

MEDICAL RECORD

PROGRESS NOTES

27 Jul 03 @ 2100 Portable trays sent as ordered. Pt. reported relief from pain; now resting in bed comfortably; BLE & E folded blankets. Anticipating washout in gm. (b)(6)-2

@ 2200 No significant Δ. Report given to incoming staff (b)(6)-2

27 Jul 03 2240 Report received from off going nurse. Pt resting comfortably in bed. PERRLA. Cap refill 1/2 sec x 4 extremities and pt is able to wiggle all fingers and toes. Grip strength strong on R hand. No significant Δ in dress. Pt is NPO p̄ MN. Will get interpreter to explain this to the pt. Will continue to monitor. SPC (b)(6)-2

27 Jul 03 2245 Auscultation complete Lungs clear @ S1, S2, RRR & murmur BS Active x4 (b)(6)-2

28 Jul 03 2100 called to eval pt's pain p̄ receiving tylox @ 1800 and 9mg IV morph 9/10 pain along @ lateral aspect of leg - tenderness - mild relief with dorsiflexion. Good cap refill; Pt warm, + pulse. Well below morph + continue to monitor (b)(6)-2

29 Jul 03 1045 IM 99.3 AF VS RT Ortho pod #1 after 2nd hip 1002 S/P mult: (A) & (A), each, tendon reflexes @ LE, @ UE. Pt is a lot of pain (last evening) through night. Changed ACE wrap on @ LE - relief. Required 1/2 additional morph below. noted to be sleeping through team. all wounds dressed, clean, dry. Ex fix in place. Extremities warm - good cap refill. Issue of eating addressed - dietitian and pt through interpreter. Ate good dinner tray - well work to ensure maintains adequate po intake. Dietitian consulted & currently pt and interpreter. Anticipate return to OR in am (continue on reverse side) (b)(6)-2

POSTOP
Reeds
+ analgesics maintained
or fix @ LE
improved pain
dialysis pump
appropriate
fluids

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

Fragi (b)(6)-4

REGISTER NO. (b)(6)-2

PROGRESS NOTES
Medical Record

PROGRESS NOTES

DATE

29 JUL 03

Nutrition Note

Spoke to pt this am w/ interpreter. Consulted by MD care team re: pt. not eating. Pt stated he had eggs, milk + some potatoes @ breakfast this am. Asked for and given milk (250ml) by nsg. at bedside during my consult. Verbalized to pt. importance of adequate caloric/protein intake to assist in healing. He verbalized understanding. Will continue to follow while in house. CPT (b)(6)-2 M 7/29/03 (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	26 Jul 03
POD	

24 HOUR DATA	
24 Hour Balance	+ 1925
24 Hour Intake	4900
24 Hour Output	2975
Weight on Admission	
Weight Yesterday	
Weight Today	

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

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach	/	/	/
Side Rails Up	/	/	/
Bed in Low Position	(b)(6)-2		

(b)(6)-2	Department/Service/Clinic ICU#1	DATE 28 Jul 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Iraqi (b)(6)-4

- HISTORY PHYSICAL
- FLOWCHART
- OTHER EXAMINATION OF EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2		
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R	*					*																X		
		L	2					2																2		
	DORSALIS	R	*					*																X		
	PEDIS	L	*					*																X		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1	3	0	0		1	0							1	0	3						1	3	4
EDEMA			0					1								1	0	3						1	3	4
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		✓																							
	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 / DOBHOFF PLACEMENT VERIFIED																✓								✓		
RESIDUAL ASSESSED																										
Ph																										
FOLEY CATHETER PATENT																										
VOIDING CLEAR, YELLOW URINE q.s.								✓																	✓	
SKIN INTEGRITY	No Breakdown Surgical Wounds Rashes, Lac's, etc																									
DRESSING (Dry & Intact: specify site below)																										
#1	① Shoulder																									
#2	② Forearm/Hand																									
#3	③ calf/foot																									
#4	④ calf/foot																									
INVASIVE LINES	SITE																									
PIV 186	② Forearm																									
PIV 186	① Forearm																									
SOMR PIV	1500 26 JUL -																									
PIV 186	② FA																									

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 <input checked="" type="checkbox"/>
Not Applicable / Absent (blank)
Refer to Nsg. Notes <input checked="" type="checkbox"/>
No Change from Previous Assessment

DATE: 2/26/03

	TIME	HOURS																								
		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																										
B. BEST VERBAL RESPONSE																										
(5) Oriented (2) Garbled																										
(4) Confused (1) No Response																										
(3) Inappropriate Verbal Response																										
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																										
GLASCOW COMA SCALE (A+B+C)																										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																									
	L																									
MOVEMENT (See Motor Function Scale at Top of Page)	RUE																									
	LUE																									
	RLE																									
	LLE																									
GRIP (S) Strong (W) Weak (-) absent	R																									
	L																									
RESPIRATIONS	REGULAR																									
	IRREGULAR																									
	UNLABORED																									
	LABORED																									
	SHALLOW																									
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RETRACTIONS																									
	RUL																									
	LUL																									
	RLL																									
	LLL																									
	BOTH BASES																									
	COUGH	NONE																								
	SPONTANEOUS																									
	PRODUCTIVE																									
	NONPRODUCTIVE																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																										
VENTILATOR	Vt																									
	FIO2																									
	RATE (SIMV/CMV)																									
	PEEP / CPAP																									
	PRESS. SUPPORT																									
OXYGEN DELIVERY DEVICE	NC (l/min)																									
	FM (l/min)																									
ETT #	NRBM (l/min)																									
	ETT _____ cm gums																									
ETT CARE / POSITION CHANGE																										
ETT / NT SUCTIONED																										
INCENTIVE SPIROMETRY DONE																										
COUGH / DEEP BREATH																										
INITIALS																										

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		88	14	102/58	97%												(b)(6)-2
0300																	
0400																	
0500																	
0600	99 ³	92	21	112/59	100%												(b)(6)-2
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400		100	14	121/53	94%												
1500	100 ³	104	20	129/51	95%												(b)(6)-2
1600	100 ⁸	105	12	123/63	97												
1700	101 ⁷	110	14	134/60	94												
1800	101 ⁸	91	20	120/62	98												
1900	100 ⁰	98	14	122/59	96												
2000		93	19	127/64	96												
2100	99 ³	88	18	118/59	100%												
2200																	
2300	99.4 ⁹	92	19	120/41	99%												(b)(6)-2
2400																	

SEE PAPER NOTES

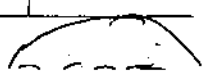


INTAKE					OUTPUT					COMMENTS
TV	LVPB	PO	Total	Urine	Stool	Total				
0100	100									
	100									
0200	100									
	200									
0300	100									
	300									
0400	100									
	400									
0500	100									
	500									
0600	150									
	600									
0700	150	150								
	700	150								
0800	100									
	800									
8 HR	800	150								
				8 HR	950		800			8 HR
0900	100									
	700									
1000										
1100										
1200	1500									
	1000									
1300	200									
	2000									
1400	100									
	2000									
1500	100									
	2000	100								
1600	100									
	2400									
8 HR										
				16 HR	3450					16 HR
1700	100									
	100									
1800	100									
	200									
1900	100									
	300									
2000	100									
	400									
2100	50									
	500									
2200	50									
	500									
2300	50									
	500	150								
2400	50									
	600									
8 HR										
				24 HR						24 HR

600 150

MEDCOM - 1423

750



MEDICAL RECORD		NURSING NOTES	
DATE	HOUR		OBSERVATIONS (Sign all notes) Include medication and treatment when indicated
	A.M.	P.M.	
28 Jul 03	0500		(late note) Pt assessment complete. No significant changes since his last assessment. Will continue to monitor. SPL (b)(6)-2
28 Jul 03	0700		Assumed care of pt. Pt motioning to staff that LLE is painful. Pt given 2 Tylox as ordered. Pt assessment complete. Ancef and Bentamupain IVB's given as ordered. Pt resting. (b)(6)-2
28 July 03	0815		Concours will above assessment. PT nPO waiting surgery. (b)(6)-2
28 July	1500		PT assessment complete. PT denies pain at present. MWT abrasions head to toe. Able to assess (L) radial pulse but (R) radial area covered w bandage as well as both DP pulses. Dressing (R) shoulder, (C) FA + hand, (D) wrist + hand, Bil LE. Able to wiggle all fingers + toes. Good cap refill all fingers + toes. voiding as (b)(6)-2
28 Jul	1800		PT refused dinner tray. Nsg staff states that he has not been eating at all. Interpreter notified + asked to explain to the pt the importance of eating for his wound healing. Interpreter said PT now w/o pain - Given 1 Tylox + then pt ate meatballs, green beans, fruit cocktail, cake, + juicy juice. (b)(6)-2
28 Jul	2100		PT c/o ting pain (C) LE. Given total of 6mg mscap per L.R. (b)(6)-2. Ace wrap loosened per Dr. (b)(6)-2 - PT got instant relief. (C) Coban dressing to Ace wrap. (b)(6)-2
28 Jul 03	2300		PT ASSESSMENT complete See flow sheet, USS, complains of 10/10 pain in (R) Leg Tylox in given Will continue to monitor (b)(6)-2 Lun

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 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 SGT R. W. M. L. V. N.	(b)(6)-2
(b)(6)-2	
(b)(6)-2	
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On	(b)(6)-2		
ID Bracelet On			
Allergy Bracelet On	N/A	N/A	N/A
Call Light Within Reach	/		/
Side Rails Up			/
Bed in Low Position			/

PREPARED BY (Signature and Title) (b)(6)-2 SGT R. W. M. L. V. N.	Department/Service/Clinic ICU 1	DATE 29 Jul 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

IRAQI

(b)(6)-4

- HISTORY PHYSICAL FLOWCHART
- OTHER EXAMINATION Or EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

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
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CHART CODES
Present <input checked="" type="checkbox"/>
Not Applicable / Absent (blank)
Refer to Nsg. Notes <input checked="" type="checkbox"/>
No Change from Previous Assessment

DATE: 29 Jul 03

TIME	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
A. BEST EYE-OPENING RESPONSE																									
(4) Opens Spontaneously (2) To Pain																									
(3) To Voice (1) Does Not Open																									
B. BEST VERBAL RESPONSE																									
(5) Oriented (2) Garbled																									
(4) Confused (1) No Response																									
(3) Inappropriate Verbal Response																									
C. BEST MOTOR RESPONSE																									
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(5) Localizes to Pain (2) Extension to Pain																									
(4) Withdraw to Pain (1) No Response																									
GLASCOW COMA SCALE (A+B+C)																									
PUPIL RESPONSE																									
Size (mm), React to Light (+) No Response (-)																									
MOVEMENT																									
(See Motor Function Scale at Top of Page)																									
RUE																									
LUE																									
RLE																									
LLE																									
GRIP																									
(S) Strong (W) Weak (-) absent																									
R																									
L																									
RESPIRATIONS																									
REGULAR																									
IRREGULAR																									
UNLABORED																									
LABORED																									
SHALLOW																									
RETRACTIONS																									
BREATH SOUNDS																									
(5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished																									
RUL																									
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RLL																									
LLL																									
BOTH BASES																									
COUGH																									
NONE																									
SPONTANEOUS																									
PRODUCTIVE																									
NONPRODUCTIVE																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR																									
VI																									
FIO2																									
RATE (SIMV/CMV)																									
PEEP / CPAP																									
PRESS. SUPPORT																									
OXYGEN DELIVERY DEVICE																									
NC (l/min)																									
FM (l/min)																									
NRBM (l/min)																									
ETT # _____																									
ETT _____ cm guage																									
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS																									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CTP	COMMENTS
0100																	
0200	99.3	109	18	109/64	99%	RA											
0300																	
0400																	
0500																	
0600	99.1	95	14	124/58	93%	RA											
0700	98.0	90	22	123/45	96%	RA											
0800																	
0900																	
1000																	
1100	99.1	95	18	120/54	95%	RA											
1200																	
1300																	
1400																	
1500	99.0	104	20	111/58	96%	RA											
1600																	
1700																	
1800																	
1900	98.1	82	20	119/69	94%	RA											
2000																	
2100																	
2200	100.3	103	18	124/58	95%	RA											
2300																	
2400																	

	INTAKE					OUTPUT				COMMENTS
	IV	IVPB	PO			Total	Urine	POOP	Total	
0100	50									
0200	50						600			
0300	50		100				600			
0400	50		150							
0500	50		200							
0600	50		250							
0700	50		300				700			
0800	50		350				800			
8 HR	400	200				8 HR.	1300			8 HR.
0900	50									
1000	50									
1100	50						550			
1200	50						550			
1300	50									
1400	50						650			
1500	50						650			
1600	50									
8 HR	350	100				16 HR.	1200			16 HR.
1700	50									
1800	50									
1900	50									
2000	50									
2100	50						500			
2200	50						500			
2300	50									
2400	50									
8 HR						24 HR.				24 HR.

