216

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY - DATE OF INITIAL ADMISSION

ADMISSION REMARKS

(b)(6)-2

BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: TRANS to Iraqi Hosp

26. DATE OF DISPOSITION: 4 Jul 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Closed Head Injury (CHI) 873.8 ICD 9.1992

~~Motor Vehicle Accident (MVA)~~

☐ CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FACILITY	a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	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

(b)(6)-2

ICAL RECORDS OFFICER

(b)(6)-2

DA FORM 1 MAY 79 3647-1 EDITION OF 1 AUG 76 IS OBSOLETE.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
2003	OMF Procedure Note
3JUL	DX: ⓗ parietal superficial lac x 4"
0805	TX: irrigate, cleanse and staple lac closed (lac repair x 2)
	Surgi Phillips assist: 4gt xylocaine local and IV sed
	monitors on. Irrigate lac c N/S. Prepare - no debris NO fx.
	NO debris - staple 1 cm and 4 cm lac closed.
	Bactiracin. Pressure
	dressing. 2% lido c epi 1:100,000
	infiltrate 1.8cc. ON given to mate.
	pt snoring - monitored in ER. (b)(6)-4 (b)(6)-4 monitors.
	100ug IV fentanyl ~~for procedure~~
	10 mg IV haldol (total of 20mg from admit + procedure)
	1g IVPB ancef administered

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.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

Staff Note - PR

3 July 08 UCF

2 point restraints removed for physical security measures - Defiance starts and patient safety. 24 hour based on patient @ this time.

(b)(6)-2

FAMILY PRACTICE

4 July 08 Surgery note

0924 S: Pt still slightly confused disoriented Resting comfortably, C-collar in place

O: 99.4 95 VSS 120 90

Heart - RRR

Lungs - CTA (B)

Abd - soft, no mT, (+) BS

Ext - loc site required

Neck - C-collar in place - X-rays (out) not (positive C-)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST (only) | MI | (b)(6)-2

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. 4 West

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
4 July 03	Surg Staff Cont'd
0927	Ah: Pt. HD 2 s/p MVA c̄ CHI, scalp lac stable.
	① Leave C-collar in place. cannot clear due to inadequate films + disoriented mental status (post-concussive)
	② Repeat labs
	③ Pt. stable for transfer
	(b)(6)-2
4JUL03	OMFS Note MAJ [illegible]
	s/p lac scalp x ÷ repair in pt s/p
	mva c̄ CHI, scalp lac
	hemostatic; (+) edema ⊘ crepitus
	see Gen Surg note
	stable for transfer.
	recommend staple removal 14 July.
	(b)(6)-2
	PHILLIPS LTC DC [illegible]
04 Jul 03	Nursing Notes: AM Assessment completed, see critical
0945	care flowsheet. (b)(6)-2 LAN

NSN 7540-01-075-5786

2

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp) (b)(3)-1

LOG NUMBER

ARRIVAL — DATE: MONTH 07. YR. 03 — TIME: 06⁰⁰

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☒ OTHER (Specify)

CURRENT MEDS. (Tetanus immunization and other data): ?

HISTORY OBTAINED FROM: ☒ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKA

HOME TELE. NO. (Inc. area code)

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

SEX: M — AGE

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

COMPLAINT(S) (Include symptom(s), duration): MVA CHI

TIME SEEN BY PROVIDER

VITAL SIGNS

0600	0620
110/74	114/68
74	74
22	18
93%	95%

CATEGORY (See reverse): EMERGENT / URGENT / NON-URGENT

ORDERS	INITS.	TIME
spine	[redacted]	0900
CT		
Ivs		
mvn 2mg	[redacted]	0616
Ativan 10		
? 10mg	[redacted]	0727

ASSESSMENT/DIAGNOSIS: closed head injury, Scalp Lacerations

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

Head lac front back

Adult Iraqi male brought in by US forces. Involved in MVA in process of being detained. Brought in as head injury. 126 > 149/44.7 < 161

A - patient able to talk
B - equal BS (B)
C - good pulses / BP
D - GCS 14 (Eyes) moves purposefully when commanded to
E - Head Laceration

3.3 pH 7.304

A - Ø
M - None
P - None
L - unknown
E - see HPI

FAST - Neg
Pelvis - ØFx
CXR - poor insp effort, no ... PTX, Healthy
C-spine - Lateral no Fx or dislocated thru C-6

1° Ty
IV established, C-spine precautions

2° Survey
HEENT: (L) occipital scalp lac, posterior scalp lac, PERRL, TMs clear, oral pharynx clear
Neck: Ø step offs
Chest: clear, ... BS, small contusion (L) shoulder
Abd: soft, NT, ND
Pelvis: stable
Back: Ø tenderness or injury
CN: normal male
Ext: No deformity, full ROM all joints

A/P (L) closed head injury with scalp lacerations, wounds cleaned/irrigated, repaired with staples; Need to clinically clear C-spine at a later time

ORDERS
Ancef 1g IV - 0815
Fentanyl 50mcg 0945
~~Haldol 10mg IV - 0741~~
Fentanyl 100mg IV - 0744

DISPOSITION (Check all that apply): HOME / FULL DUTY / QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic): EMERGENCY / TODAY / 72 HOURS / ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE: ICU 2

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

PROVIDER AND ID STAMP (b)(6)-2

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

PATIENT'S IDENTIFICATION (Mechanical Imprint) (FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; ID No. DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

Iraqi Civ (b)(6)-4

Civ ♂

Trauma

EMERGENCY CARE AND TREATMENT

Emergency Room Copy

STANDARD FORM 558 (REV. 6-82) Prescribed by GSA and ICMR FPMR (41 CFR) 101-11.806-8

MEDCOM - 1221

	[illegible]	00	[illegible]	90%
0730	143/64	93	22	97%

Placed in 2L N/C per md

0744	127/73	99	20	100%

(0750 Fentanyl 100mcg IVP
-Haldol 10mg IV - mdm)
Dr (b)(6)-2's order, stapling head lacerations.

0800	142/82	88	24	98%
0815	121/55	84	22	96%

Ancef 1Gm IVPB
IL RL TKO (500cc NS infusion) complete

0830	/	78	24	98%

Labs - CBC, IStat 8

0845	104/62	HR 77	RR 22	100%

0900: Pt to Xray

0945: in Xray combative - unable to move table to litter.
119/66 HR 75 RR 16 98% Fentanyl 50mcg IVP x1

0950: Transfer pt from Xray to ICU #2. Report to MAJ (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 MAT AN	(b)(6)-2
(b)(6)-2 CpT AN	
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 MAT AN	ICU 2	3 Jul 03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R										2				2				2					2	
	RADIAL L										2				2				2					2	
	DORSALIS PEDIS R										2				2				2					0	
	DORSALIS PEDIS L										2				2				2					2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale											1 3 8				2 3 9				1 3 8					1 3 8	
EDEMA											0				0				0					0	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)											✓				✓				✓					✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)											✓				✓				✓					✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE														✓										
	ORAL CARE																								
MOBILITY	BEDREST														✓				✓					✓	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																							✓	
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE										WDA				WDA				WDA					✓	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended										2				2				2					2	
BOWEL SOUNDS (active all quads)											✓				✓				✓					✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT															✓				✓					✓	
VOIDING CLEAR YELLOW URINE q.s.															✓										
SKIN INTEGRITY	No Breakdown																								
Scalp Lac	Surgical Wounds										✓				✓				✓						
	Rashes, Lac's, etc																							✓	
DRESSING (Dry & Intact: specify site below)																									
#1																									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18ga IV	(R) AC	3 Jul 03	CDI

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
4 mm	L > R	Left Larger	3 = Active: against gravity, but not against resistance 4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes N
5 mm	R > L	Right Larger	5 = Full Strength against Examiners Resistance	No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open										4				4		4		4		4			4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response										UTA				UTA		4		4		4			5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response										5				5		5		5		5			5	
GLASCOW COMA SCALE (A+B+C)														13		13		13		13			14	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R										2+				2+		2+		4+		4+			+2	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L										2+				2+		4+		4+		4+			+2	
MOVEMENT (See Motor Function Scale at Top of Page) RUE										5				5		5		5		5			5	
MOVEMENT (See Motor Function Scale at Top of Page) LUE										5				5		5		5		5			5	
MOVEMENT (See Motor Function Scale at Top of Page) RLE										5				5		5		5		5			5	
MOVEMENT (See Motor Function Scale at Top of Page) LLE										5				5		5		5		5			5	
GRIP (S) Strong (W) Weak (-) absent R										5				5		5		5		5			5	
GRIP (S) Strong (W) Weak (-) absent L										5				5		5		5		5			5	
RESPIRATIONS REGULAR										✓				✓		✓		✓		✓			✓	
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED										✓				✓		✓		✓		✓			✓	
RESPIRATIONS LABORED																								
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL										5				5				5					5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL										5				5				5					5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL										5				5				5					5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL										5				5				5					5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES										1				1				1					1	
COUGH NONE										✓				✓				✓					✓	
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt																								
VENTILATOR FiO2																								
VENTILATOR RATE (SIMV/CMV)																								
VENTILATOR PEEP / CPAP																								
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT #_____ ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH/ DEEP BREATH																								
INITIALS										(b)(6)-2														

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800																	
0900																	
1000		78	24	108/61	93%												RA
1100																	
1200		81	20	113/67	94%												RA
1300																	
1400	*97.6	* 103	42	*130/74	93												RA
1500					94												RA
1600		*98	20	*117/68	93												RA
1700					93												RA
1800		*107	28	*116/70	94												RA
1900					94												RA
2000		*101	14	*111/64	94												RA
2100																	
2200	100.4	* 99	25	* 120/74	96%												RA
2300																	
2400		92	18	115/73	94%												RA

	INTAKE									OUTPUT							
	LR (EMT)		NS (EMT)						Total							Total	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800																	
8 HR									8 HR.							8 HR	
0900																	
1000	400 400		150 150		500												
1100			150 300														
1200			150 450														
1300																	
1400			150 600							700							
1500			150 750														
1600			150 900														
8 HR									16 HR.							16 HR.	
1700			150 1050														
1800			150 1200														
1900			160 1360							1000 1700							
2000			150 1510														
2100			150 1660							90 1790							UA sent to Lab.
2200			150 1810							300 2090							
2300			150 1860														
2400			150 1910														
8 HR			1910						24 HR.	2090						24 HR	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
3 Jul 03	1000		Admit Not: (S) Iraqi pt speaking arabic, unable to [(b)(6)-] verbalize any subjective data (O) Pt. arrived via litter from EMT accompanied by RN/medics. Admitted to ICU bed #8. Sedated see flowsheet for complete assessment data. Cervical collar in place, alignment maintained during transfer. Scalp lac stapled, bacitracin applied. Unable to place dsg due to position of laceration. Upper & lower extremities & lower ⊂ purposeful movement. (A) Pt s/p MVC ⊂ closed head injury. (P) monitor neurological status updated as needed. — Independent Nursing
	1100		Pt awake, agitated, upper extremities restrained, order obtained by [(b)(6)-2]. Given 2mg IV prn for agitation ⊂ good effect. Attempted x 2 to start 2nd IV, attempted 18 ga in (R) hand x success. — [(b)(6)-2] MNS/RN
3 July 03	1400		Rec'd report from prev. shift. Eyes closed. Resp deep & even, no apparent distress. — [(b)(6)-2] Cpt AN
3 July 03	1430		16 Fr foley placed ⊃ diff. Immediate return of 500cc clr yellow urine. Assessment completed. Interpreter states that he is confused & asking to go to the hospital. Cervical collar intact but is tossing around trying to get up & take restraints off. Haldol 5mg given for agitation. VSS. Continue to monitor. Lac on head is draining. Serosang fld. Chucks placed under head. — [(b)(6)-2] Cpt AN
3 July 03	1530		Thrashing around in bed. 2mg MSO4 given. — [(b)(6)-2] Cpt AN
3 July 03	1630		Resting quietly. VSS. ∅ distress — [(b)(6)-2] Cpt AN
3 July 03	1915		Sitting up trying to get OOB & release restraints. Guards applied pt ties. Circ remains good. ⊂ sec. [(b)(6)-2] at bedside. Orders for 5mg Haldol instead of Ativan. Cont to monitor. VSS p Haldol. Currently resting. Eyes closed RR 16 [(b)(6)-2] Cpt AN
3 July 03	2030		MSO4 for pain. Currently 8/10 per interpreter. Relaxed & eyes closed p MSO4, RR 14-22 — [(b)(6)-2] Cpt AN
3 July 03	2200		Assumed care. Pt agitated. [(b)(6)-2] notified, ↑ Haldol order. Admin. Haldol 5mg & MSO4 2mg IVP. VSS. Denies pain. NS ~~IV~~ Infusing @ 150 cc/h, B/E/BLE restrained. C-collar. [(b)(6)-2]

(b)(3)-1

DARNALL ARMY COMMUNITY HOSPITAL

LOS DATA	
DOA	30 Jul 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
		4 July 03

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

(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R			2					2				2												
	RADIAL L			2					2				2												
	DORSALIS PEDIS R			2					2				0												
	DORSALIS PEDIS L			2					2				2												
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale				1 3 8					1 3 8				1 3 8												
EDEMA				0																					
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓					✓				✓												
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				✓					✓				✓												
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST			✓					✓				✓												
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
C-Spine precautions	LEFT																								
	SUPINE			✓					✓				✓												
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE			✓					✓																
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended				2					2				2												
BOWEL SOUNDS (active all quads)				✓					✓				✓												
NG / NOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓					✓				✓												
VOIDING CLEAR, YELLOW URINE q.s.				✓					✓				✓												
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
head lac	Rashes, Lac's, etc			✓					✓				✓												
DRESSING (Dry & Intact: specify site below)																									
#1																									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g	(R) AC	3 Jul 03	CDI

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE: 4 Jul 03

TIME	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	1 0	1 1	1 2	1 3	1 4	1 5	1 6	1 7	1 8	1 9	2 0	2 1	2 2	2 3	2 4
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		3		2		2		2		2		2												
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		4		4		4		4		4		4												
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		5		5		5		5		5		5												
GLASCOW COMA SCALE (A+B+C)		12		11		11		11		11		11												
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R		2+		2+		2+		2+		2+		2+												
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L		2+		2+		2+		2+		2+		2+												
MOVEMENT (See Motor Function Scale at Top of Page) — RUE		5		5		5		5		5		5												
MOVEMENT (See Motor Function Scale at Top of Page) — LUE		5		5		5		5		5		5												
MOVEMENT (See Motor Function Scale at Top of Page) — RLE		5		5		5		5		5		5												
MOVEMENT (See Motor Function Scale at Top of Page) — LLE		5		5		5		5		5		5												
GRIP (S) Strong (W) Weak (-) absent — R		S		S		S		S		S		S												
GRIP (S) Strong (W) Weak (-) absent — L		S		S		S		S		S		S												
RESPIRATIONS — REGULAR			✓					✓																
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED			✓					✓				J												
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL			5					5				5												
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL			5					5				5												
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL			5					5				5												
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL			5					5				5												
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES			1					1				1												
COUGH — NONE			✓									✓												
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT # _____ — NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS		(b)(6)-2																						

