ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: A (b)(3)-1
2. MTF LOCATION (State or Country Code.): [redacted] C2
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): Iraqi CIV H (b)(6)-4
4. PAY GRADE:
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D):
7. AGE AT ADMISSION: 18Y
8. RACE: X
9. ETHNIC BACK-GROUND: 9
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS:
HOUR OF ADMISSION: 2200
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: L76
16. ZIP CODE OF RESIDENCE:
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA:
PREV. ADMISSION YEAR: [X] NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1
WARD: FCU2
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
(b)(3)-1 TION OF MEDICAL TREATMENT (b)(6)-4 (b)(3)-1
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 05
22. MTF TRANSFERRED TO: A
23. DATE OF DISPOSITION (Y Y Y Y M M D D): 20030824
24. CLINIC SVC - ADMITTING: *ACAA
25. MTF TRANSFERRED FROM: 28th CSH A14A1
26. DATE THIS ADMISSION (Y Y Y Y M M D D): 20030821
27. LOCATION OF OCCURRENCE (Battle Casualty Only):
28. MTF OF INITIAL ADMISSION: A14A1
29. DATE INITIAL ADMISSION (Y Y Y Y M M D D): 20030821
FOR LOCAL USE

Dx: 86415
86813
-E9912
Trauma
9

Px: 5061
8622
Surgery
569

ADMITTING OFFICER (Signature, as required) (b)(6)-2 (b)(6)-2 MD
MHT, MC, USA
SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS OBSOLETE USAPA V1.00

21-1

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

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

ENT DA (b)(6)-4

1LT USA CIV # [redacted]

(b)(6)-4 [redacted]

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

ADMISSION REMARKS

(b)(6)-4 [redacted]

ADMITTING OFFICER (b)(6)-2 [redacted]

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

5. TYPE DISPOSITION RTD

26. DATE OF DISPOSITION 23 Aug 03

11. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(1) several wound occipit 873.0 ICD9FY02

(2) arm plegia — too broad of dx

(3) pneumothorax 5% chest tube 512.1 ICD9FY02

☐ CHECK IF CONTINUED ON REVERSE

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

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

SIGNATURE

...ORDS OFFICER

SIGNAT (b)(6)-2 [redacted]

(b)(6)-2

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

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

Pt. 43 y/o EPW transferred from 28th CSH. Pt. s/p shrapnel wound to (L) occipt c (R) arm plegia. A&O, Pt. had (R) PTX and is s/p chest tube - removed 19 Aug. Pt. complains of (R) arm plegia & (R) leg paresthesia. He also reports 28th CSH did not remove shrapnel from brain. No neurosurgical note available. Pt note reports shrapnel in frontal lobe c no exit wound.

Pmhx	PSHx	Allergies	Meds
Arthritis	ϕ	Aleve	Dilantin 300 mg QHS Zantac 150 mg BID

PHYSICAL EXAMINATION

Gen - NAD
HEENT - healing incision (L) occipt c staples
EOMI
Heart - RRR
Lungs - CTA (B)
Chest - dressing (R) chest tube c chest tube pull
Abd - soft, ND, NT, (+) BS
Ext - (R) arm - plegia, minimal movement
ϕ strength

Ext Gait
(R) leg - paresthesia c normal strength
(L) arm & leg - at normal strength

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

Ag: Pt. 43yo EPW s/p shrapnel wound (L) occipt & (R) chest. Shrapnel still present frontal lobe. (R) PTX resolved s/p chest tube.

1. Admit to ICU 2
2. Labs CXR in AM
3. PT
4. Discuss about placement

[b)(6)-2]

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle initial; Date; hospital or medical facility)*	DATE	IDENTIFICATION NO.	ORGANIZATION
[b)(6)-2] Yag			
		REGISTER NO.	WARD NO.

Iraq [b)(6)-4]

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

ECORD | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Discharge Summary

DOA → 17 AUG 03

DO Transfer → 21 AUG 03

Iraqi EPW male with fragment wound to the (L) occiput and (R) arm plegia. Also took shrapnel to (R) chest with (R) sided pneumothorax → needle thoracostomy treated with (R) chest tube. Patient awake, alert and appropriate. No RUE movement from time of arrival, follows commands. Small 1cm (L) occipital entrance since time of admission. Small Xray revealed fragment from parietal → occiput → frontal. Skull Xray revealed fragment from parietal → occiput → frontal. Chest tube removed 19 AUG without [illegible] (no exit wound). Chest tube removed 19 Aug without pneumothorax. Pt conscious, cooperative on ward. Transferred at this time to 21 CSH [see neurosurgical note]

Transfer meds

① Dilantin 300mg po QHS

② saline lock

③ Zantac 150mg po BID

Diagnoses ① (R) arm monoplegia

② (L) occiput shrapnel wound

③ (R) hemithorax fragments with (R) pneumothorax

(b)(6)-2 [redacted] MD

RECORDS MAINTAINED AT

HOSPITAL OR MEDICAL FACILITY | STATUS | RELATIONSHIP TO SPONSOR | WARD NO. ICU3

SPONSOR'S NAME | SSN/ID NO. | REGISTER NO.

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

(b)(6)-4 [redacted]

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2200 21Aug03	Arrived from EMT via gurney. NAD VSS T 98.8 P 91 R 18 BP 123-76 Sat's 98% RA. A/O x 3 PERRL Hx of stroke to back of head. Red marks over (R) exp. Chest CTA & dressing to (R) Upper chest from prior CT C-D-T. (+) BS Unable to move (R) UE will cont to monitor site thru out. (b)(6)-2 (b)(6)-2 (5)(6)(2)
2200 22 Aug 03	Sleeping well. NAD vitals and full of chest noted will cont to monitor per order. Guard is in place. (b)(6)-2
0500 22 Aug 03	AM Labs done at this time. Tolerated well (b)(6)-2 (b)(6)-2
22 Aug 03 0705	Pt resting in bed VS- 120/72, 84, 97.9, 96%, 14. Pt in NAD, PERRLA, Lung fields CTA + Pulses to all extremities. Good Cap. refill. Pt moves all extremities except RUE. + BS x 4. dressing C/D/I. Will continue to monitor. (b)(6)-2 (b)(6)-2
22 Aug 03 1000	IV D5 ½ NS + 20 KCl Started @ 100cc/hr. (b)(6)-2
22 Aug 03 1200	750 ml clear yellow urine. (b)(6)-2 (b)(6)-2 (5)(6)(2)
22 Aug 03 1330	VS- 115/62, 85, 98.2, 97% RA, RR 14.
1400	Assumed care. Pt appears to be sleeping in bed, in NAD. D5 ½ NS + 20 KCl infusing via (R) AC PIV. No S/S infection/infiltration- COL. Passive ROM performed. Pt tolerated well. Will continue to monitor. (b)(6)-2

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

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

PATIENT'S IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; ID No or SSN; Service; Birth; Rank/Grade) (b)(6)-2 | REGISTER NO. | WARD NO.

EPW (b)(6)-4

PROGRESS NOTES
Medical Record

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

509-114

DATE	NOTES
22 Aug 03	Surg note
0852	S: Pt. resting comfortably, Tol PO-liquid
	O: Afebrile VSS
	Heart - RRR Chest-drain in place (R) chest
	Lungs - CTA (B)
	Abd - soft, NT, ND, (+) BS
	~~CB~~ (?) 7.6 > 11.7/37 < 446
	CXR - ∅ PTX, (+) shrapnel
	Skull - (+) shrapnel
	A/P: Pt. c̄ shrapnel wound Head/(R) chest -
	(R) arm paresis - stable.
	(1) Place IV + start fluids until
	pt. tol PO well
	(2) Plan ~~[illegible]~~ removal of
	(R) chest drain tomorrow
	(3) Cont passive movement (R) arm
	(4) Attempt to obtain neurosurgery
	note from (b)(3)-1 [redacted]
	(b)(6)-2 [redacted]
	[signature]

MEDCOM - 1622

STANDARD FORM 509 (REV. 5-99) BACK

FELLEX Printed on Recycled Paper

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
22Aug03 1430	Assessment completed. A+O X3. PERRLA. Lungs CTA(B) Heart - RRR - NBd - BS active x4 non-tender, non-distended. (R)UE paralysis. elevated on pillow x1. Scalp hematoma / stitches CD1 - open to air. HOB ↑ 30°. Pt denies pain/discomfort other than (R)UE & passive ROM. D/Tx to (R) frontal CD1 - old CT site. Will continue to monitor [b)(6)-2]
1730	Pt c/o HA. Notified DR [b)(6)-2] Administered Tylenol 650 mg po. Pt sitting ↑ @ BS eating dinner. [b)(6)-2]
1800	Pt ambulated for ~3 min unassisted. Placed RUE in cravat d/t hemiparesis. Pt c/o slight "dizziness" but showed steady gait. Pt sitting in chair @ BS. Will continue to monitor [b)(6)-2]
1815	VS - BP 129/91 HR 94 RR 14 POX 96% T - 98.3.
22Aug03 2215	Taken over care A/Ox3 VSS T 97.9 P 84 R 12 BP 119/64 Sats 99% PERRL Chest CTA. Heart RRR Abd(+) BSx4 Ø tenderness - non distended (R) sided Paralysis, scalp hematoma & stitches CD1 open to air. HOB ↑ 20° Has Ø c/o discomfort at this time. Will cont to monitor [b)(6)-2]
0130 23Aug03	Sleeping eyes closed. NAD will cont to monitor per orders. [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)

EPW # [b)(6)-4]

REGISTER NO. | WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
23Aug03 0630	Pt assessment complete - Bp 121/73, P-83, T 98.3, SpO2 96%, RR 14 Pt resting in bed NAD, PERRLA, Lungs CTA, Heart RRR, + Pulses to all extremities, Cap refill less than 3 secs, + BS x4, (R) UE paralysis, Scalp hematoma & stitches CDT open to air, Disg to (R) flank CDT. Pt has D5 1/2 NS +20 KCL @ 100 cc/hr. Will continue to monitor for any changes. [b)(6)-2] HA
23 Aug 03	1000 - 700 ml clear urine.
23 Aug 03	1200 - VS 124/78, SpO2 97%, T 98.2, Pulse 100, RR 14
23 Aug 03 1400	Rec'd pt in chair. Voices ø C/o. AAOx3. Lungs CTA. Heart RRR @ 96. Pulses palpable. CR <3 sec. BS(+) x 4 quads. 3 sticles to scalp. Healed. Well approximated. Dressing CDI to (R) flank. IV HL'd @ AC & S/Sx of infection. Continue to monitor [b)(6)-2] cpt SN
23 Aug 03 1810	Pt showing difficulty VSS @ T 98.0 Bp 124/72 Pulse 100. Voices ø C/o. Pt to amb bath. Gait steady. Slow [b)(6)-2] cpt SN
23 Aug 03 1940	To EPW Camp & MP's. Condition stable. Took all belongings [b)(6)-2] cpt SN

PROGRESS NOTES

DATE	
Aug 05 2838	Surg note
	ø new changes
	pt. tol pO
	Pt. has been OOB to chair
	(R) arm pressure & paresthesia (R) leg well
	stable, (R) chest tube site healing well
	A/P: Pt. s/p shrapnel wound to head/
	(R) chest stable.
	(1) Cont. pressure notice (R) arm
	(2) Await neurosurgery note/recs
	from (b)(3)-1 [redacted]
	(3) Heplock IV when
	tol pO well (b)(6)-2 [redacted]
	MAJ MC
	Addendum
	After discussion, pt. is ready to
	go to EPW Comp. will not
	Dilantin + d/c pt. to EPW (b)(6)-2 [redacted]
	Comp.
	MAJ MC

STANDARD FORM 509 BACK (Rev. 11-77)

☆U.S. Government Printing Office: 1990-262-081/20138

care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 21 Aug 03
2. ADMITTING/DIAGNOSIS: Shrapnel wounds/
3. PERTINENT LAB, X-RAY, FINDINGS: (R) Arm [illegible]
ALB-3.0 BUN-12
ALT-29 Cr-0.8
AST-29
AP-5
TB-0.5
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Dilantin 300 QHS
No seizures — Ambulatory
— No jaundice
— No fever
— Tolerating po
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
(1) Shrapnel wound (L) occiput
(2) Shrapnel wnd (R) flank
(3) (R) OCX s/p CT
(4) (R) Arm [illegible]
6. ACTIVITY: Ambulatory
7. DIET: Local Camp Diet
8. MEDICATIONS:
☒ Medications have been prescribed for home use. See separate list and special instructions or see below.
Dilantin 300 mg QHS
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
F/U prn
Monitor drug interactions
10. DISCHARGING PROVIDER: (b)(6)-2 [redacted] MC
(b)(6)-2 [redacted] (b)(6)-2 [redacted]
(Signature) *(Printed or Stamped Name)*

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

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☒ OTHER EPW camp
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☒ OTHER MPs
3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☒ YES ☐ NO
If no, explain:
Patient ☐ states ☐ demonstrates understanding of home care needs.
Printed educational materials provided:
4. Clinical outcomes met and post-discharge/release referrals made.
☒ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
Regular Diet
7. MEDICATIONS: given to Medic
Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☐ NO
Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
No
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
(b)(6)-2 [redacted] (b)(6)-2 [redacted] CPT AN 23Aug03 1940
(Signature and Title) *(Date and Time)*

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

STANDARD FORM 545 Rev.
10-75 545-108

LABORATORY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE: 22 Aug 03 TIME: 0630 A.M. P.M.