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 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	(b)(6)-2
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach	NA	NA	—
Side Rails Up			—
Bed in Low Position			—

(b)(6)-2 9/16 LUN Department/Service/ Clinic ICLV#1 DATE 30 Jul 03

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

Inaquitte (b)(6)-4

- HISTORY PHYSICAL FLOWCHART
- OTHER EXAMINATION Or EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R						X									X									
	L						2									2									
	DORSALIS R						X									X									
	PEDIS L						X									X									
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1 cool					1 moist									1 moist							1 cool	
EDEMA																									
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							✓																	
	PAIN SCALE (1-10)		*													1/0						5/6			
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																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact; specify site below)																									
#1																									
#2																									
#3																									
INVASIVE LINES	SITE	DATE INSERTED										DESCRIPTION (SITE, DSG.)													
PIV 186	① FA	28 Jul										patent & safe at indur infiltration													
PIV 186	② FA	assessed										patent & safe at I/E													
PIV 186	③ FA	28 Jul										patent & safe at indur infiltration													

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: 30 Jul 03

TIME		0	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2
A. BEST EYE-OPENING RESPONSE																										
(4) Opens Spontaneously	(2) To Pain																									
(3) To Voice	(1) Does Not Open																									
B. BEST VERBAL RESPONSE																										
(5) Oriented	(2) Garbled																									
(4) Confused	(1) No Response																									
(3) Inappropriate Verbal Response																										
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																										
GLASCOW COMA SCALE (A+B+C)																										
PUPIL RESPONSE																										
Size (mm), React to Light (+) No Response (-)	R																									
	L																									
MOVEMENT (See Motor Function Scale at Top of Page)	RUE																									
	LUE																									
	RLE																									
	LLE																									
GRIP (S) Strong (W) Weak (-) absent	R																									
	L																									
RESPIRATIONS	REGULAR																									
	IRREGULAR																									
	UNLABORED																									
	LABORED																									
	SHALLOW																									
BREATH SOUNDS	RUL																									
	LUL																									
	RLL																									
	LLL																									
	BOTH BASES																									
COUGH	NONE																									
	SPONTANEOUS																									
	PRODUCTIVE																									
	NONPRODUCTIVE																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																										
VENTILATOR	Vt																									
	FiO2																									
	RATE (SIMV/CMV)																									
	PEEP / CPAP																									
	PRESS. SUPPORT																									
OXYGEN DELIVERY DEVICE	NC (l/min)																									
	FM (l/min)																									
	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		101	20	117/61	91%	RA												
0300																		
0400																		
0500																		
0600	99.0	89	16	118/63	99%	RA												
0700																		
0800																		
0900																		
1000																		
1100																		
1200	97.1	129	23	123/67	97%	RA												
1300																		
1400																		
1500	99.8	101	14	113/56	93%	RA												
1600																		
1700																		
1800																		
1900																		
2000																		
2100																		
2200	100.2	112	19	109/46	98%	RA												
2300																		
2400																		

INTAKE				OUTPUT				COMMENTS
IU	I/VPB	PO	Total	Urine	Total			
0100	50							
0200	50							
0300	50							
0400	50							
0500	50							
0600	50							
0700	50	150						
0800	50	150						
8 HR	400	150		8 HR	975		8 HR	
0900	50							
1000	50							
1100	50							
1200	50							
1300	50							
1400	50							
1500	50	50						
1600	50							
8 HR	400	50	120	16 HR	575		16 HR	
1700	50							
1800	50							
1900	50							
2000	50							
2100	50							
2200	50							
2300	50							
2400	50							
8 HR				24 HR			24 HR	

MEDICAL RECORD		NURSING NOTES	
		(Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
30 Jul 03	0235		Pt assessment complete. I asked him if he was in pain, He nodded. 2 tylox given @ 0145. Pt still complaining of pain @ 0210. Pt given 4mg of MSO ₄ . Pt put on O ₂ monitor to observe O ₂ status. Will continue to monitor. SPC (b)(6)-2
30 Jul 03	0700		Assumed care of pt, assessment complete, bed bath and oral care done, meds given as ordered, pt has no complaints of pain. Pt NPO for surgery at 0900. NS running @ 50cc/hr to LFA, patent and no sign of infection. SPC (b)(6)-2
	0900		Pt to surgery for washout of wounds and bone and skin grafting to @ thumb. SPC (b)(6)-2
	1157		Pt received from OR and recovered. SPC (b)(6)-2
30 Jul 03	1500		Pt received VSS, no complaints of Pain/NAUSEA see flowchart for assessment will continue to monitor. (b)(6)-2
30 Jul 03	2300		Pt report received VSS, pt is A+Ox3, PERRLA. Pt no pain 5-6/10 in the @ foot esp. 4th phalanx. Pt also no heartburn. Pt instructed on proper nutrition for healing. Pt assessment complete. Will continue to monitor. SPC (b)(6)-2
	0010		Pt received 2 tylox for pain will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26Q-103
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	-205
24 Hour Intake	1730
24 Hour Output	1935
Weight on Admission	
Weight Yesterday	
Weight Today	

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

Safety Checks	D	E	N
BVM at bedside			(b)(6)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			-
Side Rails Up			-
Bed in Low Position			-

(b)(6)-2	SICUR	ICU #1	DATE 31 Jul
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Iraqi # (b)(6)-4

- HISTORY PHYSICAL FLOWCHART
- OTHER EXAMINATION Or EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	*														*								*			
	L	2									2					2								2			
	DORSALIS R	*														*								*			
	PEDIS L	*														*								*			
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale		1 0/3									1 0/8					1 0/3								1 0/3			
EDENIA																											
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)											2					2								2			
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)											2					2								2			
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																											
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																											
Rashes, Lac's, etc																											
DRESSING (Dry & Intact: specify site below)																											
#1 Forearm/hand																											
#2 Shoulder																											
#3 Left foot																											
Left foot																											
INVASIVE LINES																											
SITE																											
DATE INSERTED																											
DESCRIPTION (SITE, DSG.)																											
PIV 206																											
Forearm																											
PIV 204																											
Forearm																											
PIV 206																											
DFA																											

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
- No Change from Previous Assessment

DATE: 31 Jul 03

TIME	0	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2
A. BEST EYE-OPENING RESPONSE																									
(4) Opens Spontaneously (2) To Pain																									
(3) To Voice (1) Does Not Open																									
B. BEST VERBAL RESPONSE																									
(5) Oriented (2) Garbled																									
(4) Confused (1) No Response																									
(3) Inappropriate Verbal Response																									
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																									
GLASCOW COMA SCALE (A+B+C)																									
15																									
PUPIL RESPONSE																									
R																									
L																									
MOVEMENT																									
RUE																									
LUE																									
RLE																									
LLE																									
GRIP																									
R																									
L																									
RESPIRATIONS																									
REGULAR																									
IRREGULAR																									
UNLABORED																									
LABORED																									
SHALLOW																									
RETRACTIONS																									
BREATH SOUNDS																									
RUL																									
LUL																									
RLL																									
LRL																									
BOTH BASES																									
COUGH																									
NONE																									
SPONTANEOUS																									
PRODUCTIVE																									
NONPRODUCTIVE																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR																									
VI																									
FIO2																									
RATE (SIMV/CMV)																									
PEEP / CPAP																									
PRESS. SUPPORT																									
OXYGEN DELIVERY DEVICE																									
NC (l/min)																									
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) MEDCOM - 1439																									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	98.2	90	15	112/54	96%	on RA											
0300																	
0400																	
0500																	
0600	98.0	101	20	103/40	99%	on RA											
0700																	
0800																	
0900																	
1000	98.4	95	16	113/51	98%	RA											
1100																	
1200																	
1300																	
1400	100.2	105	20	116/50	96%	RA											
1410	99.5																pIS use
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.3	101	19	110/47	97%	RA											
2300																	
2400																	

INTAKE				OUTPUT				COMMENTS
IV	I/P/B	PO	Total	Urine	Total			
0100	50							
0200	50							
0300	50							
0400	50							
0500	50							
0600	50							
0700	50							
0800	50							
8 HR	500			8 HR			8 HR	
0900	50							
1000	50							
1100	50							
1200	50							
1300	50							
1400	50							
1500	50	50						
1600	50							
8 HR	400	50	30	16 HR	1235		16 HR	
1700	50							
1800	50							
1900	50							
2000	50							
2100	50							
2200	50							
2300	50	50						
2400	50							
8 HR	400	50		24 HR	1435		24 HR	

	INTAKE					OUTPUT					COMMENTS	
	IV	I/VPB	PO			Total	Urine			Total		
0100	50											
0200	50											
0300	50											
0400	50											
0500	50											
0600	50											
0700	50											
0800	50											
8 HR	500											
0900	50											
1000	50											
1100	50											
1200	50											
1300	50											
1400	50											
1500	50											
1600	50											
8 HR	400	50										
1700	50											
1800	50											
1900	50											
2000	50											
2100	50											
2200	50											
2300	50											
2400	50											
8 HR	400	50										

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
31 Jul 03	0030		New IV started tubing Ad. New IV is 20G ^{EW} to (R) Forearm s/sx infection or infiltration. IV infusing well. Will continue to monitor. SPC (b)(6)-2
31 Jul 03	0830		Pt assessment complete. Pt is resting comfortably. No s/sx of distress. Will continue to monitor. SPC (b)(6)-2
31 Jul 03	0820		Pt Resting @ this time. s/sx of distress absent given @ 0800. Will attempt to wake Pt to provide morning care within 30 minutes. SPC (b)(6)-2
31 Jul 03	0815		Assessment completed. Pt consumed approx. 40% of morning meal. voided 60cc of urine. s/sx of pain @ this time. SPC (b)(6)-2
31 Jul 03	1130		Pt c/o heart burn. Received 30cc MALTIX Pura DO. SPC (b)(6)-2
31 Jul 03	1500		Pt assessment complete. Pt T-100.2 encouraged IS use R/O. T-99.8 MD aware. MD to change w-2 D drsg on (R) Achilles. short cast to UE. Pt premedicated w-2 Tylox. SPC (b)(6)-2
31 Jul 03	1530		MD to D drsg (L) hand. Drsg to (R) shoulder. R/O both changed by RN. normal drsg noted. SPC (b)(6)-2
31 Jul 03	2235		Report received from off going shift. Pt is A+O x 3 PERRLA. Pt assessment complete. Dye to bandage and injuries. Pt is unable to grip (R) hand. Could not assess pulses in (R) hand and (R) LE due to bandages and cast on (R) LE. Dressings to (R) hand and (R) LE are LTI. Dressing to (R) shoulder has been removed. Pt sat up @ bedside. Will continue to monitor. SPC (b)(6)-2
	0015		Pt c/o heart burn. Will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 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	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	N/A		
Call Light Within Reach			
Side Rails Up			-
Bed in Low Position			-

PREPARED BY (Signature and Title) Department/Service/Clinic DATE
 (b)(6)-2 SIC LVN ICU #1 1 Aug 03

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

Iraqi

(b)(6)-4

- HISTORY PHYSICAL FLOWCHART
- OTHER EXAMINATION OF EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R																							
		L																							
	DORSALIS	R																							
	PEDIS	L																							
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale																									
EDEMA																									
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)																									
FAIN	PAIN FREE																								
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended																								
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																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1	Hand																								
#2	LE																								
#3	LL (Cast)																								
*	HIP																								
INVASIVE LINES	SITE																								
PIV	Forearm																								
EV	CA																								
PIV 206	Forearm																								

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																			
1100	99'	105	16	116/52															
1200																			
1300																			
1400	106'	100	20	124/53	90%													IS x 10	
	99'																		
1500																			
1600																			
1700																			
1800																			
1900																			
2000																			
2100																			
2200	97.4	78	16	112/61	98%	clean RA													
2300																			IS x 10
2400																			

INTAKE				OUTPUT				COMMENTS
IV	I/P/B	PO	Total	Urine	Stool	Total		
0100	50							
0200	50							
0300	50							
0400	50							
0500	50							
0600	50							
0700	50							
0800	50	50						
8 HR	400	50		8 HR	625		8 HR	
0900	50							
1000	50							
1100	50							
1200	50							
1300	50							
1400	50							
1500	50	50						
1600	50							
8 HR	350	50		16 HR	600		16 HR	
1700	50							
1800	50							
1900	50							
2000	50							
2100	50							
2200	50							
2300	50	50						
2400	50							
8 HR	400	50		24 HR	440		24 HR	

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
1 Aug 03	0930		Pt is resting comfortably, is free of distress. Will continue to monitor. SPC (b)(6)-2
1 Aug 03		1100	Pt resting comfortably, is free of pain. VSS. No Δ's from previous assessment. Dress Δ's have serous drainage & yellowish exudate to RLE wound & superficial wounds to neck, back & shoulder. ⊕ odor noted. Wounds cleaned and redressed. Taking time to diet. Drank 1/2 cup KI CAN. Will continue to monitor. (b)(6)-2
1 Aug 03		1400	Pt AOX3, ⊕ pain @ this time. Drsg c/o/bk well Δ drsg to @ foot @ 2000. (b)(6)-2
1 Aug 03		1800	Pt drsg Δ'd to @ LE. Pw care provided. ⊕ Δ's of z/f @ this time MO Δ'd drsg to @ hand. (b)(6)-2
1 Aug 03		2300	Pt assessment complete. Incentive Spirometry done, 10 reps. All dressings CDI. Unable to assess grip strength @ hand. Pt can wiggle all fingers and cap refill < 2 sec. Unable to assess pulses in @ LE. @ LE cap refill < 2 sec and pt can wiggle all toes. Pt ate 3/4 of package of apricots. Will continue to monitor. SPC (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 Jul 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+1050
24 Hour Intake	+2100
24 Hour Output	-1050
Weight on Admission	
Weight Yesterday	
Weight Today	

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

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach	N/A		
Side Rails Up	A		
Bed in Low Position			

(b)(6)-2	91CLVX	ICU#1	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Iraqi (b)(6)-4

- HISTORY PHYSICAL
- OTHER EXAMINATION Or EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOWCHART
- OTHER (Specify)

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2						2								*		
	L								2						2								2		
	DORSALIS R								2						/								*		
	PEDIS L								2						/								*		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale									1 3 8						1 0 8								1 3 8		
EDEMA									1						/								1		
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														✓										
POSITIONED	CHAIR								✓						✓										
	RIGHT																								
	LEFT								Self						Self										Self
	SUPINE																								
HOB 30 DEGREES															Self										Self
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓						✓									✓	
	PAIN SCALE (1-10)														1										
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat								2						2								2		
	(1) Distended																								
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																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact; specify site below)																									
#1	RUE								✓						✓								✓		
#2	RUE								✓						✓								*		
#3	(A) side of neck DIET								Self						Self								Self		Self
INVASIVE LINES	SITE			DATE INSERTED	DESCRIPTION (SITE, DSG.)																				
20G @ FA	(L) FA			31 Jun 03	patient and lesion infection																				
20G @ FA	(R) FA			"	patient @ site of self / infection 1-1000 ZM																				