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		91	20	116/70	97%												RA
0300																	
0400		87	22	124/74	97%												RA
0500																	
0600	99.4	82	21	118/74	95%												RA
0700																	
0800	99.4	83	18	108/69	99%												RA
0900																	
1000																	
1100																	
1200	99.5	92	20	103/54	98%												
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT							
	IV								Total	Urine						Total	COMMENTS
0100	150																
0200	150 300																
0300	150 450									725 725							
0400	150 600																
0500	150 750									400 1125							
0600	150 900																
0700	150 1050																
0800	150 1200																
8 HR									8 HR.							8 HR	
0900	150																
1000	150 300									800 800							
1100	150 450																
1200	150 600																
1300	150 750																
1400	150 900																
1500																	
1600																	
8 HR									16 HR.							16 HR.	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	
8 HR									24 HR.							24 HR	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
04 Jul 03	0102		Pt agitated and pulling at restraints. Administered Haldol 5mg IVP per PRN order. (b)(6)-2 105/AW
	0215		Pt lifting head up and yelling out. Administered Ativan 2mg IVP per PRN order. (b)(6)-2 105/AW
	0220		Neuro A+O pupils PERRLA. Because of sedation, unable to assess mental status. Pt responds to painful stimuli (b)(6)-2 105/AW
	0300		Pt lying comfortably in bed, sedated (pharmacologically) Restraints X4. CMS intact. Foley draining quantity sufficient. Clear yellow urine and is secured to leg. VSS. on RA - SaO2 96%. C-collar in place, but not fitted properly - pt does not allow staff to apply correctly. NS infusing @ 150 cc/hr. via (R) AC IV. Will continue to monitor. (b)(6)-2 105/AW
	0305		Head lac. & dried blood at site - unable to apply bacitracin or dsg as pt. combative. Sheet under head at this time. (b)(6)-2 105/AW
	0400		Neuro V/S - Pt pharmacologically sedated. Sleeping at this time. Pupils +2, PERRLA. Moves all extremities spontaneously. Responds to painful stimuli. 4pt Restraints in place - good. CMS. (b)(6)-2 105/AW
	0600		Pt resting quietly @ this time. (b)(6)-2 100/AW
	0605		No A's on neuro assessment. BLE/BLE in place & secure. CMS good. (b)(6)-2 100/AW
04 Jul 03	0610		Assumed Care. Pt lying in bed, moaning, fighting wrist restraints, translator finds patients speech to be incoherent. C-spine brace in place, pt turning head on own. Orbital abrasions and posterior skull laceration noted. Pt c 4 point restraints, CMS intact. Neuro V/S ~~pupils~~ Pupils PERRLA,

(continued on next page)

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
04 Jul 03 0610	(Nursing Notes continued from previous page) Prop distress noted. 18g IV cath in (b)(6)-2 patent infusing NS @ 150cc/hr c difficulty. Will continue to monitor. (b)(6)-2 LPN
04 Jul 03 9:50	Nursing Notes: Pt agitated and fighting restraints, able to calm down momentarily, but pt ↑ level of combativeness even c positive assurance of pt's safety and health. Medicated pt c 5mg Haldol IV per prn physicians order. Will continue to monitor. (b)(6)-2
04 Jul 03 14:05	Nursing Notes: Pt transferred to Iraqi Civilian Hosp c personal belongings. Pt tolerated procedure well. (b)(6)-2 LPN

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

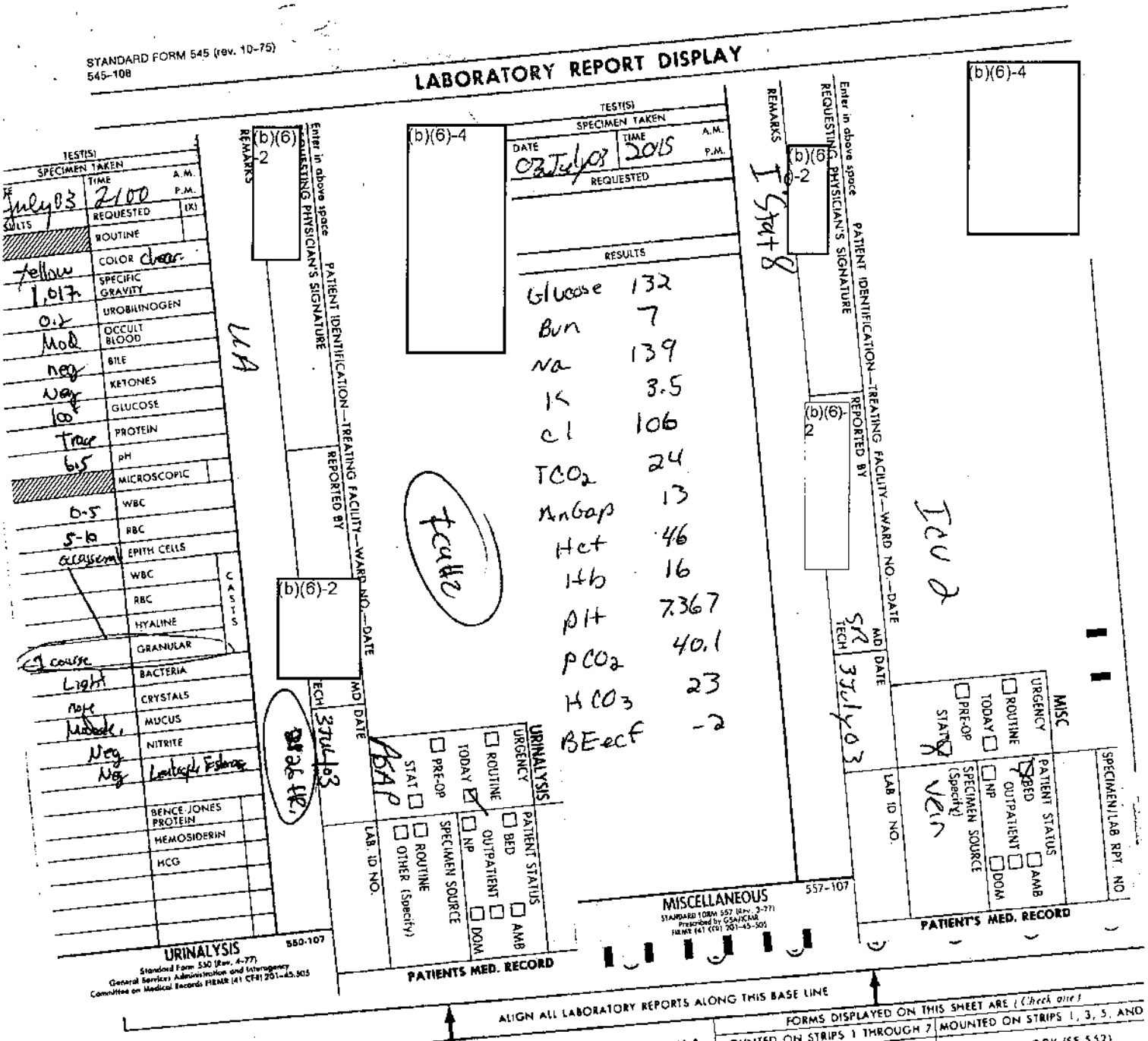
DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) (b)(6)-4 | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11 203(b)(10)

509-114



STANDARD FORM 545 (rev. 10-75)
545-108

LABORATORY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE 03July03
TIME 2015 A.M. P.M.
REQUESTED
RESULTS

Glucose 132
Bun 7
Na 139
K 3.5
Cl 106
TCO_2 24
AnGap 13
Hct 46
Hb 16
pH 7.367
pCO_2 40.1
HCO_3 23
BE-ecf -2

(b)(6)-2
REMARKS
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD
DATE
TECH

(b)(6)-4

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

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
557-107

PATIENTS MED. RECORD

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency
Committee on Medical Records FIRMR (41 CFR) 201-45.505
550-107

TEST(S)
SPECIMEN TAKEN
TIME A.M. P.M.
REQUESTED (X)

ROUTINE
COLOR clear
SPECIFIC GRAVITY 1.017
UROBILINOGEN 0.2
OCCULT BLOOD Mod
BILE neg
KETONES neg
GLUCOSE 100
PROTEIN Trace
pH 6.5
MICROSCOPIC
WBC 0-5
RBC 5-10
EPITH CELLS occasional
CASTS: WBC, RBC, HYALINE, GRANULAR
BACTERIA Light
CRYSTALS none
MUCUS Mod
NITRITE Neg
Leukocyte Esterase Neg
BENCE-JONES PROTEIN
HEMOSIDERIN
HCG

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7
- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

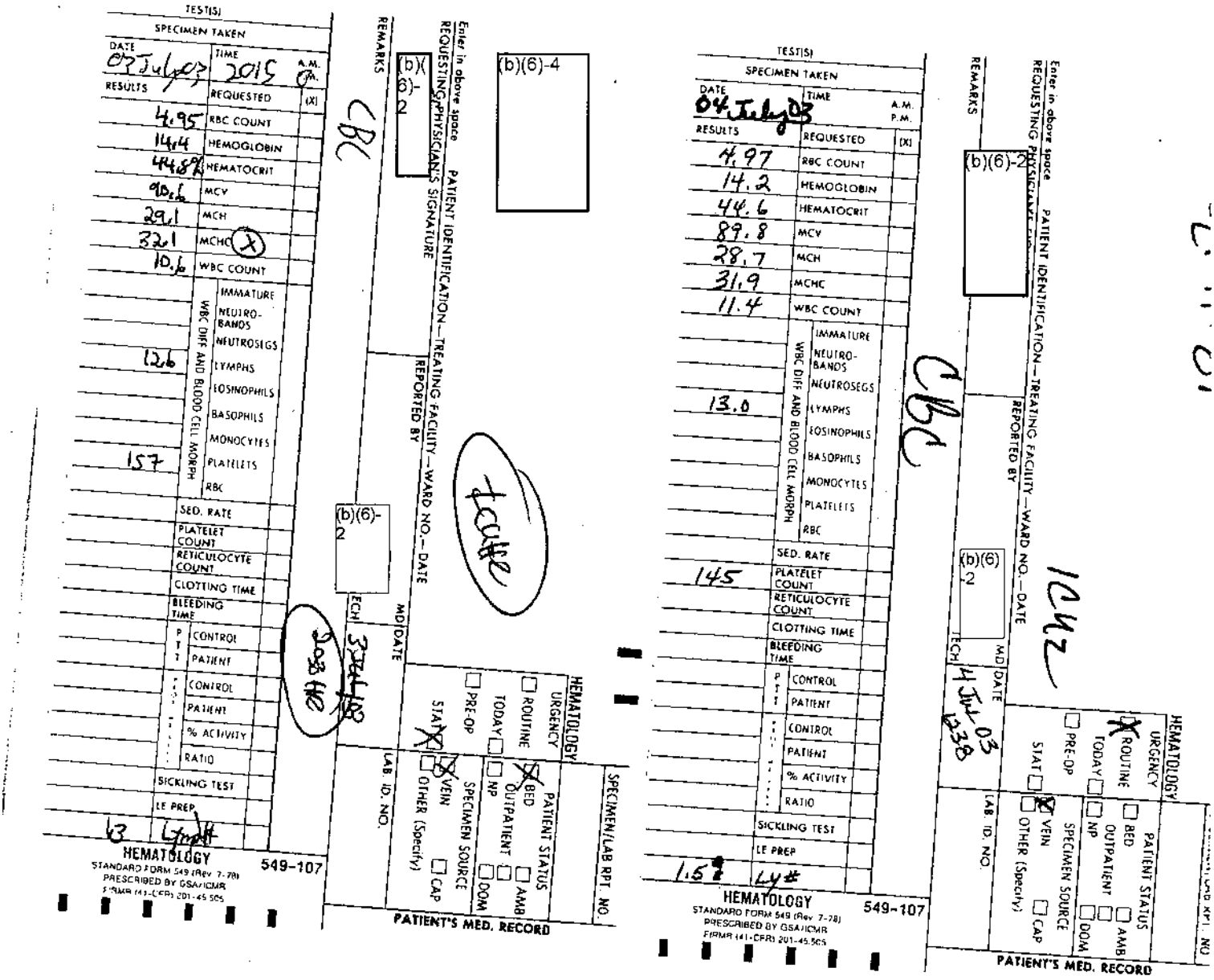
MOUNTED ON STRIPS 1, 3, 5, AND
- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 5
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND
- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

PRESCRIBE BY GSA/ICMR
FIRMR (41-CFR) 201-45, 505

LABORATORY REPORT DISPLAY

GPO 1994



TEST(S)
SPECIMEN TAKEN
DATE 03 July 03 TIME 2015 A.M. P.M.
RESULTS | REQUESTED | (X)
4.95 | RBC COUNT
14.4 | HEMOGLOBIN
44.8% | HEMATOCRIT
90.6 | MCV
29.1 | MCH
32.1 | MCHC (X)
10.6 | WBC COUNT
WBC DIFF AND BLOOD CELL MORPH: IMMATURE; NEUTRO-BANDS; NEUTROSEGS 12.6; LYMPHS; EOSINOPHILS; BASOPHILS; MONOCYTES; PLATELETS 157; RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT CONTROL / PATIENT
PT CONTROL / PATIENT / % ACTIVITY / RATIO
SICKLING TEST
LE PREP
REMARKS: CBC
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION — TREATING FACILITY — WARD NO. — DATE
(b)(6)-2
(b)(6)-4
REPORTED BY
(b)(6)-2
ECH MD DATE
LAB ID. NO.
HEMATOLOGY URGENCY: ROUTINE / STAT
TODAY / PRE-OP
OUTPATIENT / NP
SPECIMEN SOURCE: VEIN / OTHER (Specify) / CAP
PATIENT STATUS: BED / AMB / DOM
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD
HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45.505
549-107

TEST(S)
SPECIMEN TAKEN
DATE 04 July 03 TIME A.M. P.M.
RESULTS | REQUESTED | (X)
4.97 | RBC COUNT
14.2 | HEMOGLOBIN
44.6 | HEMATOCRIT
89.8 | MCV
28.7 | MCH
31.9 | MCHC
11.4 | WBC COUNT
WBC DIFF AND BLOOD CELL MORPH: IMMATURE; NEUTRO-BANDS; NEUTROSEGS 13.0; LYMPHS; EOSINOPHILS; BASOPHILS; MONOCYTES; PLATELETS; RBC
SED. RATE
PLATELET COUNT 145
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT CONTROL / PATIENT
PT CONTROL / PATIENT / % ACTIVITY / RATIO
SICKLING TEST
LE PREP
1.5? LY#
REMARKS: CBC
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION — TREATING FACILITY — WARD NO. — DATE
(b)(6)-2
REPORTED BY
(b)(6)-2
TECH MD DATE 4 Jul 03 1238
LAB ID. NO.
HEMATOLOGY URGENCY: ROUTINE / STAT
TODAY / PRE-OP
OUTPATIENT / NP
SPECIMEN SOURCE: VEIN / OTHER (Specify) / CAP
PATIENT STATUS: BED / AMB / DOM
PATIENT'S MED. RECORD
HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41-CFR) 201-45.505
549-107

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-4			

Physician:	Ward:		Date and Time:	Reported by:	Date and Time:
(b)(6)-2	EMT	STAT / Routine	23JUL03, 0849	(b)(6)-2	0924

ISTAT Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	139	128-145 mmol/L
	K	3.3	3.3-4.7 mmol/L
	Cl	106	98-108 mmol/L
	pH	7.304	7.35-7.45
	PCO2	48.5	35-45 mmHg
	PO2		80-90 mmHg
	TCO2	26	18-33 mmol/L
	HCO3	24	22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap	12	8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	11	7-22 mg/dL
	Glu	188	73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis:

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			

Other:

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

ABO/Rh		
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

CBC Hematology

X	TEST	RESULT	REF. RANGE
X	WBC	12.6	4.8-10.8 x10(3)/uL
	RBC	4.91	4.2-6.1 x10(6)/uL
	Hgb	14.9	12.0-18.0 g/dL
	Hct	44.7	35.0-60.0%
	MCV	91.0	80.0-99.0 fl
	MCH	30.4	27.0-31.0 pg
	MCHC	33.4	33.0-37.0 g/dL
	Plt	161	130-400 x10(3)/uL
	LY%	7.0	15.0-55.0%
	LY#	0.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

FORM BEARLAB 20 31 May 2003

NSN 7540-01-185-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

C-spine, Chest, pelvis

AGE: | SEX: M | (b)(6)-4

WARD/CLINIC: EMT

REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY *(Print)*: (b)(6)-2

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR: (b)(6)-2

DATE REQUESTED: 30 July 03

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

High Speed MVA —

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

RADIOLOGIC REPORT

C-spine

- Only $C_1 - C_6$ - cleared

Cannot see C_7

Chest No Acute Cardiopulm. Ds

pelvis ⊖ H

(b)(6)-2

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

Iraq

(b)(6)-4

Civ

Trauma

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

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

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
3 Jul 03	0930 HOURS	

1. Admit to ICU / (b)(6)-2
2. Closed head injury
3. Stable
4. Bedrest; spine precautions
5. Continuous monitor; temp q 8°
   BP/pulse q 2°
   Neuro checks q 2°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

6. IV - NS 150 cc/Hr
7. NKDA
8. NPO
9. O2 / NC PRN for sats < 93%
   Notify physician if require > 4 Liters
10. MSO4 2 mg IV q 4° PRN pain
    Ativan 2 mg q 8° PRN agitation
    Haldol 5 mg IV q 8° PRN agitation

Noted (b)(6)-2 3 Jul 03 0930 hrs

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

11. Wound care: Leave dressing on for 24° unless soaked; then clean and apply bacitracin/antibiotic ointment BID to scalp lacerations
12. CBC at 1500 and I-stat 8
13. UA

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
3 July 03	(b)(6)-2 HOURS

1. Physical restraints 2 point x 24 hours. Contact physician prior to release for bathroom

Noted (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

FAMILY PRACTICE

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD 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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 2 JUL 03 TIME OF ORDER 1300 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Foley to gravity

(2) Ativan 1 mg IV Q 4° PRN

(b)(6)-2

MAJ MC

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 3 July 03 TIME OF ORDER 1930 HOURS

(1) Haldol 5mg Haldol now for agitation

V.O. Dr (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 noted 3 July 1930

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 3 July 03 TIME OF ORDER 2315 HOURS

(1) Haldol 5-10 mg IV Q 4° prn agitation.