RESULTS	REQUESTED	(X)
4.37	RBC COUNT	
12.4	HEMOGLOBIN	
37.0	HEMATOCRIT	
84.6	MCV	
28.3	MCH	
33.5	MCHC	
7.6	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	WBC DIFF AND BLOOD CELL MORPH: NEUTRO-BANDS	
	WBC DIFF AND BLOOD CELL MORPH: NEUTROSEGS	
	WBC DIFF AND BLOOD CELL MORPH: LYMPHS	
	WBC DIFF AND BLOOD CELL MORPH: EOSINOPHILS	
	WBC DIFF AND BLOOD CELL MORPH: BASOPHILS	
	WBC DIFF AND BLOOD CELL MORPH: MONOCYTES	
	WBC DIFF AND BLOOD CELL MORPH: PLATELETS	
	WBC DIFF AND BLOOD CELL MORPH: RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PROTHROMBIN TIME CONTROL	
	PROTHROMBIN TIME PATIENT	
	% ACTIVITY	
	RATIO	
446	~~SICKLING TEST~~	
22.0	~~LE PREP~~	
1.7		

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

REMARKS: CBC
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE: H10
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: JS
TECH MD DATE: 22 Aug 03
LAB. ID. NO.
URGENCY: STAT ☐ TODAY ☐ PRE-OP ☐ ROUTINE ☐
SPECIMEN SOURCE: VEIN ☐ OTHER (Specify) ☐ CAP ☐
PATIENT STATUS: OUTPATIENT ☐ BED ☐ NP ☐ AMB ☐ DOM ☐

PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE: Aug 22, 03 TIME: 0630 P.M.
REQUESTED
RESULTS
TRAQ
ALB 3.0 *
ALP 100 *
ALT 29 *
AMY 29
AST <5 *
TBIL 0.5
BUN 12
Ca 9.3
CRE 0.8
GLU 106
TP 7.2
ICU2
(b)(6)-4

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

REMARKS: Chem-12
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
(b)(6)-2
(b)(6)-4
REPORTED BY
MD DATE: 22 Aug 03
LAB ID NO.
URGENCY: STAT ☐ TODAY ☐ PRE-OP ☐ ROUTINE ☐
SPECIMEN SOURCE (Specify): Blood
PATIENT STATUS: OUTPATIENT ☐ BED ☐ NP ☐ AMB ☐ DOM ☐
MISC
SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

ICU2

(1) (2) (3) (4) (5) (6) (7)

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

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

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

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

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

MOUNTED ON STRIPS 1, 3, 5, AND 7
- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND 7
- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and Interagency Committee on Medical Records
Prescribed by GSA ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—610

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

(1) CXR- ~~RAILAT~~ AP (Port) P+PART. PARALY

(2) LAT SKULL

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
43	♂		ICU 2	

FILM NO.

PREGNANT ☐ YES ☒ NO

REQUESTED BY (Print) [b(6)-2]

TELEPHONE/PAGE NO. ORL.

SIGNATURE OF REQUESTOR [b(6)-2]

DATE REQUESTED 21 Aug 03

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

43yo EPW transferred from [(b)(3)-1] S/P (R) PTX (shrapnel) & (L) parieto-occipital entrance head wound - shrapnel. please do admission films for baseline ~ resolution of PTX, location head frags

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

RADIOLOGIC REPORT

Chest — Clear lungs, nl heart, mediastinum, no fxs, shrapnel projects over (R) axilla and over R hemidiaphragm - ref lateral film to feel exactly where pieces are

Lat skull — 3 pieces ? shrapnel project over lateral skull - (parietal bone)

[b(6)-2]

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

IRAQI # [b(6)-4]

ICU-2

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	21 aug 03	2220 HOURS	
√ (1)	admit to icu - 2, Dr Chad, Gen Surg		
√ (2)	DX: Serapnel wound (R) thorax and head (R) occipital scalp, (R) PTX s/p CT, (R) am hemaplegia		
(3)	condition: good		
(4)	NKDA		
(5)	Diet: regular		
(6)	Vitals: q 6°		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)-2	21 Aug 03 @ 2320	(b)(6)-2

	DATE OF ORDER	TIME OF ORDER	
		HOURS	
√ (7)	activity: ad lib		
√ (8)	Dilantin 300mg po q hs		
	~~Zantac (10)~~		
√ (9)	Passive ROM (R) UE tid		
√ (10)	CBC, Chem 7 ~~on admission~~ in AM		
(11)	CXR lat IPA and lat skull in am please.		
	(b)(6)-2	PTAm	(b)(6)-2 LTC, asap

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

Iraqi # [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

22 Aug 03 0857 HOURS

1. Start IV
   Rx NS @ TKO
   at 100 cc/hr

[redacted]

PATIENT IDENTIFICATION

Iraqi # [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

22 Aug 03 1730 HOURS

VO Dr [redacted] / [redacted] 100/hr

1. Tylenol 650 PO Q4° prn pain

[redacted] MD

[redacted] LTC [redacted]

[redacted] FAMILY PRACTICE

PATIENT IDENTIFICATION

Iraqi # [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

23 Aug 03 1920 HOURS

1. DC IV @ MPS
2. DC [redacted]

[redacted] MD

[redacted] FAMILY PRACTICE

PATIENT IDENTIFICATION

Iraqi # [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

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

CLINICAL RECORD

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

Mo. 8 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	21	22	23
21Aug03	(b)(6)-2	Condition: Good	D	/	BC	(b)(6)-2
			E	/	lh	
			N	L	L	
21Aug03	(b)(6)-2	Diet – Reg	B	/	BC	
			L	/	lh	
			D	/	lh	
21Aug03	(b)(6)-2	Vital's q 6°	D	/	BC	
			E	/	lh	
			N	L	L	(b)(6)-2
21Aug03	(b)(6)-2	Act: Ab Lib (mp @ bedside)	D	/	BC	
			E	/	lh	
			N	L	L	(b)(6)-2
21Aug03	(b)(6)-2	Passive ROM Ⓡ U.E. TID	D	/	BC	
			E	/	lh	
			N	L	L	(b)(6)-2
22Aug03	(b)(6)-2	D5 ½ NS c 20 meq KCl at 100 cc/hr	D	/	BC	
			E	/	lh	
			N	/	lh	

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: Schrappnel wound Ⓡ thorax and head Ⓛ Occipital scalp, Ⓡ PTX s/p CT, Ⓡ Arm hemiplegia

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: ______

PATIENT IDENTIFICATION:
Iraqi (b)(6)-4

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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Aug 21 03	[illegible]	Admit to ICU-2 Dr [redacted] Gen Surg		Done	—	[redacted]
Aug 21 03	[illegible]	CBC, Chem-10 in AM	22 Aug 03	0500	[illegible]	
Aug 21 03	[illegible]	CXR Lat/PA Lat Skull in AM	22 Aug 03	0700	0545	

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN - MEDICATION

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

Jan 8 to 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23
21 Aug 03	(b)(6)-2	Dilantin 300 mg PO q HS	22	/ (b)(6)-2		

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

Scalp Wound (R) Thorax and head (L) Occipital Scalp (R) PTx s/p CT (R) Arm Hemiplegia

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi # (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23

24 01 02 03 04 05 06 07

FORM OCT 73

EDITION OF 1 DEC 72 MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo _____ Yr _____

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
22 AUG	(b)(6)-2	Tylenol 650mg PO Q4° prn	1730 22 AUG (b)(6)-2

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: A (b)(3)-1
2. MTF LOCATION. (State or Country Code.): F 7
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): Iraqi CIV # (b)(6)-2
4. PAY GRADE: CIV
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D):
7. AGE AT ADMISSION:
8. RACE:
9. ETHNIC BACK-GROUND:
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS:
HOUR OF ADMISSION: 2200
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: 76
16. ZIP CODE OF RESIDENCE:
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA:
PREV. ADMISSION: YEAR: NO: X
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1
WARD: DW2
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
(b)(3)-1 AT (b)(3)-1 NT FACILITY (b)(6)-2
SPOSITION: 01
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (Y Y Y Y M M D D): 20030823
24. CLINIC SVC - ADMITTING: A6AA
25. MTF TRANSFERRED FROM: [redacted]
26. DATE THIS ADMISSION (Y Y Y Y M M D D): 20030821
27. LOCATION OF OCCURRENCE (Battle Casualty Only):
28. MTF OF INITIAL ADMISSION: A14A1
29. DATE INITIAL ADMISSION (Y Y Y Y M M D D): 20030823
FOR LOCAL USE

Dx: 80059
8601
34440
E9919

Px 3829
3404
8659

Trauma 9

Injury 590

(b)(6)(2) [redacted]

(b)(6)-2

ADMITTING OFFICER (Signature, [redacted] (b)(6)-2 (b)(6)-2 MD

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

DA FORM 2985, MA[redacted]00 ACTIVE EDITION OF MAR 8 ISAPA V1.00

(b)(6)(2)

21(-)

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

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

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

(b)(6)-4

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

ADMISSION REMARKS

(b)(6)-4

241

(b)(6)-2

32. UNITS OF BLOOD/COMPONENT TRANSFUSED

Transfer for 28th CSH

25. TYPE DISPOSITION D/C

26. DATE OF DISPOSITION 24 Aug 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES 87.62 879.2 ICD9DIAFY02

Gunshot Wound to Back/Abd 46.10/NEG ICD9FY02

S/P Ex lap c colectomy, (R) colon colostomy 45.79

Wound Infection c small area fascial 958.3 ICD9FY02

dehiscence POD#16 998.3 ICD9FY02

Right leg weakness 780.79 ICD9FY02

☐ CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FACILITY

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

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER (b)(6)-2	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS (b)(6)-2	e. BED DAYS	f. TOTAL SICK DAYS

SIGN (b)(6)-2 FOR MEDICAL RECORDS OFFICER 556

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

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

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

24yo EPW who on 5/Aug sustained a GSW to (R) back which apparently caused a (R) colon injury. He underwent Laparotomy and (R) colon colostomy. Post op developed a wound infection and small area of fascial dehiscence. Presents c/o (R) leg weakness, tolerating diet, no apparent signs of sepsis. Wound care to paramedian incision.

Pm Hx - ∅ Ps Hx as above Meds - None NKDA

Denies Pain

PHYSICAL EXAMINATION

WDWN ♂ NAD A&Ox3, conversant through interpreter

HEENT - WNL

Neck - small healed wound @ wound

L - CTA

CV - RRR ± (M) (G)

Abd NABS, soft nontender, ∅ peritoneal signs:

(R) Paramedian incision open, granulating well ~~No bowel visible~~ Colostomy viable, stoma bag

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

Ext - ∅ Evidence trauma

Neuro nonfocal ± (R) leg 4/5 strength to hip flexion.

