/QUANT  CHEM

URINE C&S  UA MSCC/CATH

BLOOD C&S X

X-RAY ORDERS

CXR PA & LAT/PORTABLE  C-SPINE

ACUTE ABDOMEN  LS SPINE

SINUS  HEAD CT

ANKLE R/L

Shoulder report

ORDERS

PULSE OX  MONITOR  ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0020	Wound 5 mg IV	[REDACTED]	[REDACTED]		Pain 2 tabs po
0020	Anaf 750 IV	[REDACTED]	[REDACTED]		
0020	Td. 5cc IM	[REDACTED]	[REDACTED]		

DISPOSITION

HOME  FULL DUTY  24 HRS.  48 HRS.  78 HRS.

MODIFIED DUTY UNTIL [REDACTED] RETURN TO DUTY [REDACTED]

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE

IMPROVED  UNCHANGED  DETERIORATE

ADMIT TO UNIT/SERVICE

REFERRED TO [REDACTED] WHEN [REDACTED]

TIME OF RELEASE [REDACTED]

I have received and understand these instructions.

PATIENT'S SIGNATURE [REDACTED]

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)

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

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

<b>MEDICAL RECORD</b>	<b>EMERGENCY CARE AND TREATMENT (Doctor)</b>	TIME SEEN BY PROVIDER <i>AMM</i>
-----------------------	--	-------------------------------------

TEST RESULTS										
CBC	WBC	SMAC			ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
	H/H				SUP O2	PH	PO2	RESULTS		EKG ⊕ shoulder ⊕ shoulder ⊕ shoulder ⊕ out foot EKG INTERPRETATION ⊕ shoulder ⊕ out foot
PLT	PCO2	SAT	OTHER							
PT	DIP	DIA		MICRO						
APTT	BHCG	ETOH	GLU							

PROVIDER HISTORY/PHYSICAL  
 34 year male, 180W, states to interpreter that he was at someone's house when people began leaving the house, states he was shot at by US soldiers, 2 GSWs needed to upper left leg, back - 5th rib also needed to order P foot, PL  
 ⊕ SOB min ⊕ hand/lack pain ⊕ PLU

Diagnosed w/ a min lacer. vs  
 ITENT OP/NO CHAR/PART LAC ED eyes down  
 Chrti CT ⊕ = ↓ DS  
 W/ RRK on left  
 Abd: soft, RT as deep palp  
 Pacet ⊕ GSW ⊕ shoulder possibly sq mid simple case  
 M/p ⊕ shoulder ~ ⊕ ACJ  
 See also of y

points the ref

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
<i>ortho</i>			PROVIDER SIGNATURE (b)(6)-2
DIAGNOSIS			CODES
① GSW to ⊕ shoulder ② " " ⊕ foot			

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

(b)(6)-4

EMERGENCY CARE AND TREATMENT (Doctor)  
 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

NURSING NOTES

(Sign all notes)

DATE

HOUR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

22 Sep 43 0335 = pt. transported from EMT via litter = DX @ shoulder / @ foot, @ shoulder = Dsg CDI, able to move @ shoulder / @ arm. S difficulty, @ edema, H IV to @ FA running NS bolus, then @ 120cc / . @ foot has SAM splint = ACE CDI, 2+ pedal pulse, @ edema @ this time. X2 substrants, skin integrity intact. A to, speaks some English, VSS. D/C Meds (Keflex & Percocet) Scripts turned in to Pharmacy, pending D/C to EPW camp in AMU after P/O's for L Splint. Continue to monitor.

bb-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

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

NURSING NOTES  
Medical Record

(b)(6)-2

Ward/Section: **ER** REQUESTING PHYSICIAN: [REDACTED] LABORATORY RESULT FORM  
 (Subject to the Privacy Act of 1974)  
 LAST, FIRST, MI. **(b)(6)-4 GPW # [REDACTED]** DATE **09/22/03** TIME **0035** SSN/PSEUDO SSN: [REDACTED]

(Hematology) CBC			Urinalysis		
TEST	RESULT	REF RANGE	TEST	RESULT	REF RANGE
Color	Yellow	N/A	Color	Yellow	N/A
App	CLR	N/A	App	CLR	N/A
Glu	NEG	Negative	Glu	NEG	Negative
Bili	NEG	Negative	Bili	NEG	Negative
Ket	NEG	Negative	Ket	NEG	Negative
SG	1.020	N/A	SG	1.020	N/A
Bld	NEG	Negative	Bld	NEG	Negative
pH	5.0	N/A	pH	5.0	N/A
Prot	0 NEG	Negative	Prot	0 NEG	Negative
Urob	0.2	0.2-1.0	Urob	0.2	0.2-1.0
Nit	NEG	Negative	Nit	NEG	Negative
Leuk	NEG	Negative	Leuk	NEG	Negative

===== PICCOLO =====  
 22/09/03 00:48  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] (b)(6)-4  
 METLYTE 8  
 DISC LOT #: 3141AA4  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]

GLU	100	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	479*	39-380	U/L
NA+	137	128-145	MMO/L
K+	4.0	3.3-4.7	MMO/L
CL-	108	98-108	MMO/L
tCO2	20	18-33	MMO/L

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

Spun Hematocrit	42-52% (M) 37-47% (F)
Sed Rate	

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL #005485 09/22/03 12:58 AM

Patient ID: [REDACTED] (b)(6)-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 :09/22/03  
 Test Time :12:52 AM  
 Card Lot :010301  
 Operator : [REDACTED] (b)(6)-2

ID: [REDACTED]	22-09-03
WB (b)(6)-4	00:50
Patient Limits	
WBC 12.1 H $\times 10^3/dL$	4.5 10.5
RBC 5.07 $\times 10^6/dL$	4.00 6.00
Hgb 16.0 g/dL	11.0 18.0
Hct 49.1 %	35.0 60.0
MCV 96.9 fL	80.0 99.9
MCH 31.7 H pg	27.0 31.0
MCHC 32.7 L g/dL	33.0 37.0
Plt 290 $\times 10^3/dL$	150. 450.
LYZ 22.0 * Z	20.5 51.1
LYM 2.7 * $\times 10^3/dL$	1.2 3.4

REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] (b)(6)-4  
 GENERAL CHEMISTRY 12  
 DISC LOT #: 3204AA4  
 OPER #: [REDACTED] DR #: 000 (b)(6)-2  
 SERIAL #: [REDACTED]  
 ALB 3.6 3.3-5.5 G/DL  
 ALP 82 26-84 U/L  
 ALT 55\* 10-47 U/L  
 AMY 98\* 14-97 U/L  
 AST 63\* 11-38 U/L  
 TBIL 0.5 0.2-1.6 MG/DL  
 BUN 9 7-22 MG/DL  
 CA++ 8.7 8.0-10.3 MG/DL  
 CHOL 134 100-200 MG/DL  
 CRE 0.9 0.6-1.2 MG/DL  
 GLU 108 73-118 MG/DL  
 TP 7.2 6.4-8.1 G/DL

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

**MUST SUBMIT SF 518 WITH**

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL # [REDACTED] 09/22/03 01:01 AM

Patient ID: [REDACTED] (b)(6)-4  
 Test Name :APTT  
 Test Result:= 42.9 sec.  
 \*\*RESULT NOT RANGE CHECKED\*\*  
 Sample Type:citrated wh. blood  
 Test Date :09/22/03  
 Test Time :12:58 AM  
 Card Lot :100208  
 Operator : [REDACTED] (b)(6)-2

RECORDED BY: [REDACTED] DATE: [REDACTED] LAB ID NO.: [REDACTED]