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

DATE: 2 Aug 03

No Change from Previous Assessment

		TIME		DATE: 2 Aug 03																							
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	
A. BEST EYE-OPENING RESPONSE																											
(4) Opens Spontaneously (2) To Pain																											
(3) To Voice (1) Does Not Open																											
B. BEST VERBAL RESPONSE																											
(5) Oriented (2) Garbled																											
(4) Confused (1) No Response																											
(3) Inappropriate Verbal Response																											
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																											
GLASGOW COMA SCALE (A+B+C)																											
PUPIL RESPONSE	R																										
	L																										
MOVEMENT (See Motor Function Scale at Top of Page)	RUE																										
	LUE																										
	RLE																										
	LLE																										
GRIP (5) Strong (4) Weak (-) absent	R																										
	L																										
RESPIRATIONS	REGULAR																										
	IRREGULAR																										
	UNLABORED																										
	LABORED																										
	SHALLOW																										
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RETRACTIONS																										
	RUL																										
	LUL																										
	RLL																										
	LLL																										
COUGH	BOTH BASES																										
	NONE																										
	SPONTANEOUS																										
	PRODUCTIVE																										
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear	NONPRODUCTIVE																										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																											
VENTILATOR	Vt																										
	FIO2																										
	RATE (SIMV/CMV)																										
	PEEP / CPAP																										
	PRESS. SUPPORT																										
OXYGEN DELIVERY DEVICE	NC (l/min)																										
	FM (l/min)																										
	NRBM (l/min)																										
	ETT # _____ cm gums																										
ETT CARE / POSITION CHANGE																											
ETT / NT SUCTIONED																											
INCENTIVE SPIROMETRY DONE																											
COUGH / DEEP BREATH																											

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	98	96	14	122/58	96%												
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400	98	98	16	114/56	95												
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	98.8	98	16	114/57	98												
2400																	

	INTAKE				OUTPUT			COMMENTS
	IU	I/P/B	PO	Total	Urine	BM	Total	
0100	50							
0200	50							
0300	50							
0400	50							
0500	50							
0600	50							
0700	50	50	360		450			
0800	50	50	300		450			
8 HR	400	50	360		450			
0900	50							
1000	50							
1100	50		200					
1200	50		200					
1300	50		200					
1400	50		200					
1500	50	50						
1600	50	50						
8 HR	350	50	200					
1700	50							
1800	50		200		600			
1900	50		200		600			
2000	50							
2100	50							
2200	50							
2300	50	50						
2400	50	50						
8 HR	400	50	240		600			

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 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	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA	/	-
Call Light Within Reach	NA	/	-
Side Rails Up	NA	/	-
Bed in Low Position	NA	/	-

(b)(6)-2	(e)	91CLVN	ICU#1	DATE	3 Aug 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Iraqi (b)(6)-4

- HISTORY-PHYSICAL FLOWCHART
- OTHER EXAMINATION Or EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R								2						✓							*		
		L								2						2							*		
	DORSALIS	R								2						✓							*		
	PEDIS	L								2						✓							*		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale										10/25						1							1		
EDEMA																3									
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															✓									✓
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended									2						2									
BOWEL SOUNDS (active all quads)										4						✓									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								✓
	Surgical Wounds									✓						✓									✓
	Rashes, Lac's, etc																								✓
DRESSING (Dry & Intact; specify site below)																									
#1	Cast @ leg									✓						✓									✓
#2	Dsg @ leg									✓						✓									✓
#3	Dsg @ hand									✓						✓									✓
numeros scratches on body										✓						✓									✓
INVASIVE LINES	SITE																								
IVP	D/CO	① FA									31 July 03														
PIV		① FA									3 Aug 03														
IV		① FA									3 AUG 03														

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: 3 Aug 83

TIME		0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
A. BEST EYE-OPENING RESPONSE																									
(4) Opens Spontaneously	(2) To Pain									4															4
(3) To Voice	(1) Does Not Open																								
B. BEST VERBAL RESPONSE																									
(5) Oriented	(2) Garbled																								5
(4) Confused	(1) No Response									5															
(3) Inappropriate Verbal Response																									
C. BEST MOTOR RESPONSE																									
(6) Obeys Commands	(3) Flexion to Pain																								6
(5) Localizes to Pain	(2) Extension to Pain									6															
(4) Withdraw to Pain	(1) No Response																								
GLASCOW COMA SCALE (A+B+C)										15															15
PUPIL RESPONSE Size (num), React to Light (+) No Response (-)	R																								3+
	L																								3r
MOVEMENT (See Motor Function Scale at Top of Page)	RUE									1															4
	LUE									5															4
	RLE									1															3
	LLE									1															3
GRIP (S) Strong (W) Weak (-) absent	R									4															4
	L									4															4
RESPIRATIONS	REGULAR									5															5
	IRREGULAR									5															5
	UNLABORED									1															1
	LABORED									1															1
	SHALLOW RETRACTIONS									1															1
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL									5															5
	LUL									5															5
	RLL									5															5
	LLL									5															5
	BOTH BASES									5															5
COUGH	NONE									1															1
	SPONTANEOUS									1															1
	PRODUCTIVE									1															1
	NONPRODUCTIVE									1															1
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear										1															1
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin										1															1
VENTILATOR	Vt																								
	fIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
	NRBM (l/min)																								
	ETT # _____ ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS																									

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	99.6	107	18	121/48	97%	RA											
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	100.3 99.5	104	16	113/59	95	RA											D2x10
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	98.7	104	16	94/48	95%	RA											
2300																	
2400																	

Time	INTAKE			OUTPUT			COMMENTS
	I.V.	I.V.P.B.	P.O.	Total	Urine	Stool	
0100	50						
0200	50						
0300	50				450		
0400	50				450		
0500	50						
0600	50						
0700	50	50					
0800	50		200		450		
8 HR	350	50	200	8 HR 600	900		8 HR 900
0900	50		200				
1000	50						
1100	50						
1200	50		200				
1300	50						
1400	50						
1500		50					
1600					800		
8 HR				16 HR	600		16 HR 1500
1700							
1800							
1900							
2000							
2100							
2200	50				450		
2300	50	50			450		
2400	50						
8 HR	50			24 HR			24 HR

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26 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	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (b)(6)-2	Department/Service/Clinic SICLVN ICU#1	DATE 4 Aug 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle, grade, date, hospital or medical facility)

Iraqi (b)(6)-4

- HISTORY-PHYSICAL FLOWCHART
- OTHER EXAMINATION OF EVALUATION OTHER(Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

PUPIL SIZE

PUPILS

MOTOR FUNCTION

CHART CODES

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

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

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

DATE: 4 Aug 03

TIME	0 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1																			
	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open						4													4	4
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response						5													5	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						6													6	6
GLASGOW COMA SCALE (A+B+C)						15													15	15
PUPIL RESPONSE	R																			
Size (mm), React to Light (+) No Response (-)	L																		2+	2+
MOVEMENT (See Motor Function Scale at Top of Page)	RUE					1													4	4
	LUE					4													4	4
	RLE					1													4	4
	LLE					1													4	3
GRIP (5) Strong (W) Weak (-) absent	R					5													4	3
	L					5													4	3
RESPIRATIONS	REGULAR					✓													✓	✓
	IRREGULAR																			
	UNLABORED					✓													✓	✓
	LABORED																		✓	✓
	SHALLOW																			
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RETRACTIONS																			
	RUL					5													5	5
	LUL					5													5	5
	RLL					5													5	5
	LLL					5													5	5
COUGH	BOTH BASES					5													5	5
	NONE																			
	SPONTANEOUS					✓													✓	✓
	PRODUCTIVE					✓													✓	✓
NONPRODUCTIVE																				
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear						1														
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin						1														
VENTILATOR	Vt																			
	FiO2																			
	RATE (SIMV/CMV)																			
	PEEP / CPAP																			
	PRESS. SUPPORT																			
OXYGEN DELIVERY DEVICE	NC (l/min)																			
	FM (l/min)																			
	NRBM (l/min)																			
	ETT # _____ cm gums																			
ETT CARE / POSITION CHANGE																				
ETT / NT SUCTIONED																				
INCENTIVE SPIROMETRY DONE																				
COUGH / DEEP BREATH																				

INITIALS

MEDCOM - 1464

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	98.8	85	12	117/63	99%												
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1430	98.8	100	12	109/55	97%												
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.6	86	16	106/51	95%												
2300																	
2400																	

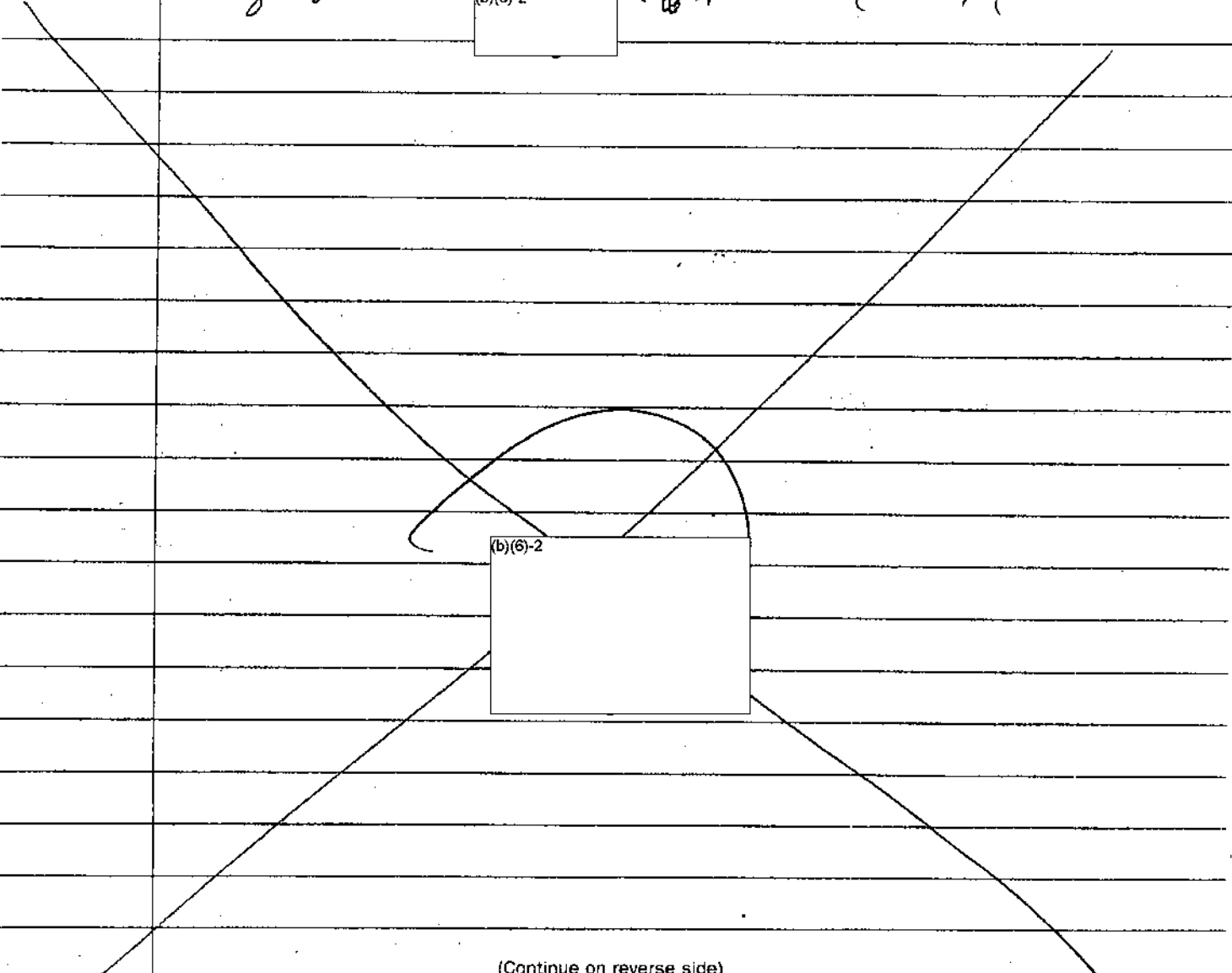
INTAKE				OUTPUT				COMMENTS
TV	IUPB	PO	Total	Urine	Total			
0100	50							
0200	50							
0300	50							
0400	50							
0500	50							
0600	50							
0700	50	50						
0800	50				550			
8 HR	400	50		8 HR	450	550	8 HR	
0900	50							
1000	50							
1100	50							
1200	50							
1300	50							
1400	50							
1500	50							
1600	50							
8 HR	400	50		16 HR	1550	550	16 HR	
1700	50							
1800	50							
1900	50							
2000	50							
2100	50							
2200	50							
2300	50							
2400	50							
8 HR	700	50	700	1150	24 HR	2700	24 HR	

MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
4 Aug 03	0640		Pt quiet assessment completed will cont to monitor (b)(6)-2
	0730		Dsg 1 st w/ Dry on @LE and @Rt noma. pt refused Breakfast states he is not hungry now and does not want to get washed up right now either will offer again later will cont to monitor (b)(6)-2
	1030		pt was w/ little r/t in @LE. pt came with glt toes but 2 nd toe numb. Dr (b)(6)-2 advised that is what he was shot and to expect some numbness. Interpreter told pt + pt understood. pt resting now. had liquid BM mod-ly. asked Dr to D/C colace will cont to monitor (b)(6)-2
	1330		Pt resting. pt encouraged to lift keep leg elevated. Pt keeps placing leg back on bed. pt has had what the wife brought in for lunch. Consists of chicken, bread and vegetables. Will cont to monitor (b)(6)-2
	1915		PT ate very well - Iraqi food brought in - drank 2 milks + 1 peps; - PT up to chair - transferred by himself. No C/O pain (b)(6)-2
	2100		Dressing is done - wet to dry over skin graft area site only on @ hand + open area @LE. Telfa non stick over @ thumb. Bacitracin applied to all superficial cuts + suture areas. (b)(6)-2
	2125		loose stool - liquid. (b)(6)-2
4 Aug 03	2205		Report received. Pt 3A10x3 PERRLA. Pt is able to move all fingers and toes, caprefill <2sec x4 extremities. Pt was sleeping in bed when I left. Will continue to monitor. (b)(6)-2

MEDICAL RECORD

PROGRESS NOTES

DATE
 06AUG03 PT CO 9110 pain given ii Tylox given will continue to monitor
 0310 (b)(6)-2 SGT 9100 mile LUN
 0400 PT VSS = RR 14, HR 70 Sp. 118/58 will continue to monitor (b)(6)-2
 06 Aug 03 - ~~At 0900 and 1000 hrs. 1st of white pusings etc. - Head dressing & rewiring~~
 @ 1030 - ~~presence of physician. Has had no 90 mins. long rest. cont. monitor.~~ (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.