Pt ambulates c assistance

A/P 5/p GSW to Abd → colostomy, wound granulating well.

(R) leg weakness - CT spine X rays

[b)(6)-2]	DATE 8/21/05	IDENTIFICATION NO.	ORGANIZATION
(Subsequent entries give Name last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

Iraqi [b)(6)-4]

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
21 Aug 03 @ 2200	Admission note: Patients transfered from (b)(3)-1 as a direct admit to ICU2. Arrived @ unit via litter. Translator present, MP guard available. VSS: Bp 104/43, HR 72, RR 16, Temp. 98.3, SAT 98%. Dressing to abdomin, packed (+) exudate in wound and on dressing colostomy to (R) side (+) drainage. Dressing to Lower back. (+) drainage. New dressings applied to all sites. Pt states weakness / numbness to (R) leg. (B) upper + lower extremities full strength. Neuro vascular intact. Pulses normal. (+) Bowel sounds. Will continue to monitor — (b)(6)-2 CPT A.
22 Aug 03 (0200)	Bp: 107/50, HR 70, Temp 99.3, SAT, 98%, RR 16 / Pt continues to sleep. 0 complaints @ this time — (b)(6)-2 CPT A.

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

Frag # (b)(6)-4

PROGRESS NOTES
Medical Record

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

509-114

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 AUG 03 @ 1600	TRANSFER SUMMARY 23 y.o. M p GSW to Abdomen/Back I fo of Transverse Process L3, presenting s/p operation at Iraqi Hospital I Colostomy + Pannetian wound. Pt. did well but developed wound infection. On POD #13 was opened the wound. He had a small fascial dehiscence and with everything so packed in I decided it best to let everything granulate I Ventral Hernia formation, to be fixed if the ostomy ends up being taken down. He is presently doing well + getting dressing d/c. (b)(6)-2 (b)(6)-2 (b)(6)-2 MAJ (b)(3)-1 1st FST

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

(b)(6)-4

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

MEDICAL RECORD | PROGRESS NOTES

Pt VS- 107/52, T99.8, Bpm 76, SPO2 97%, BR14. Pt
resting in bed NAD, PERRLA, Pt lung fields CTA,
+ Pulses x4. Good cap refill. Pt has (R) sided
Colostomy minimal drainage. + BS x3 dressing
Over 4th area. Pt moves all extremities. Will [redacted]
continue to monitor.

1/?/03 G Surgery
Pt resting comfortably
VSS Tmax < 100
Abd soft, benign
Wound granulating well
w/o ⊖ cx ⊖
WBC 12.3 [illegible]

A/P s/p GSW to abd
Continue wound care
Ambulate c̄ assistance
[redacted]
[redacted] [illegible]

(Continue on reverse side)

REGISTER NO. | WARD NO.

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

Iraqi # [redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

DATE	PROGRESS NOTES
22 Aug 03 0900	Pt's dressing D/d. Abd abd wound foothall shaped approx 2x1 inch beefy red, white discharge noted slight odor from wound noted. Wound on back 1 cm in diameter, no signs of infection noted. Pt ambulated c minimal assistance needed. (b)(6)-2
1400	Assumed care. Pt resting comfortably in bed, in NAD VSS — T-99.6 BP — 106/49 HR — 73 Sat 98% RR-14 Assessment completed PERRLA. Lung CTA (B). Heart RRR. Abd - BS active X4. NL abd dtrg. CDI. LLQ colostomy = Mod - semi formed brown stool. BUE/BLE NV intact. NO % pain/discomfort. Will cont. to monitor (b)(6)-2
1730	Pt ate 50% of dinner. Encouraged & assisted pt to ambulate c 50 steps. Pt c/o (2) high pain and limped. Pt now resting in bed. (b)(6)-2
2000	Dress D to ABD Completed. Tissue red & beefy c small amt. puss-like discharge. Packed c Kerlex soaked in sterile H2O per order. Covered c 4x4. Pt tolerated c moderate discomfort. Premedicated c Tylox 1 po 30 prior (b)(6)-2

MEDICAL RECORD | **PROGRESS NOTES**

DATE

ug 03 @ 2200 Nurse note: Pt sleeping but easely arousable. Dressing to abdomen c/d/I. same @ back L3 Colostomy c small amount of liquid stool. Strong grip strength. Pulse +2 x all extremities. N/V intact. Pt Denies pain / discomfort @ this time.
Vitals: Bp 98/47, HR 63, SAT 99%, RR 16, Temp 99°
Will continue to monitor for change. (b)(6)-2

ug 03 0200 VS - Bp 107/50, HR 64, RR, 16, SAT 99% - Temp 98°
@ complaints, voiding clear yellow urine s difficulty (b)(6)-2
Laceration even/unlabored will cont. to monitor

Aug 03 0615 - Pt assessment complete VS - 110/56, 72, 98%, 99², 12.
Pt alert. PERRLA, lung fields CTA, Cap refil <3sec. + Pulses to all extremities. Pt able to move all extremities. (R) side Colostomy CDI. back and Abd dressing CDI. + BS x3, abd dressing covering 4th. Will continue to monitor for any changes. (b)(6)-2

3 Aug 03 Sh

Pt doing well, Tolerating diet, Ambulating
VSS Temp <100
L CTA
Wound granulating (Continue on reverse side)

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

REGISTER NO. | WARD NO.

(b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE

D/p s/p Escharotomy - Colostomy
(1) Mobilization
(2) Wound care
(3) ↑ PO Nutrition

[redacted]

23 Apr 03 1020 G Surgery
Overall plan is to teach patient colostomy care. Pt able to receive wound care at ERC camp may be discharged to every few days follow up to assess wound healing.

[redacted]

23 Apr 03 1500 Voices @ C/O. Colostomy reinforced 2° drainage VSS @ T 98.6 BP 122/50 HR 84, AAOx3. MAEs (2)(B) Lungs CTA Pulses palpable, Dressings CDI. Continue to monitor [redacted] good

MEDICAL RECORD	PROGRESS NOTES
[illegible]TE	
[illegible]03	VSS Bp 116/54, HR 55, RR 16, Temp 98.6, Pox 100%
[illegible]0	Pt A+oriented requesting pain meds. Tylox II
	given po. Dressing changed to lower back.
	Ostomy care done. Stoma pink c̄ fatty tissue
	around stoma. ⊕ formed stool. Pulses +2 all
	extremities. MAEW. Tolerating fluids. Will
	continue to monitor for change — [redacted]
Aug 03 0600	Report received, assumed care of patient. Appears
	to be asleep @ this time, respirations regular + unlabored. [redacted]
	bored.
Aug 03	G Surgery
	Pt doing well, no [illegible], no other problems
	VS AFeb
	L - CTB CV - RRR
	Wound granulating well
	A/P s/p Ex lap - stable
	May be discharged when learns
	colostomy care
	Plan for [illegible] every 2-3 days.
	[redacted]

(Continue on rev[redacted]

REGISTER NO.

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

POTUS / EPW # [redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
24 May 1015	BP 108/48 / T 98⁶ / O2 sat 98% / HR 58. Midline abdominal dsg Δ'd NS W→D. Small amt purulent drainage noted. Frank bleeding + granulation noted. Dr (b)(6)-2 [redacted] in to see patient (b)(6)-2 [redacted] CPT AN
24 May 03 1430	Assumed care of pt. VSS 102/49 P 66 T 99² R 20. Resting quietly AAOx3. Lungs CTA Ⓑ HR RRR. Bowel sounds active. Brown formed stool in colostomy bag in RUQ. All pulses palpable. Ø N/V. Ø HL. Voices Ø c/o. Continue to monitor (b)(6)-2 [redacted] CPT AN
24 May 03 1600	MP's at bedside to learn colostomy care c̄ pt. Pt Δ'd colostomy 3 diff. Medic to Δ dressing until closed. Will be back to take to EPW Camp at 1800. Cont to monitor. Ø Δ in wound from AM. (b)(6)-2 [redacted] CPT AN
2030	DC to EPW Camp c̄ all belongings. 1° Dsnt c̄ dressing & colostomy supplies. Accompanied by MP's. VSS. Condition stable. (b)(6)-2 [redacted] CPT AN

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

1. DATE OF PROCEDURE/ADMISSION: 21 Aug 03
2. ADMITTING/DIAGNOSIS: Ex Lap, Colostomy
3. PERTINENT LAB, X-RAY, FINDINGS:
Operation at Iraqi Hospital
(R) Colectomy, Colostomy POD #19
(R) Back Entry Wound
OPEN PRIMARY DRAIN Wound
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Wound care only at 21st CSH
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
GSW to Back/Abd
S/P Ex Lap & Colectomy (R) colon
Colostomy
Wound Infection & Dehiscence
6. ACTIVITY: Adlib
7. DIET: Regular
8. MEDICATIONS:
☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
None
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
Wet to dry Wound Care
Twice a Day

[b)(6)-2] [b)(6)-2] [b)(6)-2]
(Printed or Stamped Name)

[b)(6)-4]
Iraqi

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☑ OTHER EPW Camp
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☑ OTHER MP's
3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☑ YES ☐ NO
If no, explain:
Patient ☐ states ☑ demonstrates understanding of home care needs.
Printed educational materials provided:
Ø
4. Clinical outcomes met and post-discharge/release referrals made.
☑ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
Reg Diet
7. MEDICATIONS: Ø
Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☐ NO
Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
Ostomy & Wound Care Supplies
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
[b)(6)-2] [b)(6)-2] Cpt MC 24 Aug 03 1745
(Signature and Title) *(Date and Time)*
DC 2030

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

DATE 22Aug03 | TIME 0125 | LAB #

Physician (b)(6)-2

Clinic/Ward/OCA ICU2

☐ Clean Catch ☐ Catheterized

☐ Routine
☐ Today
☒ STAT

Urine Chemistry

Patient ID

Iraqi #

(b)(6)-4

Glu Neg
Bil Neg
Ket Neg
SG 1.025
Bld Neg
pH 5.5
Prot Neg
Uro Neg
Nit Neg
Leuk Neg

ICU2

Color yellow
Appearance clear
Clinitest
Acetest
Ictotest
SSA

Microscopic
Casts /LPF
Type
WBC /HPF
RBC /HPF
Crystals
Epi Cells /HPF
Type
Yeast
Trichomonas
Bacteria
Mucous
Other

Clinical Data:

Reported By:

(b)(6)-2

Date: 22Aug0125

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values

Color: Straw, Yellow, Amber

Specific Gravity: 1.003-1.030

Urobilinogen: 0.1-1.0 EU/dl

pH: 4.6 — 8.0

WBC: 0—5/HPF

RBC: 0-3/HPF

Epi: 0—5/HPF

Others: Negative

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MOA FORM 8 1 Feb 85

CHART COPY

RY REPORT DISPLAY

TEST(S)

SPECIMEN TAKEN
DATE 21Aug03 TIME 0445 P.M.

REQUESTED

RESULTS

WBC 12.3*
RBC 3.30
Hgb 9.7
Hct 28.4
MCV 86.2
MCH 29.4
MCHC 34.1
Plt 704 *
Ly% 17.1
Ly# 2.1

REMARKS

CBC * Test repeated X3

Dr. (b)(6)-2

REQUESTING PHYSICIAN'S SIGNATURE

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

Iraqi #

(b)(6)-4

ICU2

REPORTED BY (b)(6)-2

MD

TECH

DATE 22Aug03 0507

MISC

URGENCY ☐ ROUTINE ☐ PRE-OP ☒ STAT

TODAY ☐

PATIENT STATUS ☒ BED ☐ AMB ☐ NP ☐ OUTPATIENT ☐ DOM

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

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

ORY REPORTS ALONG THIS BASE LINE

reports as a
eet should be
are mounted
ys be visible.