(b)(6)-2

(b)(6)-2 and (b)(6)-2

(b)(6)-2

4 July 03 0800

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 4 July 03 TIME OF ORDER 0910

(1) CBC, UTAT - 8

(b)(6)-2

4 July 03 @ 1100

(b)(6)-2

MAJ

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4	4 July 03	1340 HOURS	
	(1) Transfer to civilian facility as scheduled		
		(b)(6)-2	
		DR [illegible]	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
		_____ HOURS	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
		_____ HOURS	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
		_____ HOURS	

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

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. ____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 3	4	5
3 Jul	(b)(6)-2	Bedrest - spine precautions	06	(b)(6)-2		
			14			
			22			
3 Jul		Continuous monitor -	06			
		Temp q 8°, B/P Pul x q 2°	14			
			22			
3 Jul		Neuro ✓ q 2°	06			
			14			
			22			
3 Jul		Wound care: Bacitracin	10			
		BID to scalp lacerations	22			
3 Jul		Physical Restraints 2pt	06			
		x24h - consult physician	14			
		prior to removing	22			
3 Jul		Obs to gravity	06			
			14			
			22			
3 Jul		NPO	B			
			L			
			D			

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: Closed Head Injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

DA FORM 3 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)					Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
3 Jul	(b)(6)-2	Admit to ICU – (b)(6)-2 (stable)	3 Jul	1000	1000	(b)(6)-2	
3 Jul		CBC c 1500 hrs & I Stat 8	3 Jul	1500	2000		
3 Jul		UA	3 Jul	ASAP	2000		
4 Jul		CBC & I Stat	4 Jul	Now			

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

☆ U.S. GPO:1997-418-290/55267

CAL RECORD

THERAPEUTIC DOCUMENTATION CARE [illegible]

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

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

DATE COMPLETED

INITIALING CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	3	4	5
(b)(6)-2	IV NS @ 150cc/hr	06	(b)(6)-2		
		14			
		22			
(b)(6)-2	O2 2LNC prn sats <93%	06			
	(notify physician if >4L)	14			
		22			

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: Closed Head Injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

USAPA V1.00

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED.

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr _____

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
3Jul	(b)(6)-2	Haldol 5mg IV now for agitation	3Jul	now	1930	(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED
3Jul	(b)(6)-2	MSO4 2mg IVq 4° prn pain	1530 2mg; 2030 2mg; 2310 2mg; 0155 2mg; 0320 2mg; (b)(6)-2
3Jul		Ativan 2mg IVq 4° prn agitation	2mg IV 1100; 2mg IV 1913; 0155 2mg; 1040 2mg; (b)(6)-2
3Jul		Haldol 5mg IVq 8° prn agitation	5mg 1430; 2mg 1930; 3Jul 3Jul; (b)(6)-2
3Jul		Haldol 5mg IVP Q4° prn agitation	2315 5mg; 0100 5mg; 0515 5mg; 1005 5mg; 1040 5mg; 4Jul 4Jul; (b)(6)-2

USAPA V1.00

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1
2. MTF LOCATION (State or Country Code.): IZ
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle initial): Iraqi (b)(6)-4
4. PAY GRADE:
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D):
7. AGE AT ADMISSION:
8. RACE: X
9. ETHNIC BACK-GROUND: 9
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 98
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS:
HOUR OF ADMISSION: 0715
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: K76
16. ZIP CODE OF RESIDENCE:
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA:
PREV. ADMISSION: YEAR: NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: O
WARD: ICU 2
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME AND (b)(3)-1 MEDICAL TREATMENT FACILITY: BCO JH, FWD
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE: 21 Iraqi Hosp
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (Y Y Y Y M M D D): 20030704
24. CLINIC SVC - ADMITTING: BIAA
25. MTF TRANSFERRED FROM: (b)(3)-1
26. DATE THIS ADMISSION (Y Y Y Y M M D D): 20030703
27. LOCATION OF OCCURRENCE (Battle Casualty Only):
28. MTF OF INITIAL ADMISSION: (b)(3)-1
29. DATE INITIAL ADMISSION (Y Y Y Y M M D D): 20030703
FOR LOCAL USE

8659

ADMITTING OFFICER (Signature, as required): (b)(6)-2
SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 2000 EDITION OF MAR 89 USAPA V1.00

(b)(3)-1

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

Bencat K79
fmp20

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

ADMITTING OFFICER
(b)(6)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: D/C to Camp

26. DATE OF DISPOSITION: 25Sep03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY: explosion / bomb (887.1)

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(1) Traumatic ~~Above~~ below elbow amputation @ LE 887.0 ICD9.02

(2) open @ femur subtrochanteric fx c large 820.32 ICD9.02
soft tissue loss

(3) multiple @ LE shrapnel wounds E991.9 ICD9.02

☐ CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FACILITY

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	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

SIGN (b)(6)-2 DICAL OFFICER

SI (b)(6)-2 EDICAL RECORDS OFFICER

DA FORM 1 MAY 79 3647-1 EDITION OF 1 AUG

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

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

[illegible] y/o Iraqi GSW s/p injury c̄ explosive device 8/24/03
Tx'ed @ local Hospital c̄ amputation (L) UE @ forearm + I&D
wounds (L) hip + (L) LE. Transferred for definitive management.
* C/o pain, ↑ c̄ motion & deformity (L) LE

PMH: HTN/PUD, LS spine — PSH: ∅ — NKDA — ∅ meds

PHYSICAL EXAMINATION

(PE) huge soft tissue skin loss (L) hip c̄ large area
exposed muscle → open (L) femur fx
FHL, TA, GS, peroneals   faint DP/PT pulses
good capillary refill
Traumatic amputation (L) UE @ distal (L) forearm level

(A): ① Traumatic (L) UE amputation @ distal forearm level
② open (L) subtrochanteric femur fx c̄ huge
soft tissue injury.

PROGRESS *(Enter date of discharge and final diagnosis)*

(P) ① I&D all wounds
② Ex-Fix/limited internal fixation (L) femur.
③ Revision (L) UE amputation

SIGNATURE	DATE	IDENTIFICATION NO.	ORGANIZATION
(b)(6)-2	8/25/03		

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

(b)(6)-4

REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
29 Aug 03	OP-NOTE
	Pre/Post-op Dx: (1) Traumatic (L) UE (L) wrist disarticulation.
	(2) Grade III B open (L) subtrochanteric femur fx c̄ large 20cm x 20cm skin defect.
	Gunshot (L) UE shaped wounds
	Procedure: I&D (L) UE/(L) leg, thigh
	Circular amputation (L) UE BEA
	Ex-Fix (L) femur c̄ limited internal fixation
	Pearce, Phillips, Choi
	EBL 200cc
	No comps to PR, unstable Cond
	(b)(6)-2 MD
	Pearce

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST	FIRST	MI	SPONSOR'S ID NUMBER (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.

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
26 Aug 03	Anesthesia
0928	- Pt. awake and alert this am and without complaint.
	Wound (LE) not examined - defer to Dr. Prevost. Antibiotic
meds:	coverage changed today to include PCN G.
1. Imipen q8°	BP 159/81 HR 177 R 25 Sat 97% RA
2. Gent 80mg q8°	Lungs: CTA (B) Heart: nl S1, S2, ø r/m/g
3. Pen G 4 mu IV q6°	CK 1735 H/H 9/30 $\frac{130 \mid 110 \mid 12}{3.8 \mid 26 \mid 0.6}$ 161
3. Mannitol PRN	Imp: POD #1 following revision of LUE hand amputation,
4. MSO4	Ex-fix of (L) femur. Large area of exposed thigh muscle.
	↑ SE CK and large blood in urine c only 5 RBCs c/w myoglobinuria
	for ~~poly~~ rhabdomyolysis. Will continue to force diuresis
	ø c mannitol and aggressively hydrate.
	(b)(6)-2 MD (b)(6)-2
27 Aug 03	Anesthesia
0744	- Pt. resting comfortably this am c complaints. Events of concern overnight
	include a T 101+ and a desaturation episode to 88% on RA.
	CXR shot this am - result (P).
	HR 112 BP 145/81 R 16 Sat 96% (2L NC)
	Exam: Lungs: (R) basilar rales; (B) diffuse quiet exp. wheezing
	CV: nl S1, S2, ø r/m/g.
	Wounds: defer to orthopedics.
	Labs: CK 685 H/H 7/22 $\frac{133 \mid 102 \mid 12}{3.9 \mid \quad \mid 0.9}$ 130
	Imp/plan: - CK falling - reassuring w/r to my initial concern for rhabdo.
	Will check 2 more times then D/c. D/c mannitol. Change IVF to
	0.5 1/2 NS c 20 KCl. Institute Albuterol nebs q8°, encourage coughing, deep
	breathing. To OR today for adjustment ex. fix, washout.

PROGRESS NOTES

L RECORD

NOTES

Anesthesia addendum

CXR - difficult to interpret this suboptimal portable exam. Poor inspiratory effort / lordotic film. Some suggestion of atelectasis vs. consolidation + RML / RLL.

(b)(6)-2

ATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

PART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | REGISTER NO. | WARD NO. ICU-2

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

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11 203(b)(10)

509-114

MEDICAL RECORD | Nursing notes | ~~PROGRESS NOTES~~ — NOTES

DATE

1Aug03 1500 transferred from recovery to ICU2 (same bed). Alert, VO pain 4/10 via interpreter, O2 sat 99% on 1L of O2 N/C, O2 decreased to RA. ✓ SOB observed, central line to (R) IJ CDI, LR infusing @ 80cc/hr. lungs clear, bowel sound active 4 quads, Foley draining clear yellow urine, edema 1+ to (R) UE, (R) LE, has scabs OTA pink in color, ABD has abrasions OTA white in color, Amputation site to (L) UE CDI Ace wrap, (L) LE 2 pin site CDI will cont. to monitor pt

(b)(6)-2

1Aug03 1900 (b)(6) VSS T. 99.9. P-132. Other VSS. Urine output @ approximately 50cc/hr. Good pain control at this time. Taking grapes & drinking Boost. Given at 1800. Dr (b)(6)-2 by to see pt no D/C's in orders. Will continue to monitor.

(b)(6)-2

27Aug03 2130 At 9am Tylox (2) for pain. Temp ↑ 100.5. O2 Sat 98% RA. Penicillin given IVPB. Sleeping comfortably since last note. (b)(6)- Clear amber urine in foley. output 450cc for 4 hours.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	MI	SPONSOR'S ID NUMBER (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. 5-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

PROGRESS NOTES

:DICAL RECORD

DATE	NOTES
	34 y/o ♂ c Ⓡ arm amputation BS Before Tx
1603	Coarse Rhonci throughout all lobes Sats 96% RL RL
830	HR 106 RR SD Q8 c O2 6LPM S/p Tx
	pt Sat 96 on ~~RA~~ no 2c O2 BS improved x ct
	consitant next Tx 1730 (b)(6)-2 ca7
1 Aug03	pt given SD A/B via neb c O2 During tx
1630	99% Sat HR 134 BS improved c Tx Next tx 2000 no
2030	pt given SD A/B c loc O2 pt HR 132 Before Tx BS S
3 Aug03	Tx improved but resistant Bilat course wheezing Bases pt Sat 96% s Tx no
Aug03	0730 pt. alert, fowler position, HR 117, RR 18, SatO2 94/95 @ RA, B.B.S. coarses, ↓ bases Ⓡ side, inspiration wheezes, given HHN 0.5 cc albuterol/3.0 cc NSS, pt. tolerate tx. well SGT (b)(6)-2
Aug03	1530 pt. alert, semifowler position, HR 118, RR 18/19, SatO2 93/94 % @ RA, BBS ↓ bases, Ⓡ side, ~~BBS~~ error give HHN 0.5 cc albuterol/3.0 cc NSS, pt. tolerate tx. well SGT (b)(6)-2
Aug03	2330 pt. sleeping, HR 84/85, RR 11/12, SatO2 93/94 %. @ RA BBS ↓ Ⓡ side, given HHN 0.5 cc albuterol/3.0 cc NSS

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (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.

(b)(6)-4

Egv Male

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

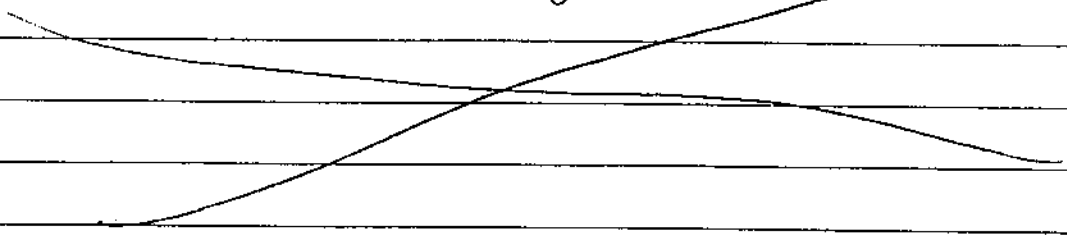
509-114

DATE	NOTES
continue	pt. tolerate tx. well ——— SGT (b)(6)-2
25 Aug 03	0800 Pt awake and alert. HR: 111 SpO_2: 98% on RA RR: 12 BS: BBS/ diminished throughout c wheezing. Pt gave 0.5cc albuterol c 2.5cc NSS via SVN and aerosol mask. Pt tolerated tx c adverse effects ——— SGT (b)(6)-2
30 Aug 03	0100 Pt awake HR: 120 RR: 14 SpO_2: 94% on RA. BS: BBS/ diminished throughout. Pt given 0.5cc albuterol c 2.5cc NSS via SVN Pt tolerated tx c adverse effects ——— SGT (b)(6)-2 SGT
30 AUG 03	0800 pt tolerated tx well see note in other progress not SGT (b)(6)-2 SGT 1600 pt sat 95% RR 12 See other note SGT (b)(6)-2 SGT 2200 pt sitting up to gen via mask well tolerated SGT (b)(6)-2 SGT 2325 pt placed on 3L NC Sat 89% HR 119 (b)(6)-2 SGT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
27 Aug 03 2145	Pt sleeping comfortably. Tylox effective for pain. Good use of IS use. Notable drainage continues from operative site. PCN given. Will continue to monitor. (b)(6)-2 LRJ
28 August 03 @ 2210	Nurse note: Patient lying supine. HOB ≈ 30° Alert and oriented. Vital: see flow sheet. LR @ 80cc. +1 pitting edema to RUE. (R)IJ patent. pending dressing A LUE bandage C/D/I. Below the elbow amputation. Bandages to LLE c external fixators to to thigh. (+) drainage to dressing to thigh. Abdomen distented + bsm. BS √ BS. Lungs clear to upper lobes √ in lower + bases. Dressing change to LLE pending. Encouraged deep breathing and use of I/S. Will continue to monitor for Δ (b)(6)-2 CPT AU
28 Aug 03 @ 2300	Pt request cold water; Given. Pt made aware c interpreter of NPO status pmw. (b)(6)-2 CPT AU



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.

POTUS # (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DICAL RECORD | PROGRESS NOTES

NOTES

DATE

y03 2220 (continued) dressing guage & tape CDT, ⓓ thigh external fixator bandaging CDT, LS CTA ⓡ radial pulse present normal BS normal active x 4 quads, abd present normal BS NAD ∅ tenderness ∅ pain to touch distended/soft NAD ∅ tenderness ∅ pain to touch OTA abrasions to abd & legs bilaterally will continue with current plan of care

(b)(6)-2

Aug.03 Anesthesia Procedure note

STO - asked to change the patient's central line 2° to kinking. Sterile prep / drape / gown / glove. Introducer exchanged over a wire for a triple lumen catheter. All lumens aspirate and flush easily, ∅ complications. CXR done, shows appropriate position.

(b)(6)-2

Aug 03 0415 pt resting c/o thirst PO fluids provided, V/S stable NAD, ∅ changes from last assessment

(b)(6)-2

AUG 03 0800 pt Resting pt given SD A/B pt BS Base wheezes pt s/p Sp02 99% 4LV20 4x BS improved pt sleeping

(b)(6)-2

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (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.

Potus (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

ICAL RECORD | PROGRESS NOTES

ATE	NOTES
603	pt given SD Alb via mask pt lying down
0	BS ō wheezing throughout before tx
	pt Resting on RA 94% Sats HR 76
U603	pt Peeling given Alb SD via mask
200	BS Diminished pt Sats 116 HR 92%
	Pt BS improved yet persistent c̄ Tx (b)(6)-2
00	

SPONSOR'S ID NUMBER (SSN or Other)

ELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

REGISTER NO. | WARD NO.

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

Potus (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

AL RECORD | PROGRESS NOTES

NOTES — Remarks

PRBC's

Aug 03 0030	116	132/70 (91)	20	100	4 @ AX
0035	116	135/71 (92)	18	100	2 @ AX
0040	116	131/69 (90)	18	100	5 @ AX
0120	114	129/66 (90)	20	100	2 @ AX
0140	114	128/74 (94)	22	99	8 @ AX
0240	111	124/71 (92)	20	99	2 @ AX
0340	109	129/78 (92)	20	99	2 @ AX
0440	107	126/75 (91)	18	99	2 oral
Aug 03 0455	107	128/98 (93)	16	99	9 oral
405 0500	109	130/82 (98)	16		
0505	109	129/82 (100)	18	98	5 @ AX
0535	109	132/82 (101)	16	99	2 @ ax UOP 1100cc

(b)(3)-1

completion

(b)(3)-1

(b)(6)-2

see flowsheet

0605

0705

0805

0905

Aug 03 0830 pt. alert, semifowler position, HR 100/101, RR 18/19, SatO2 94% @ RA, BBS CTA good air movement, given HHN 0.5cc albuterol/3.0cc NSS, pt. tolerate tx. well — SGT

(b)(6)-2

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

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | REGISTER NO. | WARD NO.

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

PO Rus

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
18Sep03 1330	ortho op Note Pre/postop Dx: (L) UE wound infection Op: (L) UE I&D washout; (L) UE I&D washout & debr (b)(6)-2 / (b)(6)-2 (b)(6)-2 / (b)(6)-2 CRNA (b)(6)-2 Minimal purulence (L) amputation site; (L) UE debrided fibrinous tissue; friable muscle & gross necrotic tissue Ringers 700 cc LR EBL min UOP 300 cc I+O & complications. Packed open. wet-to-dry. ACE wrap To ICU c SV, VSWNL Note: Dr (b)(6)-2 did rectal exam – & stool in vault / & impaction (b)(6)-2 (b)(6)-2 LTC Dobson

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
2SEP03	Medical Nutr Therapy
0900 S	Consult for nutr support recs
O	Iraqi EPW s/p amputation m + fx, NPO since 30 Aug currently NGT to suction c distended abdomen ⊖ ileus wt 77kg Meds noted: ancef, e-mycin, demerol
	Labs Na 144 K 3.8 gluc 197 Bun/Cr 18/.8 (2SEP)
	alb 1.4 (30 Aug) - likely 2' dilutional effects
A	Pt with ↑ nutr needs to support healing which may be compromised c extended NPO.
	Nutr needs est-C 1900-2300 kcal/d (25-30 kcal/kg) & 75-90 gm pro/d (1-1.2 gm/kg).
R	If able to feed enterally, use Vivonex, elemental formula at target rate 85cc/hr to provide 2040 kcal & 78 gm pro/d. Initiate at 20cc/hr & adv 20cc q 6-8hr as tolerated.
	For TPN, provide 2040 Non protein Kcal & 80 gm pro maximally concentrated (450 gm D50 (900cc); 80 gm 15% aminosyn (533cc); 57 gm 20% lipid (285cc) + 150cc electrolytes. = 79cc/hr total volume 1868cc - Dextrose infusion rate would be 4.0 mg/kg/min below max of 5. Monitor K+ Mg +PO4 for refeeding.

(b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR (SSN or
	LAST	FIRST	MI	

DEPARTMENT/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.

POTUS

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.2030(10)

509-114

DATE	NOTES
	Nutr Note Continued
P	Available to assist – will follow
	(b)(6)-2 MD RD
	MAGISP
25 Apr 03	Gen Surg Note
1039	Following pt. to OR for I&D dictation, RUQ revealed dilated colon – SB & stomach not dilated. Exam revealed distended abd & ↓ BS. Pt. has clinical picture of ileus. After ⊖ ora stage was worked out yesterday, temp ↓ & WBC ↓ from 18 to 10. Pt. currently has NGT. Abd is softer & less distended than yesterday. Non-tender. ⊕ peritoneal signs. Pt. currently on IV erythromycin. ⊕ BS. Overall, pt. has ileus which appears to be slowly improving. – Rec continued NPO, IVF – Cont NGT – Cont IV erythromycin – will cont to follow (b)(6)-2
	MAJ

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MEDICAL RECORD | PROGRESS NOTES

DATE					
2/2/03	PRBC's # 1				
	T	P	R	BP	SAT
1229	101°(A)	110	24	103/60	95%
1235	101°(A)	110	24	105/64	95%
1240	101.3(A)	109	24	106/64	97%
1255	101°(A)	110	25	107/64	97%
1310	100.9(A)	109	24	109/66	96%
1345	100.7(A)	105	22	109/65	97%
1415	100.4(A)	102	25	106/66	96%
1445	100(A)	104	23	105/67	96%
1510	99.9(A)	100	24	116/60	97% #2 PRBC's start
1515	101.1(A)	101	26	108/63	96%
1520	99.9(A)	101	27	113/72	96%
1525	99.9(A)	99	26	112/71	96%
1550	99.5(A)	100	29	103/71	95%
1605	99.9(A)	99	25	113/72	94%
1620	100.4(A)	100	25	114/74	94%
1630	#2 UNIT PRBC's stopped for IV meds				
RESTART 1700	100.5(A)	98	29	112/71	94%
1705	100.7(A)	98	24	116/73	94%
1710	100.7(A)	97	27	117/72	94%
1715	100.7(A)	96	26	111/73	95%
1720	100.5(A)	98	26	110/70	95%
1745	100.9(A)	101	26	109/76	94%

(Continue on reverse side)

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

POTUS # (b)(6)-4

REGISTER NO.

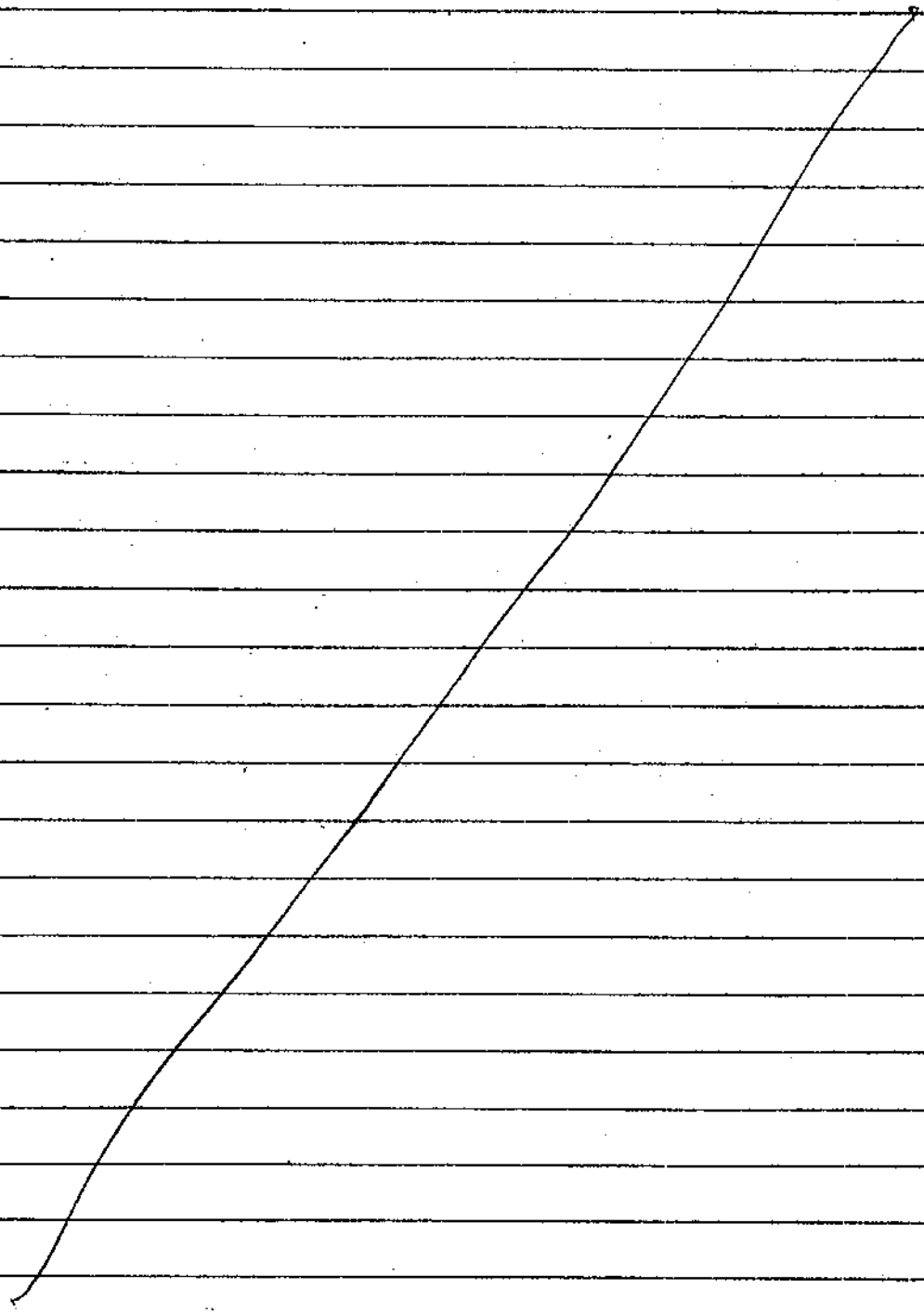
WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE	T	P	R	BP	SAT	
1800	100.5	101	28	114/71	94%	(b)(6)-4
1830	100.4	102	26	123/72	94%, 95%	Blood complete



MEDICAL RECORD | PROGRESS NOTES

DATE

2 Sep 03 Orthopaedic Surgery

VSS - Tmax 101°

pt alert

ABd soft - per GS + exam - still distended

(1) Arm dressing OPY + Intact

(2) Hip dressing Intact

↓ HCT (22) WBC ↓ 10 (↓ fr 18)

(1) open fx to Prox Fem (3) Anemia

(2) (1) BE Amputation

(3) infection (2) BE stump

(4) Ileus

Plan: (1) ADP gentamicin

(2) TPC d/c's PRBC's

(3) KUB in AM

(4) ↓ Creatinine

(5) to OR tomorrow for

(1) Above stump washout

(6) Continue BID dressing

(b)(6)-2

3 Sep 3 Ortho Surg

- Hbg ↑ to 10; WBC - ↓ 9.3 STABLE, Belly softer

- consent obtained → to OR this AM

(b)(6)-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.

Potus # (b)(6)-4

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE

3 Sep 03

OP Note

Blast injury (L) ARM / (L) hip

Same

1. I+D (L) ~~bicep~~ below Elbow stump site

(2) I+D (L) Hip

(b)(6)-2 + (b)(6)-2

GET

Elbow popped + draped - clean. No foul odor.

- 3 L WASHED Through vessel loop used to Bring edges together ∫ suture

- (L) hip wound debrided. Foul odor from lateral side. No Abscess to palpation.

- wound packed ∈ wet 4X4

- Pt washed. Returned to ICU-1. in stable condition

(b)(6)-2

MAJ

4 Sep 03

ORTHO note

Tmax. 99.4

Pt comfortable. WOUND SANS AROMA. Dressing ∆d last night + this AM

Hbg - 7.8 Cre - 0.8 WBC - 8.3

- Blast inj

- Pt: (1) Return to OR TOMORROW I+D / Elbow / hip

(2) Continue Gentamicin

(b)(6)-2

DATE

7 Sep 03 OP Note

Blast injury - Below Elb Amp; ② open Rt. Fx; infected

same

Ex fix Both sites

(b)(6)-2

Lt - mid Comp #.

Pt ⓒ 1 superficial pin at Elbow 3L WASHED thoroughly ⓒ pulsavac Area by Ex fix pins washed multiple times ⓒ pulsevac dead skin debrided.

Vessel loops ⓒ rubber bands used to keep flaps pulled together. Packed ⓒ Dsg ⓒ Kerlix.

- pt tolerated procedure well. TO PACU in SATISFACTORY condition

(b)(6)-2

6 Sep 03 POD #1

Tmax 100.1 (Ax) pulse other VS STABLE

Pt stable Abd soft

② DRAINAGE from Area

- Continue dsg changes

✓ Cr + K/H in AM 7 Sep 03

(b)(6)-2

- D/C'ed ⓒ Dr (b)(6)-2 today

DIET

(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.

POTUS ## (b)(6)-4

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD | PROGRESS NOTES

DATE

7 Sep 03 POD #2
VSS Afebrile
PO. tolerated well. Pt c/o mouth pain - specifically tongue.
ABd soft
Dressing's Dry - Wound looked good on LE Amp site
A: B/A L ARM; (L) Hip Fx c Soft tissue defect.
P: IVD tomorrow. Continue Dressing changes/ ARm/Leg.

(b)(6)-2
MAJ (b)(6)-2

8 Sep 03 OP Note
(1) BE Amp
(2) Open Hip Fx c Large Soft tissue Defect
IVD; shortening bone (2) BE Amp.
Wound Packing (2) hip
(b)(6)-2
GET -
- Radius/Ulna shortened ~ 1 cm each.
- soft tissue closed around them Rubber band technique used to close wound. wet to dry packing used. Skin edges Approximated.
(2) hip packed. small area of open packed c packing ½".
- tolerated procedure well.

(b)(6)-2
MAJ (b)(6)-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)
POTUS #(b)(6)-4

REGISTER NO. ARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

NSN 7540-00-634-4122

DICAL RECORD — PROGRESS NOTES

JE

203 POH 1

VS Thru 103

pt not taking much orally.

- Abd soft. bowel packs present well

no foul odor. Arm or leg. ↑ Creat 1.5 (9.8)

will ✓ CXR, ↓ Cent Dose, + Urine.

Nebulizer ~~as~~ eval.

(b)(6)-2

Sep03 PT note:

40hrs. pt. A&O x3, sitting in chair @ bedside — c (L) LE propped @ ~90° hip flexion (on chair). pt. able to perform AROM c ankle — restricted DF (~10°) pt. encouraged to ROM (L) ankle. AROM/PROM can achieve full ROM DF. Inv./Everson WNL/PF WNL. can wiggle toes. instructed pt. (thru interpreter) that he needs to perform ankle ROM x 4 planes (90° neutral DF) 1 hour 10x each direction & wiggle toes. night splint. (to stretch achillies) / can perform achillies stretch (c assistance) 5x throughout day. Dr. asked therapist to instruct pt. in Quad sets. — therapist will return to instruct in further exercises as pt. is in surgery / easier to perform quad sets. in supine. (b)(6)-2 MPT/SSG/gIWNG

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
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PROGRESS NOTES

EDICAL RECORD

DATE

sep 03 OP Note

BE Amp / left ap Hip fx

Same

I+D ② BE Amp stump, wound base, A-② hip

(b)(6)-2 (b)(6)-2

Anes - GET

EBL min

Tourn ∅ Comp ∅

2 L take throat ② BE Amp stump. Healthy granulation tissue under suture layer, bone covered - tissue under suture layer, bone covered.