PROGRESS NOTES

Medical Record

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	26/1/03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+ 1000
24 Hour Intake	2650
24 Hour Output	1650
Weight on Admission	
Weight Yesterday	
Weight Today	

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

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
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	Department/Service/Clinic SICLVN ICU #1	DATE 5 Aug 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Iraqi (b)(6)-4

- HISTORY-PHYSICAL
- FLOWCHART
- OTHER EXAMINATION Or EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R							2				2		✓										
		L							2				2		2										
	DORSALIS	R							2				-		✓										
	PEDIS	L							X				-		✓										
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale									L W 8				1 3 8		1 3 8										
EDEMA									-						✓										
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 OP132-25)																									
PAIN	PAIN FREE								✓				✓		✓										
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP112-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								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 Rashes, Lac's, etc																								
DRESSING (Dry & Intact; specify site below)																									
#1	BLE cast																								
#2	BLE dressing																								
#3	BLE dressing																								
INVASIVE LINES		SITE			DATE INSERTED			DESCRIPTION (SITE, DSG.)																	
20g		① FA			3 AUG 03			patent and no sign of infection																	
20g PIU		② FA			3 AUG 03			to 2/3 of inf / retraction																	

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: 5 Aug 03

TIME	0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																							
	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A. BEST EYE-OPENING RESPONSE																								
(4) Opens Spontaneously (2) To Pain																								
(3) To Voice (1) Does Not Open																								
B. BEST VERBAL RESPONSE																								
(5) Oriented (2) Garbled																								
(4) Confused (1) No Response																								
(3) Inappropriate Verbal Response																								
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																								
GLASGOW COMA SCALE (A+B+C)																								
PUPIL RESPONSE R																								
Size (mm), React to Light (+) No Response (-)																								
L																								
MOVEMENT																								
(See Motor Function Scale at Top of Page)																								
RUE																								
LUE																								
RLE																								
LLE																								
GRIP (S) Strong (W) Weak (-) absent																								
R																								
L																								
RESPIRATIONS																								
REGULAR																								
IRREGULAR																								
UNLABORED																								
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS																								
(5) Clear																								
(4) Crackles																								
(3) Rhonchi																								
(2) Wheeze																								
(1) Diminished																								
RUL																								
LUL																								
RLL																								
LLL																								
BOTH BASES																								
COUGH																								
NONE																								
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR																								
VI																								
FIO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE																								
NC (l/min)																								
FM (l/min)																								
ETT #																								
NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS																								

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	99%	92	14	115/62	97%												
0800																	
0900																	
1000																	
1100																	
1200	98.5	88	14	114/62	96%	RA											Recovery Complete
1300																	
1400	98.5	95	12	119/57	95%	RA											
1500																	
1600																	
1700																	
1800	99.2	101	17	105/50	96%	RA											
1900																	
2000																	
2100																	
2200	98.5	103	16	119/59	94%	RA											
2300																	
2400	98.4	92	16	107/57	98%	RA											

	INTAKE				OUTPUT				COMMENTS
	IU	IVPB	PO	Total	Urine	Total			
0100	50								
0200	50								
0300	50								
0400	50								
0500	50								
0600	50								
0700	50	100							
0800	50	150			50				
8 HR	400	160			8 HR	550		8 HR	
0900	50								
1000									
1100									
1200	900								
1300									Saline Lab
1400									
1500	50								
1600	150								
8 HR	950	480			16 HR	600		16 HR	
1700									
1800									
1900	240								
2000	240								
2100									
2200									
2300									
2400									
8 HR					24 HR			24 HR	

400 100 480

MEDCOM - 1473

450



MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
5 AUG 03	0700		Assumed care of pt. Pt refused breakfast, Bed bath and oral care done, Meds given as ordered. Dressings changed, Dr. (b)(6)-2 observed RUE and decided to do A washout this morning on the thumb, NPO until surgery. No complaints, no pain. SPC (b)(6)-2
5 Aug 03	1300		Recovery complete - 1/2 Washout and skin flap modification - @ 1st Ext: dressings for surgical site c/ol; Pt A to Saline Lock - latent - c/ol; No % pain. VSB. afebrile. Cont. monitor (b)(6)-2
5 AUG 03	1500		Pt assessment complete. Pt consumed several items of food brought from outside / plus ensure. Pt drss c/ol. Drss D deferred AS per Dr (b)(6)-2 BEO W -> D to dr bagen on am (b)(6)-2
5 AUG 03	2300		Reviewed pt VSS = 0 complaints at this time, see flow sheet for assessment, will continue to monitor (b)(6)-2
			STAINING LOW

MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

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

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I TO BE COMPLETED BY PRIVILEGED PROVIDER	SECTION II TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE
1. DATE OF PROCEDURE/ADMISSION: <u>20/Sun</u>	1. DISPOSITIONED TO: <input type="checkbox"/> HOME <input type="checkbox"/> DUTY <input checked="" type="checkbox"/> OTHER <u>EPW Camp</u> <input type="checkbox"/> AMBULATORY <input type="checkbox"/> CRUTCHES <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> STRETCHER
2. ADMITTING/DIAGNOSIS: <u>multiple extremity wounds</u>	2. ACCOMPANIED BY: <input type="checkbox"/> FAMILY <input type="checkbox"/> FRIEND <input checked="" type="checkbox"/> OTHER <u>MP'S</u>
3. PERTINENT LAB, X-RAY, FINDINGS: <u>(1) R Thumb partial amputation w/ open fx of mc/1P, = skin loss</u> <u>(2) open R Achilles Tendon - TPW</u> <u>(3) open R Tibia fx</u> <u>(4) open R Knee</u>	3. PATIENT EDUCATION: Completed and patient prepared for home care. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____ Patient <input type="checkbox"/> states <input checked="" type="checkbox"/> demonstrates understanding of home care needs. Printed educational materials provided: _____
4. PROCEDURES, TREATMENT, HOSPITAL COURSE: <u>(5) closed R Tibia fx</u> <u>(6) open R 3rd mt fx</u> <u>(7) R foot Ethel lace w/ dressing in situ</u>	4. Clinical outcomes met and post-discharge/release referrals made. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE: <u>(1) Spl Frx fx R Tibia</u> <u>(2) spl failed to R to R Thumb for mc's fusion</u> <u>(3) spl Placement antibiotic cement</u>	5. If transferred to another health care facility, report called to nurse. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
6. ACTIVITY: <u>Spacer R Thumb w/ restraint</u>	6. NUTRITION CARE - Comments: <u>Regular Diet</u>
7. DIET: <u>skin flap</u>	7. MEDICATIONS: Explained by: <input type="checkbox"/> NURSE <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHARMACIST Printed medication literature provided. <input type="checkbox"/> YES <input type="checkbox"/> NO Patient states understanding of prescribed medications. <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MEDICATIONS: <u>(4) Spl to R to Dorsum R hand</u> <u>and Achilles Tendon</u> <input type="checkbox"/> Medications have been prescribed for home use <input type="checkbox"/> See separate list and special instructions or see below. <u>(5) spl R knee orthopedic Pts</u> <u>(6) spl P to R 3rd mt fx</u>	8. EQUIPMENT/SUPPLIES PROVIDED: <u>Crutches</u>
9. INSTRUCTIONS (To Home Health Providers, Patient, etc): <u>Plc to EPW Camp.</u> <u>Daily Dressing changes by medics @ EPW Camp</u> <u>Plc dist cast on 2 Sept 03 @ 0900 hrs.</u>	9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE: <u>FUB @ LE</u> <u>25% WTS @ LE</u> <u>MP @ Thumb</u> <u>Crutches for ambulation</u>
10. DISCHARGING PROVIDER: <u>(b)(6)-2</u> (Signature) <u>(b)(6)-2</u> (Printed or stamped Name)	10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE: <u>Levinquin 500mg PO qday x 7 days</u>
PATIENT IDENTIFICATION <u>Iraq</u> (b)(6)-4	11. COMPLETED BY: <u>(b)(6)-2</u> (Signature) <u>29 AUG 03 / 10:12</u> (Date and Time)
	I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS. <u>(b)(6)-2</u> (Signature) <u>MP</u> <u>29 AUG 03 / 10:12</u> (Date and Time)

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: 22y/0
 HEIGHT:
 WEIGHT:
 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):
AKDA
 3. PREVIOUS SURGERY [] NO [] YES (type):

4. PROPOSED SURGICAL PROCEDURE: open @ thumb MCPJ & FUS Medical Hx:
PIF ML @ wrist @ 4 @ lower extremity wounds I & O
EX - JIV @ tibia
 5. ADDITIONAL INFORMATION:
 NPO since last x 4 hrs ago
 ROM/Musculoskeletal limited
 Skin Appearance W & D
 Hardware/ Prosthesis 0 Lab 0
 Significant Other Waiting 0 H&P 0
 Psychological/LOC Alert UHCG N/A
 Language/Cultural TRAC Consent 0

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> Potential for anxiety related to <u>Procedure</u> <input type="checkbox"/> Body Image <input type="checkbox"/> Family Separation <input type="checkbox"/> Surgical Outcome <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. exhibits relaxed body posture. <input checked="" type="checkbox"/> Demonstrates age specific coping mechanisms	<input checked="" type="checkbox"/> Allow pt. to verbalize freely <input checked="" type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input type="checkbox"/> Maintain family interface.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to <u>Sedation</u> <input type="checkbox"/> Existing Pulmonary Problems	<input checked="" type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase.	<input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input checked="" type="checkbox"/> Assist anesthesia during intubation and extubation
C. INTEGUMENT <input checked="" type="checkbox"/> Potential impairment of skin integrity due to <u>immobilization</u> <input checked="" type="checkbox"/> Prep Solution <input checked="" type="checkbox"/> Tourniquet <input checked="" type="checkbox"/> ESU <input type="checkbox"/> Positioning <input type="checkbox"/> SCD	<input checked="" type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input checked="" type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids from pooling. <input checked="" type="checkbox"/> 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)
TRAC (b)(6)-4

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

10. OR NURSING INTERVENTIONS NOTED. ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 major 26 July 03 DATE

11. POSTOPERATIVE EVALUATION:

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

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2 major

26 July 03 1825

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)

(b)(6)-2 major

DATE: 26 July 03 TIME: 1825 DA 2389

<p>MEDICAL RECORD</p>	<p>PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT</p> <p>For use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.</p>
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<p>1. AGE: <u>22 1/2</u></p> <p>HEIGHT:</p> <p>WEIGHT:</p>	<p>2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):</p> <p style="text-align: center;"><u>None</u></p>
<p>3. PREVIOUS SURGERY []... NO [X] YES (type):</p> <p><u>TAB on LT @ Tibia on Rx @ Thigh PCP</u></p>	

4. PROPOSED SURGICAL PROCEDURE: Medical Hx:

TAB on LT @ Tibia

<p>5. ADDITIONAL INFORMATION:</p> <p>NPO since <u>now</u></p> <p>ROM/Musculoskeletal <u>see above</u></p> <p>Skin Appearance <u>see above</u></p>	<p>Hardware/ Prosthesis <u>yes</u></p> <p>Significant Other Wairing <u>no</u></p> <p>Psychological/LOC <u>alt</u></p> <p>Language/Cultural <u>Eng</u></p>	<p>Lab <u>✓</u></p> <p>H&P <u>✓</u></p> <p>UHCg <u>NTA</u></p> <p>Consent <u>✓</u></p>
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6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>A. PSYCHOSOCIAL</p> <p><u>Potential for anxiety related to Procedure</u></p> <p><u>Body Image</u></p> <p><u>Family Separation</u></p> <p><u>Surgical Outcome</u></p> <p><u>Other</u></p>	<p><u>Pt. verbalizes any specific anxiety.</u></p> <p><u>Pt. exhibits relaxed body posture.</u></p> <p><u>Demonstrates age specific coping mechanisms</u></p> <p style="font-size: 2em; text-align: center;"><u>Thorough Interview</u></p>	<p><u>Allow pt. to verbalize freely.</u></p> <p><u>Explain OR environment and answer questions regarding surgery.</u></p> <p><u>Offer comfort measures, (e.g., warm blanket, touch)</u></p> <p><u>Explain all nursing procedures before they are done.</u></p> <p><u>Remain with pt. whenever possible.</u></p> <p><u>Maintain family interface.</u></p>
<p>B. AERATION</p> <p><u>Potential for respiratory dysfunction due to Sedation</u></p> <p><u>Existing Pulmonary Problems</u></p>	<p><u>PT. will be able to breathe without difficulty during immediate intra-operative phase.</u></p>	<p><u>Offer to elevate head of litter or offer pillow.</u></p> <p><u>Observe pt. while awaiting surgery for signs of distress</u></p> <p><u>Assist anesthesia during intubation and extubation</u></p>
<p>C. INTEGUMENT</p> <p><u>Potential impairment of skin integrity due to Immobilization</u></p> <p><u>Prep Solution</u></p> <p><u>Tourniquet</u></p> <p><u>ESU</u></p> <p><u>Positioning</u></p> <p><u>SCD</u></p>	<p><u>PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).</u></p>	<p><u>Utilize pressure preventing devices on OR table and accessories.</u></p> <p><u>Check for proper positioning and support to maintain good body alignment.</u></p> <p><u>Pad pressure points.</u></p> <p><u>Place ESU ground pad on non compromised skin surface area.</u></p> <p><u>Keep prep fluids from pooling.</u></p>

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

(b)(6)-4

6 Select appropriate size ESU pad

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

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 CPT, A 7/28/03 DATE

11. POSTOPERATIVE EVALUATION:

Patient goals and outcomes were met

Prep solutions removed

ESU site: Clean

Prep site: Clean

12. PREOPERATIVE EVALUATION PREPARED BY CPT, A

(b)(6)-2

DATE: 7/28/03 TIME:

13. POSTOPERATIVE EVALUATION PREPARED BY CPT, A

(b)(6)-2

DATE: 7/28/03 TIME: 1145

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: 22
 HEIGHT:
 WEIGHT:
 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):
NKA
 3. PREVIOUS SURGERY [] NO [X] YES (type):
① T&A ② fix ③ T&A ④ L&L ⑤ T&A ⑥ L&L

4. PROPOSED SURGICAL PROCEDURE:
I + D (b)(6)-2
 Medical Hx: P/B

5. ADDITIONAL INFORMATION:
 NPO since 8:00
 ROM/Musculoskeletal
 Skin Appearance
 Hardware/Prosthesis Yes
 Significant Other Wasting No
 Psychological/LOC Alert
 Language/Cultural Eng
 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 Procedure
 Body Image
 Family Separation
 Surgical Outcome
 Other

Pt. verbalizes any specific anxiety.
 Pt. exhibits relaxed body posture.
 Demonstrates age specific coping mechanisms
Thurs Johnson

Allow pt. to verbalize freely.
 Explain OR environment and answer questions regarding surgery.
 Offer comfort measures, (e.g., warm blanket, touch)
 Explain all nursing procedures before they are done.
 Remain with pt. whenever possible.
 Maintain family interface.