RD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7

- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7

- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

MOUNTED ON STRIPS 1, 4, AND 7

- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
Prescribed by GSA ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—610

Fragi # [redacted] 0

ICU2

CHEM I

SPECIMEN/LAB. RPT. NO.

URGENCY	PATIENT STATUS
☐ ROUTINE	☒ BED ☐ AMB
TODAY ☐	OUTPATIENT ☐
☐ PRE-OP	☐ NP ☐ DOM
STAT ☒	SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE: Dr. [redacted]

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY: [redacted] MD

TECH

DATE: 0507 22Aug

REMARKS: Chem 10 12

TEST(S)

SPECIMEN TAKEN: DATE 21Aug03 TIME 0245 (A.M.) P.M.

RESULTS	REQUESTED	(X)
111	GLUCOSE	
8	UREA N.	
1.1	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
9.2	CALCIUM	
7.2	TOTAL PROTEIN	
2.5	ALBUMIN	
	GLOBULIN	
128	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
31	SGOT	
	LDH	
	CPK	
0.5	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
104	CHOLESTEROL	
	TRIGLYCERIDES	
174	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
52	ALT	

CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

546-107

PATIENT'S MED. RECORD

NSN 7540-01-165-7294 ARC 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR					
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) Dr. [b)(6)-2]				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR [b)(6)-2] per APT/AN				DATE REQUESTED

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

R/O effusion

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

RADIOLOGIC REPORT

Normal portable chest film

⊖ effusion

[b)(6)-2]

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

Iraqi # [b)(6)-4] ICU2

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 8/21/03 TIME OF ORDER 2230 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Admit to ICW (b)(6)-2 [redacted]
(2) Dx; S/P GSW (b)(6)-2 [redacted]
(3) Condition: Stable
(4) Vitals, Routine
(5) Activity ad lib

PATIENT IDENTIFICATION

noted (b)(6)-2 [redacted] CPT 21 Aug 03 @ 2300

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

(6) Change Abd wound with wet to dry dressing of Kerlex / sterile water q 12°
(7) Change (R) back bandage QD
(8) Diet; Regular
(9) IV; None

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

(10) Med - Tylox 1-2 po q 4-6 prn
(11) CBC, Chem 10, U/A in Am
(12) CXR in Am R/o effusion
(13) ~~Spine series in Am~~
(14) ~~Hold Weekly~~

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 8/24/03 TIME OF ORDER 1620 HOURS

(b)(6)-2 [redacted] LTC MC USA

(1) Discharge to EPW camp

(b)(6)-2 [redacted]

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

MEDCOM - 1650

CLINICAL RECORD

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

Aug 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24
21	[b)(6)-2	Vitals Routine	D	/ [b)(6)-2			
			E	/			
			N	[b)(6)-2			
21	[b)(6)-2	Activity ad lib	D	/ [b)(6)-2			
		(MP @ bedside)	E	/			
			N	[b)(6)-2			
21	[b)(6)-2	Change abdominal	08	/ [b)(6)-2			
		wound with wet to	20	[b)(6)-2			
		dry dressing of Kerlex/					
		sterile water q 12°					
21	[b)(6)-2	Change (R) back	08	[b)(6)-2			
		bandage QD					
21	[b)(6)-2	Diet: Regular	B	/ [b)(6)-2			
			L	/ [b)(6)-2			
			D	/ [b)(6)-2			

ALLERGIES: ☐ YES ☐ NO
NKDA per patient

PRIMARY DIAGNOSIS:
9p GSW Abdomen

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:
Iraqi # [b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
16 17 18 19 20 21 22 23
24 25 26 27 28 29 30 31

FORM
EDITION OF [illegible] MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21	(b)(6)-2	Admit to ICU - Eastman	8/21/03	on arrival	2200	(b)(6)-2
21	(b)(6)-2	Condition Stable	8/21/03	on arrival	noted	
21	(b)(6)-2	CBC, Chem 10, U/A in Am	8/22/03	0500	0445	
21	(b)(6)-2	CXR in Am (R/o effusion)	8/22/03	0500	0530	

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

MAR

CLINICAL RECORD

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

26 8 Jr 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21 22 23 24
21	(b)(6)-2	IV: None	D	/ (b)(6)-2
			E	/ (b)(6)-2
			N	(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA (per patient)

PRIMARY DIAGNOSIS:

S/p GSW Abdomen

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi # (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

FORM

EDITION OF [illegible] MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN

(NON MEDICATION)

Mo _____ Yr _____

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
8/1/03	b(6)-2	Tylox 1-2 po q 4-6 prn	27 Aug 1970 T R; 23 Aug 1315 T; 25 Aug 1900 TT

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF

1	2	3	4	5	6
A	(b)(3)-1				[redacted]

2. MTF LOCATION *(State or Country Code.)*

7	8
I	Z

(b)(6)-4

3. REGISTER NUMBER

9	10	11	12	13	14	15
(b)(6)-4						

NAME *(Last, First, Middle Initial)* (b)(6)-4

4. PAY GRADE

16	17

5. SEX

18
M

6. DATE OF BIRTH *(Y Y Y Y M M D D)*

19	20	21	22	23	24	25	26

7. AGE AT ADMISSION

27	28	29

8. RACE

30

9. ETHNIC BACKGROUND

31

RELIGION

10. LENGTH OF SERVICE

32	33	34

ETS

11. FMP

35	36
9	9

12. SOCIAL SECURITY NUMBER

37	38	39	40	41	42	43	44	45
(b)(6)-4								

ORGANIZATION *(Active Duty Only)*

13. MARITAL STATUS

46

HOUR OF ADMISSION 2200

BRANCH / CORPS

14. FLYING STATUS

47	48	49

15. BENEFICIARY CATEGORY

50	51	52
K	7	6

16. ZIP CODE OF RESIDENCE

53	54	55	56	57	58	59	60	61

17. UNIT LOCATION *(State or Country Code)*

62	63

18. MOS

64	65	66	67	68	69	70

19. TRAUMA

71

PREV. ADMISSION

YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION

72
1

WARD ICW2

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE *(Include ZIP Code)*

(b)(3)-1 (b)(3)-1 ...TMENT FACILITY

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION

73	74
0	5

22. MTF TRANSFERRED TO

75	76	77	78	79	80

23. DATE OF DISPOSITION *(Y Y Y Y M M D D)*

81	82	83	84	85	86	87	88
2	0	0	3	0	8	2	4

24. CLINIC SVC - ADMITTING

89	90	91	92
A	B	A	A

25. MTF TRANSFERRED FROM 28th CSH

93	94	95	96	97	98

26. DATE THIS ADMISSION *(Y Y Y Y M M D D)*

99	100	101	102	103	104	105	106
2	0	0	3	0	8	2	1

27. LOCATION OF OCCURRENCE *(Battle Casualty Only)*

107	108

28. MTF OF INITIAL ADMISSION

109	110	111	112	113	114

29. DATE INITIAL ADMISSION *(Y Y Y Y M M D D)*

115	116	117	118	119	120	121	122

FOR LOCAL USE

Dx: 72989
V553
Y6543
9060
59990

ADMITTING OFFICER (b)(6)-2 ...

SIGNATURE ... ADMITTING CLERK (b)(6)-2 SS

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

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	3 Sep 03
POD	~~DOS~~ 1

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	LPT/AW (b)(6)-2
	CPT (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 (Title)	Department/Service/Clinic	DATE
	ICU 1	4 Sep 03

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

POTUS (b)(6)-4

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

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2								2							2	
	L								*								✓								
	DORSALIS PEDIS R								2								2							2	
	L								2								2							2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8								1 3 8							1 3 8	
EDEMA									+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																								
	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									1								1							1	
BOWEL SOUNDS (active all quads)									Ø																
NG / DOBHOFF PLACEMENT VERIFIED									✓				OK												
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 (L) thigh ↓ exp fix									✓								✓							✓	
#2																									
#3																									

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~R~~ IJ IV	R	3 Sep 03	CDI, ØSS infusion
IJ	L	3 SEP 03	05/5 Ø.

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:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open									4								4							4	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response									5								5							5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response									6								6							6	
GLASCOW COMA SCALE (A+B+C)									15								15							15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																								
	L																								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE								5								5							5	
	LUE								✱								✱							2	
	RLE								3								3							3	
	LLE								2								2							2	
GRIP (S) Strong (W) Weak (-) absent	R								5								5							5	
	L								NA								—							—	
RESPIRATIONS	REGULAR								✓								✓							✓	
	IRREGULAR																								
	UNLABORED								✓								✓							✓	
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL								5								5							5	
	LUL								5								5							5	
	RLL								5								5							5	
	LLL								5								5							5	
	BOTH BASES								5								5							5	
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)								2	2	2	2	2	2	2		2							2	
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE											✓	✓	✓	✓			✓								
COUGH / DEEP BREATH									(b)(6)-2																
INITIALS											(b)(6)-2													(b)(6)-2	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300	99.4	102	20	114/79	97												
0400																	
0500																	
0600																	
0700	98.9 (A)	97	24	126/81	96%												
0800																	
0900																	
1000	99.9 (A)	102	20	119/75	96%												
1100																	
1200																	
1300																	
1400	100.6 (A)	104	23	131/76	96%												
1500																	
1600	100.6 (A)	107	24	129/77	94%												
1700																	
1800	100 (A)	98	24	117/67	96%												
1900																	
2000																	
2100																	
2200																	
2300	100.1	99	22	127/79	97												
2400																	

	INTAKE									Total	OUTPUT					Total	COMMENTS
	D5NS + 20KCl	IVPB									URINE	NG	STOOL				
0100	100 / 100																
0200	100 / 200										300 / 300						
0300	50 / 250	50 / 50															
0400	50 / 300										480 / 780						
0500	100 / 400										400 / 1180						
0600	~~50~~ 100 / ~~500~~ 500	50 / 100										100					
0700	100 / 600																
0800	75 / 675	50 / 150															
8 HR	675	150								8 HR 825	1180	100				8 HR 1280	
0900	100 / 100										425 / 425						
1000	100 / 200	~~50~~															
1100	100 / 300	100 / 100															
1200	50 / ~~350~~ 350	50 / 150															
1300	100 / 450																
1400	100 / 550										400 / 825						urine is dk
1500	100 / 650																
1600	100 / 750										150 / 975						
8 HR	750	150								16 HR 1725	975					16 HR 2255	
1700	150 / ~~800~~ 900	50 / 50									200 / 200						
1800	50 / ~~950~~ 950	100 / 150										200 / 200					
1900	100 / 150										200 / 400						
2000	100 / 250																
2100	100 / 350																
2200	100 / 450										200 / 600		200				
2300	100 / 550	~~50~~															
2400	50 / 600	50 / 200															
8 HR	600	200								24 HR 2575	600		200			24 HR 3055	

NSN 7540-00-634-4123

MEDICAL RECORD — DATE	HOUR A.M.	HOUR P.M.	NURSING NOTE (Sign all notes) — OBSERVATIONS Include medication and treatment when indicated
4 Sept 03	0015		Pt resting. T c/s 98.6 (A). will continue to monitor. (b)(6)-2
	0130		Pt c/o pain to LLE. Medicated per order. (b)(6)-2
	0300		Pt assessment & change. No complaints at this pt repositioned for comfort. (b)(6)-2
	0530		Pt labs drawn (R) hand Heplock D/C'd. unable to flush or draw blood. (b)(6)-2
4 Sept 03	0615		Received pt from prev shift. Pt resting will cont to monitor (b)(6)-2
4 Sept 03	0820		Pt resting in BED. Ex fix on (R) thigh. dsg slightly moist (LLE) & D. pt has numerous stitches on legs. abd non tender, med tone. will cont to monitor (b)(6)-2
4 Sept 03	1015		@ 0945 dsg D/C'd, W → D. c NS. ~~Scattered~~ & drainage very sm amt of bleeding will cont to monitor c (b)(6)-2
4 Sept 03	1130		Pt OOB to chair c (R) leg elevated. started @ 1100 will cont to monitor (b)(6)-2
4 Sept 03	1250		@ 1200 NGT D/C'd. pt asked for pain med early. obtained order for ~~more~~ pain med early @ 1215. pt now sleeping will cont to (b)(6)-2 monitor. (b)(6)-2
4 Sept 03	1400		@ 1345 adm tylenol suppository 1gm for ax temp of 100.6° pt sitting up in bed. I/S encouraged & done will cont to monitor (b)(6)-2
4 SEP 03	1800		Pt to BS commode. 200 light brown stool
4 SEP 03	2100		Dsg D/C'd LLE. Tissue looks red and beefy c moderate exudate. Dsg replaced/packed c DAMP GAUZE and Kerlex (b)(6)-2
	2200		Assumed care of pt sleeping & resting. (b)(6)-2
	2300		Assessment per flowsheet, abd remains mildly distended hyperbowel sounds noted. (R) EJ patent 5 s/s of infiltration.