Ulna - not covered.

- Hip wound with good granulation tissue.

- Left to OR 2 days

(b)(6)-2

Maj

13SEP03 Nutrition

Calorie count results for 12SEP03: ~ 1660 Kcal; 65 gm protein. Nursing reports ↑ appetite; currently NPO. Needs previously estimated @ ~ 2200 kcal + 75-100 gm pro/d. Labs alb 1.5 ↓ - as expected c fluids / open wound.

R/ If feeding tube is placed, consider Vivonex - elemental

(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.

POTUS

(b)(6)-4

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
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PROGRESS NOTES

DATE

Nutrition continued.

formula to start. Can transition to Jevity or Ensure Later. Initiate at 20cc/hr and advance as tolerated to goal rate of 85cc/hr. Monitor K Mg Poy for refeeding.

② If oral intake continues Add on for Ensure to Carnation Instant Breakfast. Pt not drinking ensure but will drink milk. CIB will provide additional 5gm pro + 130Kcal per pkt.

③ Will follow

(b)(6)-2

MS RD

*U.S. Government Printing Office: 1998 - 404-763/20101

1660Kcal 71-106

NSN 7540-00-634-4122

PROGRESS NOTES

DICAL RECORD

E

Cal Count

'Kcal Breakfast

/150cal 1 carton milk (half cream white) 250cc

/100 3/4 doughnut

/20 2 bites pancake

60 1 carton OJ

Snack

/150 1 cup milk from family

0 100cc water

Lunch

5/500 2 4-5 inch lamb cabob (~ 5 oz)

3/80 1 round bread

0/25 1/2 cup vegetables (olives, cucumbers, onions)

0/100 3/4 can pepsi

Snack

8/150 Milk half-cream White ~~1/4~~ 250 cc

0/25 1/4 can pepsi

Dinner - pepsi 150 coke 150

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
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PROGRESS NOTES

DATE

[redacted]

NOTE
12 Sep 03

COKE x 1
PEPSI x 1

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NSN 7540-00-634-4122

PROGRESS NOTES

RD

I.M. Consult d/t recurrent fevers

Asked to see pt. d/t recurrent fevers 101-102 (A)

& 104 on 11 Sep + 102 (A) & blaines

since 3/4 y/o ... Diagn. (R) ampu-

p sustaining below-the-elbow (R) ampu-

tation, (L) open subtrochanteric femur

fx + large open soft tissue defect from (L) hip to (L) knee

c ex fix in place. (+) URI on

UTI Sx. ABx recently d/c

from Ancef, Bactrim, + gen x 2

Levaquin c cont. of gent 24 12/25 -

PE: T° 101.4° (A) 100.9° (A) - 16 + intrach

93% RA. Nontoxic L-CTA Abd distended,

ENT ... (-) LAD (-) MoN G Wounds

RRR (tachy) (-) M, T, or HSM

(+) BS, soft, (-) calf tenderness or

not undressed. blood blisters on

... ~ 4 x 6 cm

lateral aspect (L) heel. 9.9 / 8.4 / 26 / 567k

Malaria smears (-) x3 mod. bact.

4/11 (9 Sep) 1 ... UA

δ (-) LE + nitrite.

WARD NO.

(Continue on reverse side)

REGISTER NO.

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

(b)(6)-4

Potus

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

DATE
15 Apr 03
1423
cont

PROGRESS NOTES

Cr 0.8
alb 1.5
Ca 8.7 (corrected) 10.4
Portable CXR ⊖ infilt, motion artifact
A & Rec:
#1 - Continued fever & clean & healing open wound LUE stump/hip/thigh - diff dx of ⊕ wound infection vs. UTI d/t pneumonia d/t associated colitis vs. antibiotic (no evidence) doubt vs. osteo vs. SBE (no evidence) vs. DVT fever but vs. drug fever (persist ō fever (fevers
- r/o CXR, U/A, & ESR
#2 - ↓ alb ō calorie & prot malnutrition & diabetes (some) Carnation Instant Breakfast ō supplement diet
#3 - Note Ca++ slightly ↑ ō correct for ↓ alb, when disuse. Good. Disease & Probably
Agree ō present ATB coverage
Will monitor

(b)(6)-2
(b)(6)-2
Lieutenant Colonel, [redacted] MD
Chief, Department of Medicine

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STANDARD FORM 509 (REV. 7-91) BACK

NSN 7540-00-634-4122

PROGRESS NOTES

restraints loosened on (R) arm and reapplied. (L) arm [redacted] (b)(6)-2
only extremity restrained @ this time – [redacted]

c report on pt - assumed care. Pt agitated / restrained c soft restraints (R) UE.
pedal pulse (+), CR < 3 sec. NGT c initial 60cc Ensure/H2O feeding complete -
monitor for s/s of complication. Dressings to (L) LE / (L) UE c/d/i - @ this time. (b)(6)-2
Solu-Medrol 5mg IV per prior shift - monitor effectiveness.
Spoke c interpreter: Stated that Pt is calling staff members by Iraqi names - and (b)(6)-2
is not oriented to place or time - Cont. monitor. (b)(6)-2 LPN.

5mg Ambien per NG - monitor effect.
60cc Ensure ↑ per NG - monitor ~~effectiveness~~ c / for s/s of complication – (R)
5mg Ambien per NG repeated 2° continually crying out - restlessness. Restraint
(R) UE intact, circulation unimpaired - has been released occasionally. (b)(6)-2 LPN.
Cont. monitor.

Pt relaxed, well-medicated/sedated - Ambien effective. Pt c gross episode of
urinary incont. Full linen change - Pt OOB to chair for Δ. Dressings
to (L) LE soaked c urine ∴ dressing Δ'd. Soft restraint placed back (b)(6)-2 LPN.
on (R) LE. Cont. monitor.

WARD NO.

(Continue on reverse side)

REGISTER NO.

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

ORD

Pt appears agitated, yelling repeatedly, Pt appears disoriented & hallucinating per interpreter & desk calling female nurse his daughter & [illegible] at car, etc. Pt was given 5 mg IV Haldol @ 2200 ō improvement. Staff has repeatedly attempted to reassure pt though 2 long discussions ō him through interpreter.

A & P:
ICU psychosis (i.e. delirium) ō improvement ō Haldol. Will order Ambien 5 mg to assist ō pt relaxing & sleeping. This will be essential for his recovery.

LTC (b)(6)-4 MC

03 Ortho note
Temp Max 101 Ax; slight tachycardia
Tolerated NG feedings.
Dressing changes done.
TRIES to pull out NG tube.
Pt ē Psychosis noted
Abd soft. K+ 2.4
H/H 7.7,
A: (1) (L) BE Amp, Open hip Fx ē infection, ↓ ATB. ↓ H/H
(2) ↓ K+, ~~[illegible]~~
P: (1) Transfuse 2 units PRBCs, give K+, Recheck labs

(Continue on reverse side)

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

POTUS # (b)(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

DATE

PROGRESS NOTES

DATE	
14 Sep 03	ORTHO
	Discussed c̄ [illegible] - consider covering acinobacter.
	Will START Unasyn 3.0 gm IV q 6° (b)(6)-2
15 Sep 03	OR note
	① B E Amp
	Open Can Ex
	- I&D all areas
	- [illegible] Zimmer [illegible]
	- Gen EBL - min
	Finding - Abscess ① Forearm ; + [illegible] on Femur
	- sent to recovery in satisfactory condition
	(b)(6)-2

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STANDARD FORM 509 (REV. 7-91) BACK

NSN 7540-00-634-4122

PROGRESS NOTES

:ORD

(b)(6)-4

Blood transfusion	O_2 SAT	HR	TEMP	RESP	
2/65	93%	105	100.3	22	Blood start #1 unit
02/68	97%	103	100.6	22	
10/74	94%	98	100.6	21	
12/67	92%	99	100.7	21	
13/73	94%	97	100.8	19	
17/74	95%	110	100.5	22	
109/72	93%	117	100.1	24	
111/64	96%	119	100.0	25	
108/71	93%	113	100.5	27	
115/78	94%	113	99.8	24	
109/65	94%	111	100°	20	
116/72	95%	104	100.2	26	#1 complete (b)(6)-4
123/76	94%	99	99.3	24	#2 unit started
113/75	97%	111	99°	24	
114/80	96%	101	99.3	24	
100/69	96%	106	99.6	25	
139/78	95%	110	99.8	22	
121/75	96%	100	100.2	23	
119/79	93%	104	100°	23	
116/75	93%	106	101.2	22	1gm Tylenol PO
115/79	94%	109	101.5	24	
111/69	95%	115	101.9	25	#2 unit complete

(Continue on reverse side)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

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

(b)(6)-4

Potts

STANDARD FORM 509 (REV. 7–91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

NSN 7540-00-634-4122

PROGRESS NOTES

ECORD

Nutrition
Nursing reports pt tolerating TF. Per nursing notes, pt
eating small amounts at meals. This am - drank apple
juice + ate roll.
Diet: regular c̄ 1 can Ensure q 6° ~~4 pts~~ consid =
Pt is actually receiving Ensure Plus ~~to~~ Consid =
Plus actually receiving Ensure Plus in addition to cal/pro in oral
1440 Kcal + 52gm pro. in addition to cal/pro in oral
regular diet. Needs previously estimated @ 2200Kcal +
75-100gm pro/d.
Labs alb 1.6 (14sep) + K 3.6 (16sep)
alb will not respond to refeeding x 21days
R ① May want to increase 1 can q 4° to provide greater
P portion of pro/cal needs.
② Change order to Ensure plus please
③ will follow + monitor oral intake (b)(6)-2 [redacted] MS, RD

.03 Ortho
VSS - Tmax 101.7
tolerated dressing change on left thigh c̄ discomfort.
No residual
Ⓛ Arm packing still painful.
A: ① Ⓛ BE Amp
② Ⓛ Open fem Fx ② Δ sleep ③ ... (b)(6)-2 [redacted]
P: ① Δ to Cran ... ②

(Continue on reverse side)

REGISTER NO. WARD NO.

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

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE	
19Sep03	OP Note
	AE Amp; ?? Fem ??
	Same
	I+D Arm c̄ loose closure. Dressing change Left leg
	Explor
	GET EBL min
	Findings ∅ Abcess
	Sent to ER in SATISFACTORY CONDITION (b)(6)-2 [redacted]
22Sep03	Nutrition - follow up
	S Nursing reports pt eating very little - still prefers Pepsi to anything else. Interpretor brought in local cuisine Pt consumed ~300 cal, 10 gm pro in bread/chix/pepsi. Pt c/o feeling full 2° tube feeding
	O Labs 9/22 gluc 305 K 3.1 BUN/Cr 15/1.1
	Diet Ensure Plus via NGT 2 cans q 6 hr + Reg diet
	A Pt receiving 2880 Kcal + 100 gm pro via tube - additional Kcal c̄ oral diet. Appears to be meeting estimated needs, however decubiti suggestive of inadequate pro intake
	R/P Continue Ensure plus 8 cans/d. Will monitor oral calorie via cal ct & stress importance ?? (b)(6)-2 [redacted] ??
	MAJ, SP ... MS, RD

NSN 7540-00-634-4122

PROGRESS NOTES

RECORD

3 S.M.
Urinary frequency.
U/A ⊙ 250 glu, large bl., + 300 prot.
20 + RBCs
Random glu 305

A + P:
#1 - Sig. hyperglycemia ̄c underlying infection (?? UTI) + on Ensure Plus. This may sig. also likes sodas. This may sig. development of diabetes. Sometimes Tried oral sulfonylureal. Sometimes hypoglycemia, insulin ̄c the degree of control. Blood sugar is required
- follow FBS
#2 - Uncertain of cause of proteinuria, microhematuria may be trauma related. Monitor. 2° Foley, recently removed.

(b)(6)-2
(b)(6)-2
[redacted] Medical Corps
[redacted] Lieutenant Colonel, Medical Corps
Chief, Department of Medicine

22Sep03 Ortho
Ha been afebrile x24°.
surface very clean. No obvious granulation tissue on surface. Arm
abcess around knee. Bone exposed ̄c packing.
̄c Abcess. packing going well. ⊘ glu / Blood / q
all ✓ Post ⊘ word
Wound
Tomorrow seen Ason

(Continue on reverse side)

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

(b)(6)-2

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

POTUS

MEDCOM - 1282

PROGRESS NOTES

DATE

23 Sep 03
1501

I.M.

S: ↑ delirium w/ ↓ confusion, insomnia, + uncooperativeness, hallucinations, +
FBS 221   U/A: 100 mg % glu, large bl. c̄
10-15 RBC, ⊖ nitrite + LE

A+P:

#1- Discussed delirium c̄ Ms. (b)(6)-2 [redacted] psychiatry
+ started Haldol yesterday.
slept better - monitor + ↑ Haldol @ hs rec. [illegible]

#2- Hyperglycemia improved - monitor + ↑ Amaryl, if necessary
glipizide if FBS > 150

#3- Urinary incont. attributed to osmotic diuresis 2° #2. Attempting d/c + do post-void residual. No evidence of infection

#4- Persistent ↓ K+
- Augment c̄ p.o. KCl, prob. 2° diet

#5- Grade II sacral decubitus - poor nutrition, impaired mobility, hyperglycemia, will continue [illegible] care

(b)(6)-2 [redacted]

Chief, Department of Medicine

*U.S. Government Printing Office: 1996 - 404-763/20101

NSN 7540-00-634-4122

PROGRESS NOTES

ECORD

changed pt's dressing, pt tolerated, VS stable temp
1004 no action taken c this time. Changed chux
beneath pt c assistance. Assessment complete (b)(6)-2
(0300) MPCBS, interpreter CBS
(0520) pt vomited in cup for N/A, Alert, slept fairly
through night, continues to moan person, talking to
himself, breathing regular c difficulty (b)(6)-2
0306 0615- Assumed pt care. Pt A&OX3 c c/o pain in (L) LE.
DRSG's to (L) amputation of upper ext & (L) LE CDI. (L) IV
IV in (L) medial ankle patent & flushes easily. NG
tube placement assessed. Pt incontinent x1. Will (b)(6)-2
continue to monitor.
0845- D/C'd Dsg to (L) LE and pt tolerated procedure (b)(6)-2
0903 well.
1400 Assumed care. Pt sitting in bed 5 % of this time. Will (b)(6)-2
Continue to monitor
1500 Assisted pt OOB TC. Assisted c personal hygiene. Will continue (b)(6)-2
to monitor
1730 Assisted pt back to bed for dinner. Pt ate ~ 40%. Pt now sleeping (b)(6)-2
Will continue to monitor
2200 resting @ this time a s/s of distress will continue to (b)(6)-2
monitor pt

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

AUTHORIZED

CORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

1950 34 y/o ♂ to [(b)(3)-1] via FLA litter – sp blast injury. Open fx (L) femur + amputation of (L) forearm

NCO accompanying pt reports pt was wearing a back pack c an explosive in it. Transferred

from Iraqi hospital. On arrival: pt dssg dry + intact. Foley c 350cc urine output.

18g IV started in (R) FA running NS bolus. 1gm Ancef given. Surgeon @ BS.

1990 Pt to XR. – urine dk amber, clear. Incident occurred yesterday. See SF 558.

Pt to go to OR after xrays. [(b)(6)-2] pm.

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.

POTUS (PW)

OOC [(b)(6)-4]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

(See Instructions on Back of this Sheet)

ENCY CARE AND TREATMENT (Medical Record)

TREATMENT FACILITY (Stamp)	21CSH- Mosul, Iraq
LOG NUMBER	
ARRIVAL TIME	YR. 03 — 1900
TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)	☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ OTHER (Specify)
CURRENT MEDS. (tetanus immunization and other data)	Voltarine Injections; PCN; Tylox
HISTORY OBTAINED FROM	☐ PATIENT ☐ OTHER (Specify)
ALLERGIES	∅
HOME TELE. NO. (Inc. area code)	
HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)	
POSSIBLE THIRD PARTY PAYER?	☐ YES ☐ NO
SEX	M
AGE	34
TIME SEEN BY PROVIDER	1903
PLAINT(S) (Include symptom(s), duration)	Blast, multiple injuries; Ⓛ arm partial amputation

VITAL SIGNS

1905
1925
130
22
101.7 (O)
95%

ATEGORY (See reverse): ERGENT / GENT / N-URGENT

ORDERS	INITS.	TIME
2L LR	(b)(6)-2	1935
[illegible]		1935
		1935
1 Gm		1940

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

34 y/o Iraqi male EPW received from Mosul Hospital. Was wearing a backpack with an explosive in it yesterday. The explosive detonated. Ⓛ arm partial amputee (b)(6)-2

PMHx: "Disc prolapse in back"

PSHx: ∅

Last Meal: Today 1200hrs

S - as above

Blast injury 24 hrs ago.

Tx'd @ Iraqi facility

ID'd injuries: Ⓛ femur fx

Ⓛ arm / forearm amputation

Ⓛ thigh ST injury

Ⓛ thigh ST Ⓑ feet Ⓒ tib fib

Ⓜ MFW MFWs. - Ⓑ feet

UA: large blood, 1.030

13 / 9.8 / 22.2 / 29

127 | 104 | 18 | 4.0 | 21 | 0.9

CK 1305

A - Alert, GCS 15. Airway intact

CV - tachy

lungs - Ⓑ CTA

abd - S/NT Ø guarding

GU - Ø scrotal trauma. penis ē abrasions

abd: S/NT/ND, burns to lower abd

pelvis - stable

back - atraumatic

~~Ⓛ thigh~~

Ⓛ foul odor

Ⓛ femur - massive ST degloving of thigh ē exposure of quad. Moves foot. Intact DP - 2+ pulse

Ⓛ forearm - wrist disarticulation

XR

① Ⓛ wrist / forearm - traumatic amp @ wrist ⊕ FB

② Ⓛ femur - comm midshaft fx.

③ tib fib - MF, Ø fx

④ Ⓑ feet - multi small frags Ø fx.

⑤ pelvis - Ø fx ⊕ penile FB

SSMENT/DIAGNOSIS

Ⓛ femur fx ē massive soft tissue degloving

Ⓛ forearm amputation

rhabdomyolysis

SPOSITION (Check all that apply)

HOME		FULL DUTY	
QUARTERS	24 Hrs.	48 Hrs.	72 Hrs.
MODIFIED DUTY UNTIL:	DAY	MONTH	YEAR

REFERRED TO (Indicate clinic): EMERGENCY / TODAY / 72 HOURS / ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE: OR → ICU

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE: 2020

(CONTINUE ON SF 507, IF NEEDED)

SIGNATURE OF PROVIDER AND ID STAMP (b)(6)-2 MAJ, MC

INSTRUCTIONS (Include limitations and follow-up plans)

To OR ē Ortho. 2L NS. HR ↓ to 110s

IVF given.

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

EPW

(b)(6)-4

EMERGENCY CARE AND TREATMENT

STANDARD FORM 558 (Rev. 6-82)

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 34
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA

3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE: I+D @ RUE = Ex Fix
I+D @ upper extremity = revision amputation

Medical Hx: 0

5. ADDITIONAL INFORMATION:
NPO since AROM
ROM/Musculoskeletal limited LE
Skin Appearance WAD

Hardware/ Prosthesis 0
Significant Other Waiting 0
Psychological/LOC Alert
Language/Cultural Iraq

Lab ✓
H&P ✓
UHCG N/A
Consent ✓

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ___ Potential for anxiety related to o Procedure o Body Image o Family Separation o Surgical Outcome o Other	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture. o Demonstrates age specific coping mechanisms	o Allow pt. to verbalize freely o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ___ Potential for respiratory dysfunction due to o Sedation o Existing Pulmonary Problems	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT ___ Potential impairment of skin integuity due to ____ o Immobilization o Prep Solution o Tourniquet o ESU o Positioning o SCD	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling. o Select appropriate size ESU pad

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

IRAQI (b)(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ___ Potential for inadequate tissue perfusion due to o Positioning o Tourniquet o Preexisting CV Problems	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ___ Potential impairment of mobility due to o Transfer o Positioning E.2. ___ Potential discomfort due to o Positioning	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ___ Disminished visual perception due to being Sld o Contacts o Glasses F.2. ___ Potential for decreased communictaion due to Sld o Language o Hearing Aids F.3. Potential injury due to dentures. ___	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from the side. o Validate pt's understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. o Potential for Loss of Body Heat	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. o Maintain Body Temperature	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. o Increase Room Temp (pts. 65years & older) o Maintain Room Temp between 74-81 degrees for pediatric pts. o Provide Warm Sheets/Fluids o Assist with applying bear hugger, as needed.

10. (b)(6)-2 ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

11. Maj [illegible] 25 Aug 03 DATE

o Patient goals and outcomes were met
o Prep solutions removed
o ESU site:
o Prep site:

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)	13. POSTOPERATIVE EVALUATION PREPARED BY
(b)(6)-2 Maj [illegible]	(b)(6)-2
DATE: 25 Aug 03 TIME: 1930	DATE: 25 Aug 03 TIME: 1800 DA 2389

REVERSE OF DA FORM 5179, JUN 91

USAPA V1.0

INTRAOPERATIVE

MEDICAL RECORD

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

1. TRANSPORTED TO OPERATING ROOM BY: les
   TIME PATIENT ARRIVED IN SUITE: 1402
2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: (b)(6)-2 maj/n
3. PATIENT IN ROOM / NUMBER: 7 p
   TIME:

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

VTS: NKDA

6. NURSING PERSONNEL

SIGNED SCRUB	Scr (b)(6)-2	RELIEF SCRUB	
SIGNED CIRCULATOR	Maj	RELIEF CIRCULATOR	

POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Beanbag used for positioning axillary roll @ axilla, pillow between knees

7. HAIR REMOVAL DONE BY: ☐ YES ☑ NO METHOD: ☐ OR ☐ NURSING UNIT ☐ DEPILATORY ☐ RAZOR ☐ CLIP

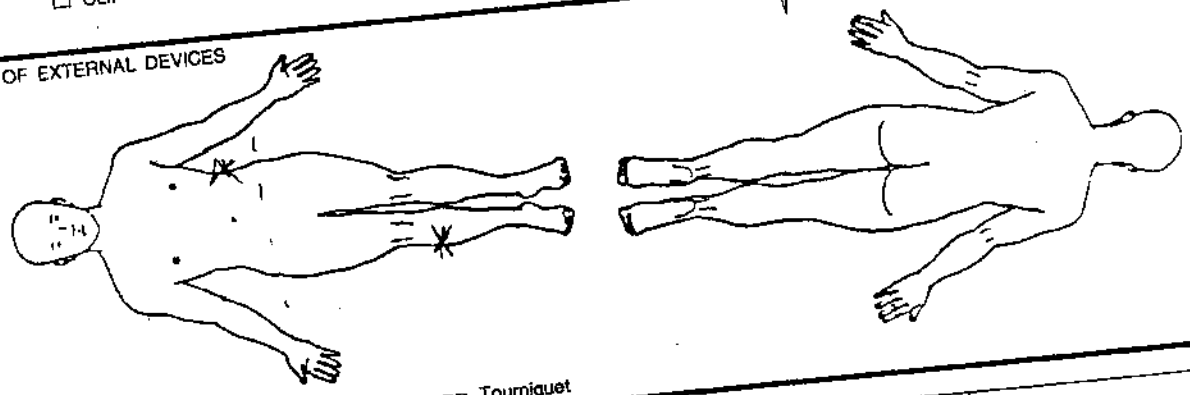
8. SKIN PREPARATION

PREP SOLUTION (Specify): Beta/Beta BY WHOM: [redacted]
SITE: @ leg from groin to toes BY WHOM: [redacted]
SITE: back
COMMENTS: no pooling of iodine

B6-2

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ≡≡≡ Tourniquet

10. COUNTS

		C = Correct I = Incorrect		
		Other**	First Closing Count	Final Closing Count
Sponge	☑ Yes ☐ No			
Needle Sharp	☑ Yes ☐ No			
Instrument	☑ Yes ☐ No			
Other	☐ Yes ☑ No			

SCRUB: SOA (b)(6)-2

CIRCULATOR: Maj (b)(6)-2

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

IRAQI (b)(6)-4

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

☑ ESU NO: Valleylab FX 000434
GROUND PAD: BRAND Valleylab E7507
LOT NO: 76115 8826

☑ ESU NO: Valleylab FX 000434
GROUND PAD: BRAND Valleylab E7507
LOT NO: 20011

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

13. PROSTHESIS, IMPLANTS ☒ YES ☐ NO

IF YES NAME; ID NUMBER; MANUFACTURER

Wait # 0123003
34 x 2
36 x 1 7 Screws
Lg Frag set

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

OTHER ORDERS

Foley cath in place on arrival

TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE Ⓡ femur

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. Foley	2.	3.
E	1. Bladder	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)

arm: 4x8's, Abd, Kerlex, ~~Ace wrap~~

leg: 4x8's, xeroform, Abd, ~~Flu~~ Kerlex, Ace wrap

ADDITIONAL INFORMATION

(b)(6)-2

(b)(6)-2

(b)(6)-2

OPERATION(S) PERFORMED

I&D Ⓛ arm c̄ revision amputation

I&D Ⓡ femur c̄ ex fix

PATIENT TRANSFERRED TO

ICU

REGISTERED NURSE (b)(6)-2

TIME Sep DA7389

METHOD litter c̄ safety strap

E OF DA

MEDCOM - 1290

MEDICAL RECORD

For use of this form, see AR 40-407; the proponent agency is the [illegible]

INTRAOP [illegible] REVIEWED AND PROCEDURE

1. PATIENT TRANSPORTED TO OPERATING ROOM BY anesthesia — TIME PATIENT ARRIVED IN SUITE [illegible]

2. PATIENT VERIFIED BY (b)(6)-2 — MyAR — B

4. PATIENT [illegible] NUMBER — TIME

May 03

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

NTS: Alert

6. NURSING PERSONNEL

SIGNED SCRUB	Spc-	RELIEF SCRUB	
	Spc		
SSIGNED IRCULATOR	May	RELIEF CIRCULATOR	
	My		

(b)(6)-2

OSITION AND POSITIONAL AIDS (Specify) Positioned on padded beanbag. Warmed @ 41N

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

positioned on padded May Alert Safety Straps

MMENTS: portion

8. SKIN PREPARATION

PREP SOLUTION (Specify) Betadine Scrub/solution — BY WHOM: May [redacted] — B6-2

SITE: ① arm. — BY WHOM: May [redacted]

SITE: ② leg - surgeon

COMMENTS: No pooling noted

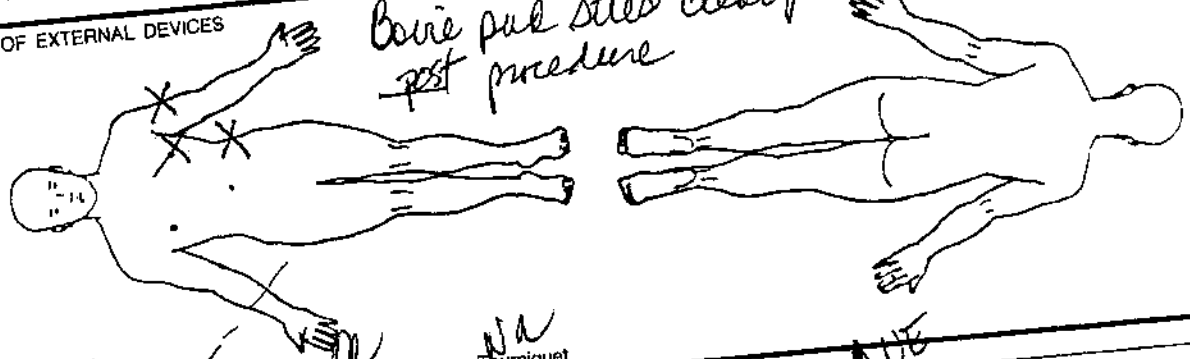
AIR REMOVAL DONE BY: ☐ YES ☑ NO ☐ NURSING UNIT ☐ OR

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

Bare pad sites clear pre post procedure



LEGEND X Grounding Pad — Safety Strap === Tourniquet

M N/A

10. COUNTS		C = Correct I = Incorrect Other**	First Closing Count	Final Closing Count
Sponge	☑ Yes ☐ No			C
Needle Sharp	☑ Yes ☐ No			C
Instrument	☐ Yes ☑ No			
Other	☐ Yes ☑ No			

SCRUB (b)(6)-2 PJC — (b)(6)-2 PJC — CIRCULATOR (b)(6)-2

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

(b)(6)-4

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

☐ ESU NO: Valleylab 000434 — GROUND PAD: BRAND Valleylab 15071 — LOT NO: Exp 06 May

☑ ESU NO: Valleylab 80000 — GROUND PAD: BRAND Valleylab 15071 — LOT NO: exp 06 May

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

13. PROSTHESIS, IMPLANTS ☑ YES ☐ NO — IF YES NAME: ID NUMBER: MANUFACTURER

ORIF Screws

36 Cannula LLE

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S): NS

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☑ NO ☐ — IF YES, SITE LLE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
AME	NAME	NAME
AME	NAME	NAME

TUBES, DRAINS/PACKING YES ☑ NO ☐

PE/SIZE	1.	2.	3.
18 Fr in E	Foley in portion prior to adm		
	h.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify) 4x8s

4x8s, kerlix, ace } LUE

LLE abds x4, kerlix, ace

ADDITIONAL INFORMATION

Unknown allergy states

(b)(6)-2

sgeons-

PERATION(S) PER

I&D LUE/LLE, Revision Stump Amputation LUE

Debridement LLE Ex Fix, Pinning LLE

TIENT TRANSFERRED TO

(b)(6)-2	TIME	METHOD
		litter x 2

MEDCOM - 1292

MEDICAL RECORD

INTRAOPERATIVE

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

1. PATIENT TRANSPORTED TO OPERATING ROOM — BY (b)(6)-2 — TIME PATIENT ARRIVED IN SUITE 0850

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

4. PATIENT IN ROOM TIME 0850 NUMBER 1

(b)(6)-2 — E 29/R

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

MENTS: None

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC	(b)(6)-2	RELIEF SCRUB	
	SPC			
ASSIGNED CIRCULATOR	CPT		RELIEF CIRCULATOR	
	MAJ	(b)(6)-2		

POSITION AND POSITIONAL AIDS (Specify)

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

OMMENTS: none

8. SKIN PREPARATION

PREP SOLUTION (Specify) Betadine SPC BY WHOM: MAJ (b)(6)-2

SITE: LUE BY WHOM: CPT (b)(6)-2

SITE: LLE

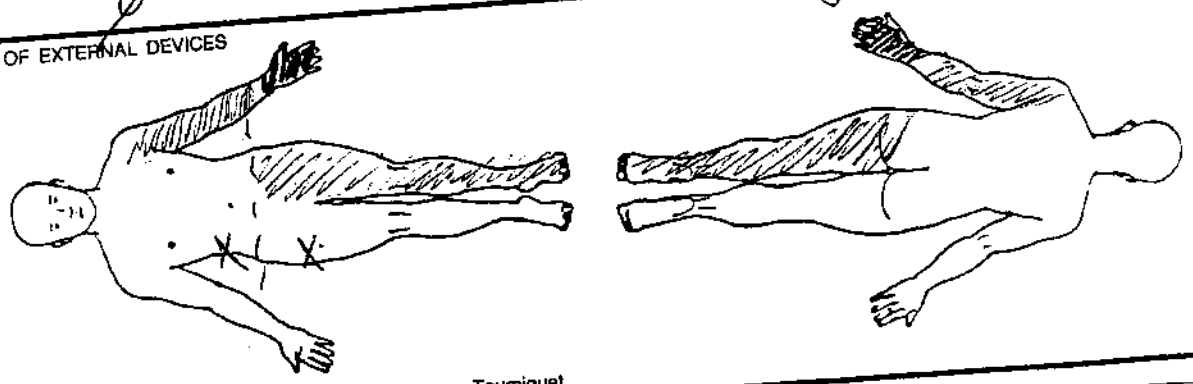
COMMENTS: none

HAIR REMOVAL DONE BY: ☐ YES ☒ NO ☐ NURSING UNIT

METHOD: ☐ OR ☐ RAZOR ☐ DEPILATORY ☐ CLIP

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ≡≡≡ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes ☐ No		C	C
Needle Sharp	☒ Yes ☐ No			
Instrument	☐ Yes ☒ No			
Other	☐ Yes ☒ No			

SCRUB SPC (b)(6)-2 SPC

CIRCULATOR CPT CPT (b)(6)-2

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

Iraqi (b)(6)-4

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

☒ ESU NO: 000434 Valleylab

GROUND PAD: BRAND

LOT NO: 75011 30/33

☒ ESU NO: 000429 Valleylab

GROUND PAD: BRAND

LOT NO: 68556 / 35/33

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
LLE x 3Lt LLE x 3Lt.