B. AERATION
--- Potential for respiratory dysfunction due to
 Sedation
 Existing Pulmonary Problems

PT. will be able to breathe without difficulty during immediate intra-operative phase.

Offer to elevate head of litter or offer pillow.
 Observe pt. while awaiting surgery for signs of distress
 Assist anesthesia during intubation and extubation

C. INTEGUMENT
--- Potential impairment of skin integrity due to
 Immobilization
 Prep Solution
 Tourniquet
 ESU
 Positioning
 SCD

PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).

Utilize pressure preventing devices on OR table and accessories.
 Check for proper positioning and support to maintain good body alignment.
 Pad pressure points.
 Place ESU ground pad on non compromised skin surface area.
 Keep prep fluids from pooling.
 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)
 (b)(6)-4

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

10. (b)(6)-2 [Redacted] TED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

CPT, A 8/9/23 DATE

11. POSTOPERATIVE EVALUATION:

Patient goals and outcomes were met

Prep solutions removed

ESU site:

Prep site: cl

12. PREOPERATIVE EVALUATION PREPARED BY

(b)(6)-2 [Redacted] CPT, A

DATE: 8/9/23 TIME: 1430

13. POSTOPERATIVE EVALUATION PREPARED

(b)(6)-2 [Redacted] CPT, A

DATE: 8/9/23 TIME: 1430

MEDICAL RECORD

INTRAOPELATIVE 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 <u>Litter</u> BY <u>JTC</u> (b)(6)-2		2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>(b)(6)-2</u> <u>Maj/A</u>	
3. DATE <u>26 June 03</u> TIME PATIENT ARRIVED IN SUITE <u>1955</u>		4. PATIENT IN TIME <u>1955</u> NUMBER #/	

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: NKOA

6. NURSING PERSONNEL

ASSIGNED SCRUB <u>Spc</u> (b)(6)-2	RELIEF SCRUB
ASSIGNED CIRCULATOR <u>Maj</u> (b)(6)-2	RELIEF CIRCULATOR

7. POSITION AND POSITIONAL AIDS (Specify)

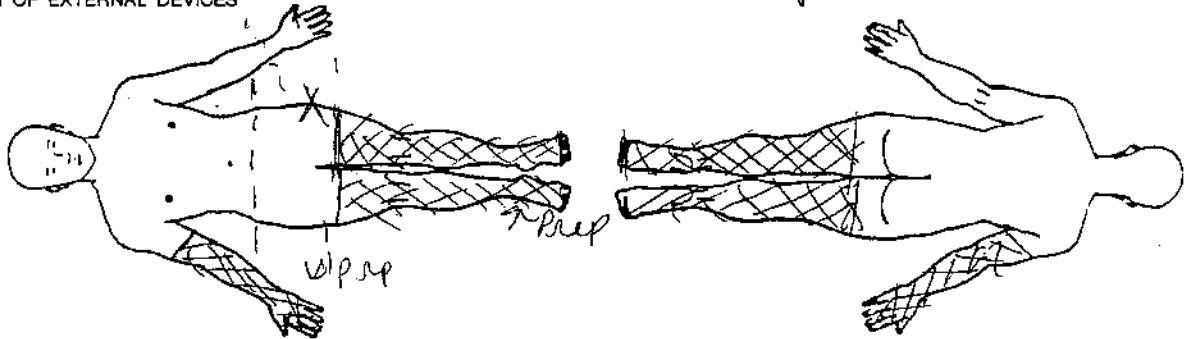
- SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS: Head resting on folded towel @ arms on padded arm board - @ arm manipulated by surgeon both legs prepped and unclipped

8. SKIN PREPARATION

HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Beta/Beta</u>
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>@ leg @ arm</u> BY WHOM: <u>[Redacted]</u>
METHOD: <input type="checkbox"/> DEPLIATORY <input type="checkbox"/> RAZOR	SITE: <u>@ arm</u> BY WHOM: <u>[Redacted]</u>
<input type="checkbox"/> CLIP	COMMENTS: <u>No pooling or irritations</u>

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad - Safety Strap --- Tourniquet

10. COUNTS	C = Correct I = Incorrect		First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR
	Other**					
Sponge <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>		C	C	<u>Spc</u> (b)(6)-2	<u>Maj</u> (b)(6)-2
Needle Sharp <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>					
Instrument <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>					
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>					

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

IRA Q # (b)(6)-4

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

ESU NO: Valleylab Fx 000434
GROUND PAD: BRAND Valleylab F7507
LOT NO: 62786

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

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER; MANUFACTURER
 EX Fix (b)(6)-2

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 IF YES, SITE
 YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)
 Xeroform
 Pluffs
 Kerlix
 Ace wrap

17. TUBES, DRAINS/PACKING YES NO

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

19. ADDITIONAL INFORMATION
 (b)(6)-2

20. OPERATION(S) PERFORMED
 ① EX Fix @ tibia FX = IAD
 ② pins @ thumb = IAD
 ③ IAD @ lower extremity wounds

21. PATIENT TRANSFERRED TO *PTCU* TIME *See DA 1359* METHOD *W/ster = safety straps*

22. REGISTER (b)(6)-2 *major*

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 <u>Cherry</u> BY <u>Quetham</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>COT</u> (b)(6)-2	
3. DATE <u>7/28/83</u> TIME PATIENT ARRIVED IN SUITE <u>0905</u>		4. PATIENT IN ROOM TIME <u>0905</u> NUMBER <u>4/1</u>	

5. PREOPERATIVE EMOTIONAL STATUS

- CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPL</u> (b)(6)-2	RELIEF SCRUB	
	<u>SBC</u> (b)(6)-2 (Diagnosed)		
ASSIGNED CIRCULATOR	<u>COT</u> (b)(6)-2	RELIEF CIRCULATOR	
	<u>MAS</u> (b)(6)-2		

7. POSITION AND POSITIONAL AIDS (Specify)

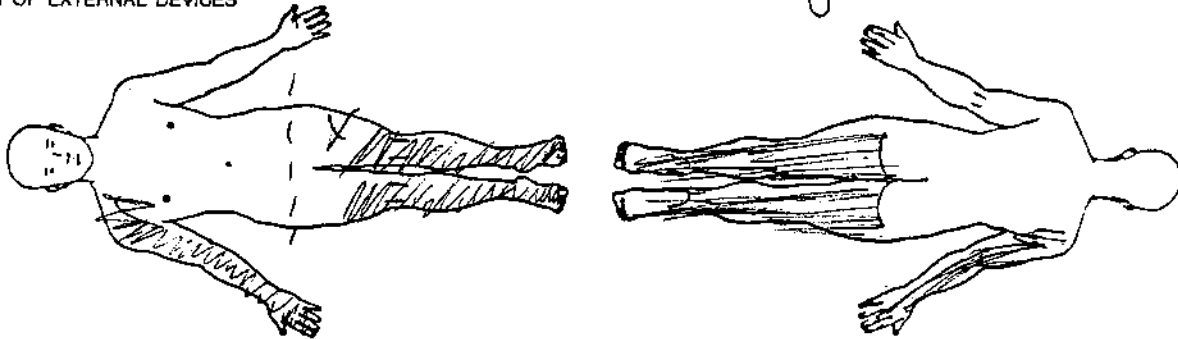
- SUPINE
 LITHOTOMY
 PRONE
 KRASKE
 LATERAL:
 LEFT SIDE UP
 RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Gate 5+8</u>
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>RUUE</u> BY WHOM: <u>MAS</u> (b)(6)-2
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR	SITE: <u>RUE</u> BY WHOM: <u>CPT</u> (b)(6)-2
<input type="checkbox"/> CLIP	COMMENTS: <u>no pooling of solution</u>

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad - Safety Strap --- Tourniquet

10. COUNTS	C = Correct I = Incorrect		SCRUB	CIRCULATOR
	Other**	First Closing Count		
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C	<u>SBC</u> (b)(6)-2	<u>CPT</u> (b)(6)-2
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C	<u>SOL</u>	<u>CPT</u>
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				(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

ESU NO: 100434 3/8/83
 GROUND PAD: BRAND Valley Cat
 LOT NO: 68964 85-03
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):
 (1) Hand - 3ltr. NSS (2) Tibia - NSS x 2L (3) knee - NSS x 2L

OTHER ORDERS TIME CARRIED OUT BY

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)
 (1) RUE - xeroform, 4x4, 5, Kerlix, Ace
 (2) BIBLE - xeroform, 4x4, 5, Kerlix, Ace

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
 (1) adjust (2) Tibial Ex-fix (3) I + D (4) hand + shoulder
 (5) I + D of lower Ext. & wound closure (6) Achilles tendon repair
 (7) hand thumb tendon repair

21. PATIENT TRANSFERRED TO TIME METHOD
 ICU 1

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

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>gurney</u> BY <u>Dr. [redacted]</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT</u> (b)(6)-2	
3. DATE <u>7/20/87</u>	TIME PATIENT ARRIVED IN SUITE <u>0905</u>	4. PATIENT IN ROOM <u>0905</u>	NUMBER <u>1</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB <u>SPL</u> (b)(6)-2	RELIEF SCRUB
<u>SPL</u>	
ASSIGNED CIRCULATOR <u>MA</u>	RELIEF CIRCULATOR
<u>CPT</u>	

7. POSITION AND POSITIONAL AIDS

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

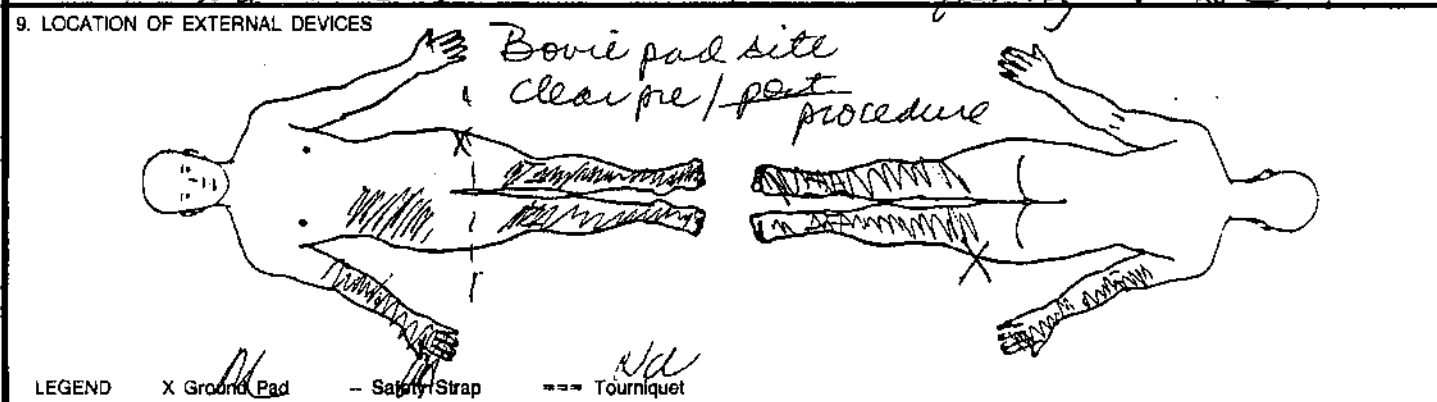
COMMENTS: none

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Behr 5+5
 SITE: Bil lower ext. BY WHOM: MA (b)(6)-2
 SITE: RUe + @ iliac crest BY WHOM: CPT (b)(6)-2

COMMENTS: no pooling of abt.