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	3 Sep 03
POD	2

24 HOUR DATA	
24 Hour Balance	+50
24 Hour Intake	3050
24 Hour Output	3000
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

(b)(6)-2

PREPARED BY (Signature and Title) (b)(6)-2 RN | Department/Service/Clinic ICU | DATE 5 Sep 03

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

Potus (b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2							2										
	BRACHIAL L							2							2										
	DORSALIS PEDIS R							2							2										
	L							2							2										
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale (10) HOT								1 5 8							1 3 8										
EDEMA								1+							1+										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓							✓										
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST							ST										
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								1 HYPO							1 HYPO										
BOWEL SOUNDS (active all quads)																									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								DARK AMBER							✓										
SKIN INTEGRITY	No Breakdown							✓							✓										
	Surgical Wounds							✓							✓										
	Rashes, Lac's, etc							✓																	
DRESSING (Dry & Intact: specify site below)								✓							✓										
#1 LUE								✓							✓										
#2 UE								(b)(6)-2																	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
(L) EJ 18G		3S8803	S S/S of infiltration
(R) PA 18G		5S8803	3 S/S of infiltrate, opsite in place
(L) SA 18G	(L) SA	0700hr 5S8803	S/S of inf/infil

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:

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	99.8 (A)	91	22	125/76	96												
0500																	
0600																	
0700	100.4 (A)	101	25	122/73	92												
0740	100° (A)																
0800																	
0900																	
1000																	
1030	103° (A)																
1100																	
1200																	
1300	100.4 (A)	96	25	121/71	93%												
1400																	
1500	100.5 (A)	97	20	117/68	93%												
1600																	
1700																	
1800																	
1900																	
2000	99.6 (A)	92	24	143/84	100%												
2100																	
2200																	
2300																	
2400																	

	INTAKE										OUTPUT							
	D5NS&D5LR	LVPB	PO							Total	Urine	Stool				Total	COMMENTS
0100	100 / 100	1															
0200	50 / 100	50															
0300	100 / 200										X1						
0400	100 / 300																
0500	100 / 400										400 / 400+X1						
0600	100 / 500																
0700	100 / 600	50 / 50									275 / 675 X1						
0800	100 / 700	50 / 100									300 / 975 new						
8 HR	750	850								8 HR 850	675 +X1					8 HR 675+X1	+175+X1
0900	100 / 100										300 / 300						
1000	100 / 200	50 / 50															
1100	100 / 300										375 / 675						
1200	100 / 400	250 / 300									325 / 1000						
1300	100 / 500	50 / 350									325 / 1325						
1400	100 / 600										135						
1500	100 / 700																
1600	300 / 1000	50 / 400															
8 HR	1000	400								16 HR 2250	1325					16 HR 2000	+250
1700	100 / 100										200 / 200						
1800	50 / 150	50 / 50															
1900	100 / 250																
2000	100 / 350										400 / 600						
2100	100 / 450																
2200	100 / 550																
2300	100 / 650																
2400	50 / 700	50 / 100									400 / 1000						
8 HR	700	100								24 HR 3050	1000					24 HR 3000	+50

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
5Sep03	0015		Pt c/o neck pain. IV site s̄ erythema or
			edema. ∅ firmness or site swelling noted.
			Tape reapplied and reinforced. Pt also
			c/o leg pain. Repositioned s̄ relief will
			medicate per order. (b)(6)-2
	0045		Through interpreter, c/o pain to neck & leg
			continued. Ⓛ EJ IV D/C'd, pressure applied
			for 4-5 minutes. IV 18g to Ⓡ FA x1 attempt
			pt tolerated well. Fluids continued at this
			site. Pt medicated for leg pain. (b)(6)-2
	0300		Voided x1, pt remains s̄ distress. Afebrile
			T. 99.9 Low grade fever, skin warm & dry to touch
			Assessment s̄ change. (b)(6)-2
9/5/03		0900	PT s̄ complaint. VSS. Am care given. Pt remain
			NPO for OR this am. Will continue to monitor (b)(6)-2
9/5/03		1400	Drsg D'd OOB to chair. Medicated c̄ Tylenol (b)(6)-2 mg
			PR for temp 100.4 (A) (b)(6)-2
"		2000	Pt received s/p washout (b)(6)-2 LUE/LLE. Pt VSS
			AOx3. Tolerates PO meds well (b)(6)-2
5Sep03		2200	Observed care of pt. sleeping soundly. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25Aug03
DOS	5 5Sep03
POD	

24 HOUR DATA	
24 Hour Balance	-175
24 Hour Intake	2850
24 Hour Output	3025
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 9/C LVN	ICU#1	6Sep03

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

EPW# (b)(6)-4

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

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2						2						2								2		
	Brachial L		2						2						2								2		
	DORSALIS PEDIS R		2						2						2								2		
	L		2						2						2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8 0						1 3 8						1 3 8								1 3 8 0		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓						✓						✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST						✓						✓								✓		
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)		5																						
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			1						1						2								2		
BOWEL SOUNDS (active all quads)			Hypo						Hypo						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓												DOC								✓		
SKIN INTEGRITY	No Breakdown		✓						✓						✓								✓		
	Surgical Wounds		✓						✓						✓								✓		
	Rashes, Lac's, etc		✓						✓						✓								✓		
DRESSING (Dry & Intact: specify site below)									✓						✓										
#1 LUE																							✓		
#2 LLE							(b)(6)-																✓		
#3															(b)(6)-2										

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
R FA 18G PIV	R FA	5 Sep	patent & s/sx of infiltration
18G	@FA	5 Sep	" "
PIV 18G	RFA	5 Sep	patent & s/sx of infiltration

(b)(6)-2

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: 6 Sep 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4					4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		5					5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6					6							6								6		
GLASCOW COMA SCALE (A+B+C)		15					15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R		+												+								2+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L		+												+								2+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE		4					4							4								4		
MOVEMENT (See Motor Function Scale at Top of Page) — LUE		2					3							3								3		
MOVEMENT (See Motor Function Scale at Top of Page) — RLE		4					4							4								4		
MOVEMENT (See Motor Function Scale at Top of Page) — LLE		2					2							2								2		
GRIP (S) Strong (W) Weak (-) absent — R		5					5							5								5		
GRIP (S) Strong (W) Weak (-) absent — L		N/A					N/A							N/A								N/A		
RESPIRATIONS — REGULAR		✓					✓							✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED		✓					✓							✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5							5								2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL							5							5								5		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL							5							5								2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL							5							5								2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES							5							5								2		
COUGH — NONE		✓					✓							✓								✓		
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)		2L					2L							2L								2L		
OXYGEN DELIVERY DEVICE — FM (l/min)																								
OXYGEN DELIVERY DEVICE — NRBM (l/min)																								
ETT # _____ — ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS		(b)(6)-2					(b)(6)-2							(b)(6)-2								(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	100.1	100	19	~~99~~ 124/59	99%	on 2LNC											
0300																	
0400																	
0500																	
0600																	
0700	99°(A)	97	20	124/78	97%	2L/NC											
0800																	
0900																	
1000	101.2(A)																
1100	✱	113	23	118/74	97%												
1200																	
1300																	
1400	99.6(A)	97	14	116/62	96%												
1500																	
1600																	
1700																	
1800	99.2	87	25	119/70	97%												
1900																	
2000																	
2100																	
2200	100.9	90	26	117/70	97%	on 2LNC											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	100/100															
0200	100/200	50/50								450/450						
0300	100/300															
0400	100/400									400/850						
0500	100/500															
0600	100/600									575/1425						
0700	100/700															
0800	100/800		60/60													
8 HR	800	50	60						8 HR. 910	1425					8 HR 1425	-485
0900	100/100	50/50														
1000	100/200															
1100	100/300	50/100														
1200	100/400	50/150	60/60													
1300	100/500		20/80							500/500						
1400	100/600															
1500	100/700															
1600	60/760	50/200	30/110							300/800						
8 HR	760	200	110					1060	16 HR. 1970	800					2225 16 HR. ~~800~~ BDr	-255 ~~+1100~~ BDr
1700	100/100															
1800	100/200									500/500						
1900	100/300															
2000	100/400															
2100	100/500									300/800						
2200	100/600		30/30													
2300	100/700															
2400	100/800	50/50														
8 HR	800	50	30					880	24 HR. 2850	800					24 HR 3025	-175

NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES (Sign all notes)			
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
6Sep03	0230		Pt continues to c/o pain to (L) upper leg. Pt informed that he couldn't have any more pain meds until 0430. Will continue to monitor. — SPC [redacted] 91C LVN
	0500		Pt medicated c 25mg Demerol/12.5mg Phenergan by CBT Welden. Will continue to monitor. — SPC [redacted] 91C LVN
	0530		Demerol/Phenergan Effective. Will continue to monitor. — SPC [redacted] 91C LVN
6Sep	0540		(Late note 0215) Pt assessment complete on flowsheet. Pt c/o pain to (L) upper extremity. Will medicate c Demerol/Phenergan. Will continue to monitor — SPC [redacted] 91C LVN
6Sep03	0850		DRSG TO LUE D'd. MODERATE AMT of Serous Sanguinous drainage c foul odor. Wound Packed c NS soaked GAUZE. ELASTIC BANDS & Staples intact. Tolerated procedure Well. VSS. Will Continue to monitor. [redacted] LVN
6Sep03	1200		Medicated c 1gm Tylenol PO for Pain [redacted] LVN
6SEP03	1930		Pt drsg D'd on LUE/LLE. Pt premedicated c 25mg Demerol/12.5 phenergan. Pt tolerated well. Dr [redacted] to see both wounds. Wounds appeared red and beefy c minimal Exudate noted. Drsg packs applied and redressed c W→D packings [redacted] LVN
6Sep03	2255		Report received from offgoing nurse. Pt assessment complete and on flowsheet. Pt is currently pain free. Will continue to monitor. — SPC [redacted] 91C LVN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25Aug03
DOS	5Sep03
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	N/A	N/A	
Side Rails Up			
Bed in Low Position			

(b)(6)-2	97CLVN	Department/Service/Clinic	DATE
		ICU#1	7Sep03

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

EPW# (b)(6)-4

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

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2								2								2	
	BRACHIAL L							2								2								2	
	DORSALIS PEDIS R							2								2								2	
	L							2								2								2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8								1 3 8								1 3 8	
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓								✓								✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST								ST									
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)																							X	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat							2								2								X	
	(1) Distended																								
BOWEL SOUNDS (active all quads)								HYPO								HYPO								✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								DARK AMBER								DARK									
SKIN INTEGRITY	No Breakdown							✓								✓									
	Surgical Wounds							✓								✓								✓	
	Rashes, Lac's, etc							✓								✓								✓	
DRESSING (Dry & Intact: specify site below)																									
#1 LUE								✓								✓								✓	
#2 LLE								SS								SS								✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18G PIV	RFA	5Sep03	patent s/s/s of infx or infiltration / 0700 (b)(6)-
18G	LFA	7Sep03	patent s/s/s of infx or 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: 7 Sep 03