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(b)(6)-2

Ward/Section: <b>ER</b>			TESTING PHYSICIAN: <b>[REDACTED]</b>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <b>ERLW H [REDACTED]</b>			DATE <b>(b)(6)-4 2/28/00</b>		TIME <b>0035</b>	SSN/PSEUDO SSN:		
<b>(STAT)</b>			<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3 <sup>-</sup>		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BE <sub>eff</sub>		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	<b>(Piccolo) Metlyte 8</b>			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 20182

### RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

CXR  
foot  
shoulder

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
34	M	[REDACTED]	ER	
FILM NO.				PREGNANT
2 (b)(6) 4				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REQUESTED BY (Print)				TELEPHONE/PAGE NO.
SIGNATURE				DATE REQUESTED
[REDACTED]				22 Sep 03

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

GSW back (b)(6) 2

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)*

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

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION  
MEDCOM - 20183

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

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	228803 RD 0330		22 Sep 69	0830 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	<input checked="" type="checkbox"/> Admit ICW <input checked="" type="checkbox"/> Dr Gow + <input checked="" type="checkbox"/> Solder / <input checked="" type="checkbox"/> F + <input checked="" type="checkbox"/> Stable <input checked="" type="checkbox"/> NKA <input checked="" type="checkbox"/> Regular diet <input checked="" type="checkbox"/> Bedrest - RR pulgs <input checked="" type="checkbox"/> IV bolus - L NS from 220cc/o		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
			<input checked="" type="checkbox"/> Peract 2 tabs in am Motrin 800 mg & breakfast <input checked="" type="checkbox"/> D/c pt in am to EPW camp <input checked="" type="checkbox"/> c/s pt in am for L splint foot and crutches/walker come		
NURSING UNIT	ROOM NO.	BED NO.			
84V	AN	228803	Thanks!		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-2				HOURS	(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256  
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.  
MEDCOM - 20184



**CLINICAL RECORD**

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

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED								
2/28/03	[REDACTED]	Regular diet	15-18 18-21	X	[REDACTED]							
2/28/03	[REDACTED]	BR & BRP	15-18 18-21	X	[REDACTED]							

(b)(6) - 2

ALLERGIES:  YES  NO

NKDA

PRIMARY DIAGNOSIS:

GSW @ shoulder / @ foot

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

# [REDACTED] (b)(6) 4

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

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



Therapeutic Document (For Case Flow Medications)

DATE OF ORDER: 22 SEP 03 1505  
PATIENT NAME: ██████████  
MEDICATION NAME: IV: NS @ 120cc/

ORDER DATE: 22 SEP 03  
ORDER NUMBER: ██████████  
REQUANTIFIED MEDICATION NAME: IV: NS @ 120cc/  
DOSE FREQUENCY: QD  
DATE DISPENSED: 21 22

22 Sep 03 ██████████ IV: NS @ 120cc/ <sup>0418</sup> X O <sub>1806</sub> PO (S) → D'cd

22 Sep 03 RD Single Order Percocet 2 tabs in AM D/T/I 9123 0315 18

22 Sep 03 RD Motrin 800mg 2 breakfast D/T/I

PEN meds Percocet 2 tabs in AM D/T/I

22 Sep 03 RD IV Bolus T L NS D/T/I 22 Sep 03 0330 PD

ALLERGIES: NKDA ✓  
PATIENT'S PROBLEM: GSW @ shoulder / @ foot

ADDITIONAL PRICES INCLUDED  
 YES  NO

# ██████████ (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED. ORDER  
0 1 2 3 4 5 6 7 8 9  
10 11 12 13 14 15 16 17 18 19  
20 21 22 23 24 25 26 27 28 29

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG													
A	L	L	D	I		I	Z	(State or Country Code.)													
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX							
9	10	11	12	13	14	15	EPW # [REDACTED] (b)(6)-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								
8	8	8	8	8	8	8	8	3	4	4	X	9	UNK								
10. LENGTH OF SERVICE			ETS			11. FMP		12. SOCIAL SECURITY NUMBER													
32	33	34	---			35	36	[REDACTED]													
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		HOUR OF ADMISSION		BRANCH / CORPS											
---						46	2		0230		(b)(6)-4										
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															
---			R7	B	---																
17. UNIT LOCATION (State or Country Code)		18. MOS				19. TRAUMA		20. PREV. ADMISSION													
62	63	64	65	66	67	68	69	70	71	YEAR											
---		---				1		[X] NO													
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD		21. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE															
72	0		ILWI		UNK																
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD		22. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)															
---				---		UNK															
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD		23. TELEPHONE NUMBER OF EMERGENCY ADDRESSEE															
---				---		UNK															
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)													
73	74	75	76	77	78	79	80	81	82	83	84	85	86								
5	0	---				030923															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)													
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102						
AEAA				---				030922													
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)													
103	104	105	106	107	108	109	110	111	112	113	114	115	116								
---				---				---													
FOR LOCAL USE																					
GSW @ Shoulder, GSW @ foot																					
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> DX 8761 Trauma 9  8921 Inj 569  E9912  HAK </div>																					
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF CLERK															
[REDACTED] (b)(6)-2						[REDACTED] (b)(6)2															

DA FORM 3985 MAR 89

MEDCOM - 20188

(b)(6)-4

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) EPW [REDACTED] (b)(6)-4			3. GRADE EPW		ADMISSION REMARKS
4. SEX M	5. AGE 27	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION N	
11. FMP 99	12. SSN [REDACTED]	13. ORGANIZATION		14. WARD ICW1			
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN K78	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE WIA		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER				22. HOURS OF ADMISSION 0315	23. CLINIC SERVICE AEAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION d/c to camp	26. DATE OF DISPOSITION 22 Sep 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 22 Sep 03			ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] Baghdad				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED		

31. SELECTED ADMINISTRATIVE DATA  
(b)(2)-2

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Shrapnel @ hb/fb

890.0  
E991.2

93.57

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 1	f. TOTAL SICK DAYS 1
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

36. Total Days All Facilities

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

SIGNATURE OF ATTENDING MEDICAL OFFICER  
[REDACTED] (b)(6)-2 → [REDACTED]

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

Tag: and test by US. force trying to drive through clear point

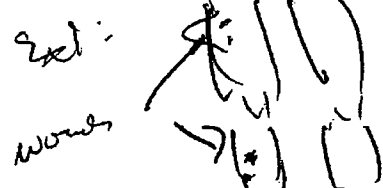
Amber P  
psstx unclear  
MOSS

PHYSICAL EXAMINATION

Hem: -

Ant: - 0A

Ext: -



wound @ thigh by surface, clean, soft compartments, 2-07 / PT

PROGRESS (Enter date of discharge and final diagnosis)

- Ⓐ Shaped wound
- Ⓑ Thigh leg
- Ⓒ observation

(b)(4) - 2

[REDACTED]	DATE	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  
FIRM (41 CFR) 201-45.505  
OCTOBER 1975  
USAPPC V1.00

(b)(6)-4

DATE

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

0036

27/1/60

presented in ED C/o pain to his (R) leg and pelvis area PB reveals PERNA LS = Clear all pulses skin warm & dry (+) Neuro, motor strength, Ph status he is walk but is able to move all extremities the (R) leg slowly PB has cool pedal pulses vital signs assessed T<sub>36.5</sub> 250cc/hr bloods drawn PB sent xray request

0100

PB →

xray

(b)(6)-2

0140

PB returned from xray PB endorse to Nurse

0038

BP 128/64 PR 88 R 18 SIT





MEDICAL RECORD      PROGRESS NOTES

DATE      NOTES

22 Sept 03 0325 Pt VSS alert and oriented (+) pedal pulses  
Lung sounds clear. CDT, drainage, swelling  
& bleeding.

23 Sept 1130 Assume duty of Pt VSS, A+R x3. Ambled to and from  
restroom. IV changed out. Pulse lower extremities good  
Reg diet maintained. DSy changed. Will continue to  
monitor.

22 SEP @ 2145 - Assumed care of pt @ 1800. VSS. Alert,  
speaking Arabic. T amb & assist to BR. LSCTA,  
TKR, (+) BS, void & difficulty. (R) thigh disj CDI,  
(R) shin disj CDI; (+) cmh. (R) FA IV. H/d, flushes  
well. awaiting ride to EPW camp. Pain well  
controlled & periodic. Plan: monitor NV status,  
monitor pain control. (b)(6)-2  
addendum: apt restraints on s/s of skin or circulation  
compromise.

23 Sept 05W Alert & oriented COB ambulating to BR. (A) FA  
HL patent/intact. Dry to (R) LE intact & dry.  
Bilateral pedal pulses palpable. Lower pain  
(R) this time Will continue plan of care.

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

DEPT./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.

# (b)(6)-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

<b>MEDICAL RECORD</b>		<b>EMERGENCY CARE AND TREATMENT (Patient)</b>			LOG NUMBER	TREATMENT FACILITY	(b)(2)-2
PATIENT'S HOME ADDRESS OR DUTY STATION					RECORDS MAINTAINED AT		
STREET ADDRESS					ARRIVAL		
CITY					DATE (Day, Month, Year)	TIME	
STATE					22 Sept 03		0030
ZIP CODE					TRANSPORTATION TO FACILITY		
					FIA		
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
N	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
			PRP				ADDITIONAL INSURANCE
AGE	HOME PHONE		FLYING STATUS			DD 2568 IN CHART	
27	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			NAME OF INSURANCE COMPANY	
CURRENT MEDICATIONS		INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT		
pb Denies		ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN
		IS THIS AN INJURY?					<input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES		INJURY/SAFETY FORMS			TETANUS		
pb Denies		HOW			DATE LAST SHOT	COMPLETED INITIAL SERIES	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT							
Leg GSW							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME	BP	PULSE	RESP	TEMP	WT
<input checked="" type="checkbox"/> URGENT	0030	0030	122/77	64	14	99.7	
<input type="checkbox"/> NON-URGENT	INITIALS						
	CUJ						
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	<input checked="" type="checkbox"/> PT/PTT	BHCQ/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE	
	<input checked="" type="checkbox"/> URINE C&S	<input checked="" type="checkbox"/> UA MSCC/CATH		CHEM: 12 Lytes		ACUTE ABDOMEN	
	<input type="checkbox"/> BLOOD C&S X					SINUS	
						ANKLE R/L	
						X Leg	
						KUP Pelvis	
ORDERS							
<input checked="" type="checkbox"/> PULSE OX	99%	<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
	1 Gram Micef IV				Gobs 2 LAD		
	Petnus 5cc IM						
	MSO4 5mg IV						
	Pungon 25 mg IV						
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.				
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
<input checked="" type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED						
<input type="checkbox"/> DETERIORATE		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			
(For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)							

(b)(6)-4

**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

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

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER AMW
----------------	--	------------------------------

TEST RESULTS										
CBC	WBC	14.5	SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>		
	H/H	16.4		SUP O2	PH	PO2	RESULTS	Ⓟ mult shaped hb/fb		
	PLT	228		PCO2	SAT	OTHER				
PT	136   104   9			DIP			EKG INTERPRETATION			
APTT	BHCG	ETOH	GLU	U/A	MICRO					

PROVIDER HISTORY/PHYSICAL  
27% → S/p GSW to Ⓟ hb/fb/

O: Aox4 in in mm dots. us) ~~had~~ active speech clear/articulate

~~trauma~~ op/wr clear/pat mm rd

ox c tra Ⓟ

Wt mm @ 6-17

At: Ⓟ 4cm open wound lat ant Ⓟ mid fb

Ⓟ small puncture wound Ⓟ lat fm

NV not 2pt/cns of C2 sec

flm unble Ⓟ

A/P: mult shaped Ⓟ hb/fb NV not

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
AMW			[redacted]
			PROVIDER SIGNATURE AND STAMP
DIAGNOSIS			[redacted] (b)(6)-2
			CODES

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)

[redacted]

(b)(6)-4

EMERGENCY CARE AND TREATMENT (Doctor)  
Medical Record

STANDARD FORM 558 (REV. 9-96)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1.00

MEDCOM - 20195

<b>MEDICAL RECORD</b>	<b>VITAL SIGNS RECORD</b>
-----------------------	---------------------------

HOSPITAL DAY		21 Sept	22 Sept	23 Sept															
POST-MONTH-YEAR	DAY	21 Sept		22 Sept		23 Sept													
19	HOUR	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500
PULSE (O)	TEMP. F (°)			104															
	TEMP. C			40.6															
180	104°																		
170	103°																		
160	102°																		
150	101°																		
140	100°																		
130	99°																		
120	98.6°																		
	98°																		
110	97°																		
100	96°																		
90	95°																		
80																			
70																			
60																			
50																			
40																			

Centigrade Equivalents, for Reference only

RESPIRATION RECORD		21 Sept	22 Sept	23 Sept
BLOOD PRESSURE		120/80	110/70	120/80
HEIGHT:	WEIGHT →	5'8"	145 lb	5'8"
		98	175	98
		POX		

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

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

REGISTER NO. \_\_\_\_\_ WARD NO. \_\_\_\_\_

**VITAL SIGNS RECORDS**  
Medical Record

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

(b)(6)-2

(b)(6)-4

(b)(6)-7

Ward/Section: ENT REQUESTING PHYSICIAN: DR [REDACTED] LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST FIRST MI: [REDACTED] DATE: 22/09/03 TIME: 01:05 SSN/PSEUDO SSN: [REDACTED]

(Hematology) CBC

WBC	14.5 H	x10 <sup>3</sup> /dL	4.5	10.5
RBC	5.26	x10 <sup>6</sup> /dL	4.00	6.00
Hgb	16.4	g/dL	11.0	18.9
Hct	49.6	%	35.0	60.0
MCV	94.4	fL	80.0	99.9
MCH	31.1 H	pg	27.0	31.0
MCHC	33.0 L	g/dL	33.0	37.0
Plt	228	x10 <sup>3</sup> /dL	150	450
LYZ	19.6	U/L	20.5	51.1
LYP	2.8	x10 <sup>3</sup> /dL	1.2	3.4

Urinalysis

PICCOLO

22/09/03 01:24

REFERENCE RANGE: MALE

PATIENT #: [REDACTED]

METLYTE 8

DISC LOT #: (b)(6)-2 3141AA4

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

PICCOLO

22/09/03 01:07

REFERENCE RANGE: MALE

PATIENT #: [REDACTED]

GENERAL CHEMISTRY 12

DISC LOT #: 3204AA4 (b)(6)-2

OPER #: [REDACTED] DR #: 000

SERIAL #: [REDACTED]

(Hematology) DIFFERENTIAL

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	

GLU	97	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	245	39-380	U/L
NA+	136	128-145	MMO/L
K+	3.5	3.3-4.7	MMO/L
CL-	104	98-108	MMO/L
tCO2	25	18-33	MMO/L

ALB	4.2	3.3-5.5	G/DL
ALP	65	26-84	U/L
ALT	55*	10-47	U/L
AMY	56	14-97	U/L
AST	41*	11-38	U/L
TBIL	0.4	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA++	9.2	8.0-10.3	MG/DL
CHOL	119	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	104	73-118	MG/DL
TP	8.8*	6.4-8.1	G/DL

RBC Morph

INST QC: OK CHEM QC: OK

INST QC: OK CHEM QC: OK

INST QC: OK CHEM QC: OK

RAPIDPOINT COAG ANALYZER V4.54  
SERIAL #005485 09/22/03 01:06 AM

Patient ID: [REDACTED] (b)(6)-4

Test Name: PT

Test Result: 12.7 sec.

RESULT NOT RANGE CHECKED\*\*

Operator: [REDACTED] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54  
SERIAL #005485 09/22/03 01:09 AM

Patient ID: [REDACTED] (b)(6)-4

Test Name: APTT

Test Result: 33.9 sec.

RESULT NOT RANGE CHECKED\*\*

Operator: [REDACTED] (b)(6)-2

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0, ICT 0

**MUST SUBMIT TO THE**

**EVERY UNIT REQUESTED**

ABO/Rh	AB Pos
Anticrossmatch (EVERY UNIT OF BLOOD TESTED)	CROSSMATCH

REMARKS:

REPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDCOM - 20197

(b)(6)-2

Ward/Section: <u>EM</u>			REQUESTING PHYSICIAN: <u>[REDACTED]</u>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>[REDACTED]</u>			DATE: <u>2/25/18</u>		TIME: <u>0030</u>		SSN/PSE/DO SSN: <u>[REDACTED]</u>	
<b>(STAT)</b>			<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	<b>(Piccolo) Metlyte 8</b>			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

(b)(6)-4



(b)(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. Yr. 2003	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION			
ORDER DATE	CLEVER NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED	
22 Sep 03	[Redacted]	Routine Vitals	08:00	X	[Redacted]
22 Sep 03	[Redacted]	Daily Dsg AS @ leg WTD	10	X	[Redacted]
22 Sep 03	[Redacted]	Reg diet	08:00	X	[Redacted]
22 Sep 03	[Redacted]	Up ad lib	08:00	X	[Redacted]

(b)(6)-2

ALLERGIES:  YES  NO  
 NKPA

PRIMARY DIAGNOSIS:  
 Shrapnel @ tib fib

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

PATIENT IDENTIFICATION:  
 # [Redacted] (b)(6)-4

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

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





(b)(6)-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. Yr.

Table with columns: ORDER DATE, CLERK/NURSE, RECURRING MEDICATIONS, DOSE, FREQUENCY, HR, DATE DISPENSED. Contains handwritten entries for HL IV flush, PRN meds (Percocet), MSOA, Ambien, and Phenergan.

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: NIDA shrapnel @ tib fib

PATIENT IDENTIFICATION: # [redacted]

DISPENSING TIMES: USE PENCIL. CIRCLE MED TIMES

Dispensing times grid with columns D 7-14, E 15-22, N 23-06.

**ADMISSION AND CODING INFORMATION**

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

1. REPORTING MTF						2. MTF LOCATION													
1	2	3	4	5	6	7	8	(State or Country Code.)											
A	1	1	D	1		I	Z												
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15	EPW # [REDACTED] (b)(6)-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	UNIK						
2	2	2	2	2	2	2	2	2	7	y	X	9							
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER											
32	33	34				35	36	37	38	39	40	41	42	43	44	45			
						4	9	[REDACTED]											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		HOUR OF ADMISSION		BRANCH / CORPS (b)(6)-4									
						46													
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 <input checked="" type="checkbox"/> NO									
					1														
20. SOURCE OF ADMISSION AUTHORITY FOR ADMISSION				WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72				ICWI		UNIK													
						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)													
						UNIK													
						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
						UNIK													
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)											
73	74	75	76	77	78	79	80	81	82	83	84	85	86						
5	0									0	3	0	9	2	2				
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)											
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102				
A	E	A	A									0	3	0	9	2	2		
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)											
103	104	105	106	107	108	109	110	111	112	113	114	115	116						
FOR LOCAL USE																			
Shrapnel (2) tb/fib												DX 8911 PROC 9659							
												E 9912							
												Trauma 99							
												Inj 569							
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK													
[REDACTED] (b)(6)-2						[REDACTED]													

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

2(6)-4

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, Middle Initial) [REDACTED]		3. GRADE [REDACTED]		ACMISSION REMARKS	
4. SEX M	5. AGE 27	6. RACE Z	7. RELIGION UNK	8. LENGTH OF SVL [REDACTED]	9. ETS [REDACTED]		10. PREVIOUS ADMISSION
11. FMP 99	12. SSN [REDACTED]	13. ORGANIZATION [REDACTED]		14. WARD ICU1			15. FLYING STATUS
16. RATING/DSG [REDACTED]	17. DEPT./BEN K79	18. BRANCH/CORPS [REDACTED]	19. UIC/ZIP [REDACTED]	20. TYPE CASE NBI			21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER
22. HOURS OF ADMISSION 0845		23. CLINIC SERVICE ABMA		24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE [REDACTED]			25. TYPE DISPOSITION 05
26. DATE OF DISPOSITION 030924		27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) [REDACTED]		27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 030922		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] (BAGHDAD)		30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED			

(b)(2)-2

33. CAUSE OF INJURY  Check if Continued on Reverse

**BLAST INJURY**

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

**DX: BURNS TO HANDS, FACE AND BACK**

948.20
941.20
944.20
943.25
942.24
872.61
882.1
E993

35. Total Days This Facility

a. ABSENT SICK DAYS ①	b. OTHER DAYS ①	c. CONV. LV/CCCP CARE DAYS ①	d. SUPPLEMENTAL CARE DAYS ①	e. BED DAYS ②	f. TOTAL SICK DAYS ②
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

36. Total Days All Facilities

a. ABSENT SICK DAYS ①	b. OTHER DAYS ①	c. CONV. LV/CCCP CARE DAYS ①	d. SUPPLEMENTAL CARE DAYS ①	e. BED DAYS ②	f. TOTAL SICK DAYS ②
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

SIGNATURE: [REDACTED] DR. [REDACTED]

(b)(6)-2

MEDCOM - 20204

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

27yo Iraqi civilian male s/p Blast injury & burns to face, Bil hands + (C) shoulder & back.

meds  
0

phmed Hx  
?

psurg Hx  
?

PHYSICAL EXAMINATION

Pox - 98% <sup>NA</sup> BP 132/78 T - 97 HR ~ 85 RR 23

HEENT - ruptured (C) TM / Plast burn face

General - Patient distress

Lungs - CTA (B)

Abd - benign / Back - burn to (C) shoulder & back

Ext - 1 Burn to Bil hands / ? sharp wounds

PROGRESS (Enter date of discharge and final diagnosis)

App: Blast injury & Burns to hands/face & back

- (1) Admit
- (2) Ice monitoring for airway compromise

(b)(6)-2

SIGNATURE

PATIENT IDENTIFICATION

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

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

# [redacted]

(b)(6)-4

ABBREVIATED MEDICAL RECORD  
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FIRM (41 CFR) 201-45.505  
OCTOBER 1975  
USAPPC V1.00

MEDCOM - 20205

PAT NAME

LAST NAME

MODULE INITIAL

ID NUMBER

DATE

NOTES

12 Sep 1980

Cont. VSS. Stable burns to face 10. pt has 2° burn to hands bilaterally and to @ scapula. IV site 5 erythema or swelling - LR @ 125 cc/hr. will continue to monitor

13 Sep 03

Received report from outgoing shift. VSS, afebrile. IV site intact LR @ 120 cc/hr. remained NPO, dressing intact. Plan: Reassess change diet to regular, burn care, DC Foley

0800

1500

Pt up to the bathroom, washed hair rinsed from the incident yesterday. Wounds <sup>even</sup> burnt areas to the face, hands + scapulae area care done per protocol. Reassessment to the face, sublingual assessment to the ears + reevaluate cream to the hands. Pt denies pain & during dressing change. Received a total of H504 10 mg (5 mg per dressing change + 5 mg on low later). Plan: Transfer to ICU 2. DC IV to HC when tolerating meals and DC Foley & emultation - physician

1535

Rec'd report on pt from ICU 2. Pt ambulated to ICU 1. Pt has burns to facial area, back in placed on face. Both hands bandaged. Dsg D&I. Wdg to @ shoulder area D&I. @ A/C patent @ SIS of redness or edema at insertion site. @ clo pain, resp distress or discomfort @ present time. Will continue to monitor VSS - (b)(7) - 2

1650

1711

MC PT Foley, 650cc in Foley bag I concur c assessment above

CIU

[Redacted] b64

STANDARD FORM 509 (REV. 6/1989) BACK USAPA V1.00

MEDCOM - 20206

MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE	TIME	NOTES
22 Sep 03	0900	Admission note
T 97-0-83-22-132/78		Injured male involved in a recent explosion admitted to unit about. Unable to speak English. PERCIA, (D) hand covered in dressing, (L) hand in small multiple superficial wounds. Face & hair small "burnt". Verbalizes pain to head & hands. Blot (dry) noted from the nose. No active bleeding. Plan: X-ray hands & head. Pain managed [redacted] xg/1m
	0915	Medicated E MSO4 4mg IV for pain. Applied pelvane to both hands & back, no blisters noted on the hands, few small blisters noted on the (L) scapular area. Advising pt to calm down before debridement. Chest & hands X-ray pending [redacted] xg/1m
	1030	Chest & hand X-ray done. Pt continue to have 98% SpO2 in RA.
	1100	Gave another dose of MSO4 5mg IV. Foley draining clear yellow urine. Pt verbalizes in pain.
	1500	Pt denied need for pain medication @ this time. Looked at face in the mirror, appeared to have calmed down after confirming face not deformed. Aftabite [redacted] xg/1m
	1600	Pt denied pain @ this time. Foley draining 95 yellow urine > 60cc/hr. IVF LR @ 120cc/hr, pt remained DPO. Aftabite. V55 [redacted] Maj 1AW
	1800	received report from day shift. pt is laying in bed - cont

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.

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

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

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
1950 23 Sep 63	Rt 010, vss, bacitracin applied to facial burns, drug A'd to burn site on extr + @ shoulder. silvadene applied. pre-medicated c msd 5mg, then another 5mg 1 hr later. o resp. distress noted. LR unfixing unto @ AC 5. edema on redness @ site. voiding via urinal + amb- ulating 5 difficulty. Will monitor
24 Sep 63	Abx given, sleeping c o distress noted
0500	I/O recorded on form DD 792
0530	labs drawn from @ AC. Heparin 40 given
24 Sept 63 @ 246	Received pt rooming in bed in Stab's room. vss A/O x3, amb indep. Obv. Drug A'd to hands but done, w/ silvadene cream. instructed pt on drug changes via interpreter. IV replaced. SVGS per appearance - unable to record exact amt as pt cont to void in toilet per <sup>pr</sup> dispt need. Bacitracin placed on face to keep moist. instructed pt per interpreter. Will not

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] (b)(6)-4

PROGRESS NOTES  
Medical Record  
STANDARD FORM 509 (REV. 6/1969)  
Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00



LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

To monitor pt. Waiting for side work. D/C order written. Narrative Summary furnished PAD & notified of orders. D/C meds furnished into pharmacy. [REDACTED] (b)(6) - 2

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE

NOTES

24 SEP 03

PK Summary

D435

27 to 30 Dec. to 60% BSA. (Mental thickness  
 brain includes brain of face + hands observed  
 to be away injury. PT will need continued  
 treatment of hands + feet + shoulders + face  
 + treatment for 14 days. Recommend civilian  
 follow-up in 7-10 days. Prolonged preservation  
 for 04.5



(b)(6)-2

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.

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

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1989)  
 Prescribed by GSANCNR FPMR (41CFR) 101-11.203(b)(10)  
 USAPA V1.00

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
23 Sep 03	Surgery PT SNABLE / ACORN WOUNDS: CNA Care: all Add: SUT, INC, W WOUNDS: Dressings on place Lp: SNABLE Plans: to ward ADVANCE MET Ambulate <div style="background-color: black; width: 100px; height: 50px; display: inline-block; vertical-align: middle;"></div> (b)(6)-2
24 Sep 03	Surgery PT SNABLE WOUNDS Healing well may go home today Needs to cover his Dressing As Pm 7-10 Wags can Borrowers to face and <div style="background-color: black; width: 100px; height: 50px; display: inline-block; vertical-align: middle;"></div> (b)(6)-2

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

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

MEDCOM - 20211

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT (Patient)

LOG NUMBER TREATMENT FACILITY

RECORDS MAINTAINED AT

(b)(7)-2

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

ARRIVAL

CITY

DATE (Day, Month, Year)

TIME

TRANSPORTATION TO FACILITY

SEX

DUTY/LOCAL PHONE

MILITARY STATUS

THIRD PARTY INSURANCE

AREA CODE NUMBER

ITEM YES NO N/A

ITEM YES NO

AGE

HOME PHONE

PRP

FLYING STATUS

ADDITIONAL INSURANCE

DD 2568 IN CHART

AREA CODE NUMBER

MEDICAL HISTORY OBTAINED FROM

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS

INJURY OR OCCUPATIONAL ILLNESS

EMERGENCY ROOM VISIT

ITEM YES NO WHEN (Date)

DATE LAST VISIT

24 HOUR RETURN

YES NO

ALLERGIES

IS THIS AN INJURY?

WHERE

INJURY/SAFETY FORMS

HOW

TETANUS

DATE LAST SHOT

COMPLETED INITIAL

SERIES YES NO

CHIEF COMPLAINT

Burn, shrapnel

CATEGORY OF TREATMENT

EMERGENT

TIME

VITAL SIGNS

URGENT

0845

BP

PULSE

NON-URGENT

INITIALS

RESP

TEMP

WT

LAB ORDERS

CBC/DIFF

ABG

PT/PTT

BHCG/URINE/BLOOD/QUANT

X-RAY ORDERS

URINE C&S

UA MSCC/CATH

CHEM: 12

CXR PA & LAT/PORTABLE

C-SPINE

BLOOD C&S X

ACUTE ABDOMEN

LS SPINE

SINUS

HEAD CT

ANKLE R/L

PULSE OX

ORDERS

MONITOR

ECG

TIME

ORDERS

BY

COM

TIME

PATIENT'S RESPONSE

0846 IV 1/2 sage @ AC

0845 Foley Cath

0845 2mg Morphine

DISPOSITION

DISPOSITION QUARTERS /OFF DUTY

PATIENT/DISCHARGE INSTRUCTIONS

HOME

FULL DUTY

24 HRS.

48 HRS.

78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

CONDITION UPON RELEASE

ADMIT TO UNIT/SERVICE

REFERRED TO

WHEN

IMPROVED

UNCHANGED

DETERIORATE

TIME OF RELEASE

I have received and understand these instructions.

PATIENT'S IDENTIFICATION

(For typed or written entries, give: Name -- last, first, middle, ID no. (SSN or other); hospital or medical facility)

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

(b)(6)-4



(b)(6)-2

(b)(6)-4

Ward/Section: EMT			ESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI [REDACTED]			DATE 22 Sep		TIME 0954		SSN/PSEUDO SSN: [REDACTED]	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>3</sup>	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT / PTT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 22 Sep 03		LAB ID NO.:			

(b)(6)-2

ID: [REDACTED] 22-09-03  
 WB [REDACTED] 09:30  
 Patient  
 Limits

WBC	14.8 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	5.20	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	15.7	g/dL	11.0	18.0
Hct	48.0	%	35.0	60.0
MCV	92.3	fL	80.0	99.9
MCH	30.2	pg	27.0	31.0
MCHC	32.7 L	g/dL	33.0	37.0
Plt	310.	x10 <sup>3</sup> /uL	150.	450.
LYZ	40.1 *	%	20.5	51.1
LY#	5.9 *	x10 <sup>3</sup> /uL	1.2	3.4

ID: [REDACTED] 22-09-03  
 WB [REDACTED] 09:30  
 Patient  
 Limits

WBC	13.2 H	x10 <sup>3</sup> /uL	4.5	10.5
RBC	5.31	x10 <sup>6</sup> /uL	4.00	6.00
Hgb	15.7	g/dL	11.0	18.0
Hct	48.9	%	35.0	60.0
MCV	92.0	fL	80.0	99.9
MCH	29.6	pg	27.0	31.0
MCHC	32.1 L	g/dL	33.0	37.0
Plt	242.	x10 <sup>3</sup> /uL	150.	450.
LYZ	23.2 *	%	20.5	51.1
LY#	3.1 *	x10 <sup>3</sup> /uL	1.2	3.4

(b)(6)-4

RAPIDPOINT COAG ANA  
 SERIAL [REDACTED] 09/22/03 09:30 AM

Patient ID: [REDACTED]  
 Test Name :PT  
 Test Result:= 14.1 sec.  
 \*\*\*RESULT NOT RANGE CHECKED\*\*\*  
 Ratio = 1.2  
 Calculated INR = 1.26  
 Sample Type:citrated wh. blood  
 Test Date :09/22/03  
 Test Time :09:26 AM  
 Card Lot :010301  
 Operator : DAVIS

(b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL [REDACTED] 09/22/03 09:31 AM

Patient ID: 821  
 Test Name :APTT  
 Test Result:= 46.8 sec.  
 \*\*\*RESULT NOT RANGE CHECKED\*\*\*  
 Sample Type:citrated wh. blood  
 Test Date :09/22/03  
 Test Time :09:28 AM  
 Card Lot :10020E  
 Operator : DAVIS

i-STAT EC8+  
 Pt: [REDACTED]  
 Pt Name: \_\_\_\_\_

Glu	162 mg/dL
BUN	16 mg/dL
Na	139 mmol/L
K	3.3 mmol/L
Cl	105 mmol/L
TCO2	26 mmol/L
AnGap	12 mmol/L
Hct	51 %PCV
Hb*	17 g/dL
*via Hct	
pH	7.387
PCO2	41.6 mmHg
PO2	35 mmol/L





(b)(6)-2

Ward/Section: <b>ICW1</b>			REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM Subject to the Privacy Act of 1974		
LAST, FIRST, MI. # [REDACTED]			DATE: <b>24 Sep 0600</b>		TIME: <b>0600</b>		SSN/PSEUDO SSN: # [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	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/dl
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L				CL <sup>-</sup>		98-108 mmol/l
HCO3		22-26 mmol/L 23-28 mmol/L				iCO2		18-33 mmol/l
SO2		95-98%				<b>(Piccolo) Liver Panel Plus</b>		
BEef		(-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				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
<b>Misc. Chemistry</b>						TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE						
Tropoin-I								
Drug of Abuse								
<b>REMARKS:</b>								
<b>REPORTED BY:</b>								

(b)(6)-4

===== PICCOLO =====  
 09/24/03 05:26 AM  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] (b)(6)-4  
 METLYTE 8  
 DISC LOT #: 3152AM  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]  
 ... (b)(6)-2 ...  
 GLU 104 73-118 MG/DL  
 BUN 7 7-22 MG/DL  
 CRE 1.2 0.6-1.2 MG/DL  
 CK 226 39-380 U/L  
 NA+ 125\* 128-145 MMOL/L  
 K+ 4.1 3.3-4.7 MMOL/L  
 CL- 97\* 98-108 MMOL/L  
 tCO2 22 18-33 MMOL/L  
 INST QC: OK CHEM QC: OK  
 HEM 0, LIP 0, ICT 0

(b)(6)-2

Ward/Section: <b>ICW 1</b>		REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # [REDACTED]		(b)(6) 4		DATE: <b>24 Sep</b>	TIME: <b>0550</b>	SSN/PRELUO SSN: (b)(6) -4		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>
WBC		4.8-10.8 x10 <sup>6</sup>	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10 <sup>6</sup>	App		N/A	Mono		Negative
Hgb		14-18 g/dl(M) 12-16 g/dl(F)	Glu		Negative	<b>Microbiology</b>		
Hct		42-52%(M) 37-47%(F)	Bili		Negative	Source		
MCV		80-94 f(M) 81-99 f(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10 <sup>3</sup> verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	<b>Macroscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	<b>CSF</b>			<b>Blood Bank</b>		
Set Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
<b>TEST</b>	<b>RESULT</b>	<b>REF. RANGE</b>	<b>UNIT</b>	<b>TYPE</b>	<b>CROSSMATCH</b>			
PT		9.8-13.6 secs						
APTT		21-34 SESS						
D dimer		<20 ug/ml						
FDP		< 10 ug /ml						
<b>REMARKS:</b>								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 20218

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION

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

DATE OF ORDER: 22 Sept 63  
TIME OF ORDER: \_\_\_\_\_ HOURS

- (1) Admit to ICU #1
- (2) Dx - Burn injury
- (3) Condition - stable
- (4) Vitals - per ICU protocol
- (5) Allergies - Unknown
- (6) Activity - Bedrest

NURSING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

PATIENT IDENTIFICATION

DATE OF ORDER: \_\_\_\_\_ TIME OF ORDER: \_\_\_\_\_ HOURS

- (7) Foley to gravity
- (8) Nursing - notify MD for temp > 100.4, SpO2 160/90 or c 90/80; HR > 120 or < 50 RR > 25 or < 10, UAP c 40cc/hr for < 95%

NURSING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

PATIENT IDENTIFICATION

DATE OF ORDER: \_\_\_\_\_ TIME OF ORDER: \_\_\_\_\_ HOURS

- (9) Diet - NPO
- (10) IVR - 125cc/hr LR ✓
- (11) LABS - C
- (12) PA & LAT Chest XRAY XRAY bil hands

NURSING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

PATIENT IDENTIFICATION

DATE OF ORDER: \_\_\_\_\_ TIME OF ORDER: \_\_\_\_\_ HOURS

- (13) Meds - MSO4 - 2-4 ug IV q 3-4 pm
- (14) Silvadene cream to Bil hands and (15) back/shoulder burns
- Breitaer ointment to face

NURSING UNIT: 240 ✓ ROOM NO.: [redacted] BED NO.: [redacted]

(b)(6)-2

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED. MEDCOM - 20219

14C 0177/5/10/1  
 2- (b)(6)-2  
 [redacted]





(b)(6)-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. Yr.

VERIFY BY INITIATING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED											
				20	23	24	25	26	27						
22 Sept	[REDACTED]	IVF: LR @ 125cc/hr (may HL IV)	06	/	/										
22 Sept	[REDACTED]	Zantac 50mg IV PB q8°	08	/	/										
			16	/	/										
			24	/	/										
23 Sept	[REDACTED]	Nepanin 5000e SQ q 12	06	/	/										
23 Sept	[REDACTED]	HL IV	18	/	/										
			06	/	/										
			12	/	/										
			18	/	/										
			06	/	/										

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

Burn injury

ADDITIONAL PAGES IN USE:  
 YES  NO

PATIENT IDENTIFICATION:

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

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



CLINICAL RECORD

THI

PERIOPERATIVE DOCUMENTATION CARE PLAN

(N-MEDICATION)

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

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				22	23	24	25	26	27									
22 Sept	[redacted]	condition stable	06	/														
			18															
22 Sept	[redacted]	vitals - per ICU protocol	06	/														
			18															
22 Sept	[redacted]	Activity: Bedrest	06															
			18															
22 Sept	[redacted]	Foley to gravity	06	/														
			18															
22 Sept	[redacted]	Nursing - notify MD	06															
		for Jmp > 100.4, BP > 160/90	18															
		or < 90/50; HR > 120 or < 60																
		RR > 25 or < 10. UOP < 40 ml/hr																
		Pox < 95%																
22 Sept	[redacted]	Diet - NPO	06															
			18															
22 Sept	[redacted]	Silvadent cream to	06															
		Bil hands and @ back/	18															
		Shoulder burns BID																
22 Sept	[redacted]	Bactroin ointment to	06															
		face BID	18															
23 Sept	[redacted]	Up Ad-lib	06															
			12															
			18															
23 Sept	[redacted]	Reg diet	06															
			12															
			18															
			06															
			10															
			14															
			18															

(b)(6) - 2

(b)(6) - 2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

NKDA

Burn injury

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

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

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





CLINICAL RECORD

TH

PHARMACEUTIC DOCUMENTATION CARE PLAN

(NON-MEDICATION)

For use of this form, see AR 40-4 the proponent agency is the Office of The Surge General.

Mo. Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED	
23 Sep	[REDACTED]	Act. Op ad-lib	06 12	23	24
23 Sep	[REDACTED]	VS Q4 <sup>o</sup>	06 10 14 18 22 02		
23 Sep	[REDACTED]	I 20 q shift call	06 12		
23 Sep	[REDACTED]	Jon road < 300 q shift	06 12		
23 Sep	[REDACTED]	Hk IV	06 12		
23 Sep	[REDACTED]	Reg diet	07 12		
23 Sep	[REDACTED]	Silverone to ext	06 12		
		buns	06 12		
		Bacitracin to face	06 12		
		PRN keep face moist	06 12		
23 Sep	[REDACTED]	CBC + chem 7 q AM	06		

(b)(6)-2

(b)(6)-2

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

Burn injury

ADDITIONAL PAGES IN USE:

YES  NO

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

PATIENT IDENTIFICATION:

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

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

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





OUTPUT																													
URINE						NASOGASTRIC																							
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL																				
2000	400	400cc																											
2230	200	600																											
2400	520	1120cc																											
24 Sep 03 (0001-1800)																													
0200	250	250cc																											
CHEST						EMESIS																							
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL																				
STOOLS					OTHER OUTPUT																								
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL																					
					GRAND TOTAL OUTPUT																								
REMARKS																													
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility). # [REDACTED] (b)(6)-4						INTAKE EQUIVALENTS (Serving levels cc) <table border="0"> <tr> <td>MEDICINE GLASS (1 oz) . . . . .</td> <td>30</td> <td>HALF PINT MILK . . . . .</td> <td>240</td> </tr> <tr> <td>. . . . .</td> <td>120</td> <td>LARGE SOUP BOWL . . . . .</td> <td>240</td> </tr> <tr> <td>SMALL FRUIT CUP . . . . .</td> <td>160</td> <td>LARGE WATER GLASS . . . . .</td> <td>240</td> </tr> <tr> <td>COFFEE MUG . . . . .</td> <td>180</td> <td>PLASTIC OR PAPER</td> <td></td> </tr> <tr> <td></td> <td></td> <td>JUICE CONTAINER . . . . .</td> <td>180</td> </tr> </table>				MEDICINE GLASS (1 oz) . . . . .	30	HALF PINT MILK . . . . .	240	. . . . .	120	LARGE SOUP BOWL . . . . .	240	SMALL FRUIT CUP . . . . .	160	LARGE WATER GLASS . . . . .	240	COFFEE MUG . . . . .	180	PLASTIC OR PAPER				JUICE CONTAINER . . . . .	180
MEDICINE GLASS (1 oz) . . . . .	30	HALF PINT MILK . . . . .	240																										
. . . . .	120	LARGE SOUP BOWL . . . . .	240																										
SMALL FRUIT CUP . . . . .	160	LARGE WATER GLASS . . . . .	240																										
COFFEE MUG . . . . .	180	PLASTIC OR PAPER																											
		JUICE CONTAINER . . . . .	180																										



TIA SHIFT ASSESSMENT

Time: 0700 Initials: [redacted]

Time: Initials:

pils  
Sensoria  
LOC / QS

PERALA  
Alert & oriented x3  
Able to verbalize needs, follows  
commands thru the interpreter.  
SB low 50's

Cardiac Rhythm  
PR / QRS:  
Pulse Strength  
C Retil / JVD  
Edema  
Chest Pain

Strong pedal & radial  
< 3 seconds  
mild edema both lower  
burn injury

Respiration Pattern  
Breath Sounds  
Secretions  
Cough

RRR  
CTA E ↓ ⊕ mit valve, pt  
rashes  
none

Color  
Integrity  
Backside

WNL for hacc. Facial flush  
burn applied Resitron. Burns  
to ⊕ ulcers upper back &  
scapular bands

Access Devices  
Location  
Condition

⊕ arm (AC)  
D + I no ventilation or redness

Abdomen  
Bowel Sounds  
Stoma/Ostomy

⊕ Bowel all quadrants

Device  
Color / Clarity

falsy to granuly  
clear yellow urine

PREPARED BY (Signature & Time)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last,  
first, middle; grade; date; hospital or medical facility)  
NAME: [redacted] May 14/03  
(b)(6)-2

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

DATE  
23 Sep 03

UNIT:  
STATUS: US: AD / CIV

RANK:  
AGE:  
GENDER:  
IRAQI: CIV / EPW

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

DA FORM 4700, MAY 78

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

LSAPPC V2.00

PATIENT NAME

DATE

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
PR INV	112	124	124			132	124	123	124																
IBP	81	73	72			78	64	64	61																
P	77.8	53	60	97.6		63	62	61	58																
PULSE	67	55	60			94	68	69	67																
ESP	11	14	22			94	94	94	99																
SP02	98	94	94			94	94	94	94																
FI02	NR	NR	NR			NR	NR	NR	NR																
INPUT																									
IV LR	125	125	125	125	125	125	125	125	125																
PO																									
NGT																									
O.R. IN																									
SUB TOTAL																									
TOTAL																									
OUTPUT																									
URINE	300					320			500																
NGT																									
STOOL																									
O.R. OUT																									
SUBTOTAL																									

MEDCOM - 20232



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** *66-2*

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT					
		TIME	0830	INTILAS	1800	INTILAS	INTILAS
NEURO	PUPILS		PERLA		PERAL		
	SENSORIUM		A + O X3, able to verbalize needs		A + O X3 responds to verbal + pain stimuli		
RESPIRATORY	RESPIRATION PATTERN		RRR CTA		RRR		
	BREATH SOUNDS		Lat 98-100% RA		CTA bilaterally		
	SECRETIONS		none		ADN =		
SKIN	COLOR		WNL - flush i°		WNL 10 fingers to face		
	INTEGRITY		Burns to the face ② Meppals, 2 hands		20 40 (R) @ hands ① scalds		
LIV SITE	LOCATION		(R) AC #18		(R) A1		
	CONDITION		Started 9/22/03 ER LR @ 125 c/min		EDI No signs of emphysema or swelling LA 125 c/min		
GASTRO	ABDOMEN		Soft - non tender		Soft non tender		
	BOWEL SOUNDS		Active bowel sounds placed NPO on admit		active BS YU quads NPO		
GU	URINE		Spicy, clear yellow urine		Spicy to grossly clear yellow		
	COLOR/CLARITY						
CARDIOVASCULAR	CARDIAC RHYTHM		NSR 3 ectopy e ↓ 60s pulses strong radial & pedal		5, 5, 5 extra sounds pulses 42 with extra app radial 73 beats		
	LEGEND		Cr - Creatinine FiO <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>2</sub> O <sub>2</sub> - Bicarbonate		ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure		S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

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

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

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

DA FORM 4700  
1 MAY 78  
Proponent Dept of Nurs

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

MEDCOM - 20233





1. REPORTING MTF						MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG											
A	I	I	D	I	I	I	Z	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)			4. PAY GRADE		5. SEX
								[REDACTED]						[REDACTED]		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	UNK						
UNK											Z	9							
10. LENGTH OF SERVICE			ETS			11. FMP		12. SOCIAL SECURITY NUMBER											
32	33	34	[REDACTED]			35	36	[REDACTED]											
						9	9	(b)(6)-4											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS								
[REDACTED]						46			0845		[REDACTED]								
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	9														
17. UNIT LOCATION (State or Country Code)		18. MOS				19. TRAUMA			PREV. ADMISSION										
62	63	64	65	66	67	68	69	70	71	YEAR									
									9	<input checked="" type="checkbox"/> NO									
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION		WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE														
72		ICU1			UNK														
					ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)														
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																	
[REDACTED]		UNK																	
21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)													
73	74	75	76	77	78	79	80	81	82	83	84	85	86						
0	5							0	3	0	9	2	4						
24. CLINIC SVC - ADMITTING		25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)													
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102				
A	B	M	A							0	3	0	9	2	2				
27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)													
103	104	105	106	107	108	109	110	111	112	113	114	115	116						
FOR LOCAL USE																			
DX: BURNS TO HANDS, FACE AND BACK DX: 94120 -94224 94420 94800 8821 E9919 Trauma 9 Injury 599																			
ADMITTING OFFICER						SIGNATURE OF ADMITTING CLERK													
[REDACTED]						[REDACTED]													

DA FORM 2035, MAR 89

USAPPCV1.0

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MEDCOM - 20236

**PATIENT'S CLEARANCE RECORD**

For use of this form, see AR 40-2; the proponent agency is OTSG


DATE OF DISCHARGE

26 Sep 03

TIME OF DISCHARGE

0900

SIGNATURE OF WARD OFFICER

 g/wm/c

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PATIENT'S IDENTIFICATION

**ACTIVITY CLEARANCE**

(The final activity with which the patient must clear will be the disposition office.)

Military	INITIALS*	Non-military	INITIALS*
1. Patient's Trust Fund		1. Patient's Trust Fund	Z
2. Medical Services Account Officer		2. Medical Services Account Officer	
3. Clothing and Baggage		3. Clothing and Baggage	
4. Medical Holding Unit		4. Postal Service	
a. Supply		5. Change of Address	
b. Pay Section		6. Other (Specify)	
c. Service Records		7.	
d. Insurance and Allotments		8.	
5. Postal Service		9.	
6. Change of Address		10.	
7. Other (Specify)		11.	
8.		12.	
9.		13.	

REMARKS

DATE

26 Sep 03

SIGNATURE OF PATIENT ADMINISTRATOR

 (b)(6)-2

\* INITIALS OF PERSON AUTHORIZING CLEARANCE.

INPATIENT TREATMENT RECORD COVER SHEET

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

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1. REGISTER NUMBER		2. NAME (Last, First, MI)		3. GRADE		4. ADMISSION RECORDS	
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	30	Z	UNK	UNK		No	
11. FMP		12. SSN		13. ORGANIZATION		14. WARC	
99		[REDACTED]		[REDACTED]		ICWI	
15. FLYING STATUS	16. RATING/DSG	17. DEPT/BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE		
		KJA			BI		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
DIRECT FROM ER				0900	AEAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION			
UNK				030924			
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION			
UNK			UNK	030922			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		
[REDACTED] BAGHDAD							

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Check if Continued on Reverse

33. CAUSE OF INJURY  
BLAST INJURY (HOTEL BOMBING)

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES  
DX: (E) TIB FIB INJURY (OPEN Fx) 823.91  
E991.9

79.66

35. Total Days This Facility						
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LWICOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	
0	0	0	0	2	2	
35. Total Days All Facilities						
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LWICOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	
0	0	0	0	2	2	

SIGNATURE OF ATTENDING MEDICAL OFFICER: [REDACTED]  
SIGNATURE OF PRO UNIFORMED SERVICES MEDICAL RECORDS OFFICER: [REDACTED]

DA FORM 3647, MAY 79

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<b>MEDICAL RECORD</b>	<b>ABBREVIATED MEDICAL RECORD</b>
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PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

32 Y.O. ♂ WITH BLEAST 10VRY (L) DISTAL  
 FIBUL BONE, 85 W22Y, 6000TBS FOR I+D

PMY - ⊖

R03 - ⊖

N2DA

LAST P.O. 0700

PHYSICAL EXAMINATION

W22Y - 8Y/NE

NO L SUPPL

C7037 - 10Y

035 - 13061

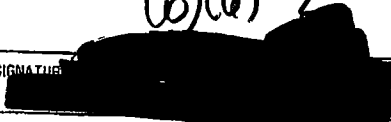

ENT - 2LT WHO ON 85W22Y FIBUL  
 GOES TO B018. DIV JATECT

PROGRESS (Enter date of discharge and final diagnosis)

(A) BLEAST W22Y (L) 207

(P) 6000TBS FOR I+D

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SIGNATURE 	DATE 225/2075	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION 		REGISTER NO.	WARD NO.

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ABBREVIATED MEDICAL RECORD  
 Standard Form 539

GENERAL SERVICES ADMINISTRATION AND  
 INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
 FIRM (41 CFR) 201-45.505  
 OCTOBER 1975  
 USAPPC V1.00

MEDCOM - 20239

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

22 Sept '03 pt transferred from EMT to ICU 1 via litter  
 32 y/o male major cu clo pain to @ tib/fib  
 pt received 1 gm Ancef also received tetanus shot  
 NPO awaiting OR today, WSP pt awake + alert x 3  
 pulse regular & rate within <sup>range</sup> ~~range~~ for age, respirations  
 within range and rate <sup>range</sup> ~~range~~ lungs clear no  
 cough abdomen soft and non-distended, urine clear  
 pt voiding in bathroom, without crutches pts ambulate <sup>with</sup> ~~with~~ <sup>SO and</sup> ~~SO and <sup>can</sup> ~~can  
 lower left tib/fib wrapped with conlex, minimal swelling  
 and bleeding, extremity slight elevated, skin warm, dry  
 and intact will monitor~~~~

22SEP@2145: Pt arrived from OR @ 2015, V&S. Drowsy, but  
 awakens to voice. LSCTA, HR, (+)BS (-)POV. (D)ankle N  
 bulky dsg c penrose, CDI. (+)CM's to LLE. IVFS  
 UR @ 25cc/hr to (D)FA 3 sites of infection or infiltration  
 top 8m sup of thro. @ post op void. Plan: monitor  
 pain, monitor dsg & neurovascular status v for  
 post op void.

23 Sept @ 2200 Assumed care of pt. Pt resting comfortably  
 @ present time. IV in (D)AC patent @ swelling  
 or edema @ site. (D)ankle dsg D&I. (+)dental

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	(M)
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] (b)(6)-4

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1998)  
 Prescribed by GSARCMR FPMR (41CFR) 101-11.2030N110  
 USAPA V1.00