10. COUNTS	C = Correct I = Incorrect		SCRUB	CIRCULATOR
	Other**	First Closing Count		
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>Dpc</u>	<u>MA</u> (b)(6)-2
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>E</u>		
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

[redacted] (b)(6)-4

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

ESU NO: 500434 GROUND PAD: BRAND Valley Cat LOT NO: 68436 05-03 40/400

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

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS

YES NO

IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)

YES NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):

OPDS 3000 x 3

OTHER ORDERS

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)

benpen, steri strip - graft site
Vaseline, telfa, 4x8s, kelly, ace @ hand
wet-dry - kelly, splint, ace @ LE
Vaseline, 4x8s, kelly, ace @ LE

17. TUBES, DRAINS/PACKING

YES NO

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

19. ADDITIONAL INFORMATION

UKDA

20. OPERATION(S) PERFORMED

A: D @ hand, @ LE, Graft, Hip to REE, RUE

21. PATIENT TRANSFERRED TO

ICU 1

TIME

1200

METHOD

litter

22. (b)(6)-2

Morgan

REV

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 <u>Cranney</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT</u> (b)(6)-2	
3. DATE <u>8/5/03</u> TIME PATIENT ARRIVED IN SUITE <u>11:50</u>		4. PATIENT IN ROOM TIME <u>11:50</u> NUMBER <u>2</u>	

5. PREOPERATIVE EMOTIONAL STATUS

- CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS: none

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPL</u> (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT</u> (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

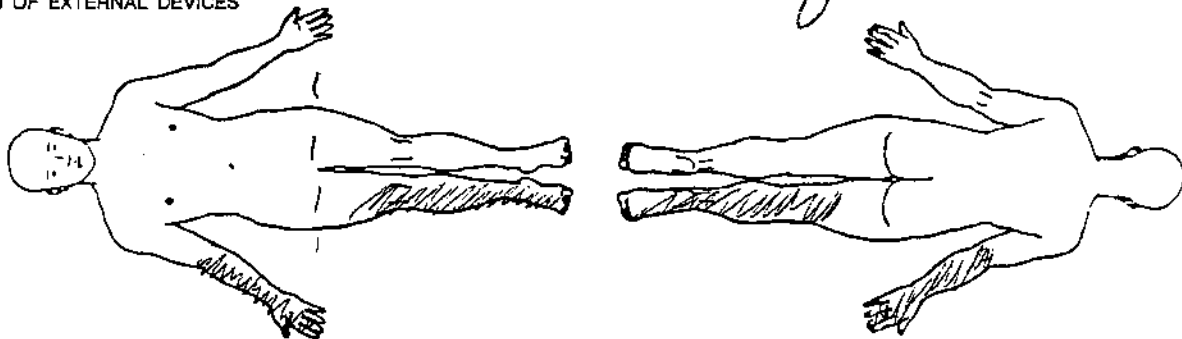
- SUPINE
 LITHOTOMY
 PRONE
 KRASKE
 LATERAL: LEFT SIDE UP
 RIGHT SIDE UP

COMMENTS: none

8. SKIN PREPARATION

HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Betac SAT</u>
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>Hand</u> BY WHOM: <u>CPT</u> (b)(6)-2
METHOD: <input type="checkbox"/> DEPLIATORY <input type="checkbox"/> RAZOR	SITE: <u>NE</u> BY WHOM: <u>CPT</u> (b)(6)-2
<input type="checkbox"/> CLIP	COMMENTS: <u>no quality of solution</u>

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS	C = Correct I = Incorrect		SCRUB		CIRCULATOR	
	Other**	First Closing Count	Final Closing Count			
Sponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>	<u>SPL</u> (b)(6)-2	<u>CPT</u> (b)(6)-2	
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>	<u>SPL</u>	<u>CPT</u>	
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

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

I regi # (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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

WOUND IRRIGATION YES NO, TYPE(S):
 NSS X 3L

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)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)
 ① 4x4's, kurtex, - ① hand
 ② 4x4's, kurtex, splint, Ace - ME

17. TUBES, DRAINS/PACKING	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
TYPE/SIZE	1. / 2. / 3.	
SITE	1. / 2. / 3.	

19. ADDITIONAL INFORMATION (b)(6)-2

Dr.
 Dr.
 Dr.

20. OPERATION(S) PERFORMED
 ① I + D ② hand
 ③ I + W ④ cell

21. PATIENT TRANSFERRED TO: I am TIME: 1211 METHOD: Curney

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

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):
NSS & 3LH

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1	2	3
	1 1/2" floss		
SITE	1 foot	2	3

18. DRESSING/IMMOBILIZATION (Specify)
 ① Xerox, 4x4's, kurlis
 ② Xerox, 4x4's, kurlis

19. ADDITIONAL INFORMATION (b)(6)-2

Dr. [Redacted]
 Dr. [Redacted]

20. OPERATION(S) PERFORMED
 ① I + D ② foot
 ③ I + D ④ this

21. PATIENT TRANSFERRED TO: TIME: METHOD:

I can 1620 Curvey

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

[Redacted Signature]

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 <u>litter</u> BY <u>Anesthesia</u>	2. PATIENT IDENTIFIED BY <u>(b)(6)-2</u>	PROCEDURE
3. DATE <u>12 Aug 83</u> TIME PATIENT ARRIVED IN SUITE	4. PATIENT IN TIME <u>1445</u> NUMBER <u>5</u>	

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Alert, oriented

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Spc</u> <u>(b)(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>Maj</u> <u>(b)(6)-2</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

Et arm on double ambocads. Safety strap over thighs

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Betadine scrub/so</u>
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>Drum</u> BY WHOM: <u>Maj</u>
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR	SITE: BY WHOM: <u>(b)(6)-2</u>
<input type="checkbox"/> CLIP	COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

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

10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge <input type="checkbox"/> Yes <input type="checkbox"/> No				<u>(b)(6)-2</u>	<u>(b)(6)-2</u>
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<u>Maj</u>
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<u>Spc</u>	
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

Drazi (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

IF YES NAME ID NUMBER

FACTURER

Surgical Simplex® P
RADIOPAQUE BONE CEMENT
Distributed by:
Stryker®
Howmedica
Osteonics Mahwah, New Jersey

14. MEDICATIONS/ORTHO

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY

MEDICATIONS/SOLUTION	DOSAGE	TIME
<i>Vancomycin 2gm</i>	} antibiotic beads	
<i>methy M ethacrylate</i>		

Full Dose
Cat. No. 8191 1 001
Control No. RGI321

<input type="checkbox"/>	NO	<input type="checkbox"/>
RECEIVED BY		GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):

OTHER ORDERS

TIME

CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM

IF YES, SITE

YES NO

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

18. DRESSING/IMMOBILIZATION (Specify)

*zereform
4x8s
herley*

17. TUBES, DRAINS/PACKING YES NO

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

19. ADDITIONAL INFORMATION

NKDA

(b)(6)-2

Surgeons -

20. OPERATION(S) PERFORMED

P.D; Placement Antibiotic Beads @ thumb

21. PATIENT TRANSFERRED TO

hall

TIME

1550

METHOD

letter

22. (b)(6)-2

grayson

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 <u>litter</u> BY <u>anesthesia</u>		2. PATIENT VERIFIED BY <u>(b)(6)-2</u>	NO PROCEDURE <u>May</u>
3. DATE <u>18 AUG 03</u>	TIME PATIENT ARRIVED IN SUITE	4. PATIENT TIME	NUMBER <u>(b)(6)-2</u>

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Alert, oriented

6. NURSING PERSONNEL

ASSIGNED SCRUB <u>Spe</u>	<u>(b)(6)-2</u>	RELIEF SCRUB
ASSIGNED CIRCULATOR <u>May</u>	<u>(b)(6)-2</u>	RELIEF CIRCULATOR

7. POSITION AND POSITIONAL AIDS (Specify) Propped. Safety strap over thighs. Arms on

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

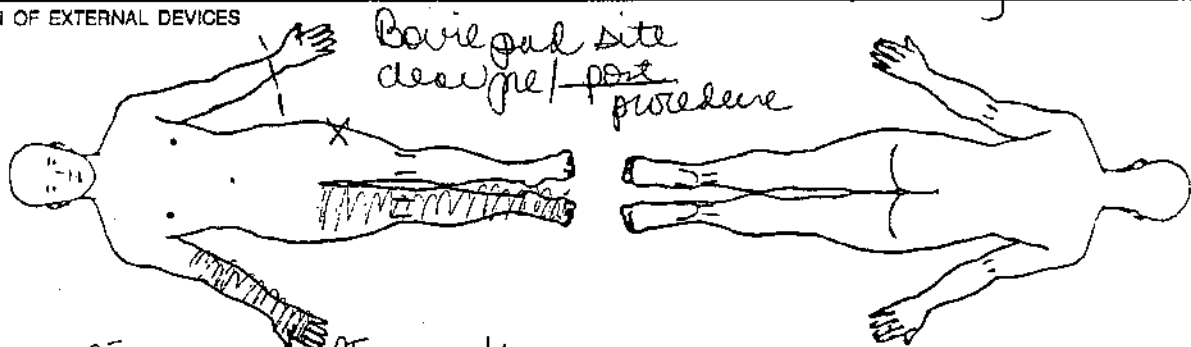
COMMENTS: bil. amboside < 90°

8. SKIN PREPARATION

HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>per may</u>	PREP SOLUTION (Specify) <u>Betadine scrub/sol</u>
DONE BY: <input checked="" type="checkbox"/> OR	<input type="checkbox"/> NURSING	SITE: <u>Paum,</u> BY WHOM: <u>May</u> <u>(b)(6)-2</u>
METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR	<input type="checkbox"/> CLIP	SITE: <u>leg</u> BY WHOM: <u>SS</u> <u>(b)(6)-2</u>

COMMENTS: no pooling noted

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS	C = Correct I = Incorrect			SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count		
Sponge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	<u>(b)(6)-2</u>	<u>(b)(6)-2</u>
Needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	/	<u>C</u>		
Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/		
Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/		

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

Dragi (b)(6)-4

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

ESU NO: VALLEY 00434 (b)(6)-2
 GROUND PAD: BRAND Valley 00434
 LOT NO: 70011
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):
09NS

OTHER ORDERS	TIME	CARRIED OUT BY

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
TYPE/SIZE	1.	2.	3.		
SITE	1.	2.	3.		

18. DRESSING/IMMOBILIZATION (Specify)
 ⊙ leg: vaseline gauze, 4x8
 herles
 ⊙ thigh: zeroform gauze, thigh
 ⊙ hand: vaseline gauze, 4x8, herles

19. ADDITIONAL INFORMATION

NKDA

Surgeon (b)(6)-2

20. OPERATION(S) PERFORMED
Skin Grafts for ⊙ thigh → ⊙ achilles area: ⊙ hand

21. PATIENT TRANSFERRED TO *SICU #1* TIME *1037* METHOD *litter*

22. RE (b)(6)-2 *may 6/9*

(b)(6)-4

Fragn

12110603

	INTAKE					OUTPUT					COMMENTS
	IV	PO	IUPB		Total	Urine			Total		
0100											
0200											
0300											
0400											
0500											
0600											
0700											
0800											
8 HR						8 HR.					8 HR
0900											
1000											
1100											
1200											
1300											
1400	60										
1500	60 120								325 325		
1600	400 520					OR					
8 HR	520					16 HR. 520			325		16 HR. 325
1700	60 66	250 250									
1800	60 120	350 600									
1900	60 180										
2000	60 240										
2100	60 300	350 950									
2200	60 360	250 1190									
2300	60 420										
2400	60 480										
8 HR	480	1190				1670 24 HR. 2190			400 400 400		24 HR. 725

13 Aug 03

INTAKE						OUTPUT						COMMENTS
IV	FVPB	PO	Total	Urine	Stool	Total						
0100	60											
0200	60											
0300	60 180											
0400	60 240	100										
0500	60 300											
0600	60 360											
0700	60 420											
0800	60 480											
8 HR				8 HR.							8 HR	
0900	60											
1000	60 120											
1100	60 180	100										
1200	60 240	100 340										
1300	60 300											
1400	60 360											
1500	60											
1600	60											
8 HR				16 HR.							16 HR.	
1700	60											
1800	60											
1900	60 50											
2000	60											
2100	60											
2200	60											
2300												
2400												
8 HR				24 HR.							24 HR	

21st COMBAT SUR

HOSPITAL *Critical value on 4/1/03 reported to Curseek*

LABORATORY RESULTS FORM

Subject to Privacy Act of 1974)

LAST, FIRST, MI: **Iragi** (b)(6)-4
 UNIT: (b)(6)-4
 RANK:
 SSN: (b)(6)-4
 STAT: Routine
 Date and Time: **26 Jul 03 @ 1800**
 Reported by: (b)(6)-2
 Date and Time: **26 Jul 03 @ 1800**

Chemistry (I-STAT)			Chemistry (Piccolo Analyzer)			Hematology					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	137	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	6.9	4.8-10.8 x10(3)/uL
	K	3.0	3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	2.88	4.2-6.1 x10(6)/uL
	Cl	106	98-108 mmol/L		ALT		10-47 U/L		Hgb	8.7	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	26.7	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	92.6	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	30.2	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	32.7	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	152	130-400 x10(3)/uL
	SO2		95-99%		Chol		100-200 mg/dL		LY%	23.2	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.4	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN	10	7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu	91	73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
X	Creat	1.0	0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Pit verify:		
					Na		128-145 mmol/L		Spun Crit		35-60%
Urinalysis				Microbiology				Malana Smear			
	Color		Straw/Yellow		Source:			Thin			No Plasmodium Seen
	Clarity		Clear		FecLeuk		Negative				
	Glucose		Negative		Gram St			Thick			No Plasmodium Seen
	Bilirubin		Negative		WetPrep		Negative				
	Ketone		Negative		KOH		No Fungal Elements	Sed Rate			
	SG		1.010-1.025		OccBld		Negative	Sed Rate			1hr = 0-20 mm
	Blood		Negative		O&P		No Ova/Parasite	Coagulation			
	pH		5.0-8.0					PT			10-13 seconds
	Protein		Negative-Trace		Blood Bank			APTT			22.1-33.7 seconds
	Urobili		Negative		ABO/Rh	O	Positive	FDP			Negative
	Nitrite		Negative		T&C			Misc. Chemistry			
	Leuko		Negative		T&S			Mono			Negative
Urine Microscopic				HCG				RPR			Negative
	WBC		Epi		Urine		Negative	HIV			Negative
	RBC		Mucus		Serum		Negative	Meningitis			Negative
	Bacteria		Yeast								
	Casts:										
	Crystals:										
	Other:										
	Other:	I-Stat 6 w/ CBC, ABLE RH									

(b)(6)-2 BEARLAB 20 31 May 2003

22 Y.O. NKOA 1945

CLINICAL RECORD

ANESTHESIA

ANESTHETIC(S)		2000	2010	2020	2030	2040	2050	2100	2110	2120	2130	2140	2150	2200
VENUES	2													
FACIT	100	100	50											
PROPOFOL	100	20												
SUIT	100													
MEDEY			22-2002	24-21										
% EDWARDS	2	1.5	2	3.25	7.5	30	7.5	10						
OXYGEN	8	1	1	1	1	1	1	1	1	1	1	1	1	1
CO2 ABSORP.	38	41	40	38	36	36	43	50	49					
SpO2	95	92	90	99	100	100	100	99	99					
ANAL. ANES.	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR

- CODE
- PULSE ●
- RESP. ○
- V.A. B.P.
- X ANES.
- ⊙ OPER.
- T TOURN.