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

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	101.7 (A)	107	20	124/73	94%												
0800																	
0900																	
1000																	
1100	99.4 (A)	98	20	122/73	94%												
1200																	
1300																	
1400																	
1500	99.2 (A)	100	18	116/74	95%												
1600																	
1700																	
1800																	
1900																	
2000	100.2 (A)	109	20	117/69	94%												
2100																	
2200	100.2 (A)																
2300	101.6	114	24	133/79													
2400	103.0																

	INTAKE										OUTPUT							
	IV	IVPB	PO							Total	Urine						Total	COMMENTS
0100	100 / 100		30 / 30															
0200	100 / 200	50 / 50																
0300	100 / 300										325							
0400	100 / 400																	
0500	100 / 500																	
0600	100 / 600										450 / 775							
0700	100 / 700																	
0800	100 / 800																	
8 HR	800	50	30							8 HR 880	775						8 HR 775	+105
0900	100 / 100	50 / 50																
1000	100 / 200		120 / 120															
1100	100 / 300	50 / 100									340 / 540							
1200	100 / 400	60 / 150	240 / 360															
1300	100 / 500																	
1400	100 / 600																	
1500	100 / 700										300 / 640							
1600	50 / 750	50 / 200																
8 HR	750	200	360							16 HR 2190	640						16 HR 1415	+675
1700	100 / 100																	
1800	50 / 150	50 / 60									400 / 400							
1900	100 / 250																	
2000	100 / 350																	
2100	100 / 450																	
2200	100 / 550																	
2300	100 / 650																	
2400	KO / 700	50 / 100																
8 HR										24 HR 2990	400						24 HR 1815	+1175

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
7Sep03	0800		Pt C/O pain to (L) arm. Will medicate c̄ Demerol/Phenergan
			25/12.5 via Maj (b)(6)-2 Will continue to monitor.
			SPC (b)(6)-2 91C LPN
7SEP03	0700		Assessment Completed See Flowsheet. NAD. ⊝ C/O discomfort
			Tolerated approximately 10% of Regular diet. Tolerating (b)(6)-2
			PO Liquids. ↑ Temp ↗101 Will Cont. to monitor
7Sep03	1030		Premedicated Pt c̄ Tylox ii PO & Dem 25mg c̄
			12.5mg Phenergan IVP for DrSG Δ. W→D to DrSG
			to LUE & LLE. LLE Packed c̄ gauze. Small amt of
			purulent discharge to LLE. IV restarted in RFA
			c̄ 16g angio. IV patent & s̄ S/SX of infection or
			infiltration. 18g to RUE d/cd c̄ cath intact &
			⊝ S/SX of infection. (b)(6)-2 LVT, A
7Sep03		1300	TOLERATED Approx 5-10% diet. LVT, A
7SEP03		1900	Pt moved to chair c̄ Asst of staff members.
			Pt AOx3 @ this time
		2200	assumed care of pt. Remain febrile & with
			c/o pain. medicated c̄ Tylox x2 per order. will
			monitor effect. (b)(6)-2
		2345	Pt temp as documented. blanket removed
			to allow for ambient cooling. assessment per
			flowsheet. Abd firm but not tense, (+) BS
			x4q. NAD, Respirations even and unlabored
			IV (R) FA patent s̄ S/S of infiltration (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	5 Sep 03
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			
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

(b)(6)-2

PREPARED BY (Signature and Title) (b)(6)-2 | Department/Service/Clinic: ICU | DATE: 8 Sep 03

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

POTUS / EPW (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2					2				2							2	
	Brachial L							2					2				2							2	
	DORSALIS PEDIS R							2					2				2							2	
	L							2					2				2							2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8					1 S S				1 3 8							1 3 8	
EDEMA								✓					✓				✓							✓	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								ST					SR ST				ST							ST	
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)												7												
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended								Soft Sl. Distended					Soft Sl. Distended				Soft Sl. Distended							X	
BOWEL SOUNDS (active all quads)								Hyp0					✓				Hyp0							✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								dark yellow									dark								
SKIN INTEGRITY	No Breakdown							✓					✓												
	Surgical Wounds							✓					✓				✓							✓	
	Rashes, Lac's, etc							✓					✓				✓							✓	
DRESSING (Dry & Intact: specify site below)								✓					✓				✓							✓	
#1 LUE								✓					✓				✓							✓	
#2 ~~RUE~~ LLE																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18g	RFA	7Sep03	PATENT & s/sx of infection or infiltration
PIV 16g	RFA	8 Sep 03	PATENT & s/sx of infection or infiltration

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	99°	94	16	114/68	94%												
0500																	
0600																	
0700	99.4 (A)	105	20	122/69	95												
0800																	
0900																	
1000																	
1100	↑ OR																
1200	↓																
1300	95.5 (A)	101	13	132/84	95%												
1400																	
1500	102.3 (A)	139	12	137/67	94%												
1600	102.1 (O)	139	20	110/60	97%												
1700																	
1800	102.2 (O)	136	20		96%												
1900																	
2000	102.2 (A)																
2100																	
2200																	
2300	99.3	116	24	104/62	95												
2400																	

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:

	TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4					4				4							4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								5					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							6	
GLASCOW COMA SCALE (A+B+C)								15					15				15							15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																								
	L																								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE							4					4				4							4	
	LUE							2					2				4							2	
	RLE							4					4				4							4	
	LLE							2					2				2							2	
GRIP (S) Strong (W) Weak (-) absent	R							5					5				5							5	
	L							N/A					N/A				N/A							N/A	
RESPIRATIONS	REGULAR							✓					✓				✓							✓	
	IRREGULAR																								
	UNLABORED							✓					✓				✓							✓	
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL							5					5				5							5	
	LUL							5					5				5							5	
	RLL							5					5				5							5	
	LLL							5					5				5							5	
	BOTH BASES							5					5				5							5	
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)												2L												
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																	✓								
COUGH / DEEP BREATH																									
INITIALS								(b)(6)-2					(b)(6)-2											(b)(6)-	

	INTAKE					OUTPUT			
	D5NS@20Keq	IVPB	PO	LR OR	Total	URINE	Stool	Total	COMMENTS
0100	100 / 100					500 / 500			
0200	50 / 150	50 / 50							
0300	100 / 250					250 / 750			
0400	100 / 250								
0500	100 / 350								
0600	100 / 450					375 / 1125			
0700	100 / 550		30 / 30						
0800	100 / 650	50 / 100							
8 HR	650	100	30		8 HR 780	1125		8 HR 1125	-345
0900	100 / 100					250 / 250			
1000	100 / 200								
1100	100 / 300	50 / 50				250 / 500			
1200	100 / 400	50 / 100		1000 / 1000					
1300	100 / 500								
1400	100 / 600								
1500	100 / 700					375 / 875			
1600	100 / 800	50 / 150							
8 HR					16 HR. 2730			16 HR. 2000	
1700	100 / 100								
1800	100 / 200	50	800 / 800			325			
1900	100 / 300								
2000	100 / 400					250			
2100	100 / 500		240						
2200									
2300									
2400	50	50							
8 HR	500	100	1040		24 HR. 4370	575		24 HR 2775	

NSN 7540-00-634-4123

MEDICAL RECORD — **NURSING NO.**

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
8Sep03	0025		T - 101.8 will continue to monitor [redacted]
	0245		T - 99.8 will continue to monitor [redacted]
	0400		Assessment unchanged, NAD, ~~[illegible]~~ identified [redacted]
8Sep03	1100		NAD noted VSS TO OR via litter [redacted] LTP.
8Sep03		1200	RTD from OR. VSS. EX-Fix to LLE In[redacted] DSGS to LLE & LLE CD&I. Will Continue to Monit[redacted] LTP
	1500		Tylox ii PO given for fever + pa[redacted]
	1600		PT OOB 1510 - Back to bed 1630. PT currently drinking Vanilla Ensure & eating crackers. [redacted]
	1700		Tolerated only 1/4 can of Ensure, 1 cracker, + 1 bite of fish. States stomach not feeling like eating. Will cont. to push Ensure. [redacted]
	1800		Finished ensure, drank 1 cup grape juice + 1 pepsi. [redacted]
8Sep03		2200	Preformed dressing changes to both Right stump area and Right thigh, (R) thigh wet to dry dressing c̄ 7 pieces of Iodoform 1/2", Left tabs for locations Packed lower Portion of wound with sterile 4X4 dampened. (R) Stump Packed c̄ damp Iodoform covered ~~in d~~ 2x with damp 4x4 wrapped with dry curlex under sterile technique [redacted] SGT 91WM6 LVN
		2230	Pt desires sleeping medications. Will monitor effect. [redacted]
		2330	Assessment per flowsheet, & discharge pt doesn't indicate any need at present. Abd distended [illegible] [redacted]
		2335	Hep locks x 2 patent; s̄ s/s of infiltration [redacted]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 Aug 03
POD	1

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

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

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

(b)(6)-2

PREPARED (b)(6)-2	Department/Service/Clinic	DATE
	ICU 1	9 Sep 03

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

POTUS (b)(6)-4
DETAINEE

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

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2							2								2		
	Brachial L							2							2								2		
	DORSALIS PEDIS R							2							2								2		
	L							2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 5 8							1 3 8								4/3/8		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓							✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST							NS										
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST							✓							✓										
	BSC																								
	DANGLE																								
	CHAIR														✓								✓		
POSITIONED	RIGHT																								
	LEFT																						SELF		
	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.								DARK AMBER							DARK										
SKIN INTEGRITY	No Breakdown							✓							✓								✓		
	Surgical Wounds							✓							✓										
	Rashes, Lac's, etc							✓							✓								✓		
DRESSING (Dry & Intact: specify site below)								✓																	
#1 LUE															✓										
#2 ~~RUE~~ LLE								*							U→D								✓		
#3																							✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18 PIV H/L	(R) FA	7 Sep	S s/sx of infection infiltration
16 PIV H/L	(L) Lateral AC	8 Sep	3 s/sx of infection or infiltration

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

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open							4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response							5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response							6							6								6		
GLASCOW COMA SCALE (A+B+C)							15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R														2+								+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L														2+								+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE							4							4								4		
MOVEMENT (See Motor Function Scale at Top of Page) — LUE							2							2								2		
MOVEMENT (See Motor Function Scale at Top of Page) — RLE							4							4								4		
MOVEMENT (See Motor Function Scale at Top of Page) — LLE							2							2								2		
GRIP (S) Strong (W) Weak (-) absent — R							5							5								5		
GRIP (S) Strong (W) Weak (-) absent — L							/							2/-								-		
RESPIRATIONS — REGULAR							✓							✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED							✓							✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5							5								5		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL							5							✓								5		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL							5							5								5		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL							5							5								5		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES							5/							5										
COUGH — NONE							✓							✓								✓		
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS							(b)(6)-2							(b)(6)-2								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	103 (A)	132	20	113/70	93												
0700																	
0800	98.4 (A)																
0900																	
1000																	
1100	98.3 (A)	98	20	118/75	94												
1200																	
1230	100.2 (A)																
1300																	
1400	100 (A)																
1500																	
1600	99.4 (A)	88	18	115/71	93%												
1700																	
1800																	
1900																	
2000	101.4 (A)	116	20	117/56	93%												
2100																	
2200	98.6 (A)	103	18	114/71	94%												
2300																	
2400																	