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. ½" Penrose	2.	3.
SITE	1. LLE	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
LLE - Xeroform, fluffs, Kerlix Coban,
LLE - Xeroform, ABD's, Kerlix

9. ADDITIONAL INFORMATION
Dr. (b)(6)-2 (1) - lower ext
Dr. (b)(6)-2 (2)
Dr. (b)(6)-2 - upper ext

OPERATION(S) PERFORMED
LLE stump revision
I & D LLE

PATIENT TRANSFERRED TO ICU TIME 2:34 METHOD Primary

REGISTERED NURSE SIGNATURE (b)(6)-2

ERSE OF DA FORM [illegible]

MEDICAL RECORD — INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA LITTER BY MAT (b)(6)-2
2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MAT (b)(6)-2
3. DATE 1 SEPT 07 TIME PATIENT ARRIVED IN SUITE 1700
4. PATIENT IN ROOM TIME 1700 NUMBER 81

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: PT INFORMED THRU TRANSLATOR, PT ON NPO'S

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

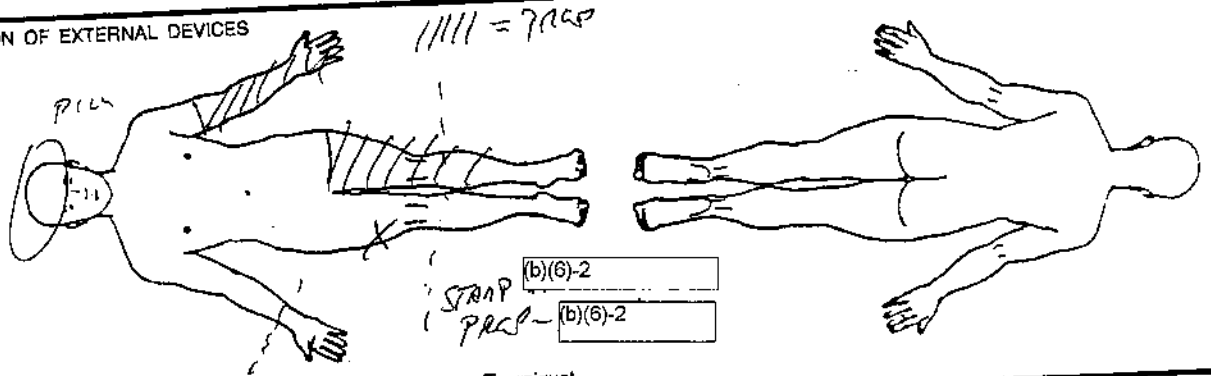
COMMENTS: ALL BONY AREAS PADDED

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION (Specify) BETA / BETA BY WHOM: MAT (b)(6)-2
SITE: (C) ARM
SITE: (L) LEG BY WHOM: MAT
COMMENTS: NO SHAVING OR REMOVAL

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ═══ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No			C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes ☐ No			C		
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

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

17AUG (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO 40/40

☒ ESU NO: FOC 000434
GROUND PAD: BRAND Valleylab
LOT NO: 20011

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
None					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): N.S. JCR P/LAVAGE

OTHER ORDERS	TIME	CARRIED OUT BY
IN & out CATH = 250 cc	EOC	(b)(6)-2

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

	1.	2.	3.
TYPE/SIZE			
SITE			

18. DRESSING/IMMOBILIZATION *(Specify)*
ARM = KERLIX, 4x8, ACE
LEG = KERLIX, 4x8, ACE

19. ADDITIONAL INFORMATION
SURGEON = (b)(6)-2
WC 2 IV CONTAMINATED

20. OPERATION(S) PERFORMED
IRD of (C) ARM & LEG

21. PATIENT TRANSFERRED TO ICU TIME 1700 METHOD LITTER

22. REGISTERED NURSE SIGNATURE (b)(6)-2

MEDICAL RECORD — **INTRAOPERA... DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY Cpt (b)(6)-2

2. PATIENT IDENTIFIED PRIOR TO PROCEDURE VERIFIED BY (b)(6)-2 Mg Sn

3. DATE 03 Sept 03 TIME PATIENT ARRIVED IN SUITE 0900

4. PATIENT IN ROOM TIME 0900 NUMBER 0900 (b)(6)-2

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc	(b)(6)-2		RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj			RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

Bam on < 90° padded armboard. Bam on double armboards. Safety strap over abd

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub/Sol

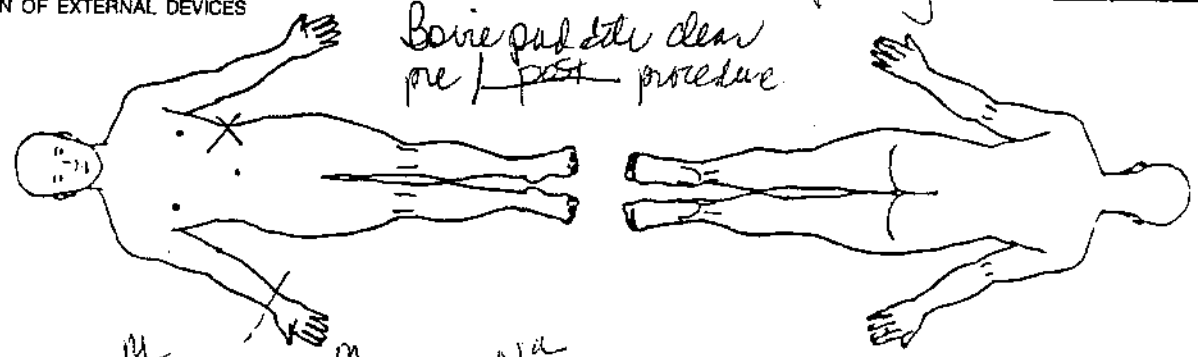
SITE: (L) Stump BY WHOM: Mj (b)(6)-2

SITE: BY WHOM:

COMMENTS: No pooling noted

9. LOCATION OF EXTERNAL DEVICES

Bovie pad site clean pre/post procedure



LEGEND X Ground Pad N/A ~ Safety Strap N/A ═══ Tourniquet N/A

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☑ No					
Needle Sharp	☐ Yes ☑ No					
Instrument	☐ Yes ☑ No					
Other	☐ Yes ☑ No					

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

IRAQI (b)(6)-4

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

☑ ESU NO: Valleylab 00432

GROUND PAD: BRAND Valleylab PD8742

LOT NO: exp 05/06

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	16. DRESSING/IMMOBILIZATION *(Specify)*

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

16. DRESSING/IMMOBILIZATION *(Specify)*

Kerlix, fluffs, Ace } L arm fluffs } leg

19. ADDITIONAL INFORMATION

Mechanism, allergy, Status

(b)(6)-2

20

I.D (L) Stump: Debridement (R) thigh

21. PATIENT TRANSFERRED TO ICU #1 TIME 0950 METHOD litter

22. (b)(6)-2

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Gurney BY [illegible]

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

3. DATE 9/5/03 TIME PATIENT ARRIVED IN SUITE 1545

4. PATIENT IN ROOM TIME 1545 NUMBER 4

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: none

8. SKIN PREPARATION

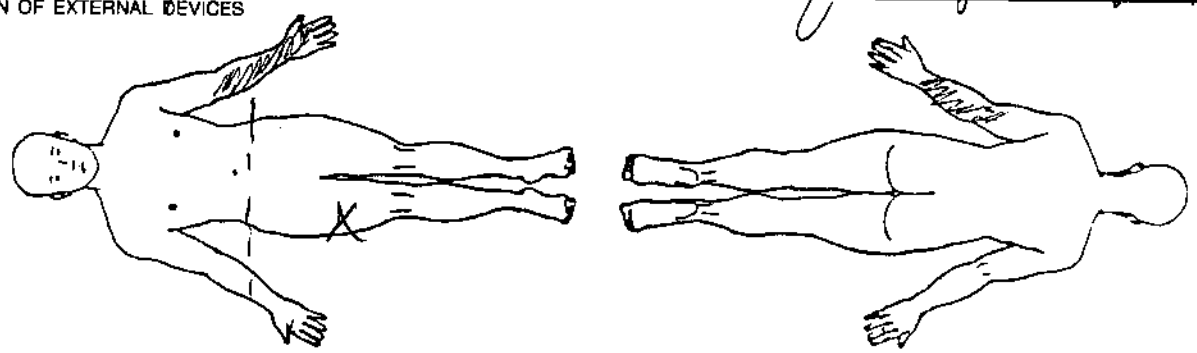
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: Ø

PREP SOLUTION *(Specify)* Betadine STF
SITE: LLE BY WHOM: SSG (b)(6)-2
SITE: BY WHOM:

COMMENTS: no grossing of skin

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ═══ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes ☐ No		C	C
Needle Sharp	☒ Yes ☐ No		C	C
Instrument	☐ Yes ☒ No			
Other	☐ Yes ☒ No			

SCRUB SPC (b)(6)-2 SPC

CIRCULATOR CPT (b)(6)-2 CPT

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

[illegible] (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: _____

DA FORM 5179-1, OCT 87 REPLACE FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE

13. PROSTHESIS, IMPLANTS ☐ YES ☒ IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

(L) Que x 3 Lt. (L) Mixed x 3 Lt

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* (L) Que - Kerlix, Kerlix, Ace (L) Mixed - Kerlix

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

Dr (b)(6)-2

20. OPERATION(S) PERFORMED

I+D (L) Que & (L) Mixed

21. PATIENT TRANSFERRED TO Ward TIME [illegible] METHOD Gurney

22. REGISTERED NURSE SIGNATURE (b)(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA LITTER BY CPT (b)(6)-2

2. PATIENT IDENTIFIED (b)(6)-2 VIEWED AND PROCEDURE VERIFIED BY RJ

3. DATE 8 SEPT 07 TIME PATIENT ARRIVED IN SUITE 1040

4. PATIENT IN ROOM TIME 1040 NUMBER R 12

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: TRANSLATOR EXPLAINED PROCEDURE TO PT.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

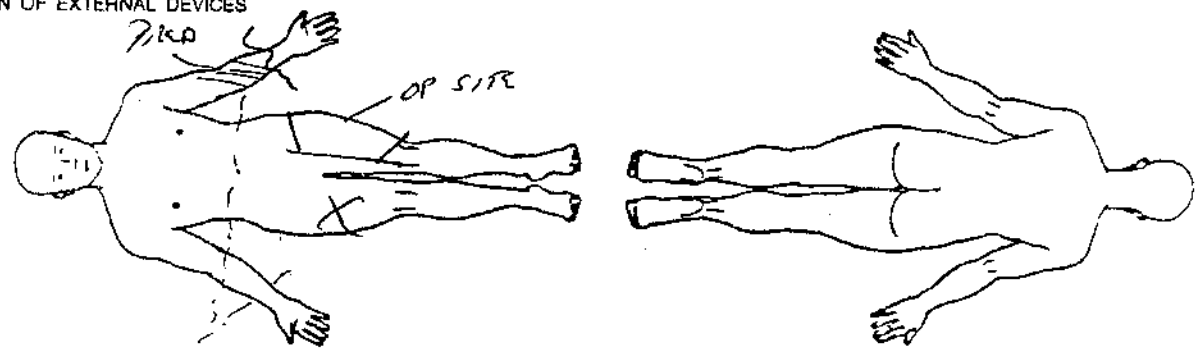
COMMENTS: ALL BONEY AREAS PADDED

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION *(Specify)* BETA / BETA
SITE: (L) ARM BY WHOM: MAJ [redacted]
SITE: BY WHOM: B6-2
COMMENTS: NO PROBLEMS OR REACTS.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ~~~ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No		C	C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes ☐ No					
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

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

IRAQI (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO 35/35

☒ ESU NO: ROE 600497
GROUND PAD: BRAND Valleylab
LOT NO: 20111

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO — IF YES NAME; ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
None					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): N, S,

OTHER ORDERS None	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* FLUFFS, KERLIX, ACE WRAP

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

SURGEON = DR (b)(6)-2

WC = WV

ESU PAD SITE clean & Dry Pre & Post-OP

20. OPERATION(S) PERFORMED

(1) I&D — STUMP REVISION of (1) ARM

(2) LEG DEBRIDE A

21. PATIENT TRANSFERRED TO ICU — TIME — METHOD GURN

22. REGISTERED NURSE SIGNATURE (b)(6)-2

REVERSE OF DA FORM 5179-1, OCT 01

*U.S. GPO: 1998-404-813/40449

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Gurney BY Anesthesia

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

3. DATE 9/11/03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME V NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Alert + Oriented

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj / CO	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: prone

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: 6

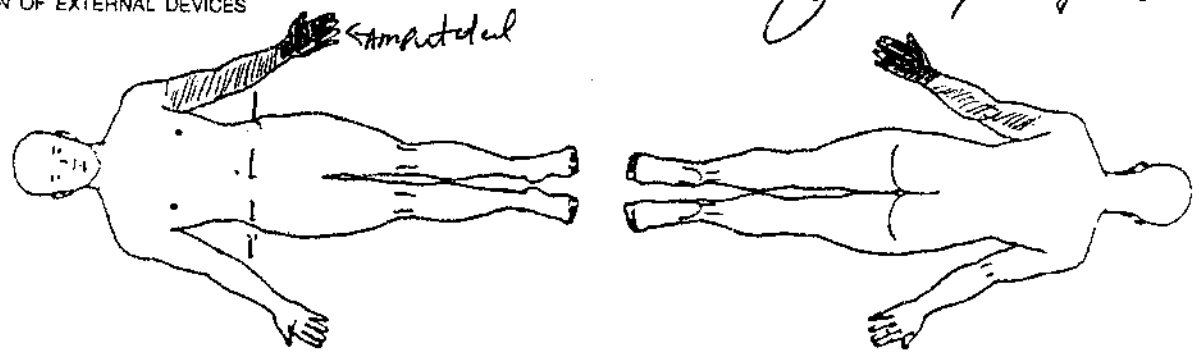
PREP SOLUTION *(Specify)* Betadine 5 + 5

SITE: LUE BY WHOM: Maj [redacted]

SITE: BY WHOM: B6-2

COMMENTS: no pooling of solution

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ≡≡≡ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes ☐ No		C	C
Needle Sharp	☒ Yes ☐ No		C	C
Instrument	☐ Yes ☒ No			
Other	☐ Yes ☒ No			

SCRUB (b)(6)-2 Spc / Spc

CIRCULATOR Maj / Maj (b)(6)-2

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

Frag (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 | IO | IF YES NAME: ID NUMBE | ANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

NSS X 2-4.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION (Specify)

(L)LE - Reflix, Flft, Ank.
(L)LE - Kerlix

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

DC

DC

(b)(6)-2

20. OPERATION(S) PERFORMED

I+D of (L)LE + (L)thigh

21. PATIENT TRANSFERRED TO	TIME	METHOD
TCH	0945	Bruno

22. REGISTERED NURSE SIGNATURE (b)(6)-2

*U.S. GPO: 1996-404-613/40449

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OR VIA Litter BY (b)(6)-2

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

3. DATE 13 Sep 03 TIME PATIENT ARRIVED IN SUITE 1805

4. PATIENT IN ROOM TIME 1805 NUMBER #1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc	(b)(6)-2		RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj			RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Hip roll under (L) thigh & lower back. pillow between knees & under (L) knee

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

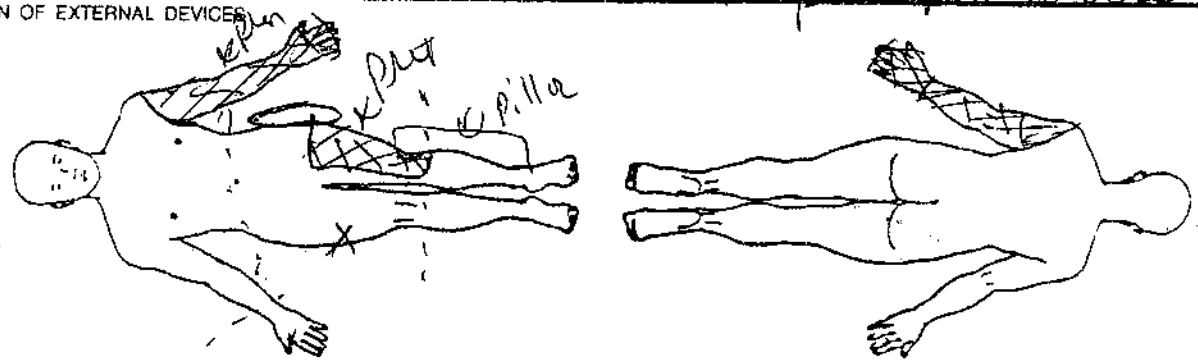
PREP SOLUTION *(Specify)* Beta/Beta

SITE: (L) thigh & Extr BY WHOM: [redacted] B6-2

SITE: (L) axilla from Stump to axilla circumferentially BY WHOM:

COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap === Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☐ No				(b)(6)-2	
Needle Sharp	☐ Yes ☐ No		C	C		
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

IRAQI (b)(6)-4

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

☐ ESU NO: Valleylab 000434

GROUND PAD: BRAND E7507

LOT NO: 20011

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☑ IF YES NAME: ID NUMBER: NUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* fluffs kerlex ace wrap tape

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

(b)(6)-2

20. OPERATION(S) PERFORMED

I&D @ thigh wound
I&D @ arm stump, A-line placement

21. PATIENT TRANSFERRED TO ICU-1 TIME 0923hrs METHOD bed = safety straps

22. R (b)(6)-2 Maj/An

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-613/40449

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OR VIA: i/ttr BY: (b)(6)-2

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY: (b)(6)-2 MAS x2

3. DATE: 15 Sept 03 TIME PATIENT ARRIVED IN SUITE: 1422

4. PATIENT IN ROOM TIME: 1422 NUMBER: 12

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Explained via Translator

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: all bony areas padded

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

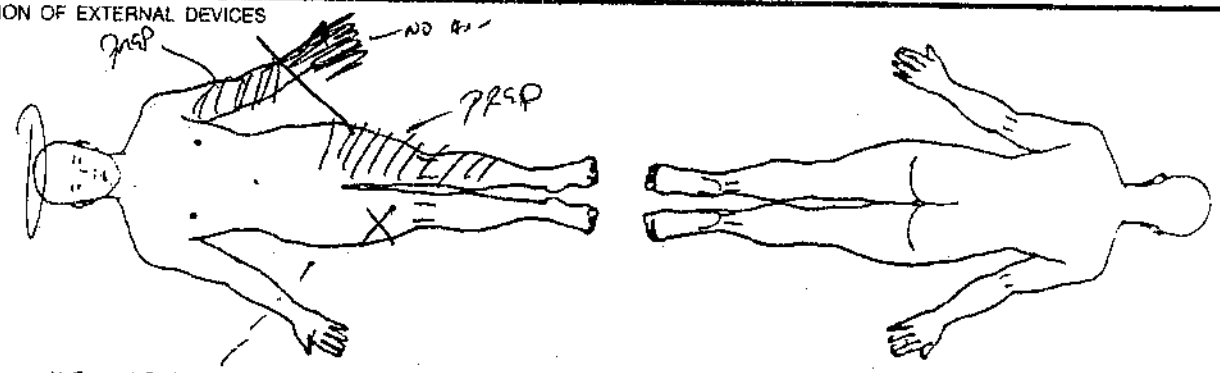
PREP SOLUTION *(Specify)*: BETA/BETA

SITE: (L) ARM & LEG BY WHOM: (b)(6)-2

SITE: BY WHOM:

COMMENTS: No Pooling or Reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ≡≡≡ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☑ Yes ☐ No		C	C
Needle Sharp	☑ Yes ☐ No		C	C
Instrument	☐ Yes ☑ No			
Other	☐ Yes ☑ No			

SCRUB: (b)(6)-2

CIRCULATOR: (b)(6)-2

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

IRAQ (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO 35/55

☑ ESU NO: F0E000434

GROUND PAD: BRAND Valleylab

LOT NO: G59621

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBE MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
	N/A				

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
N.S,

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Fluff, KARLX, ACE, IODAFORM

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE	1. 16 Fr Foley	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

SURGeon 2 (b)(6)-2

WC = 4

ECU and site clean & dry Pre-OP, and Post-OP

20. OPERATION(S) PERFORMED

I&D of Stump (L) ARM, AND (L) LEG

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1555 AFTER SURG	LITTER
22. REGISTERED NURSE SIGNATURE (b)(6)-2		MOS RN

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-813/40449

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Gurney BY Anesthesia

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

3. DATE 9/29/02 TIME PATIENT ARRIVED IN SUITE 1115

4. PATIENT IN ROOM TIME 1115 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT V	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

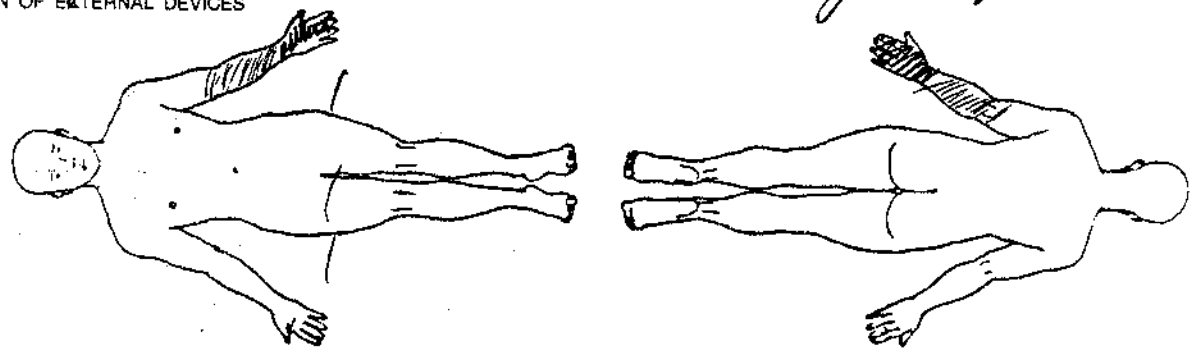
COMMENTS: none

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: ☒

PREP SOLUTION *(Specify)* Betadine SOL
SITE DYE BY WHOM: CPT (b)(6)-2
SITE: BY WHOM:
COMMENTS: no shaving of site

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ▬▬ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes ☐ No		C	C
Needle Sharp	☒ Yes ☐ No		C	C
Instrument	☐ Yes ☒ No			
Other	☐ Yes ☒ No			

SCRUB SPC (b)(6)-2 SPC

CIRCULATOR CPT (b)(6)-2 CPT

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

(b)(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

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

8

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

NSS X 1 Wd

OTHER ORDERS	TIME	CARRIED OUT BY

8

PHYSICIAN'S SIGNATURE (b)(6)-2 19Sep03

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* fluffs, Kerlix, Ace

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 1/2" Iodoform	2.	3.
SITE	1. LUE stump	2.	3.

19. ADDITIONAL INFORMATION

Dr (b)(6)-2

20. OPERATION(S) PERFORMED

I+D LUE

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1053	Cart

22. REGISTERED NURSE SIGNATURE (b)(6)-2 SPC A

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-613/40449

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	25 Aug 03
POD	0

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 LPN	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title) (b)(6)-2 LPN | Department/Service/Clinic ICU-2 | DATE 26 Aug 03

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

Potus (b)(6)-4 (EPW)

☐ HISTORY PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R			2			2			2			2		2				–						2
	RADIAL L			WPA			WPA			WPA			WPA		★				–						WPA
	DORSALIS PEDIS R			2			2			2			2		2				–						WPA
	DORSALIS PEDIS L			2			2			2			2		2				–						WPA
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale				1 3 7			1 3 7			1 3 7			1 3 7		1 3 7				– – –						1 3 7
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓			✓			✓			✓		R				–						✓
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				NSR			NSR			NSR			NSR		NSR				–						NSR
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH			✓			✓			✓			✓												
	FOLEY CARE														✓				–						
	ORAL CARE																								
MOBILITY	BEDREST			✓			✓			✓			✓		✓				–						✓
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE			✓			✓			✓			✓		✓				–						✓
	HOB 30 DEGREES														✓				–						✓
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)				★																					
PAIN	PAIN FREE			✓			✓			✓			✓		★	★			✓						★
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended				2 ✓			2			2			2		2				2						2
BOWEL SOUNDS (active all quads)															✓				✓						✓
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓			✓			✓			✓		✓				–						✓
VOIDING CLEAR, YELLOW URINE q.s.				✓			✓			✓			✓		✓				–						✓
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
(R) Abd Scar	Rashes, Lac's, etc			✓			✓			✓			✓		★				–						✓
DRESSING (Dry & Intact: specify site below)																									
#1 (L) LE Fixator				✓			✓			✓			✓		★				–						✓
#2 (L) UE				✓			✓			✓			✓		★				–						✓
#3 (R) ANKLE				✓			✓			✓			✓		★				–						✓

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
CL	(R) IJV	25 Aug 03	CDI, patent
Foley	Groin	25 Aug 03	patent

PUPIL SIZE		PUPILS
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank) --
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 28 Aug 03

TIME	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open			3			4			4			4		4				–						3
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response			4			4			4			4		X				–						4
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response			5			5			5			5		X				–						5
GLASCOW COMA SCALE (A+B+C)			12			13			13			13		X				–						12
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R														3R				–						
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L														3R				–						
MOVEMENT (See Motor Function Scale at Top of Page) RUE			4			4			4					4				–						4
MOVEMENT (See Motor Function Scale at Top of Page) LUE			2			2			2					2				–						2
MOVEMENT (See Motor Function Scale at Top of Page) RLE			3			3			3					2				–						2
MOVEMENT (See Motor Function Scale at Top of Page) LLE			0			0			0					1				–						1
GRIP (S) Strong (W) Weak (-) absent R			W			S			S					S				–						W
GRIP (S) Strong (W) Weak (-) absent L			PPP			PPP			PPP					X				–						XTS
RESPIRATIONS REGULAR			✓			✓			✓					✓				–						✓
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED			✓			✓			✓					✓				–						✓
RESPIRATIONS LABORED																								
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL			5			5			5					5				–						5
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL			5			5			5					5				–						5
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL			5			5			5					5				–						5
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL			5			5			5					5				–						5
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES			✓			✓			✓					✓				–						✓
COUGH NONE			✓			✓			✓					✓				–						✓
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt			RA			RA			RA															RA
VENTILATOR FiO2																								
VENTILATOR RATE (SIMV/CMV)																								
VENTILATOR PEEP / CPAP																								
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)														RA				–						
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH						✓			✓					✓				✓						
INITIALS			(b)(6)-2																					

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0145	95.4	115	19	131/82	95		103										RA
0200																	
0300	96.8	122	19	122/80	94		95										RA
0400	97.4	128	22	129/91	97		106										RA
0500	98.4	127	20	119/87	98		99										RA / NAD
0600	98.1	132	20	134/83	96%		105										RA /
0700	99.2	128	20	123/79	95%		98										RA
0800	98.0	128	18	132/84	96%		105										RA
0900	98.4	125	18	132/71	98%		102										RA
1000		131	23	137/85	95%	RA	107										
1100		126	20	147/81	95%		106										RA
1200		142	17	120/80	96%												4mg IVP
1300																	
1400	101.9	75	28	132/75	96%		100										see MAR for ↑ temp.
1500																	
1600	101.7	147	21	113/64	96%		84										
1700	101.7																
1800	100.6	136	19	129/75	97%		96										
1900																	
2000	99.2	137	22	159/86	93%		111										
2100																	
2200	100.4	127	19	131/64	90		103										RA / NAD
2300																	
2400	100.6	131	19	137/64	94		106										RA

	INTAKE								OUTPUT				
	LR	NS	IVPB ANCEF	Ranitidine	BOLUS	Pen. G	GENT	Total	URINE	BM		Total	COMMENTS
0100	GTC								OR				
0200	9000 OR								50 OR				
0300	150 3450								100 150				
0400	150 3300								75 225				
0500	150 3450								55 280			OR EBL 200 VOP 750	
0600	150 3600	150 150	100 100			OR	Crystal + PRBC 3600		60 340				950
0700	150 3750	150 300							50 390				
0800	150 3900	150 450						8050	40 430				
8 HR	3900	450	100					8 HR 4450	430			8 HR 420 + 950	= 1370
0900	150 150	150		100					190				
1000	200 350				1000				160 350				Bolus 0930 ↑
1100	800 550								150 500				
1200	000 750								100 600				
1300	200 950								150 750				
1400	200 1150		50						50 800				
1500	200 1350			50	100				50 850				
1600	300 1550		50 50	50 100	100 200				150 1000				
8 HR	1550		50	50	100			16 HR. 6200	1000			16 HR. 1420	
1700	200 200								50 50				
1800	300 400								75 125				
1900	200 600								25 150				
2000	200 800								100 250				
2100	200 1000				100 100				100 350				
2200	200 1200	50 50											
2300	200 1400												
2400	200 1600					100 100			205 555				
8 HR	1600	50			100	100		24 HR. 10850	555			24 HR 570	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
26Aug03	0300		Pt resting NAD v/s stable MP C BS
			Assessment complete dressings intact LR
			@ 150cc/hr to CL to (R)SV, UO 100cc
			will continue to monitor ——— (b)(6)-2
26Aug03	0410		Administered by RN on duty MSO4 3mg prn
			pain via IV ——— (b)(6)-2
26Aug03	0330		Collected blood via IV per physicians instruction
			d/t low UO order verbally changed from CBC,
			Chem 7 to just Chem 7, no CBC, pt recieving
			500cc bolus of NS as well as IV medication
			also per physician instruction ——— (b)(6)-2
	0600		Pt resting s/s/s of distress AM assessment completed
			(L) femur fixation dressing dry and intact (L) hand amputation
			dressing dry and intact, abdominal wound midline
			foley catheter patent 60cc/hr @ 0700 ~~Acti~~ IV
			line infusing NS @ 150cc/hr patent. (b)(6)-2
	0715		pt c/o pain MSO4 3mg given as per doctors Order (b)(6)-2
	1000		Δ IVF to LR 200c/hr as per doctors order
			started Pen G IV million units q6 per doctor order
			tetanus IG 250 units administered IM as per
			doctors order, 0.5mg IV @ 0900 as per
			doctors order see (b)(6)-2
26Aug03		1400	received report from dayshift nurse, pt. Ø S/S of SOB, C/O
			pain to (L) leg (via interpreter) pain medication given see MAR.
			Dressing to (L) leg c̄ moderate yellow drainage, (L) UE Amp site CDI,
			scrapes to ABD OTA & pink, scrapes to (R) LE OTA & scabbed
			over, ~~c/o~~ (error) will cont to monitor pt ——— (b)(6)-2
26Aug03		1530	Temp still elevated (see Vitalsignsheet) wool blanket removed &
			cotton sheet replaced, cool towel applied to head, Dr. (b)(6)-2
			in to see pt, Dressing Δ'd c̄ Dr. (b)(6)-2 to (L) LE, will cont.
			to monitor pt ——— (b)(6)-2
26Aug03		1630	C/O pain (via interpretor) pain meds given see MAR (b)(6)-2

MEDCOM - 1316