11/3/4
74 92/60
FLUIDS
B BLOOD
N SALINE
G 5% G/W
DX EXPAND.
VENT
NUMBERS FOR REMARKS
IV FLUIDS
LR (1000)
POSITION
AGENTS AND TECHNIQS

INDUCTION
SATIS _____
UNSATIS AND WHY _____

REMARKS

1945. IN ROOM
PRO MONITORS
PRE O2
RSE CCP
2000. 2g/ml ANES
IVPB
2020. 30mg GENT
IVPB
2004
2215. MONITOR #
⊙ MONITOR
CHECKS 6005
ERRATA 100 05V
2200. TO ICL #
05V
119 13/40
99%
2030/2204

AGENTS AND TECHNIQS
Gent 100 CCP

ENDOTRACHEAL: SIZE 8.0 BLADE MAC 3 ORD ✓ NASO _____ CUFF 10.0 MP. PACK _____
 REMARKS: 2100 100 @ ABS=, @ E, @ 20 05V 100, 05V 100

OPERATION PERFORMED D&I BILAT LE EX-FIX	TOTAL FLUIDS LR 1300 POL-100 DIP- NM	NAME(S) OF SURGEON(S) (b)(6)-2 (b)(6)-2 CWA
---	---	--

RECOVERY
REFLEX IN O.R. _____
EMESIS _____
ASPIR. _____
EXCITEMENT _____
HYPOTENSION _____
OTHERS _____

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

IRAQI (b)(6)-4

REGISTER NO. _____ WARD NO. _____ DATE 26 JUL 03

ANESTHESIA

(b)(6)-4

IRAOI

PREANESTHETIC SUMMARY

OPERATION PROPOSED D&I RIGHT LE, HAND EX-FIX	AGE 22	WEIGHT (LBS.) 260 60 Kg	SPECIAL INFORMATION
	PHYSICAL STATUS 2 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB OTHER	RBC	HCT	BLOOD CHEMISTRY
		132 / 106	91 / 10	69 / 267

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP ECG (IF PERTINENT)	PULSE	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
⊘ + NO PNEUMO			? ⊙ EAR HEARING LOSS - CAROTID	NKDA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
⊘	⊘

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2	DATE CAWA 26 JUL 8
--	------------------------------

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

CLINICAL RECORD

ANESTHESIA

ANESTHETIC(S)		HOUR																				
Fentanyl		2.25	2.25					50	50	25												
Propofol		2.25	2.25																			
Succinylch		2.25	2.25																			
MSO4				4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
T ₁₀		1.5	1.5	1.5	2.0	2.0	1.5	1.0	1.0	1.0	1.0	0.8										
E:O ₂		1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O ₂ SATUR		100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
ETCO ₂ ABSORP.		40	36	33	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
LEVEL OF ANAL-ANES.																						
CODE																						
● PULSE		220																				
○ RESP.		200																				
V B.P.		180																				
X ANES.		160																				
⊙ OPER.		140																				
T TOURN.		120																				
FLUIDS		100																				
B BLOOD		80																				
N SALINE		60																				
G 5% G/W		40																				
DX EXPAND.																						
NUMBERS FOR REMARKS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
IV FLUIDS																						
Pressure point check POSITION																						
AGENTS AND TECHNIQS		GETA																				

INDUCTION
 375mg
 100
 200
 200
 UNSATS AND WHY

REMARKS
 1) Pt identified, chart reviewed, all pt questions answered
 2) Pt to OR, ASA minute O₂ applied. Pt induction intubated & diff.
 3) Pt tolerated procedure start well.
 4) Pt RR 8, TV 300 pt spontaneous, then extubated
 5) Pt to RR.
 Report given to RT (b)(6)-2
 V/S, O₂ sat 99%, P-114, 132/68, 24 T-95.3
 Pt given 50mg Fentanyl

ENDOTRACHEAL: SIZE <u>8.0</u> BLADE <u>MAC3</u> DRO _____ NASO _____ CUFF <u>8.0</u> PACK _____		RECOVERY	
REMARKS: <u>DLX2 MAC3 (grade 2 view) ETT placed/secure (22 cm teeth) @ BBS</u>		REFLEX IN O.R. <input checked="" type="checkbox"/>	
OPERATION PERFORMED: <u>Washout</u> (b)(6)-4		EMESIS <input type="checkbox"/>	
TOTAL FLUIDS: <u>LR - 1,800</u>		ASPIR. <input type="checkbox"/>	
NAME(S) OF SURGEON(S): (b)(6)-2		EXCITEMENT <input type="checkbox"/>	
Signature of Anesthetist: (b)(6)-2 <u>CPT, CRNA</u>		HYPOTENSION <input type="checkbox"/>	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		OTHERS _____	
REGISTER NO. _____	WARD NO. _____	DATE: <u>28 July 03</u>	

ANESTHESIA

PREANESTHETIC SUMMARY

OPERATION PROPOSED Wash out	AGE 22	WEIGHT (LBS.) 60	SPECIAL INFORMATION MRI, teeth & loose Neck - FLOW DL diff on 26 July 03
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB OTHER	RBC HCT	BLOOD CHEMISTRY
<i>Ø</i>	8.7 / 26.7	min blood loss expected for procedure	<i>Ø</i>

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP ECG (IF PERTINENT)	PULSE	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
(+) tobacco	<i>Ø</i>	<i>Ø</i>	<i>Ø</i>	NKOA

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY, E.G., STEROIDS, TRANQUILIZERS
<i>Ø</i>	<i>Ø</i>

PREOPERATIVE DIAGNOSIS	PREMEDICATION
SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2	DATE
<i>LPT, CRNA</i>	28 July 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

U.S. Government Printing Office: 1984 - 300-892/10029

CLINICAL RECORD

ANESTHESIA

ANESTHETIC(S)	15	30	45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00
Propofol (mg)	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Succ (mg)	100															
Vec (mg)																
ET CO ₂ ABSORP.	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
SpO ₂ %	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
LEVEL OF ANAL-ANES. ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
CODE																
● PULSE	220															
○ RESP.	200															
V A B.P.	180															
X ANES.	160															
⊙ OPER.	140															
T TOURN.	120															
FLUIDS																
B BLOOD																
N SALINE																
G 5% G/W																
DX EXPAND.																
TV →	60	20	30	70	30	40	50	50	60	70						
NI →	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
PI →	10															
NUMBERS FOR REMARKS																
IV FLUIDS																
LR →	200			400			700									
POSITION																
Supine																
AGENTS AND TECHNICS																
EBL →				100												

INDUCTION

SATIS _____

UNSATIS AND WHY _____

REMARKS

Start	End
Anes 0905	1158
Sur 0931	1140

It safety to on, best monitoring, pre-ox, smooth IV induction → see below.

Anes F ign IV 091

1016 - Anes F ign IV

case concluded, smooth emergence/ extubation; patient airway; safe to ICU, report given

ENDOTRACHEAL: SIZE 8.0 BLADE M112 ORO NASO CUFF PACK

REMARKS: Smooth IV induction, easy mask vent; easy DR I M112, fresh I.V. 8.0 Et; ⊕ EtO₂, EBB, Sec. ⊕ 22cm, tech.

OPERATION PERFORMED

Washout, LUE, RUE;

Place chest graft to (L) foot and (R) hand.

TOTAL FLUIDS

CC - 800

W - 0

ET - 100

NAME(S) OF SURGEON(S)

(b)(6)-2

(b)(6)-2

(b)(6)-2

MD Anesthetist.

RECOVERY

REFLEX IN O.R. _____

EMESIS _____

ASPIR. _____

EXCITEMENT _____

HYPOTENSION _____

OTHERS _____

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

Iraqi (b)(6)-4

REGISTER NO. _____ WARD NO. _____ DATE 30 July 03

ANESTHESIA

PREANESTHETIC SUMMARY

OPERATION PROPOSED Washout, iliac crest bone graft (R) hand, (L) foot	AGE 22	WEIGHT (LBS.) 60 kg	SPECIAL INFORMATION Airway favorable (2 previous easy intubations)
	PHYSICAL STATUS 1 (2) 3 4 5 6 7		

URINALYSIS NORMAL _____ ABNORMAL AND WHY _____	HEMATOLOGY HGB _____ RBC _____ HCT _____ OTHER _____ H/H: 8.7 29 July: H/H: 8.7/26.7	BLOOD CHEMISTRY _____
--	---	------------------------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) ⊕ tobacco use lungs CTA ⊕	CIRCULATORY SYSTEM BP <u>104/60</u> PULSE <u>62</u> ECG (IF PERTINENT) Sat 97% RA ⊖ Hx NL S1, S2, ♀ murmur heart	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) ⊖ Hx	OTHER SYSTEMS (ALLERGIES) NKDA
--	---	--	--

PREVIOUS ANESTHETICS AND COMPLICATIONS 1. Multiple fracture I & Ds, 2 pinning x 2	PRESENT DRUG THERAPY; EG., STEROIDS, TRANQUILIZERS 1. Morphine 4. Tylenol 2. Demerol 5. Ancef T su q8 3. Phenergan 6. Gran Bony q8
--	--

PREOPERATIVE DIAGNOSIS multiple fractures	PREMEDICATION (see opposite)
--	---------------------------------

SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2	DATE 29 July 03
---	--------------------

POSTANESTHETIC

RECORD ALL PERTINENT COMPLICATIONS

22/60
ASA 2
NRDA

Standard Form 517

CLINICAL RECORD

ANESTHESIA

ANESTHETIC(S)	11:00	11:30	12:00	12:30	1:00	HOUR
Propofol	2.5	1.2	1.2			2.5/0
SUX	2.0					1.0/0
M.S.B.Y.	2.2	2.2				
ISO		1.2	1.2			
MAC 102	1.0	1.1	1.1			
SATS OXYGEN	100	100	100			
CO ₂ ABSORP.		1.5	1.5			
VENT LEVEL	5	5	5			
ANAL-ANESTH.	1.0	1.0	1.0			

CODE	220
● PULSE	100
○ RESP.	100
V A. P.	100
X ANES.	100
⊙ OPER.	100
T TOURN.	100

FLUIDS	NS 200
B BLOOD	
N SALINE	
G 5% G/W	
DX EXPAND.	

NUMBERS FOR REMARKS: 1, 2, 3, 4

POSITION: SUPINE

INDUCTION 4.25
SATS 100
UNSATIS AND WHY _____

REMARKS
 ① pt seen before reviewed to OR. Moved to table. Monitor on. intubated
 ② Suctioned
 ③ Suctioned } EXCORATED. WASH O₂ on SPONT RESP.
 ④ 20 100 / 100 Spont Resp & 1/2 PAIN. Roxon Given.
 124/70 98
 97%

AGENTS AND TECHNIQUE: ESTA: PNEUM. INDUCED. EXPOSED XT 2 MAC 3. GLA-BE-T VIEW. INTUBATED 2 8.0 ETT TO 22CM @ TEETH. BS = ② ETCO₂ 44. ETT SECURED, EYES TAPED & ORAL AIRWAY IN.

ENDOTRACHEAL: SIZE 8.0 BLADE MK 3 ORO X NASO _____ CUFF X PACK _____
 REMARKS: BETA

OPERATION PERFORMED
 (R) THUMB WASHOUT
 RLE WASHOUT

TOTAL FLUIDS:
 NS 200
 LR 700

NAME(S) OF SURGEON(S)
 (b)(6)-2
 (b)(6)-2
 CPT / CRNA
 Anesthetist.

RECOVERY
 REFLEX IN O.R. _____
 EMESIS _____
 ASPIR. _____
 EXCITEMENT _____
 HYPOTENSION _____
 OTHERS _____

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

REGISTER NO. _____ WARD NO. 1001 DATE 5 AUG 03

IRAQI #

ANESTHESIA

Standard Form 517
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-46.605
 OCTOBER 1976

817-111

PREANESTHETIC SUMMARY

OPERATION PROPOSED <i>RVE WASHOUT</i>	AGE <i>22</i>	WEIGHT (LBS.) <i>60</i>	SPECIAL INFORMATION <i>NP II SIP OF ANK FROM 3 FAS TEETH INTACT</i>
	PHYSICAL STATUS 1 <i>(2)</i> 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY <i>∅</i>	HEMATOLOGY HGB RBC HCT OTHER	BLOOD CHEMISTRY
--	--	-----------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) <i>SMOKER</i>	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT) <i>∅</i>	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) <i>∅</i>	OTHER SYSTEMS (ALLERGIES) <i>NKDA</i>
---	--	--	---

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS <i>ANCEF + Cam @ 0700 MOTRIN 800mg po 0800 ZANTAC 150 po 1000</i>
--	--

PREOPERATIVE DIAGNOSIS <i>(2) Throat infection</i>	PREMEDICATION <i>(b)(6)-2</i>		
	<table border="1"> <tr> <td>OPERATING PHYSICIAN <i>- OFT CRNA</i></td> <td>DATE <i>5/16/03</i></td> </tr> </table>	OPERATING PHYSICIAN <i>- OFT CRNA</i>	DATE <i>5/16/03</i>
OPERATING PHYSICIAN <i>- OFT CRNA</i>	DATE <i>5/16/03</i>		

POSTANESTHETIC

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 - 300-892/10029

PREANESTHETIC SUMMARY

OPERATION PROPOSED (R) hand wash-out	AGE 22	WEIGHT (LBS.) 60	SPECIAL INFORMATION NO since [unclear] M.P.I. FROM 3FB, teeth intact
	PHYSICAL STATUS 1 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY? +	HEMATOLOGY HGB RBC HCT OTHER +	BLOOD CHEMISTRY
---	--	-----------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) tobacco	CIRCULATORY SYSTEM BP ECG (IF PERTINENT) +	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) +	OTHER SYSTEMS (ALLERGIES) NKDA
--	--	--	---

PREVIOUS ANESTHETICS AND COMPLICATIONS GA Multiple over last several days + complication	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS Ancef, Clindamycin, Zantac
--	--

PREOPERATIVE DIAGNOSIS	PREMEDICATION +
	SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2 CPT, CRNA

DATE
9 Aug 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

I [unclear] **(b)(6)-4**

*U.S. Government Printing Office: 1994 — 300-692/10029

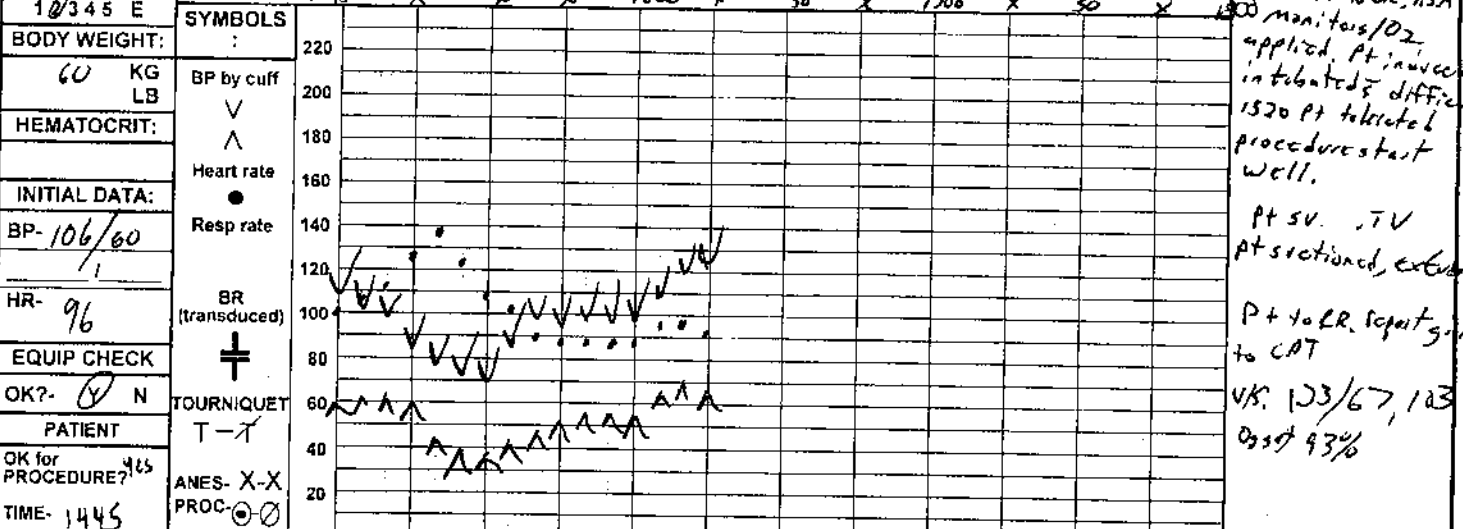
MEDICAL RECORD - ANESTH

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/MIN. "I" = CONSTANT INFUSION	DRUG	(Units)	TIME → 1500 X 30 X 1600 X 30 X 1700 X 30 X 1800							TOTALS	TOTAL EBL
		Fentanyl	(ug)	2.0	1.5	1.2	1.0	.8	.6		240ug
	Propofol	(mg)	150							200mg	min
	Succ	(mg)			3	2	2	1		100mg	TOTAL URINE
	M304	(mg)								20mg	
	VOLAT AGENT	Iso % del	2.0	1.5	1.2	1.0	.8	.6			
		% e.l.									
	AIR	L/Min			1	1	1	X			
	N2O	L/Min									
	O2	L/Min	8	2	2	1	1	2			
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										FLUIDS - SUMMARY	
										CRYSTALLOID- 1,100	
										COLLOID- 0	
										BLOOD- 0	

FLUIDS	LINE site	Warmed	REMARKS
	LR	<input type="checkbox"/>	Code drugs with numbers, events with letters. 1000 ml identified, chart reviewed, all pt questions answered. 1500. Pt to OR, ASA 1000 monitors/O2 applied. Pt intubated in tubated & difficult. 1520 Pt tolerated procedure start well. Pt su. .TV Pt sectioned, extubated to OR, repeat g. to CAT. UK. 103/67, 103 O2 sat 93%

LOSSES	EST BLOOD LOSS URINE	min
		0



VENTIL	VT - ml	710	720	710	740	760	
	f - breaths/min	10	8	8	8	6	27
Peak inf pres / REEA	24	20	20	20	20	12	
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	S	
BP/Auto Cuff	ET CO2 (torr)	36	32	31	33	37	45
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	.34	.33	1.0
ART line	SpO2 (%)	100	98	99	99	99	99
Steth- PC/ES	ECG	NSR	SI	SI	NSR	NSR	NSR
Gas analyzer	TEMP-site						
	N-M Block (T/A)		1/4	1/4			
Warming blkt	Warm blankets						
Conv warmer	cap						

PROCEDURES and CPT Codes:	ANESTHETIC TECHNIQUES: Describe block technique under Remarks
	GETA
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate. Medical facility	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
I reg. (b)(6)-4	DLX1 Miller 2, grade 1 view, ROETT, phed. second 222 @ MS
	SURGEONS: (b)(6)-2
	(b)(6)-2 PTS: CAT CL
	PROCEDURE DATE: 9 Aug 03
	PAGE 1 OF 1

MEDICAL RECORD - ANESTH

NYDA. ASATI SA

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

DATE OF USE: 1/2/03

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCC/ML, "I" = CONSTANT INFUSION		DRUG (Units)				TOTALS	TOTAL EBL
VERSED (mg)		2					
FENTANYL (mcg)		150	50	50			MW
PROPOFOL (mg)		160		20			TOTAL URINE
SCH (mg)		80					0
VOLAT AGENT		A2.5/1.5 IX				FLUIDS SUMMARY	
AIR L/Min		4-1 → 2/4 →				CRYSTALLOID	
N2O L/Min						COLLOID	
O2 L/Min						BLOOD	
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS							
LINE site		<input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed					
LOSSES		EST BLOOD LOSS					
PHYS STATUS		TIME → 20 15 30 16					
BODY WEIGHT		SYMBOLS					
HEMATOCRIT		BP by cuff					
INITIAL DATA		Heart rate					
BP		Resp rate					
HR		BR (transduced)					
EQUIP CHECK		TOURNIQUET					
OK? (Y) N		ANES. X-X					
PACIENT		PROC. 00					
OK for PROCEDURE?		VT - ml					
TIME		f - breaths/min					
		Peak inf pres / PEEP					
		MOBE - Sipun, A(ssist), C(on)					
		ET CO2 (torr)					
		SpO2 (Frac or %)					
		SpO2 (%)					
		TEMP-site					
		N-M Block (T/4)					

1830 SV PL
Suction
Blowpositional
Movement
Extubated
1540 TO PACU
SV

RECOVERY AT	PACU	ICU	(Specify)
OTHER	SURA		
CONDITION	98%		
RESP	HR	SpO2	98%
BP	HR	SpO2	98%
ANESTHETIC PROCEDURE TIMES	Start	Room	End
PROC ANES	1430	1440	
	Ready	Begin	End
	1446	1456	1535

Mark with letters & symbols, explain under REMARKS

EVENTS → 01 →

PROCEDURES and CPT Codes: IAD @ HAND

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

IAD # (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

CEPACOST Force/O2 Next MIL 2

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

Graded B.0ETT @ ETCO2 @ BBS

SURGEON (b)(6)-2

AN (b)(6)-2

PROCEDURE DATE: 8/12/03

PAGE 1 OF 1

MEDICAL RECORD - ANESTH

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

ancef 100
100 0930

WGA 2
WGA 10A

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML "I" = CONSTANT INFUSION	DRUG (Units)	TOTALS	TOTAL EBL
	Vecsed (200)	2	2/3
Fentanyl (150/100)	150/100	350/0	WGA
Propofol (100)	100		TOTAL URINE
Sart (100)	100		
MSDA (100)	2 2 2 2 2	10/0	0
VOLAT AGENT	150 % del		
AIR L/Min	12 12 12 X		
N2O L/Min	1 1 1 X		
O2 L/Min	10 1 1 1 10		

FLUIDS	EST BLOOD LOSS	URINE	REMARKS
LINE site <input checked="" type="checkbox"/> Wrist <input type="checkbox"/> Wrist			Code drugs with numbers, events with letters 1) Pt seen Chnd ✓ To OR. Moved to table 10 duccul. 2) anaf TGA 3) suction extubated VSS. Spont Resp 4) To ICU VSS. Spont Resp. 0 No pain Report Given
<input type="checkbox"/> Warmed	300-400-500	100	
<input type="checkbox"/> Warmed			
<input type="checkbox"/> Warmed			

PHYS STATUS TIME → X 0930 X 1000 X 30 X 1100 X 20 X 1200

PHYS STATUS	TIME	SYMBOLS
1 2 3 4 5 E		
BODY WEIGHT: 220		
1.7 KG LB		
HEMATOCRIT:		
INITIAL DATA:		
BP: 111/62		
HR: 78		
EQUIP CHECK		
OK? - 9 N		
PATIENT		
OK for PROCEDURE? Y		
TIME: 0930		

VENTIL	VT - ml	800	600	610
	f - breaths/min	14	8	8
Peak inf pres / PEEP		19	19	20
MODE - S(pon), A(ssist), C(on)		S A	C	C
BP/Auto Cuff		32	33	30
BP/oth		74	60	55
ART line		100	100	100
Steth. PC/ES		SR	SR	SR
Gas analyzer		SR	SR	SR
TEMP-site	AVAILABLE			
N-M Block (T4)	0A	4/1		

Mark with letters & symbols, explain under REMARKS. EVENTS Position →

PROCEDURES and CPT Codes: Sbm GAFF X2

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks. BETA PROX. IN PULSES. EXPOSED 21 & 22. 3 GRADE L. V. INFLATED. C.S. 0.1% ETI to 2.2cm @ T4. BETA. 15 = 3. ETCP. 2.4. WHO SEVERED EYES TAPED. AIRWAY MANAGEMENT: Intubation route, blade, technique/comments. Airway blocked in.

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2 CPT ANA

PROCEDURE: E

DATE: 18 Aug 03

PAGE 1 OF 1

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED B/L TIB-FIB; B/L SEET <u>(L) KNEE (R) SHOULDER</u> <u>(R) HAND</u>	AGE/SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.	(b)(6)-4		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)	(b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR	Sgt (b)(6)-2		DATE REQUESTED 26 JUL 03

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

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

RADIOLOGIC REPORT

✓ (L) TIB/FIB ⊕ fx → linear non displaced fx posterior (L) TIBIA
multiple 1-4mm metallic pieces of shrapnel
ant + post soft tissue of leg + knee

✓ (R) TIB/FIB ⊕ spiral fx distal shaft / 2-5mm shrapnel in
ant + post soft tissue lower leg + post (R) knee

(R) Hand severely shattered 1st MC + 1st prox phalanx = shrapnel
in thumb, volar distal forearm soft tissue and in
3rd - 5th digits

✓ (R) foot ⊕ fx (R) talus = chip fragments in dorsal soft tissue,
metallic shrapnel in heel (plantar soft tissue + ant + lat
soft tissue)

✓ (L) foot shattered 2nd MT = numerous 2-4 mm shrapnel
throughout L foot

R shoulder ⊖/x

(L) Knee ⊕ A/P level in joint = w open wound / multiple small
1-4mm shrapnel fragments in & around knee joint

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility) (b)(6)-4	LOCATION OF MEDICAL RECORDS (b)(6)-2 MR Radiology
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

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

EXAMINATION(S) REQUESTED (R) TIB/FIB AP/lateral (L) foot AP/lateral (R) hand series	AGE/SEX/SSN (Sponsor)	WARD/CLINIC ICU 1	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTER BY INITIAL (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE (b)(6)-2		DATE REQUESTED 7/27/03

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

S/p EX-FIX TILIA
+ pinning (L) foot
& (R) thumb

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

RADIOLOGIC REPORT

(R) TIB/FIB s/p ex/fix placement
TIB spiral fx in anatomic alignment

S/p K-wire placement through comminuted R
2nd (L) IIT - major fracture
fragments are aligned
Stirrapp - again noted

(R) hand s/p surgical resecto distal aspect 1st
MC K wire pass through 1st key
post placement fx is aligned

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility) Dagr (b)(6)-4	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

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

EXAMINATION(S) REQUESTED <i>Ⓢ T-LINE AP/Kate</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTER <i>(b)(6)-2</i>				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR <i>(b)(6)-2</i>				DATE REQUESTED <i>28 July 03</i>

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

S/p Adjust & XFX

DATE OF EXAMINATION (Month, day, year) <i>28 July 03</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
---	-----------------------------------	--

RADIOLOGIC REPORT

*- S/p placement of x/fx on right T12
 spinal fx. alignment's near normal
 - Schrapnel again noted.*

(b)(6)-2

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

Tragh

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I + D Leg wounds & @ arm/hand wounds
Pinning @ Thumb / Ex-Fix @ Tibia / Washout @ knee

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

Washout wounds
Pinning @ Thumb was hurt @ knee
Ex-Fix @ Tibia

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: none (If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES

(Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2 (Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Patient)

(Signature of Witness, excluding members of operating team)

26 JUL 03 2040 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

Fragi (b)(6)-4

REGISTER NO. WARD NO.

STANDARD FORM 522 (Rev. 10-78) General Services Administration & Interagency Comm. on Medical Records FIRM (41 CFR) 201-48.605 522-110

U.S. Government Printing Office: 1991 - 312-071/40183

MEDICAL RECORD REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I & D R hand, @ & @ legs adjust ex-fix, repair tendons

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

I & D R hand, @ & @ legs Adjust ex-fix, repair tendons (Description of operation or procedure in layman's language)

which is to be performed by or under the direction of Dr. (b)(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: none (if "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2 Physician/Dentist

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2 (Signature of Operating team)

(b)(6)-2 (Signature of Patient)

7/28/03 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility) REGISTER NO. WARD NO.

Iragi (b)(6)-4

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record STANDARD FORM 522 (REV. 7-91) Prescribed by GSA/ICMR, FIRM (41 CFR)

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE ISD ~~OR~~ ~~TRIF~~, ~~TRIF~~
TRIF, skin map

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____

without EARLY TRIF
Bone graft to RIGHT thumb - 6 foot
skin map performed

which is to be performed by or under the direction of Dr. _____

(b)(6)-2

2. I request the performance of the above-named operation or procedure and/or such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: none (If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
- b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES

(Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2

Dentist

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(b)(6)-2

(b)(6)-2

30 JUL 83 8:30
(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

ITRAH

(b)(6)-4

REGISTER NO.

WARD NO.

STANDARD FORM 522 (Rev. 10-78)
General Services Administration &
Interagency Comm. on Medical Records
FIRM (41 CFR) 201-45.605
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