	INTAKE									OUTPUT						
	IV meds	PO							Total	Urine					Total	COMMENTS
0100	~~50~~ 50															
0200																
0300		240														
0400																
0500																
0600																
0700										~~425~~ 425						
0800		~~350~~ 350														
8 HR	50	590							8 HR. 640	425					8 HR 425	+ 215
0900	50 ~~50~~	~~500~~ ~~80~~														
1000		120 ~~120~~														
1100	50 100	60 180								~~350~~ 350						
1200	50 150	~~60~~ 240														
1300	~~240~~ ~~390~~	240 480														
1400	~~100~~ 490	100 580														
1500																
1600	50 200									~~400~~ 750						
8 HR	~~780~~ 700	580							16 HR. 1420	750					16 HR. 1175	+245
1700																
1800	100 100															
1900										~~450~~ 460						
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
~~9Sep03~~ 0030			Pt sleeping ō distress or complaint. will monitor (b)(6)-2
0400			Pt ō distress - LAB'S drawn of change in status. (L) leg repositioned for comfort. (b)(6)-2
9Sep03 0700	0700		Assessment Completed. Temp 103² Medicated c̄ Tylox ⅱ PO. Linen saturated c̄ serous drainage from LLE wound. Linens Δ'd. NAD noted. Will Δ DRSG's & will cont to monitor. (b)(6)-2
9Sep03	0800		Consumed approximately 5% of Reg diet
9Sep03		1200	DRSG TO LUE & LLE Δ'd. Packing to LLE Purulent exudate. Packing to LUE Clean. Both Extremities c̄ pink → red Color of wounds. Both extremities re-packed c̄ Wet drsg. Portable CXR done @ BS. Pt OOB TO Chair. Instructed via interpreter of importance of ↑ PO intake. Will cont to monitor VSS. (b)(6)-2
~~error~~ @		~~1810~~	~~Pt needs Tylox x(2) for % pain @ 8/10 - for effect reassess~~ (b)(6)-2
9SEP03		1800	Pt to chair given two tylox PO for drsg Δ/temp. Pt tol. drsg Δ well. Minimal Exudate on wound packing noted @ this time. Wound on both LUE/LLE appears red and beefy (b)(6)-2
		2200	Assessment completed - VSS - afebrile. LLE dressing intact c̄ (+) breakthrough drainage. PIV x(2) d/c'd 2° infiltration - will attempt to re-start. No % pain @ this time. Cont. monitor. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 Sep 03
POD	2

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	(b)(6)-2	(b)(6)-2
Call Light Within Reach	NA		/
Side Rails Up	NA		/
Bed in Low Position	NA		/

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LAC	ICU #1	10 Sep 03

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

(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full	RADIAL R				2				2						2									2	
	Brachial L				2				2						2									2	
(2) Normal (1) Faint	DORSALIS PEDIS R				2				2						2									2	
(0) Absent	L				2				2						2									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 3 8						1 3 8									1 3 8	
EDEMA									Ø																
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				PATIENT																			✓	
	FOLEY CARE																								
	ORAL CARE														✓										
MOBILITY	BEDREST														✓										
	BSC				S																				
	DANGLE				E L																				
	CHAIR				F																				
POSITIONED	RIGHT								S						✓										
	LEFT								E																
	SUPINE								L F						✓									✓	
	HOB 30 DEGREES				✓										✓									✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE				✓										✓										
	PAIN SCALE (1-10)								✓															✓	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended				2				2						2									2	
BOWEL SOUNDS (active all quads)					✓				✓						✓									✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.					✓				OK						Drnk										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds				✓				✓						✓									✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 LUE Gauze wrap									*						✓									✓	
#2 LLE Gauze wrap									*						✓									✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20ga SL	(R) Hand	10 Sep 03	c/d/i - PATENT MW 0800
18g IVP	(R) AC	10 Sept 03	CDI, ØSS inf, patient
18G (R) IV	(R) AC	10 Sep 03	Ø S/S [illegible] / infection

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

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open				4				4						4									4	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response				5				5						5									5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response				6				6						6									6	
GLASCOW COMA SCALE (A+B+C)				15				15						15									15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R				+										+2										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L				+										+2										
MOVEMENT (See Motor Function Scale at Top of Page) RUE				5				5						5									5	
MOVEMENT (See Motor Function Scale at Top of Page) LUE				✓				-						3									3	
MOVEMENT (See Motor Function Scale at Top of Page) RLE				3				3						3									3	
MOVEMENT (See Motor Function Scale at Top of Page) LLE				3				3						3									3	
GRIP (S) Strong (W) Weak (-) absent R				5-				5						5									5	
GRIP (S) Strong (W) Weak (-) absent L				5-				[illegible]						/									/	
RESPIRATIONS REGULAR				✓				✓						✓									✓	
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED				✓				✓						✓									✓	
RESPIRATIONS LABORED																								
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL				5				5						5									5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL				5				5						5									5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL				5				5						5									5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL				5				5						5									5	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES								5						5									5	
COUGH NONE				✓				✓						✓									✓	
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt																								
VENTILATOR FIO2																								
VENTILATOR RATE (SIMV/CMV)																								
VENTILATOR PEEP / CPAP																								
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITI			(b)(				(b)(6						(b)(6) -2										(b)(6) -2	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	101.4 (T)	120	18	117/72													
0500																	
	99.8 (A)																
0600																	
0700																	
0800	97.2 (C)	93	20	114/72	95%												
0900																	
1000																	
1100																	
1200	97.6 (A)	94	16	105/69	89%												
1300	99.6 (C)																
1400	103.6 (A)																
1500	102 (A)																
1600	101.4 (A)	115	18	99/69	93%												
1700																	
1800	100 (A)																
1900																	
2000	99 (A)	105	20	100/64	94%												
2100																	
2200																	
2300																	
2400	102°	110	24	126/62	94%												

	INTAKE									OUTPUT						
	PO	IVP	IV						Total						Total	COMMENTS
0100										+/						
0200																
0300																
0400																
0500										*						
0600																
0700	100															
0800		50/50								550						
8 HR	100	50							8 HR 150	550+					8 HR	550 +
0900																
1000																
1100																
1200		320/320								+						
1300																
1400	240/240									400						
1500	120/360															
1600		50/270														
8 HR	360	270							16 HR 780	400+					16 HR	950 ++
1700	210/210															
1800	100/310	50/50														
1900										400						
2000																
2100																
2200																
2300																
2400	50/50	50	50							XI						
8 HR	340	50	50						24 HR 1220						24 HR	1360 +++

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10 Sep 03	0010		Multiple IV attempts unsuccessful. 20gm AV ® Hand infused per anesthesia.
			No Δ's - Cont. monitor. (b)(6)-2 LPN
	0315		Pt c/o pain - VS ✓@ this time - T @ 101.4, Tylox x2 - will monitor
			for effect as pain control and antipyretic. Positioned for comfort
			Linens ✓'d - Dry @ this time - Cont monitor. - (b)(6)-2 LPN
	0500		Pt turned and draw sheet Δ'd - soaked 2° urine, tolerated well -
			no s/s of acute distress. Ate a package of crackers - 2 cups of
			soda. foot drop cast taken off upon request. Cont. monitor (b)(6)-2 LPN.
			Received pt from prev shift pt resting.
			no signs of distress. will cont to
			monitor (b)(6)-2
	0915		pt now sitting had 60% watermelon and
			sips of Ensure & water. Dsg on Ⓛ LE. ~~drain~~ drawn moist
			Ø dripping drainage Ⓛ LE. stump CDI med @
			0730 2 tylox will cont to monitor (b)(6)-2
	1125		dsg Δed W-D. Ø nec tissue. on Ⓛ thigh or
			Ⓛ stump. ~~will~~ IV started in Ⓡ AC. will
			cont to monitor (b)(6)-2
	1330		pt ↑ in chair (b)(6)-2
10SEP03	1600		Range of Motion exercises performed c̄ LUE/LLE.
			Pt tol. well / participated actively. (b)(6)-2
10SEP03	1800		Pt to chair c̄ complete assist. Pt premedicated
			and tolerated well (b)(6)-2
	2200		Assumed care of pt. (b)(6)-2
	2330		Pt c̄ 102 fever. Assessment per flowsheet
			Through interpreter: Ⓘ desires something for
			sleep, incontinent of urine large amt.
			Pt medicated per orders for pain and fever
			linens changed pt cleaned. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 Sep 03
POD	3

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			

PREP(b)(6)-2 re and Title)	Department/Service/Clinic	DATE
	ICU 1	11 Sep 03

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

POTUS (b)(6)-4

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

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2												2				
	RADIAL L								2												2				
	DORSALIS PEDIS R								2												2				
	DORSALIS PEDIS L								2												2				
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 2 3												1 2 3				
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								PF												PF				
	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)									✓												✓				
NG / DOBHOFF PLACEMENT VERIFIED																					~~✓~~				
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									DARK												✓				
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds								✓												✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 LUE gauze wrap									*Saw NOK												✓				
#2 LUE gauze wrap																					✓				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~18g~~	~~RAC~~ D/C	10 Sep	patent x 5 5/6 of infiltrate
~~20g~~	~~R Internal~~ D/C	11 Sep	patent x 5 5/5 by infiltrate
20g	(L) Foot	11 Sep 03	40/- Intact

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:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4												4				
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								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				
GLASCOW COMA SCALE (A+B+C)								15												15				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R								2+												+				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L								2+												+				
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								4												4				
MOVEMENT (See Motor Function Scale at Top of Page) — LUE								2												2				
MOVEMENT (See Motor Function Scale at Top of Page) — RLE								4												4				
MOVEMENT (See Motor Function Scale at Top of Page) — LLE								2												2				
GRIP (S) Strong (W) Weak (-) absent — R								S												S				
GRIP (S) Strong (W) Weak (-) absent — L								NA												✓				
RESPIRATIONS — REGULAR								✓												✓				
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED								✓												✓				
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5												5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL								5												5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL								5												5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL								5												5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES								5																
COUGH — NONE								✓												✓				
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS								(b)(6)-												(b)(6)				

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	100.2																
0300																	
0400	98.1	103	20	116/66	93												
0500																	
0600																	
0700	102.0 AX	113	19	109/69	94%												
0745	101.2 AX																
0800																	
0840	101 AX																
0900		110	16	111/59	94%												
1000																	
1100																	
1200	99.2 AX	116	19	145/90	99%												
1300	104 AX	133	21	117/66	93%												
1400	104.4 AX																
1500																	
1600																	
1700																	
1800	99.8 A																
1900																	TYLOX APPLIED
2000	102	121	20	114/65	95% RA												
2100																	
2200	102 A																
2300	104.5 A																1 w PACLS A
2400	100.7	118	22	112/70													

	INTAKE										OUTPUT							
	IV	IVP	PO							Total	Urine	Stool					Total	COMMENTS
0100	100 / 100																	
0200	50 / 150	50 / 50																
0300	100 / 250																	
0400	100 / 350																	
0500	100 / 450		120															
0600	100 / 550																	
0700	100 / 650																	
0800	50 / 700	50 / 100																
8 HR	700	100								8 HR. 800							8 HR	
0900	100 / 100										400 / 400							
1000	100 / 200	50 / 50																
1100	100 / 300	50 / 100									200 / 600							
1200	75 / 375																	
1300	75 / 450																	
1400	75 / 525																	
1500	75 / 600										400 / 1000							
1600	75 / 675																	
8 HR	675	100								16 HR. 775							16 HR.	
1700																		
1800																		
1900																		
2000																		
2100																		
2200																		
2300																		
2400																		
8 HR										24 HR.							24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
11 Sep 03	0110		20 g IV to (R) hand started x 1 attempt. (R) AC site patent and s̄ s/s of infiltration. AC site heplocked. (b)(6)-2
	0350		Pt sleeping soundly ø change in assessment. IV fluid infusing s̄ problem (b)(6)-2
11 Sep 03	0845		AM care complete. Pt complained of LLE and LUE pain, 2 Tylox given as ordered, pt also febrile (↑ temp of 102.6 ax). Temperature is going down. Assessment complete. Pt is NPO due to surgery, AM DSG∆'s to be done at that time. IV infusing at 100cc/hr to (R) Hand, Patent and s̄ sign of infiltration. SPC (b)(6)-2
11 Sep 03		1230	Pt recovered from surgery and is resting. last temp taken 99.2 Ax. SPC (b)(6)-2
		1730	Pt febrile, Tylox given for pain/fever. Pt OOB to chair for 45 minutes. Pt ate some food sent in from his family and small amount of evening meal. SPC (b)(6)-2
11 Sep 03		2100	Assessment completed - Pt. c̄ c/o pain @ this time - Full line ∆ 2° urinary soakage. Dressing ∆'d - will notify physician changes necessary due to urine. Cont monitor (b)(6)-2
		2200	T @ 102' - Tylox x(2) PO - however chewed and spit out. Interpreter talked c̄ Physician + Pt. → Pt. under impression that Physician is an Iraqi Doctor - administer Tylox x (2) to com c/o pain and febrile condition - Cont monitor. (b)(6)-2
		2300	IV x(2) d/c'd 2° - status. (R) A/C - would not flush/flow. No return. (R) Hand - Painful upon flush, and would not flow. 20 g initiated successfully - (L) Foot - flowing - cont monitor. (b)(6)-2 Note - Tylox x (1) taken - refused 2nd Tylox. Monitor Pain/Temp. (b)(6)-2 LR
		2330	ice packs applied 2° ↑ temp. monitor effectiveness LR

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	11 Sep 03
POD	# 1

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	(b)(6)-2	N/A	(b)(6)-2
Call Light Within Reach	NA		
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title) (b)(6)-2 RN

Department/Service/Clinic ICU #1

DATE 12 Sep 03

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

Lopez, [redacted] (b)(6)-4

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R (B Brachial L)		+		+				2nd												2				
	RADIAL L		+		+				2nd												2				
	DORSALIS PEDIS R		+		+				2												2				
	DORSALIS PEDIS L		+		+				2												2				
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1/3/18		1/3/18				8						8	1					1/3/18				
EDEMA									Ø							Ø									
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				a							2					2				
BOWEL SOUNDS (active all quads)			✓		✓				✓							✓					✓				
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓		✓				OK							OK					✓				
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓		✓				✓						✓	✓					✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (R) LE			✓		✓				✓						✓	✓					✓				
#2 (L) LE			✓		✓				✓						✓	✓					✓				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PICC	(L) FOOT	12 Sep 03	C/D/I - PATENT. (b)(6)-2

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:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open				4				4							4					4				
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response				5				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					6				
GLASGOW COMA SCALE (A+B+C)				15				15							15					15				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R				+																+				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L				+																+				
MOVEMENT (See Motor Function Scale at Top of Page) — RUE				4				4			\				4					4				
MOVEMENT (See Motor Function Scale at Top of Page) — LUE				/				stand							stand					3				
MOVEMENT (See Motor Function Scale at Top of Page) — RLE				4				4							4					4				
MOVEMENT (See Motor Function Scale at Top of Page) — LLE				2				2							2					2				
GRIP (5) Strong (W) Weak (-) absent — R				s-				W							W					s-				
GRIP (5) Strong (W) Weak (-) absent — L				/				—							not					/				
RESPIRATIONS — REGULAR				✓				✓							✓					✓				
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED				✓				✓							✓					✓				
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL				5				5							5					5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL				5				5							5					5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL				5				5							5					5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL				5				5							5					5				
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES								5							5					5				
COUGH — NONE				✓				✓							✓					✓				
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT						--																		
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE	✓			✓																				
COUGH / DEEP BREATH								✓	✓															
INITIALS				(b)(6)-2				(b)(6)-2												(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	100.7 (A)																CT performed
0200	99.8																
0300																	
0400	101.6	128	18	118/65	—												
0500																	
	100.6																
0600																	
0700																	
0800	99.1° (A)	100	12	103/69	98%												
0900																	
1000																	
1100																	
1200	102.5 (A)	126	16	111/63	93%												
1300	100.3 (A)																
1400	98.8° (A)																
1500																	
1600																	
1700																	
1800	101.2	130	20	139/73													Tylenol 1 Gm
1900																	
2000	101°																
2100																	
2200	100.9	111	20	137/73													
2300																	
2400																	

	INTAKE										OUTPUT						
	IV	IVPB	PO							Total	URINE	STOOL				Total	COMMENTS
0100	75 / 75										300						
0200	75 / 150																
0300	75 / 225										350						
0400	75 / 300																
0500	75 / 375																
0600	75 / 450																
0700	75 / 525		400														
0800	75 / 600	100															
8 HR	600	100	400							8 HR 1100	650					8 HR 650	
0900	75		120								X1						
1000	25 / 100																
1100	75 / 225	100															
1200	75 / 300		350 / 370														
1300	75 / 375										300 / 300+						
1400	75 / 450										50 / 350+						
1500	75 / 525										75 / 425+						
1600	75 / 600																
8 HR	600	100	370							16 HR ~~1000~~ 2170	425+					16 HR 1075+	
1700	~~75~~ 75	270															
1800	75 / 150																
1900	75 / 225										325 / 325						
2000	75 / 300																
2100	75 / 375	300 / 540															
2200	75 / 450											1000 / 1000					
2300	75 / 525										350 / 675						
2400	75 / 600																
8 HR	600	540								24 HR 3310	675	1000				24 HR Q750	16 +560

NSN 7540-00-634-4123

MEDICAL RECORD	NURSING NOTES (Sign all notes)	
DATE	HOUR	OBSERVATIONS Include medication and treatment when indicated
	A.M. P.M.	
12 Sep 03	0200	↑ T @ 99.8 - @ void via urinal. Cont. monitor - No A (b)(6)-2 LPN.
	0415	T @ 101.4 ∴ Tylox ×(2) PO - swallowed ↓ difficulty - Dressing ✓ d - dry/intact. Monitor effect of Tylox - will feed & encourage
		shift re: antipyretic medication ordered. - (b)(6)-2 LPN.
	0500	Pt. turned to R chest wall/breath. - slight amt. drainage
		No topic - T @ 100.6 Cont. Mon. Tx - (b)(6)-2 LPN
	0700	Pt eating breakfast currently. Ø signs of
		distress. Will cont to monitor. (b)(6)-2
	0945	pt resting fx boards to (B)LE placed. will cont
		to monitor (b)(6)-2
	1025	ROM @ 0900 and at 1015. x 4 ext. passive (b)(6)-2
	1035	@1030 med for pain c tylox (b)(6)-2
	1445	pt ↑ @ 1130 ↑ fx 1 hr. labs drawn. pt stood for Transfer to chair c full assist
		pt back to bed, ate & tol lunch. (b)(6)-2
		will cont to monit (b)(6)-2
	1545	pt up OOB to chair, drank some milk +
		pepsi ¼ can. will cont to monit (b)(6)-2
	1635	pt to bed c full assist (b)(6)-2
	1800	Rel report. Reassmnt completed. VSS - T @ 101.2 ∴ Tylenol PO per
		order. Monitor for effectiveness. (b)(6)-2 LPN.
	2100	Dressing d'd. T @ 101 will recheck ↓ ↑ to chair. (B) LE + (L) UE
		dressings d'd c ext gauze / Kerlix wrap. Cont. monitor (b)(6)-2 LPN
	2200	R has been ↑ in chair × 30 min. assist to bed - given food
		to eat. Utilized BSC - Approx: 1000 cc loose stool. R. did not
		consume food -
	2300	Reinforced / d'd, IV dressing site - C/D/I. Patient (b)(6)-2 LPN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	11 Sep 03
POD	#2

24 HOUR DATA	
24 Hour Balance	(b)(6)-2
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	(b)(	(b)(6)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		
Call Light Within Reach	NA	N/A	(b)(6)-2
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title) (b)(6)-2 LN

Department/Service/Clinic ICU 4 / 1

DATE 13 Sep 03

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

(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20ga PIV	(2) Foot	11 Sep 03	c/d/i - Patent. (b)(6)-2
20g PIV	(1) foot	13SEP03	patent ⊖ s/s of foot. (b)(6)-2

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 N
No Change from Previous Assessment –

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open				4				4						4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response				5				5						5								3		
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								6		
GLASCOW COMA SCALE (A+B+C)				15				15						16								13		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R			4										+2								4		
	L			4										+2								4		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE			4				4						4								4		
	LUE			/				NA						2								2		
	RLE			4/5				3						3								3		
	LLE			3				2						2								2		
GRIP (S) Strong (W) Weak (-) absent	R			5-				W						W								5-		
	L			/				NA						/								/		
RESPIRATIONS	REGULAR			✓				✓						✓								✓		
	IRREGULAR																							
	UNLABORED			✓				✓						✓								✓		
	LABORED																							
	SHALLOW																							
	RETRACTIONS																							
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL			5				5						5								5		
	LUL			5				5						5								5		
	RLL			5				5						5								5		
	LLL			5				5						5								5		
	BOTH BASES							5						5										
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				(b)(6)-2				(b)(6)-2						(b)(								(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(A)	127	22	121/75													
0300																	
0400	99(A)																
0500																	
0600																	
0700																	
0730	100.7(A)	115	24	127/75	93%												
0800																	
0900																	
1000	100.9(A)	130	24		94%												
1100																	
1200	101.4(A)	130	24	127/77	94%												
1300	100.0(A)																
1400	98(A)																
1500																	
1600	98.5(A)	107	22	111/72	93%												
1700																	
1800																	
1900																	
2000																	
2100	98(A)	140	18	143/92	95%												
2200																	
2300																	
2400	101	109	20	107/85	—												Comes Back @

(b)(6)-2

	INTAKE										OUTPUT							
	LR									Total	Urine					Total		COMMENTS
0100	75 / 75										175							
0200	75 / 150																	
0300	75 / 225																	
0400	75 / 300																	
0500	75 / 375																	
0600	75 / 450										225 / 50							
0700	75 / 525										600 / 1250							
0800	75 / 600	100																
8 HR	600	100								8 HR 700	1250					8 HR 1250		
0900	75																	
1000	75 / 150																	
1100	75 / 225										350 / 350							
1200	75 / 300																	
1300	75 / 375																	
1400	75 / 450																	
1500	— / 450	100 / 100																
1600											400 / 350							
8 HR	450	100								16 HR 1350						16 HR 1700		+150
1700	100	OR																
1800		500 / 800																
1900																		
2000																		
2100																		
2200																		
2300																		
2400	800 / 800										X							
8 HR	800	500								24 HR 2650						24 HR		

NSN 7540-00-634-4123

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
	0015		TC 103² - Tylenol 975 mg PR - monitor effect. Diaphoresis decreased -
			cont. monitor / will re-check x1° and apply cold packs prn (b)(6)-2
	0200		Pt. disgruntled - talked c̄ interpreter re: desire to get outside
			and to see his family. Interpreter explained that he could
			not. Wanted water - explained NPO status 2° pending surgery.
			T@ 101' - covers off. cont monitor - speaking c̄ interpreter
			Pt very agitated - Haldol per order - monitor effect. (b)(6)-2
	0250		Pt received 5mg Haldol - delayed administration due to clarification
			of order. Will monitor effect - Physician ordered increase
			prn c̄ parameters. (b)(6)-2
	0450		Pt. has been resting quietly; however, 20 ga IV pulled from
			(L) foot. Anesthesia talk to regarding IV - will wait since
			central line to be initiated this am. Cont. mon. for (b)(6)-2
	0530		20ga IV initiated during obtaining AM labs - infusing LR @ 75cc/hr
			per order s̄ s/s of complication. Cont mon for (b)(6)-2
	0830		Pt Awake, moving around, med c̄ MSO4 2mg
			for pain @ 0820 2mg MSO4 adm see assessment (b)(6)-2
			will cont to monitor
	0930		@0850 ~~pt~~ MSO4 2mg IV for pain will cont (b)(6)-2
			to monitor
	1000		Bed Bath c̄ ROM x4 ext.
	1145		@1130 pt OOB
	1230		Eyes ~~are~~ have a ~~small~~ little yellow tint to
			them (B), on (L) heel quarter size blood blister
			noted (b)(6)-2 aware will cont
			to monitor. (b)(6)-2
	1330		pt temp ↓ to 100.0°(A) from 101.4°(A) cold pack
			given. ~~pt [illegible]~~ will cont to
			monitor (b)(6)-2
	1630		Pt to OR via gurney
	2100		Pt recovered. NG tube placed x-rays taken
			physician to confirm placement (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	13 Sep 03
POD	#1

24 HOUR DATA	
24 Hour Balance	+1190
24 Hour Intake	4540
24 Hour Output	3350
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		NKA
Call Light Within Reach	NA	N/A	
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LAN.	ICU #1	14 Sep 03

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

(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT