

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL Radial R	2							2	2	2	2	2	2	2	2									
	Brachial L	2							2	2	2	2	2	2	2	2									
	DORSALIS R	2							2	2	2	2	2	2	2	2									
	PEDIS L	2							2	2	2	2	2	2	2	2									
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale		11/3/8							1-3 (Slight)							1-3 (Slight)									
EDEMA																1-3 (Slight)									
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	Partial									✓														
	FOLEY CARE	Linear &									✓														
	ORAL CARE	Per-Care									✓	✓													
MOBILITY	BEDREST	✓									✓	✓													
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT	✓																							
	LEFT																								
	SUPINE	✓							✓																
	HOB 30 DEGREES	✓							✓																
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)		✓							✓																
PAIN	PAIN FREE	✓							✓																
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	2							2																
BOWEL SOUNDS ( active all quads)		✓							✓																
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT											✓														
VOIDING CLEAR, YELLOW URINE q.s.		✓							✓																
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds	✓							✓																
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1	(L) UE	Δ							✓																
#2	(L) LE	Δ							✓																
#3																									
INVASIVE LINES	SITE	DATE INSERTED										DESCRIPTION (SITE, DSG.)													
Central IVP	Ⓡ Subclavian Ⓢ AC	13 Sept 03 14 Sept 03										101. Patent (b)(6)-2 ODI, Podembs, DSS infection													



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 <sup>5</sup>	111	20	110/66	—												
0500																	
0600	101 <sup>0</sup>																
0700																	
0800	100.3	115	12	121/66	96%												
0900																	
1000																	
1100	99.7																
1200	100.2	107	12	112/60	96%												
1300	99.8																
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	100 <sup>0</sup>	107	16	124/69	95%												
2400																	

INTAKE							OUTPUT				COMMENTS	
I.V.	I.V. PB	NG	KCL	PO	Blood	Total	URINE	NG	STOOL	Total		
0100	100		60									
	100		60									
0200	100											
	200											
0300	100											
	300											
0400	100											
	400											
0500	100											
	500											
0600	100											
	600											
0700	100											
	700											
0800	100	100										
	800	100										
8 HR	800	100	60				8 HR 900				8 HR	
0900	100							500				
	900							500				
1000	100		400									
	200		400									
1100	100	100										
	300	100										
1200	100											
	400											
1300	100			25								
	500			25								
1400	100			25				300				
	600			40				700				
1500	100	20		25	50							
	700	60		70	50							
1600	100			25	50							
	800			100	100							
8 HR	800		60	100			16 HR 2760	900			16 HR 900	1760
1700	100			25	240	50		800		300		
	100			25	240	50		800		300		
1800	100			25	240	50						
	200			50	400	100						
1900	100			25		50						
	300			70		100						
2000	100			25		50						
	400			100		100						
2100	100			25		50		800				
	500			125		100		1600				
2200	100			25		50						
	600			150		300						
2300	100			25								
	700			175								
2400	100			25				500				
	800			200				1500				
8 HR	800		200	480	300		1780 24 HR 4540	2150	300		2450 23 HR 3350	+1190

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE HOUR AM P.M.

OBSERVATIONS Include medication and treatment when indicated

14 Sep 03	0330		<p>Pt resting - occasional ventricular ectopics. Soft restraints @ UE intact. Circulation (+). Cent. ven. line - T @ 101<sup>5</sup>, No cath. <sup>myelocath</sup> <del>arterio</del></p> <p>order per physician. hourly monitor <span style="float:right">(b)(6)-2</span> LA</p>
	0530		<p>Arterial line drawn from peripheral site - Pt sedated. T @ 101<sup>5</sup> do 1/2 of acute this hour. Cont monitor. <span style="float:right">(b)(6)-2</span> LA</p>
	0700		<p>@ 0600 received pt from prev shift no apparent signs of distress pt sleeping will cont to monitor <span style="float:right">(b)(6)-2</span></p>
	1330		<p>pt sleeping most of shift responds to pain and stimulus @ 0800 disq A sed. <del>W=O</del> W=O. @ 0900 tube feedings adm. Rest pt tol. Sac residue. pt now receiving 100mg KCl over 10 hrs. pt on <del>cont</del> cont monitor. Foley placed @ 1130. Central line disq CDI. 20g IVP in DAC started @ 1200. Rom. of 4 ext. &amp; 2 for shift 2 units of PRBC to be infused. will cont to monitor <span style="float:right">(b)(6)-2</span></p>
	1400		<p>pt in 1pt resistant attempted to pull out NG <sup>✓</sup> pull q1<sup>o</sup> Rom x 3. c OUE will cont to monitor <span style="float:right">(b)(6)-2</span></p>
14 SEP 03	1410	1410	<p>Pt USS + max 100<sup>6</sup>. Blood transfused started <span style="float:right">(b)(6)-2</span> LA</p>
	1700	1700	<p>Pt oriented to self but not to time or place. Pt denies pain @ this time <span style="float:right">(b)(6)-2</span> LA</p>
	2100		<p>Drsg Δ on LVE/LLG. pt tol <del>all</del> requesting a pain med. 2nd unit of blood complete 2045. Pt resting quietly. Restraint to RVE removed @ this time <span style="float:right">(b)(6)-2</span></p>

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	13 SEP 03
POD	#2

24 HOUR DATA	
24 Hour Balance	+330
24 Hour Intake	5155
24 Hour Output	4825
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	/	N/A
Call Light Within Reach	NA	/	X
Side Rails Up	NA	/	X
Bed in Low Position	NA	/	X

PREPARED BY (Signature and Title) (b)(6)-2	Department/Service/Clinic ICU#1	DATE 15 SEP 03
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**PATIENT'S IDENTIFICATION** (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Pothus # (b)(6)-4

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

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2																		
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4																		
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2							2										2																								
	<i>Brachial</i> L	2							2										2																								
	DORSALIS R	2							2										2																								
	PEDIS L	2							2										2																								
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale		1							1										1																								
EDEMA		2							2										2																								
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		5/2							✓										✓																								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST							✓										✓																								
SWAN GANZ CATHETER (Zeroed & calibrated)		8																																									
ARTERIAL LINE (zeroed & calibrated)		8																																									
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 FRMDA OP132-26)																																											
PAIN	PAIN FREE	PF							✓											✓																							
	PAIN SCALE (1-10)																																										
PCA/PCEA IN USE (Refer to FRMDA OP132-7)																																											
ABDOMEN	(2) Soft & Flat (1) Distended	2							2											2																							
BOWEL SOUNDS ( active all quads)		X4							X4										X4																								
NG / DOBHOFF PLACEMENT VERIFIED		*																	CR																								
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	QUE gauze + all	✓							✓											✓																							
#2	OLE gelix	✓							✓											✓																							
#3																																											
INVASIVE LINES	SITE	DATE INSERTED																					DESCRIPTION (SITE, DSG.)																				
Central Cordis	@IJ	13SEP03																					CDI Patent w/s/s infection/infiltration																				
IVP	@AC	14 Sept 03																					CDI Patent, abs inf -PIC in OR																				
180D	@IJ	13 Sep 03																					w/s/s of infection w 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: 15SEP03

TIME	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2		
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	
<b>A. BEST EYE-OPENING RESPONSE</b> (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open	4								4											4					
<b>B. BEST VERBAL RESPONSE</b> (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response	3								5											5					
<b>C. BEST MOTOR RESPONSE</b> (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					
<b>GLASCOW COMA SCALE (A+B+C)</b>	13								15											15					
<b>PUPIL RESPONSE</b> Size (mm), React to Light (+) No Response (-)	R	+																							
	L	+																							
<b>MOVEMENT</b> (See Motor Function Scale at Top of Page)	RUE	5							5											5					
	LUE	4							3											4					
	RLE	3							3											3					
	LLE	2							3											2					
<b>GRIP</b> (S) Strong (W) Weak (-) absent	R	5							5											5					
	L	5							5											5					
<b>RESPIRATIONS</b>	REGULAR	✓							✓											✓					
	IRREGULAR																								
	UNLABORED	✓							✓											✓					
	LABORED																								
	SHALLOW																								
<b>BREATH SOUNDS</b> (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																								
<b>COUGH</b>	NONE	✓							✓											✓					
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
<b>SPUTUM COLOR</b> (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
<b>SPUTUM CONSISTENCY</b> (3) Thick (2) Frothy (1) Thin																									
<b>VENTILATOR</b>	VI																								
	FI02																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
<b>OXYGEN DELIVERY DEVICE</b>	NC (l/min)																								
	FM (l/min)																								
	NRBM (l/min)																								
	ETT # _____ ETT _____ cm guage																								
<b>ETT CARE / POSITION CHANGE</b>																									
<b>ETT / NT SUCTIONED</b>																									
<b>INCENTIVE SPIROMETRY DONE</b>																									
<b>COUGH / DEEP BREATH</b>																									
<b>INITIALS</b>		(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	99 <sup>3</sup> <sub>oc</sub>																	
0200																		
0300																		
0400	99 <sup>8</sup> <sub>oc</sub>																	
0500																		
0600																		
0700																		
0800	100 <sup>8</sup> <sub>oc</sub>	103	16	<sup>122</sup> <del>122</del> /75	94													
0900																		
1000																		
1100																		
1200	101.3 <sup>0</sup> <sub>oc</sub>	108	16	130/82	95													
1300																		
1330	100.3 <sup>0</sup> <sub>oc</sub>																	
1400																		
1500																		
1600		129	18	137/81	98													
1700	101 <sup>8</sup> <sub>oc</sub>	132	25	134/84	94													
1800	101 <sup>2</sup> <sub>oc</sub>	130	25	132/80	92													
1900																		
2000	100 <sup>6</sup> <sub>oc</sub>																	
2100																		
2200	100 <sup>5</sup> <sub>oc</sub>	135	26	128/75														
2300																		
2400																		

INTAKE

OUTPUT

Time	INTAKE						OUTPUT			COMMENTS
	IVF	IUPB	P.B. Kef	Kef	PO	Met Enzyme	Total	Urine	Total	
0100	100	100								
0200	100	100								
0300	100	200								
0400	100	300						500	500	
0500	100	500								
0600	100	600	100					25	85	
0700	100	200								
0800	100	200	100					230	105	
8 HR	800	300					8 HR	1105	1105	
0900	100	100								
1000	100	200								
1100	100	300								
1200	100	400	100					PO	200	
1300	100	500								
1400	100	600						250	970	
1500	200	700						400	1370	
1600	100	800	100	25	25			100	1470	
8 HR							16 HR	2125	2575	
1700	100	100			500					
1800	100	200	100	25	25			500	500	
1900	100	300		25	50					
2000	100	400		25	75					
2100	100	500		25	100	200		700	1400	
2200	100	600		25	125	100		300	1700	
2300	100	700		25	150	100				
2400	100	800	100	25	175	200		550	2250	
8 HR	800	200	200		1530	300		3030	2250	515
24 HR								3030	2250	4835
										+330

MEDICAL RECORD

NURSING NO.

(Sign all notes)

DATE HOUR  
A.M. P.M.

OBSERVATIONS  
Include medication and treatment when indicated

14 SEP 03		2350	Pt pulled NG @ hand which was free of restraints. Dr (b)(6)-2 advised not to replace NGT tonight. Pt remains confused @ hand restrained again. Pt given 2mg MSO4 for pain to QLE. Resting comfortably. (b)(6)-2
15 SEP 03	0830		pt now resting. pt continues to ask for water despite being told no and told he will be going to surgery. S/O pain. see assessment will continue to monitor NPO waiting surgery. (b)(6)-2
	1245		@ 1100 dsq A due to post placement W/O. @ diagnosis <del>to be</del> notable tissue. fraction on temp & added @ will continue monitor (b)(6)-2
15 SEP 03	1800		Assessment completed. @ antecub ML d'ed in OK - IV access - R IJ. NG inserted in OR & sutured in nose @ hands remains restrained so he won't pull on NGT. CIRC. UE UMC (b)(6)-2
	2000		OOB to chair. NG Tube placement verified via xray. @ gastric bubble heard. started ensure IV via NGT. PT refuses to drink ensure. Ate well for dinner - med. amt chicken & drank Pepsi & lots of grape juice & water. medicated for pain @ 1850 - 1 mg MSO4 - effective. (b)(6)-2
	2100		back to bed. Dressings remain <del>OK</del> . (b)(6)-2
	2145		10 mg ambien given for sleep. (b)(6)-2

(b)(6)(c)

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	13 SEP 03 / 15 SEP 03
POD	3/1

24 HOUR DATA	
24 Hour Balance	- 220
24 Hour Intake	5330
24 Hour Output	5550
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 UTAN	(b)(6)-2
(b)(6)-2 MATA	
(b)(6)-2 PTA	
(b)(6)-2 91WMD LVN	

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

PREPARED BY (Signature and Title) (b)(6)-2 UTAN	Department/Service/Clinic ICU #1	DATE 16 SEP 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

Pohus # (b)(3)-4

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

			0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES	RADIAL	R	2						2						2						2					
(4) Bounding	Brachial	L	2						2						2						2					
(3) Full	DORSALIS	R	2						2						2						2					
(2) Normal	PEDIS	R	2						2						2						2					
(1) Faint		L	2						2						2						2					
(0) Absent																										
SKIN			1						1						1						1					
(1) Dry (4) Cool (7) Jaundiced			3						3						3						3					
(2) Clammy (5) Flushed (8) Color Normal			8						8						8						8					
(3) Warm (6) Cyanotic (9) Pale																										
EDEMA			0						0						0						0					
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			5/2						✓						✓						✓					
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST						ST						ST						ST					
SWAN GANZ CATHETER (Zeroed & calibrated)			0																							
ARTERIAL LINE (zeroed & calibrated)			0																							
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		PR						PR						✓							✓				
	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)			24						24						24							✓				
NG / DOBHOFF PLACEMENT VERIFIED			✓						✓						✓							✓				
RESIDUAL ASSESSED																										
Ph																										
FOLEY CATHETER PATENT			✓						✓						✓							✓				
VOIDING CLEAR, YELLOW URINE q.s.																										
SKIN INTEGRITY	No Breakdown		✓																							
	Surgical Wounds								✓						✓							✓				
	Rashes, Lac's, etc																									
DRESSING (Dry & Intact; specify site below)																										
#1	OLE right + ace		✓						✓						✓							✓				
#2	OLE left + ace		✓						✓						✓							✓				
#3																										
INVASIVE LINES	SITE																									
Central	① IS								135003																	
CG	② IS								135003																	

**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: 16SEP03

TIME	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	
<b>A. BEST EYE-OPENING RESPONSE</b> (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open	4								4						4										4
<b>B. BEST VERBAL RESPONSE</b> (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response	4								5						5										5
<b>C. BEST MOTOR RESPONSE</b> (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
<b>GLASCOW COMA SCALE (A+B+C)</b>	14								15						15										15
<b>PUPIL RESPONSE</b> Size (mm). React to Light (+) No Response (-)	R	+													+2										+2
	L	+													+2										+2
<b>MOVEMENT</b> (See Motor Function Scale at Top of Page)	RUE	5							5						5										5
	LUE	4							4						4										4
	RLE	3							3						3										3
	LLE	2							2						2										2
<b>GRIP</b> (S) Strong (W) Weak (-) absent	R	3							3						3										3
	L	✓							✓						✓										✓
<b>RESPIRATIONS</b>	REGULAR	✓							✓						✓										✓
	IRREGULAR																								
	UNLABORED	✓							✓						✓										✓
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
<b>BREATH SOUNDS</b> (5) Clear (4) Crackles (3) Rhonchl (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
<b>COUGH</b>	NONE	✓							✓						✓										✓
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
<b>SPUTUM COLOR</b> (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
<b>SPUTUM CONSISTENCY</b> (3) Thick (2) Frothy (1) Thin																									
<b>VENTILATOR</b>	Vt																								
	FI02																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
<b>OXYGEN DELIVERY DEVICE</b>	NC (l/min)																								
	FM (l/min)																								
ETT # _____	NRBM (l/min)																								
	ETT _____ cm gums																								
<b>ETT CARE / POSITION CHANGE</b>																									
<b>ETT / NT SUCTIONED</b>																									
<b>INCENTIVE SPIROMETRY DONE</b>									✓	✓					✓										
<b>COUGH / DEEP BREATH</b>																									
<b>INITIALS</b>	(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																		
	102 <sup>3</sup>	122	21															
0200	101.6																	
0300																		
0400																		
0500																		
0600	99 <sup>3</sup>	101	20	117/74	95%													
0700																		
0800	100 <sup>7</sup>																	
0900																		
1000	100 <sup>0</sup>																	
1100																		
1200																		
1300																		
1400	99 <sup>0</sup>	109	24	111/75	97%													
1500																		
1600																		
1700																		
1800	103 <sup>2</sup>																	
1900																		
2000	100 <sup>4</sup>																	
2100																		
2200	99 <sup>2</sup>	111	14	115/74	94%RA													
2300																		
2400																		

	INTAKE						OUTPUT			COMMENTS	
	IVF	IVPB	ENROUTE	PLUSH	KQ	P.O.	Total	Urine	Total		
0100	100				25						
0200	100		240	60	25	240		325			
0300	100		240	60	25	240		325			
0400	100				25	240					
0500	100				25	150					
0600	100	50	60		25	150		450			
0700	100	50	120		25	630		775			
0800	100	100	240	120	125	250		800			
8 HR							8 HR			8 HR	
0900	100						2555			1575	+980
1000	100					250		400			
1100	100	100				250		400			
1200	100							375			
1300	100					250		675			
1400	100		240			250		500			
1500	100		240			600		1175			
1600	100		60								
8 HR	800	100	240	60		600	1355	1175		16 HR	
1700	100						100	1005		2950	71605
1800	100		240					1005			
1900	100		240					700			
2000	100		240	60				1700			
2100	100										
2200	100							800			
2300	100							7500			
2400	100							340			
8 HR							24 HR			24 HR	

2400 250 960 240 1480

MEDCOM - 1732

5550 OUT



MEDICAL RECORD		NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
15 SEP 03	2300		<p>② IS dressing d'd, new opiate placed cleared i biladine                      Pt resting in bed p receiving dose of ambien at 2200.</p>
16 SEP 03	0230		<p>Tylenol 650mg given per NBT, Phsue I can infused followed                      by 60cc H<sub>2</sub>O flush. Given 2mg MSO<sub>4</sub> for pain in @ thigh</p>
16 Sep 03	0800		<p>Pt drank apple juice and ate roll for                      breakfast. Refused pancakes, eggs, or sausage.                      N6 placement verified + started ensure.                      T = 100.7 ax - given Tylenol po but pt spit the                      tabs out - Given Tylenol PR. PT oriented                      currently.</p>
16 SEP	1100 <del>1030</del>		<p>Dressing A to ① I/E and ② U/E <sup>① 1000</sup> - wet to dry, tissue                      pink + healthy looking. OOB to chair after                      dressing Δ ~ 1030.</p>
16 Sep	1130		<p>Back to bed</p>
	1200		<p>No unasyn in theater currently.</p>
	1230		<p>Ate a couple bites of chicken, 2 spoonfuls of rice,                      small serving of cake, + drank 1 Pepsi for lunch.</p>
16 SEP 03	1430		<p>ASSESSMENT complete. Pt presently unrestrained and                      resting quietly.</p>
	1815		<p>Pt medicated i 650mg Tylenol i/cle up to chair for                      60 minutes</p>
	2000		<p>Pt medicated i 10mg morphine i/cle UP prior to drsg                      Δ. Pt tolerated drsg Δ well. Wounds appear red and                      beefy i minimal exudate. Pt resting @ this                      time.</p>
	2000		<p>Received Pt vss, @ complaints @ this time See flow chart for assesment</p>
	2130		<p>Pt medicated with 5mg msol for pain will monitor effect</p>
	2200		<p>Pt Pain Reduced</p>
	2400		<p>2400 dose of unasyn not given pharmacy out of drug</p>

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

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

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

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

(b)(6)-2	Signature and Title GIWING LUN	Department/Service/Clinic ICU 1	DATE 17 SEP 03
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**PATIENT'S IDENTIFICATION** (For typed or written entries give: Name-last, first. Middle; grade; date; hospital or medical facility)

ROTUS (b)(6)-2

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

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2							
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4						
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2								2					2								2								
	Brachial L	2								2					2								2								
	DORSALIS R	2								2					2								2								
	PEDIS 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							2					3								3								
EDEMA		✓								2													2								
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		✓								1					✓								✓								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		✓								1					✓								✓								
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 FHMBA OP132-26)																								✓							
PAIN																✓								✓							
PAIN FREE		✓																													
PAIN SCALE (1-10)											5										5										
PCA/PCEA IN USE (Refer to FHMBA OP132-7)																															
ABDOMEN (2) Soft & Flat (1) Distended		2								2					2								2								
BOWEL SOUNDS ( active all quads)		✓									✓				✓								✓								
NG / DOBHOF PLACEMENT VERIFIED		✓									✓				✓								✓								
RESIDUAL ASSESSED																															
Ph																															
FOLEY CATHETER PATENT		✓									✓				✓								✓								
VOIDING CLEAR, YELLOW URINE q.s.																															
SKIN INTEGRITY																															
No Breakdown																															
Surgical Wounds		✓									✓				✓								✓								
Rashes, Lac's, etc																															
DRESSING (Dry & Intact: specify site below)																															
#1																															
#2																															
#3																															
INVASIVE LINES		SITE										DATE INSERTED										DESCRIPTION (SITE, DSG.)									
Central		② IJ										13 SEP 03										Ø 5/8 DE IJ (b)(6)-2									
Central		IJC										13 SEP 03										Ø 5/8 of IJ / infiltrated 1400 (b)(6)-2									
Central		① IJ										13 Sep 03										Ø 5/8 of IJ 2200 17 Sep 03									

### VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	97.2 AX																
0300																	
0400																	
0500																	
0600	99.8 AX																
0700																	
0800																	
0900	100.4 <sup>o</sup>	124	20	120/78	95%												
1000																	
1100																	
1200																	
1300	98.8 <sup>o</sup>																
1400	98.8 <sup>o</sup>	114	18	117/62	97%												
1500																	
1600																	
1700																	
1800	99.8 <sup>o</sup> (A)																
1900																	
2000																	
2100																	
2200	101.5 AX	129	16	135/78	95% RA												
2300																	
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 Neg. Notes X

No Change from Previous Assessment -

DATE:

TIME	DATE																							
	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
<b>A. BEST EYE-OPENING RESPONSE</b>																								
(4) Opens Spontaneously (2) To Pain	4									4													4	
(3) To Voice (1) Does Not Open																								
<b>B. BEST VERBAL RESPONSE</b>																								
(5) Oriented (2) Garbled	5									5													4	
(4) Confused (1) No Response																								
(3) Inappropriate Verbal Response																								
<b>C. BEST MOTOR RESPONSE</b>																								
(6) Obeys Commands (3) Flexion to Pain	6									6													6	
(5) Localizes to Pain (2) Extension to Pain																								
(4) Withdraw to Pain (1) No Response																								
<b>GLASCOW COMA SCALE (A+B+C)</b>	15									15													14	
<b>PUPIL RESPONSE</b>																								
Size (mm), React to Light (+) No Response (-)	R																						+	
	L																						+	
<b>MOVEMENT</b>																								
(See Motor Function Scale at Top of Page)	RUE									5													5	
	LUE									4													4	
	RLE									3													3	
	LLE									2													2	
<b>GRIP</b> (S) Strong (W) Weak (-) absent	R									3													3	
	L									3													3	
<b>RESPIRATIONS</b>																								
	REGULAR									✓													✓	
	IRREGULAR																							
	UNLABORED									✓													✓	
	LABORED																							
	SHALLOW																							
	RETRACTIONS																							
<b>BREATH SOUNDS</b>																								
(5) Clear	RUL									5													5	
(4) Crackles	LUL									5													5	
(3) Rhonchi	RLL									5													5	
(2) Wheeze	LLL									5													5	
(1) Diminished	BOTH BASES									5													5	
<b>COUGH</b>																								
	NONE									✓													✓	
	SPONTANEOUS																							
	PRODUCTIVE																							
	NONPRODUCTIVE																							
<b>SPUTUM COLOR</b> (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
<b>SPUTUM CONSISTENCY</b> (3) Thick (2) Frothy (1) Thin																								
<b>VENTILATOR</b>																								
	Vi																							
	FiO2																							
	RATE (SIMV/CMV)																							
	PEEP / CPAP																							
	PRESS. SUPPORT																							
<b>OXYGEN DELIVERY DEVICE</b>																								
	NC (l/min)																							
	FM (l/min)																							
<b>ETT #</b>																								
	NRBM (l/min)																							
	ETT _____ cm gums																							
<b>ETT CARE / POSITION CHANGE</b>																								
<b>ETT / NT SUCTIONED</b>																								
<b>INCENTIVE SPIROMETRY DONE</b>																								✓
<b>COUGH / DEEP BREATH</b>																								✓
<b>INITIALS</b>	(b)(6) b-2																				(b)(6)-2	(b)(6) b-2		

INTAKE

OUTPUT

Time	INTAKE					OUTPUT				COMMENTS	
	IVF	PO	IVPB	ENSURE	FLUSH	Total	URINE	EMESIS	BM		Total
0100	100										
0200	100			240							
0300	100			240			925				
0400	100			70			925				
0500	100										
0600	100										
0700	100										
0800	100										
8 HR	800	650	100	480	190	8 HR	2210			8 HR	1650
0900	100										
1000	100										
1100	100										
1200	100										
1300	100										
1400	100										
1500	100										
1600	100										
8 HR	800	700	100	240	70	16 HR	1910			16 HR	3550
1700	100										
1800	100										
1900	100										
2000	100										
2100	100										
2200	100										
2300	100										
2400											
8 HR						24 HR				24 HR	

MEDICAL RECORD

NURSING NO.

(Sign all notes)

DATE HOUR  
A.M. P.M.

OBSERVATIONS

Include medication and treatment when indicated

17 Sept	0710	<p>Ø signs of distress, pt requested pain med 2mg MSO<sub>4</sub> admn pt ate a couple bites of diet. tol currently resting will cont to monitor (b)(6)-2</p>
	1040	<p>pt now resting. Drsgs<sup>ad</sup> w→o, ROM 4ext, pt drinking water regularly will cont to monitor (b)(6)-2</p>
	1230	<p>pt currently resting in bed on @ side ↑ OOB to chair for last hour. 2sm sigmoid<sup>1/2</sup> break- down on upper back and one small area on sacral area. lotion applied will cont to monitor (b)(6)-2</p>
17 Sep 03	1630	<p>↑ into chair @ 1500, required 100% staff assistance. % pain once in chair, @ hip, 3mg MSO<sub>4</sub> IVP given @ 1510. Appears to have had moderate relief c̄ MSO<sub>4</sub>. Back to bed @ 1600 requiring staff assistance. Pt able to support ~50% weight on @ leg. Appears to be rest comfortably @ this time. Interpreter @ bedside. (b)(6)-2 MS, AU</p>
17 Sep 03	1830	<p>OOB to chair x 30 minutes. Ate 1/2 hamburger patty, drank 240cc fluid. Appears to be alert &amp; oriented. (b)(6)-2 MS, AU</p>
	2000	<p>FF Ad Pt drsg LVE/LLE, Pt <sup>had</sup> 8mg morphine IVP. MD present @ change. Wounds appears red beefy c̄ exudate @ LVE site (b)(6)-2</p>
	2200	<p>Received pt VSS pt disgrated thinks his in line at Hotel, Ø c/o pain, N/V, UOP Great will continue to monitor V Flow chart for Assessment. (b)(6)-2 SET 91WMC6 LVW</p>

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+325
24 Hour Intake	5250
24 Hour Output	4925
Weight on Admission	
Weight Yesterday	
Weight Today	
Last BM	16 Sep 03

NURSE'S SIGNATURE	Initials
(b)(6)-2 LWN P. CRT/PA WAT AN	(b)(6)-2
(b)(6)-2	

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

(b)(6)-2	Signature and Title SGT GIWMO LWN	Department/Service/Clinic ICU A	DATE 18 Sep 03
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**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



		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2		
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2								2								
	<i>Bachol</i> L								2								2								
	DORSALIS R								2								2								
	PEDIS L								2								2								
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale									2								1								
EDEMA									2							3									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓								✓								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓																
SWAN GANZ CATHETER (Zeroed & calibrated)																	0								
ARTERIAL LINE (zeroed & calibrated)																	0								
HYGIENE	BED BATH								✓																
	FOLEY CARE								✓																
	ORAL CARE								✓										✓						
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR										✓	✓							✓						
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE								✓	✓							✓				✓				
	HOB 30 DEGREES								✓	✓							✓								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								2								2								
BOWEL SOUNDS ( active all quads)									24								hyper								
NG / DOBHOFF PLACEMENT VERIFIED									✓																
RESIDUAL ASSESSED																	4cc								
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	<i>Deligh</i>								✓																
#2	<i>Stamp</i>								✓																
#3																									
INVASIVE LINES		SITE		DATE INSERTED		DESCRIPTION (SITE, DSG.)																			
<i>Arms 2 X 2</i>		<i>26</i>		<i>13 Sep 03</i>		<i>0 S/S of IT</i>		<i>(b)(6)-2</i>																	
<i>central</i>		<i>(B) IT</i>																							



### VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPF	COMMENTS
0100																	
0200																	
0300	100.7 <sup>ax</sup>																
0400																	
0500																	
0600																	
0700																	
0800	98.6 <sup>ax</sup>	115	24	119/75	94%												
0900																	
1000																	
1100																	
1200	99.3 <sup>ax</sup>																
1300																	
1400	101 <sup>ax</sup>																
1500																	
1600	101 <sup>ax</sup>	120	26	112/70	94%												(b)(6)-2 of T.Y.R.
1700																	
1800																	
1900																	
2000	98 <sup>ax</sup>																
2100																	
2200	1																
2300	101 <sup>ax</sup>	129	24	123/83	97%												
2400																	

	INTAKE					OUTPUT			COMMENTS
	IVF	IVPB	PO	ENSVR	FLSH	Total	Volume	Total	
0100	100								
0200	100 100	100	100	240	100				
0300	100 100	100	100	240	100				
0400	100 100								
0500	100 100						1200 1200		
0600	100 100	100							
0700	100 100		120						
0800	100 100		100	240	90				
8 HR	800	200	220	480	190	8 HR 1890	1300	8 HR 1300	
0900	100						550 550		
1000	100 100								
1100	100 100	100							
1200	100 100	100	100						
1300	100 100		200						
1400	100 100		480	30			725 725		
1500	100 100		60						
1600	100 100		60						
8 HR	800	200	360	480	30	16 HR 1870	1325	16 HR 2625	
1700	100 100		60			3760			
1800	100 100	100							
1900	100 100								
2000	100 100		480				1100 1100		
2100	100 100		480	30			200 1300		
2200	100 100								
2300	100 100		120				1000 1300		5750
2400	100 100								4925
8 HR	700	100	180	480	30	24 HR 5250	2300	24 HR 4925	375

MEDICAL RECORD		NURSING NO 1 <sup>LD</sup>	
		(Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
18 Sep 03	0745		pt resting currently. No signs of distress. Will cont to monitor. <span style="float: right;">(b)(6)-2</span>
	1005		pt currently eating. Dsg A <sup>ed</sup> w/o on @ thigh + @ stump. Bed bath complete. state own food. central line dsg A <sup>ed</sup> will cont to monitor. <span style="float: right;">(b)(6)-2</span>
	1355		pt dozing on and off. tube feedings infusing per q order. 4cc residual prior to 1400 feedings. Dsg intact will cont to monitor. <span style="float: right;">(b)(6)-2</span>
18 Sep 03	1600		Pt appears alert, follows commands, only oriented to person. T 101.3(6) HR-120, R-26 SpO <sub>2</sub> -94% - 4. <span style="float: right;">(b)(6)-2</span> notified. Breath sounds very diminished @ bases. CBC & diff & CXR ordered. <span style="float: right;">(b)(6)-2</span> MS AN
18 Sep 03	2000		LVE stump dsg A <sup>ed</sup> . Iodoform gauze packed into medial aspect of wound. Small amt of red blood coming from wound. Wet Kerlix gauze applied over stump. Stump wrapped w/ dry kerlix and ace bandage. @ thigh wound dsg A <sup>ed</sup> wet → dry w/ kerlix roll. Deep wounds packed w/ wet kerlix. No active bleeding noted. No s/sx infection noted. Ex-fix intact. Sat w/ chair from 1830-1930. Received 5mg MSO <sub>4</sub> IVP @ 1930 upon return to bed and another 5mg MSO <sub>4</sub> IVP @ 1935 prior to dsg A. Pt tolerated dsg A well. Ate 0% of dinner. 2 cans ensure given @ 2000. Will continue to monitor pt. <span style="float: right;">(b)(6)-2</span> MS AN

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	
Last BM	16 Sep 03

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

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

PREPARED BY (Signature and Title) (b)(6)-2 *UTAN* Department/Service/ Clinic ICU DATE 19 Sep 03

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

Room # (b)(6)-4

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

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2						2					2		2					2					
	<i>Brachial</i> L	2						2					2		2					2					
	DORSALIS R	2						2					2		2					2					
	PEDIS L	2						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						1				1		1						1/3/8					
EDEMA		2																							
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		5/8						✓					✓		✓					✓					
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST						ST				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	PF						✓					✓		✓										
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended		2						2					2		2						2				
BOWEL SOUNDS ( active all quads)		4/4						✓					✓		✓						✓				
NG / DOBHOFF PLACEMENT VERIFIED		✓						✓													✓				
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓						✓					✓		✓										
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown							✓					✓		✓						✓				
	Surgical Wounds	✓																						✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 <i>OLE</i>		✓						✓					✓		✓						✓				
#2 <i>OLE - thigh</i>		✓																						*	
#3																									
INVASIVE LINES	SITE											DATE INSERTED	DESCRIPTION (SITE, DSG.)												
<i>Central</i>	<i>O/S</i>											<i>13 SEP03</i>	<i>2 Sk infection (infiltration) 10/200/10/20</i>												





### 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 <sup>w</sup>																
0300																	
0400																	
0500	98 <sup>s</sup>																
0600																	
0700	98 <sup>EA</sup>	103	20	113/69													
0800																	
0900																	
1000																	
1100																	
1200	97 <sup>EA</sup>	110	23	126/80	95%			RA									
1300																	
1400																	
1500	96 <sup>2</sup>	117	18	114/93	94%			RA									
1600																	
1700																	
1800																	
1900																	
2000	100 <sup>2</sup>	124	16	124/78													
2100																	
2200																	
2300	102 <sup>5</sup>																
2400																	

INTAKE

OUTPUT

Time	INTAKE					Total	OUTPUT			COMMENTS
	IUF	IUPB	PO	Diarrhea	Flush		Urine	Total		
0100	100	100								
0200	100	100		480	30		750			
0300	100	100		480	30		750			
0400	125									
0500	125									
0600	125									
0700	125	50								
0800	125	50								
8 HR	925	150		480	30	8 HR	750		8 HR	+ 835
0900	125	100					525			
1000	125	100					525			
1100	125	100					250			
1200	800	50					100			
1300	100		150				855			
1400	100		150	360	30		855			consumed 10% of Reg diet
1500	150		120	360	30		1295			
1600	150		270				500			
8 HR	1575	250	270	360	30	16 HR	1775		16 HR	1795
1700	100	50					575			
1800	100	50					525			
1900	100						300			
2000	100									
2100	100									
2200	100						600			
2300	100						1425			
2400	100						650			
8 HR	800	50				24 HR	3375		24 HR	5870

MEDICAL RECORD		NURSING NO. [redacted]	
		(Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
19 SEP 03	0005		Pt resting quietly in bed. Incentive Spirometry done. Oley placed in splint Oley splint too long. Pushing Oley/knee of pt. Pt currently not restrained Explained via interpreter importance of not tugging on Foley cath. Pt feels like he needs to urinate despite Foley cath and told interpreter he would work better. [redacted] L.M.
	0020		Medicated 5 650mg Tylenol via NGT, urine hanging and infusing via NGT. Medicated 5 5mg MSO4 @ 0050 for pain in Oley. Repositioned leg and placed blanket under elbow. [redacted] L.M.
9/19/03	0600		Remains NPO for surgery this am. Zantac not given. Will Cont. to monitor. [redacted] L.M.
9/19/03	1100		Picked up by OR staff via Gurney. NAD noted [redacted] L.M.
9/19/03	1205		RTD from OR. See PACU & Physical flow sheet. VES NAD noted. [redacted] L.M.
9/19/03	1300		Tolerated approximately 10% of leg diet. [redacted] L.M.
	1700		Pt rested most of afternoon. OOB to chair w/o problems. [redacted] L.M.
	1820		Pt in chair refused pm meal. consumed water + 1 can of soda. No sig of acute distress. VSS - TC 100° - monitor. [redacted] L.M.
	1910		3mg MSO4 following transfer from chair to bed. Dressing @ VE. cl/1. @ LE is breakthrough drainage - re. reficed. [redacted] L.M.
	2000		Ensure - 480ml I via NGT - Gravity feed. monitor tolerance. Assisted OOB to chair. [redacted] L.M.
	2220		Pt assisted to bed - Dressing A to @ U/L Exposure. Stage II Dressing area upper back up - dressing cl/1. Stage II @ Coccyx area note - clean - left open to air. fussed forward @ side. 5mg MSO4 IV for pain control. Monitor [redacted] L.M.
			Addition: 5mg Benadryl PO per order - monitor effect versus [redacted] L.M.
	2230		102° @ 11: Tylenol x2 - Pt is @ Pain and stable condition - monitor effectiveness for pain control and ant [redacted] L.M.

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	19 Sep 03
POD	005

24 HOUR DATA	
24 Hour Balance	-535
24 Hour Intake	3335
24 Hour Output	3870
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);">LPN</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);">LVT</div>	(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			N/A

PREPARED BY (Signature and Title) (b)(6)-2 LPN	Department/Service/Clinic ICU #1	DATE 20 Sep 03
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**PATIENT'S IDENTIFICATION** (For typed or written entries give: Name-last, first, Middle; grade; date; hospital or-medical facility)

Lopez # (b)(6)-4

- |  |  |
|--|--|
| <input type="checkbox"/> HISTORY/PHYSICAL                | <input type="checkbox"/> FLOWCHART       |
| <input type="checkbox"/> OTHER EXAMINATION Or EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES              |  |
| <input type="checkbox"/> TREATMENT                       |  |



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

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

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

DATE: 20 Sep 05

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

### VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS	
0100	101.8																	
0200																		
0300	98.9																	
0400		107	16	124/60														
0500	97.8																	
0600																		
0700																		
0800	97.8	111	18	128/79	93													
0900																		
1000																		
1100																		
1200																		
1300	99.8	124	24	115/79	96%													DOB in Chs 112
1400																		
1500																		
1600																		
1700																		
1800																		
1830	99.2	116	22	112/73														
1900																		
2000																		
2100																		
2200	98.4	114	20	125/47	97%													
2300																		
2400																		

INTAKE

OUTPUT

Time	INTAKE				OUTPUT				COMMENTS
	IVF	IVPB	PO	ENSURE	Total	URINE	Total		
0100	100	50	200						
0200	100	50	240						
0300	100		240	480		600			
0400	100		280	480					
0500	100		300			650			
0600	00					1250			
0700	100	50							
0800	100	50	250			600			
8 HR	800	100	1000	480	8 HR 1300	1850	8 HR	+80	
0900	100	100	300						
1000	100		300						
1100	100	50				500			
1200	100	150				500			
1300	00		180			550			
1400	200		480			1050			
1500	500	150	480			1250			
1600				480		1200			
8 HR	500	150	480	480	16 HR 3540	2500	16 HR 3500	+40	
1700			360						
1800		50	240			200			
1900			240			200			
2000									
2100									
2200									
2300						580			
2400		50	240	200		700			
8 HR	100	840	200		24 HR		24 HR 1140		



MEDICAL RECORD		NURSING NOTL.	
DATE	HOUR		OBSERVATIONS (Sign all notes) Include medication and treatment when indicated
	A.M.	P.M.	
20 Sep 03	0010		Removal of NGT = 10cc. A misted roll has been taken from (D) side - positioned supine. sponge donut under coccyx area. (b)(6)-2 L.M.
	0030		T <sub>101</sub> <sup>5</sup> - counts reduced - will monitor temperature closely. (b)(6)-2 L.M.
	0300		T <sub>101</sub> <sup>9</sup> (A) - Pt. provided water and positioned back to (D) side. (b)(6)-2 L.M.
	0430		T <sub>101</sub> <sup>9</sup> (A) - covered w/ blanket, positioned for comfort, cont monitor. (b)(6)-2
20 Sep 03	1100		Pain free. DVS6's to RUE LUE? RUE LUE NED. (b)(6)-2
			(+) EXUDATE or foul odor observed. STAGE II Decubitus ulcer in Coccyx area between Gluteal fold approximately 2" in diameter. (+) Exudate. Stage II small multiple decubiti to area below neck approximate 1/4" in size. Sites cleaned w/ bicliver - patient turned to (D) side. VSS. NAD noted. (b)(6)-2 L.M.
20 Sep 03	1325		Foley DC'd. Pt tolerated. Attempted IV start X3 unsuccessful. Will try again later. Pt refused restart. (b)(6)-2 L.M.
	1430		Assumed care of pt. Distress presently on (D) side. Post void Foley DC'd. void obtained. NG feeding proceeding. (b)(6)-2
	1515		Pt to BSC - tolerated well. (b)(6)-2
	1545		Pt back to bed. stool scant urine & clots. (b)(6)-2
	1715		Pt refuses food. unable to convince to eat. (b)(6)-2
	1820		16g IV to (D) goal. 1st attempt. pt tolerated well. good blood draw. (b)(6)-2
	1900		Report given to Mrs. Laporte ICU 2. Pt transported via stretcher tolerated transfer well. (b)(6)-2
20 Sep 03	1900		Pt received in transfer from ICU 1. Seated in bed, stable condition. (b)(6)-2
	2000		Assumed care. Pt resting quiet in bed. Will continue to monitor. (b)(6)-2

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

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

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

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

PREPARED BY (Signature and Title) (b)(6)-2	Department/Service/Clinic ICU-2	DATE 21 Sep 03
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**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

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	
<b>PULSES</b>	<b>RADIAL</b> R					2		2			-			2										2		
(4) Bounding																										
(3) Full	<i>brachial</i> L					2		2			-			2										2		
(2) Normal	<b>DORSALIS</b> R					2		2			-			2										2		
(1) Faint	<b>PEDIS</b> R					2		2			-			2										2		
(0) Absent	L					2		2			-			2										2		
<b>SKIN</b>						1		1			-			1										1		
(1) Dry	(4) Cool																									
(2) Clammy	(5) Flushed					3		3			-			3										3		
(3) Warm	(6) Cyanotic					8		8			-			8										8		
(7) Jaundiced	(8) Color Normal																									
(9) Pale																										
<b>EDEMA</b>																										
<b>HEART SOUNDS</b>																										
(Clear, Regular, No Rubs, No Murmurs)																										
<b>HEART RHYTHM</b>																										
(Normal Sinus Rhythm, no ectopy)						NS																				
<b>SWAN GANZ CATHETER</b>																										
(Zeroed & calibrated)																										
<b>ARTERIAL LINE</b>																										
(zeroed & calibrated)																										
<b>HYGIENE</b>	<b>BED BATH</b>																									
	<b>FOLEY CARE</b>																									
	<b>ORAL CARE</b>																									
<b>MOBILITY</b>	<b>BEDREST</b>																									
	<b>BSC</b>																									
	<b>DANGLE</b>																									
	<b>CHAIR</b>																									
<b>POSITIONED</b>	<b>RIGHT</b>																									
	<b>LEFT</b>																									
	<b>SUPINE</b>																									
	<b>HOB 30 DEGREES</b>																									
<b>FALLS PROTOCOL INITIATED</b>																										
<b>PROTECTIVE DEVICES</b> (Refer to FHMDA OP132-26)																										
<b>PAIN</b>	<b>PAIN FREE</b>																									
	<b>PAIN SCALE (1-10)</b>																									
<b>PCA/PCEA IN USE</b> (Refer to FHMDA OP132-7)																										
<b>ABDOMEN</b>	(2) Soft & Flat																									
	(1) Distended																									
<b>BOWEL SOUNDS</b> ( active all quads)																										
<b>NG / DOBHOFF PLACEMENT VERIFIED</b>																										
<b>RESIDUAL ASSESSED</b>																										
<b>Ph</b>																										
<b>FOLEY CATHETER PATENT</b>																										
<b>VOIDING CLEAR, YELLOW URINE q.s.</b>																										
<b>SKIN INTEGRITY</b>	No Breakdown																									
	Surgical Wounds																									
	Rashes, Lac's, etc																									
<b>DRESSING</b> (Dry & Intact: specify site below)																										
#1	<i>OLE</i>																									
#2	<i>OLE</i>																									
#3																										
<b>INVASIVE LINES</b>	<b>SITE</b>											<b>DATE INSERTED</b>	<b>DESCRIPTION (SITE, DSG.)</b>													
<i>#18g</i>	<i>OLE foot</i>											<i>20 Sep 03</i>	<i>CDI</i>													



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	95.6	81	16	118/81	98%												Z/A
0700																	
0800																	
0900																	
1000	98.2	88	16	120/88	99%												R/A
1100																	
1200																	
1300																	
1400	98.4	119	18	127/81	97%	EA											
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	97.6	109	16	118/77	96%		92										RA
2400																	

INTAKE

OUTPUT

Time	INTAKE				Total	OUTPUT				Total	COMMENTS
	IVF	IVPB	PO	NGT		Urine					
0100											
0200											
0300											
0400											
0500		100				750					
0600		100									
0700						200					
0800		50		100		100					
8 HR		150		100		1050					8 HR
0900											
1000			200			200					
1100		50	250			200					
1200		100	50	50		100					
1300		75	425			225					
1400		100	255			100					
1500				100		225					
1600											
8 HR						16 HR					16 HR
1700											
1800						400					
1900						725					
2000											
2100											
2200											
2300											
2400											
8 HR						24 HR					24 HR

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
21 Sept 03	0330		Pt attempted to pull NET out. Firmly explained that pt would be placed in restraints if any further attempts continued. Pt appeared to understand. Pt did not sleep entire shift, frequently yelling out, but denying pain or other needs. Will continue to monitor. (b)(6)-2
	0600		Arrived patient care 1155 - S C/O pain NO S/O of distress S/O (b)(6)-2
	1040		Dressing Aid to LLE Tolerated well with ease to monitor per orders (b)(6)-2
	1115		Dressing Aid to LUE Tolerated well with ease to monitor per orders. (b)(6)-2
	1240		DOB to chair tolerated well. (b)(6)-2
	1330		Back to bed. Dory went needed help to assist from chair to bed. (b)(6)-2
	1400		Assumed care. Pt sitting in bed voice normal this time. Will continue to monitor. (b)(6)-2
	1500		Performed extensive personal hygiene to include Shampoo, oral care and bed bath. Pt participated minimally. Pt now sitting up in chair. Will continue to monitor. (b)(6)-2
	2000		Resp change completed to LUE in N/A D fashion. Normal wet & beefy. Pt tolerated well. Will continue to monitor. (b)(6)-2
21 Sept 03	2300		Client to NAD (C) amp wrapping CDE (C) fast replace Altered, patent CDE (C) external fixator CDE IE Arms to abd OTA, NG tube (C) core (C) plinda running (C) this time uses (C) IE to difficulty skin worn dry due to IE's x2 MPC BS (b)(6)-2
22 Sept 03	0700		Began pt on enox per physicians instruction checked placement pt tells to allow time to discharge NG tubing. (b)(6)-2

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

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

NURSE'S SIGNATURE	Initials
(b)(6)-2 [Signature]	(b)(6)-2
[Signature]	
[Signature]	

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

PREPARED BY (Signature and Title) Department/Service/Clinic DATE  
 (b)(6)-2 ICU-2 22 Sept 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



		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES	RADIAL R								0						2								2		
(4) Bounding																									
(3) Full	L								ADP						2								2		
(2) Normal	DORSALIS R														2								2		
(1) Faint																									
(0) Absent	PEDIS L								2						2								2		
SKIN																									
(1) Dry (4) Cool (7) Jaundiced																									
(2) Clammy (5) Flushed (8) Color Normal									3						3								3		
(3) Warm (6) Cyanotic (9) Pale									0						0								0		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓						✓								R		
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								2						2								2		
	(1) Distended																								
BOWEL SOUNDS ( active all quads)									✓						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED									✓						✓								✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									*						inc										✓
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds								✓						Coaxly										
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact; specify site below)																									
#1	② L2								✓						✓										✓
#2	② L5								✓						✓										✓
#3																									
INVASIVE LINES	SITE	DATE INSERTED										DESCRIPTION (SITE, DSG.)													
18G	② FOOT	20 SEP 2003										CDI													

**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: 22 Sep 83

TIME	0	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	
<b>A. BEST EYE-OPENING RESPONSE</b> (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open									4																			4
<b>B. BEST VERBAL RESPONSE</b> (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response									5																			4
<b>C. BEST MOTOR RESPONSE</b> (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response									6																			6
<b>GLASCOW COMA SCALE (A+B+C)</b>									15																			14
<b>PUPIL RESPONSE</b> Size (mm), React to Light (+) No Response (-)	R								3+																		3	
	L								3+																		3	
<b>MOVEMENT</b> (See Motor Function Scale at Top of Page)	RUE								5																		5	
	LUE								4																		4	
	RLE								3																		3	
	LLE								3																		3	
<b>GRIP</b> (S) Strong (W) Weak (-) absent	R								5																		5	
	L								5																		5	
<b>RESPIRATIONS</b>	REGULAR								✓																		✓	
	IRREGULAR																											
	UNLABORED																											
	LABORED																											
	SHALLOW																											
	RETRACTIONS																											
<b>BREATH SOUNDS</b> (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL								5																		5	
	LUL								5																		5	
	RLL								5																		5	
	LLL								5																		5	
	BOTH BASES								5																		5	
<b>COUGH</b>	NONE								✓																		✓	
	SPONTANEOUS																											
	PRODUCTIVE																											
	NONPRODUCTIVE																											
<b>SPUTUM COLOR</b> (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																												
<b>SPUTUM CONSISTENCY</b> (3) Thick (2) Frothy (1) Thin																												
<b>VENTILATOR</b>	Vt								EA																			
	FIO2																											
	RATE (SIMV/CMV)																											
	PEEP / CPAP																											
	PRESS. SUPPORT																											
<b>OXYGEN DELIVERY DEVICE</b>	NC (l/min)																											
	FM (l/min)																											
<b>ETT #</b>	NRBM (l/min)																											
	ETT _____ cm gums																											
<b>ETT CARE / POSITION CHANGE</b>																												
<b>ETT / NT SUCTIONED</b>																												
<b>INCENTIVE SPIROMETRY DONE</b>																												
<b>COUGH / DEEP BREATH</b>																												
<b>INITIALS</b>									(b)(6)-2																			(b)(6)-2

### VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	ICA	PCW	CO	CI	PVR	SVR	ICP	CTP	COMMENTS	
0100																		
0200																		
0300																		
0400																		
0500																		
0600																		
0700																		
0800	97.7	110	18	120/80	99%	RA												
0900																		
1000																		
1100																		
1200																		
1300																		
1400																		
1500																		
1600																		
1700																		
1800	98.1	108	18	112/76	99%													
1900																		
2000																		
2100																		
2200																		
2300																		
2400																		

INTAKE					OUTPUT					COMMENTS
UB	IURB	PO	Total	Unlvs	Total					
0100										
0200										
0300										
0400										
0500										
0600										
0700		100			200					
0800		100			400					
8 HR		200		8 HR	400			8 HR		
0900		200								
1000		200								
1100		200								
1200		200								
1300		200								
1400		250			x1 inc					
1500		100			x1 inc					
1600		250								
8 HR		200		16 HR				16 HR		
1700										
1800										
1900										
2000										
2100										
2200										
2300										
2400	30	100			x1					Encountered
8 HR				24 HR				24 HR		

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

OBSERVATIONS

Include medication and treatment when indicated

A.M. P.M.

22 Sept 03 0400

pt pulling @ tubing and fluids, removing ace bandaging to @ amp UE, throwing beddies.

applied soft restraint to @ — (b)(6)-2

0700

got pt up to chair; bed bath done; pt. is having urgency + frequency with urination; noticed blood in urine; will send UA @ next void — (b)(6)-2

0900

UA sent; pt. sitting up in bed eating food from home. — (b)(6)-2

22 Sept 03 1400

Report received, assumed care of patient. Pt continues to be loud, yelling & tries. Incontinent of urine, allso try to pull out NGT. @ hand restrained @ this time. See flow sheet for details

(b)(6)-2

MATAN

1700

OOB -> chair x 2 hrs. — (b)(6)-2

(b)(6)-2

AN

2100

Back to bed, OOB -> chair x 2 more hrs. — (b)(6)-2

(b)(6)-2

AN

22 Sept 03 2200

sleeping @ this time; O/S/S of resp. distress, NGT in place will continue to monitor pt — (b)(6)-2

CPR

# CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

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

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

Department/Service/Clinic: ICU 2      DATE: 23 Sept 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
- OTHER EXAMINATION Or EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOWCHART
- OTHER (Specify)

		U	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2
		1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	2	2
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R	2																			
		L	2																			
	DORSALIS	R	2																			
	PEDIS	L	2																			
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1	2																		
EDEMA			1	2																		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			0																			
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			R																			
SWAN GANZ CATHETER (Zeroed & calibrated)			NSD																			
ARTERIAL LINE (zeroed & calibrated)																						
HYGIENE																						
	BED BATH		✓																			
	FOLEY CARE																					
MOBILITY	ORAL CARE																					
	BEDREST																					
	BSC		✓																			
	DANGLE																					
POSITIONED	CHAIR																					
	RIGHT																					
	LEFT		S																			
	SUPINE		S																			
	HOB 30 DEGREES		S																			
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																			
BOWEL SOUNDS (active all quads)			✓																			
NG / DOBHOFF PLACEMENT VERIFIED			✓																			
RESIDUAL ASSESSED			✓																			
Ph																						
FOLEY CATHETER PATENT																						
VOIDING CLEAR, YELLOW URINE q.s.																						
SKIN INTEGRITY	No Breakdown		✓																			
	Surgical Wounds																					
	Rashes, Lac's, etc																					
DRESSING (Dry & Intact; specify site below)																						
#1	CL Ext Pin site CDF																					
#2																						
#3																						
INVASIVE LINES																						
	T8 gauge	SITE	CL Foot																			
		DATE INSERTED	20 Sept 03																			
		DESCRIPTION (SITE, DSG.)	CDF																			

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

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

**CHART CODES**

Present

Not Applicable / Absent (blank)

Refer to Nsg. Notes

No Change from Previous Assessment

DATE:

TIME	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
<b>A. BEST EYE-OPENING RESPONSE</b>																									
(4) Opens Spontaneously (2) To Pain																									
(3) To Voice (1) Does Not Open																									
<b>B. BEST VERBAL RESPONSE</b>																									
(5) Oriented (2) Garbled																									
(4) Confused (1) No Response																									
(3) Inappropriate Verbal Response																									
<b>C. BEST MOTOR RESPONSE</b>																									
(6) Obeys Commands (3) Flexion to Pain																									
(5) Localizes to Pain (2) Extension to Pain																									
(4) Withdraw to Pain (1) No Response																									
<b>GLASCOW COMA SCALE (A+B+C)</b>																									
PUPIL RESPONSE	R																								
	L																								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE																								
	LUE																								
	RLE																								
	LLE																								
GRIP (5) Strong (3) Weak (-) absent	R																								
	L																								
RESPIRATIONS	REGULAR																								
	IRREGULAR																								
	UNLABORED																								
	LABORED																								
	SHALLOW																								
BREATH SOUNDS	RUL																								
	LUL																								
	RLL																								
	LRL																								
	BOTH BASES																								
	COUGH	NONE																							
SPONTANEOUS																									
PRODUCTIVE																									
NONPRODUCTIVE																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FI02																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
OXYGEN DELIVERY DEVICE	PRESS. SUPPORT																								
	NC (l/min)																								
	FM (l/min)																								
	NRBM (l/min)																								
ETT # _____ cm gums																									
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS																									

(b)(6)-2

(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	98.6	62	16	114/52	100%													
0300																		
0400																		
0500																		
0600																		
0700																		
0800																		
0900	96.4	105	110	122/79	99%													
1000																		
1100																		
1200																		
1300																		
1400																		
1500	97.0	98	18	130/80	100%													
1600																		
1700																		
1800																		
1900																		
2000																		
2100																		
2200																		
2300																		
2400																		

Time	INTAKE					OUTPUT			COMMENTS	
	NG	IVPB	PO			Total	Urine	BM		Total
0100										
0200	340									
0300										
0400										
0500							X1			Incontinent
0600	100									
0700										
0800										
8 HR						8 HR.			8 HR.	
0900										
1000							X1			
1100							13			
1200										
1300										
1400										
1500		200								
1600										
8 HR						16 HR.			16 HR.	
1700										
1800										
1900										
2000										
2100										
2200										
2300										
2400										
8 HR						24 HR.			24 HR.	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

OBSERVATIONS

Include medication and treatment when indicated

A.M. P.M.

23 Sept 03	0200	- sleeping @ this time, will continue to monitor pt. <span style="float: right;">(b)(6)-2</span>
	0700	pt. resting with eyes closed; NAD; will cont. to monitor. <span style="float: right;">(b)(6)-2</span>
	1030	pt voiding dark yellow urine; UA was sent
	1430	Praying with NAD US3 will sent to monitor per orders. <span style="float: right;">(b)(6)-2</span>
	1445	Incontinent of urine. <span style="float: right;">(b)(6)-2</span>
	1645	In; Out cath. 80cc cloud yellow urine will inform MD of finding. <span style="float: right;">(b)(6)-2</span>
	1655	↑ to chair tolerating well. NAD will cont to monitor per orders. <span style="float: right;">(b)(6)-2</span>
	1700 <del>1630</del>	Received Tylox x ii for leg pain. will sent to monitor per orders. <span style="float: right;">(b)(6)-2</span>
	1830	In chair eating some food. UA <span style="float: right;">(b)(6)-2</span>
	1845	MD Mondragon notify of In; Out results. <span style="float: right;">(b)(6)-2</span>
	1910	Back to bed tolerated well. Decided help w/ help to stand. <span style="float: right;">(b)(6)-2</span>

# CRITICAL CARE FLOW SHEET

## DARNALL ARMY COMMUNITY HOSPITAL

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

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

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

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

PREPARED BY (Signature and Title) (b)(6)-2 <i>g/m/m</i>	Department/Service/Clinic <i>ICU</i>	DATE <i>24 Sept 03</i>
--	---	---------------------------

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

(b)(6)-4 *(EPLC)*

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

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES	RADIAL	R	2	2				2							2								2		
(4) Bounding	Brachial	L	(b)(6)	2				2							2								2		
(3) Full		DORSALIS	R	2				2							2								2		
(2) Normal	PEDIS	R	2					2							2								2		
(1) Faint		L	2					2							2								2		
(0) Absent																									
SKIN																									
(1) Dry	(4) Cool	(7) Jaundiced																							
(2) Clammy	(5) Flushed	(8) Color Normal																							
(3) Warm	(6) Cyanotic	(9) Pale																							
EDEMA																									
HEART SOUNDS																									
(Clear, Regular, No Rubs, No Murmurs)																									
HEART RHYTHM																									
(Normal Sinus Rhythm, no ectopy)																									
SWAN GANZ CATHETER																									
(Zeroed & calibrated)																									
ARTERIAL LINE																									
(zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat																								
	(1) Distended																								
BOWEL SOUNDS ( active all quads)																									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1	(L)LE ext pix																								
#2	(L)LE QWP																								
#3																									
INVASIVE LINES	SITE																								
NG	(L) none																								
IRG	(L) port																								

**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: 24 Sept 03

TIME	DATE: 24 Sept 03																							
	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
<b>A. BEST EYE-OPENING RESPONSE</b> (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4								4								4	
<b>B. BEST VERBAL RESPONSE</b> (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			*5				5								5								5	
<b>C. BEST MOTOR RESPONSE</b> (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	
<b>GLASCOW COMA SCALE (A+B+C)</b>			15				15								15								15	
<b>PUPIL RESPONSE</b> Size (mm), React to Light (+) No Response (-)	R						2								2								2	
	L						2								2								2	
<b>MOVEMENT</b> (See Motor Function Scale at Top of Page)	RUE		3				3								4								4	
	LUE		2				2								3								3	
	RLE		3				3								3								3	
	LLE		2				2								2								2	
<b>GRIP</b> (S) Strong (W) Weak (-) absent	R		3				3								3								3	
	L		3				3								3								3	
<b>RESPIRATIONS</b>	REGULAR		✓				✓								✓								✓	
	IRREGULAR																							
	UNLABORED		✓				✓								✓								✓	
	LABORED																							
	SHALLOW																							
<b>BREATH SOUNDS</b> (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUE		5				5								5								5	
	LUE		5				5								5								5	
<b>COUGH</b>	RUE		5				5								5								5	
	LUE		5				5								5								5	
<b>SPUTUM COLOR</b> (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear	BOTH BASES		✓				✓								✓								✓	
	NONE		✓				✓								✓								✓	
	SPONTANEOUS																							
	PRODUCTIVE																							
<b>SPUTUM CONSISTENCY</b> (3) Thick (2) Frothy (1) Thin	NONPRODUCTIVE																							
	VENTILATOR																							
	NONPRODUCTIVE																							
	VENTILATOR																							
<b>VENTILATOR</b>	Vt																							
	FiO2																							
	RATE (SIMV/CMV)																							
	PEEP / CPAP																							
<b>ONXYGEN DELIVERY DEVICE</b>	PRESS. SUPPORT																							
	NC (l/min)		CA				CA																	
	FM (l/min)																							
	NRBM (l/min)																							
<b>ETT #</b>	ETT _____ cm gums																							
<b>ETT CARE / POSITION CHANGE</b>																								
<b>ETT / NT SUCTIONED</b>																								
<b>INCENTIVE SPIROMETRY DONE</b>																								
<b>COUGH / DEEP BREATH</b>																								
<b>INITIALS</b>		(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																			
0740	100 <sup>4</sup>	113	18	131/74	96%		96											(b)(6)-2	
0200																			
0300																			
0400																			
0500																			
0600																			
0700	99 <sup>6</sup>	104	16	125/73	97%		94												(b)(6)-2
0800																			
0900																			
1000																			
1100																			
1200																			
1300																			
1400	97 <sup>1</sup>	106	16	121/74	96%														(b)(6)-2
1500																			
1600																			
1700																			
1800																			
1900																			
2000																			
2100																			
2200																			
2300																			
2400	97.5	128	16	129/63	97%														(b)(6)-2

# CRITICAL CARE FLOW SHEET

## DARNALL ARMY COMMUNITY HOSPITAL

LOS DATA	
DOA	25 Aug 03
DOS	25 Sept 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 [Redacted Signature]	(b)(6)-2 CPN
(b)(6)-2 [Redacted Signature]	KA

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>PREPARED BY (Signature and Title)</b> (b)(6)-2	<b>Department/Service/Clinic</b> CPN ICU	<b>DATE</b> 25 Sept 03
--	---	---------------------------

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

(b)(6)-4  
 [Redacted Patient Identification]

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





**PUPIL SIZE**  
 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: 25 Sep 2003

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

### VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS	
0100																		
0200																		
0300																		
0400																		
0500																		
0600																		
0700																		99°
0800																		
0900																		
1000																		
1100																		
1200																		
1300																		
1400																		
1500																		
1600																		
1700																		
1800																		
1900																		
2000																		
2100																		
2200																		
2300																		
2400																		





**MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS**

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

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

SECTION I TO BE COMPLETED BY PRIVILEGED PROVIDER	SECTION II TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE
1. DATE OF PROCEDURE/ADMISSION: _____	1. DISPOSITIONED TO: <input type="checkbox"/> HOME <input type="checkbox"/> DUTY <input checked="" type="checkbox"/> OTHER <span style="float:right">(b)(6)</span>
2. ADMITTING/DIAGNOSIS: _____	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> CRUTCHES <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> STRETCHER
3. PERTINENT LAB, X-RAY, FINDINGS: _____	2. ACCOMPANIED BY: <input type="checkbox"/> FAMILY <input type="checkbox"/> FRIEND <input checked="" type="checkbox"/> OTHER <span style="float:right">(b)(6)</span>
<i>See chart</i>	3. PATIENT EDUCATION: Completed and patient prepared for home care. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <span style="float:right">(b)(6)</span> If no, explain: _____
4. PROCEDURES, TREATMENT, HOSPITAL COURSE: _____	Patient: <input type="checkbox"/> states <input checked="" type="checkbox"/> demonstrates understanding of home care needs <span style="float:right">(b)(6)</span> Printed educational materials provided: _____
<i>See chart</i>	4. Clinical outcomes met and post-discharge/release referrals made. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE: _____	5. If transferred to another health care facility, report called to nurse. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
<i>Am. An. L. 2-13-10</i>	6. NUTRITION CARE - Comments: _____
<i>ST LOSS 2-13-10</i>	<i>Reg diet, ↑ fluids</i>
<i>200</i>	7. MEDICATIONS: Explained by: <input checked="" type="checkbox"/> NURSE <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHARMACIST Printed medication literature provided. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Patient states understanding of prescribed medications. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. ACTIVITY: _____	8. EQUIPMENT/SUPPLIES PROVIDED: _____
7. DIET: _____	<i>Keelix, Idoform, padding, cotton pads, 4x4, sterile gauze</i>
8. MEDICATIONS: <input checked="" type="checkbox"/> Medications have been prescribed for home use. See separate list and special instructions or see below. <i>Keflex</i> <i>Levamisole</i> <i>GI, etc.</i>	9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE: <span style="float:right">(b)(6)-2</span> _____ 1300 work <i>Dr. (b)(6)-2 at the</i> <i>21st CASH Sprenth</i> <span style="float:right">(b)(6)-2</span>
9. INSTRUCTIONS (To Home Health Providers, Patient, etc): _____	10. FOR PROBLEMS OR EMERGENCY, CALL _____ <span style="float:right">(b)(3)-1</span>
10. <span style="float:right">(b)(6)-2</span> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px 0;"></div> <i>(b)(6)(2)</i> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; background-color: black;"></div>	11. COMPLETED BY: _____ <span style="float:right">(b)(6)-2</span> <i>LPN 25303/110</i> <div style="display: flex; justify-content: space-between;"><span>(Signature and Title)</span><span>(Date and Time)</span></div>
PATIENT IDENTIFICATION <span style="float:right">(b)(6)-4</span> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px 0;"></div>	I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS. <i>EPH MEDIC</i> <span style="float:right">25303/110</span> <span style="float:right">(b)(6)-2</span> <div style="display: flex; justify-content: space-between;"><span>(Patient/Responsible Adult's Signature)</span><span>(Date and Time)</span></div>



MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSFERRED REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER OF (b)(6)-2						IMN FOLLOWING EACH ADMINISTRATION DATE ADMINISTERED										
				5	6	7	8	9	0											
5 SEPT 03	n	D5NSZ20mg KCC 100cc / <sup>o</sup>	0	/																
5 SEPT 03	n	Gestane CD 300g IV q 2h x 4 days	11	/																
5 SEPT 03	n	Amcef 1gm QPB q 8 <sup>o</sup>	12	/																
			10	/																
			18	/																
5 SEP	n	O <sub>2</sub> 3L USA N/C PRA SAT < 92%	0	/																
			2	/																
5 SEP	n	W → D dress BID NEED to pack area by 0800	10	/																
			22	/																
5 SEP	n	Zantac 50mg IV q 8 <sup>o</sup>	08	/																
			16	/																
			24	/																
5 SEP	n	Deet: WFO - okay for ICE chips 1/2 cup q 1 <sup>o</sup> (or small sips H <sub>2</sub> O)	0	/																
5 SEP	n	O <sub>2</sub> to check BID-TD	0	/																
			2	/																
			2	/																
5 SEP	n	Drug D of CO elbow BID (pull dress to one side)	10	/																
			22	/																
6 SEP 03	n	CLEAR LIQUIDS ADVANCE SLOWLY AS TOLERATED	0	/																
			2	/																

(b)(6)-4



**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER EXPIRATION DATE	TRANSCRIBER NAME/INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE							
<del>5/5/88</del>	<del>(b)(6)-2</del>	<del>Demecol 25mg 12.5 phenemoran IV q 4-6 prn pain</del>	<del>Date</del>	<del>6/5/88</del>	<del>6/5/88</del>	<del>6/5/88</del>	<del>6/5/88</del>	<del>6/5/88</del>	<del>6/5/88</del>	<del>6/5/88</del>
<del>5/5/88</del>	<del>(b)(6)-2</del>	<del>Tylenol 650-100mg PRN (supp) q 4-6 prn temp &gt; 101° F</del>	<del>Date</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>
<del>7/20/88</del>	<del>(b)(6)-2</del>	<del>Ambien 5mg QHS PRN</del>	<del>Date</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>
<del>7/20/88</del>	<del>(b)(6)-2</del>	<del>AMBIEEN 10mg SIG PO q HS PRN</del>	<del>Date</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>
<del>7/20/88</del>	<del>(b)(6)-2</del>	<del>Tylenol 650-1000mg PO q 4-6 prn temp &gt; 101° F</del>	<del>Date</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>
<del>7/20/88</del>	<del>(b)(6)-2</del>	<del>Tylox I-11 PO q 4-6 PRN PAIN</del>	<del>Date</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>	<del>9/7/88</del>

CODES: Initials only = Medication administered  
 Initials and E = Medication effective  
 Initials and I = Medication ineffective  
 Initials and O = Medication withheld  
 \*SEE SP 503 FOR NURSE'S ENTRY

(b)(6)-4

**MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD**

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

ORDER DATE	TRANSMISSION/REVIEWER/INITIALS	SECTION 1 DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
9/8/03	(b)(6)-2	CBC & Diff on 9 Sep 03	9/9/03 0500	(b)(6)-2 0430
9/9/03	(b)(6)-2	CHEST X-RAY TODAY (AP & LAT in Radiology)	9/9/03	9/9/03 1130 (b)(6)-2
9/9/03	(b)(6)-2	Urine For UA	9/9/03	9/9/03
9/9/03	(b)(6)-2	NUTRITIONAL ASSESSMENT AGAIN to ASSESS FOR ENTERAL FEEDINGS	9/9/03	
09SEP03	(b)(6)-2	NPO past midnight	09SEP03 1100	11SEP03

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** ② BE AMP / ③ OPEN Femur FX  
ISD E SHORTENING OF BONE WOUND HAZARD

**ALLERGIES:** NKA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDCOM - 1790

# MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBED BY REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS. DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION											
				DATE ADMINISTERED											
				8	9	10	11	12							
9/8/03	(b)(6)-2	VS Q ROUTINE	D	(b)(6)-2											
			E												
			N												
9/8/03		REGULAR DIET ADVANCE AS TOLERATED	D												
			E												
			N												
9/8/03		DS 1/2 NS c 20meq KCL/D OR CURRENT SOLUTION	D												
			E												
		TRA 100cc/1° HEPLOCK WHEN PO GOOD	N												
9/8/03		GENTAMICIN 300mg IV Q DAY	11												
9/8/03		ANCEF 1gm IV Q 8°	02												
			10												
			18												
9/8/03		ZANTAC 50mg IV Q 8°	08												
			16												
			24												
9/8/03		DAILY CREATININE	05												
9/8/03		DOB BID - TID	10												
			15												
			20												
9/8/03	(b)(6)-2	DRESSING CHANGE TO ELBOW & HIP BID, MAY USE 1/4" to 1/2" PACKING AS NEEDED	09												
			21												
9/8/03	(b)(6)-2	HEPLOCK FLUSH c NS Q SHIFT	D /	(b)(6)-2											
			E /												
			N /												
9/8/03	(b)(6)-2	VS Q 40 (T, P, R, B, A, S, C)	04 /												
			08 /												
			12 /												
			16 /												
			20 /												
			24 /												

Ded 9/9/03

Ded 9/9/03

DO

D/C 9/10/03

MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS. DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
				DATE ADMINISTERED															
				9	10	11													
9/9/03	NO. 7 (b)(6)-2	Frequently assess DRSG'S FOR DRAINAGE & Reinforce if appropriate	D	(b)(6)-2															
9/9/03	(b)(6)-2	↓ GENTAMICIN 200MG IV QDAY	11																
10/5/03	(b)(6)-2	Box-tron D 5 T PO BID	10																
			22	(b)(6)-2															
10/5/03	(b)(6)-2	DS 1/2 SS 20mg TRA 100cc/10	D																
			E																
			N																

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: BE AMP OPEN FEMUR FX  
35 DE SHORTENING of Bone wound Praction  
 ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

- D 07 08 09 10 11 12 13 14
- E 15 16 17 18 19 20 21 22
- N 23 24 01 02 03 04 05 06



**MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD**  
 For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSFERRER REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
11 Sep 03	(b)(6)-2	CBC in Am (12 Sep 03)	12 Sep 03 0500	(P)
11 Sep 03		S/P I+D to LVE stump, DRSG A by Dr. Gupta		
11 Sep 03		Next planned washout 13 Sep 03	13 Sep 03	
11 Sep 03		Malaria smears @ 8° x 3 or if temp goes > 101.	#1 1200 11 Sep #2 0700 11 Sep #3 1200 12 Sep	(P) (P) 12 Sept 1245 (b)(6)
12 Sept		Send LFTs	ADW	12 Sept 1245 (b)(6)-2
12 Sept		NPO p.m.	0000 13 Sept	(b)(6)-2
13 Sept		Portable CXR	NOW	
13 Sept		U/A	when void	
13 Sept		ESR & meet to look over it & then 000	today	

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** S/P I+D to LVE stump, DRSG A

**ALLERGIES:** NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PRO. COLUMN FOLLOWING EACH ADMINISTRATION																			
				DATE ADMINISTERED																			
11 Sep 03	(b)(6)-2	Vital Signs & routine	D	11	12	13																	
		Temps q4or	E																				
			N																				
11 Sep 03		Regular Diet	D																				
		May eat food from home	E																				
			N																				
11 Sep 03		Ensure 1 can TID	10																				
			15																				
			20																				
11 Sep 03		Daily Creatine	05																				
11 Sep 03		Up in chair BID-TID	10																				
			15																				
			20																				
11 Sep 03		Ancef 1 gm IV q 8'	02																				
			10																				
			18																				
11 Sep 03		Gentamicin 200 mg IV	11																				
		QD	(b)(6)-2																				
11 Sep 03		Bactrim DS ÷ PO BID	10																				
			22																				
11 Sep 03		Zantac 50mg IV q 8'	08																				
		IF PO tolerated A to	16																				
		150 mg PO TID	24																				
11 Sep 03		DRSG A to below elbow	09																				
		stump and hip BID	21																				
11 Sep 03	(b)(6)-2	Current fluid (LR)	D																				
		@ 75 cc/hr	E																				
			N																				
1 Sep	(b)(6)-2	when tolerating - do -	08																				
		A Zantac to 150mg	16																				
		PO TID	24																				
11 Sep 03		Levofloxacin 500mg IV q 24'	08																				

MEDCOM FORM 690-R (TEST) (MCHQ) MAR 99

(b)(6)-4

### MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANScribed BY / REVIEWER INITIALS	SECTION II (Cont'd) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION												
				DATE ADMINISTERED												
				13	14	15										
13 Sep 03	(b)(6)-2	112 g Shift	O	(b)(6)-2												
			E													
			N													
17 Sep 03		008 Bid - tid	O													
			E													
			N													
17 Sep 03		05 1/2 20x @ 100/hr	O													
			E													
			N													
13 Sep 03		Levoquin 500mg IV q 24"	O8													
13 SEP 03		Gentamycin 150 mg IV q 24"	11													
13 Sep 03		Routine Central Line Care	O													
			E													
			N													
13 Sep 03		Pruning A Bid	10													
			02													
13 Sep 03		T (on prairie) q shift	O													
		VIA NG	E													
			N													
14 Sept		Finley to SA DD	O													
			E													
			N													
14 Sept		Ensure 1 can p 6"	O3													
			O9													
			15													
			21													
14 Sept 03		Adm diet as tolerated	B													
			L													
			O													

(b)(6)-2

(b)(6)-2

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** 4p (L) UE APP / (L) LE Fernin Ex  
**ALLERGIES:** NKOA

Circle administration times (in pencil) for recurring medication.

- D 07 08 09 10 11 12 13 14
- E 15 16 17 18 19 20 21 22
- N 23 24 01 02 03 04 05 06



# MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER/EXPIRATION DATE	TRANScriber/REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																				
			TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE																				
13 Sep 07	(b)(6)-2	Haldol 5mg IV q6 <sup>o</sup> PRN Psychosis	1330																				
		I/E	2200																				
		INITIALS	(b)(6)-2																				
17 Sep 07	(b)(6)-2	MSO4 8-10mg IV q1-2 <sup>o</sup> PRN Pain	0700	1700	1430P																		
		I/E	2mg	2mg	2mg																		
		INITIALS	1-01	2015																			
13 Sep 07	(b)(6)-2	Phenomenon 12.5mg IV q4 <sup>o</sup> PRN N/V																					
		I/E																					
		INITIALS	(b)(6)-2																				
14 Sep 07	(b)(6)-2	Ambien 5mg PO qHS PRN Insomnia	0800	1430																			
		MAY REPEAT X 1 IF	2300	0030																			
		INEFFECTIVE MAY GIVE V/N/G (INITIALS)	I/E																				
		INITIALS	(b)(6)-2																				

**CODES:** Initials only = Medication administered  
 Initials and I = Medication ineffective\*  
 Initials and E = Medication effective  
 Initials and O = Medication withheld\*

SEE SP 508 FOR NURSE'S ENTRY

**MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD**  
For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSFUSION REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
13 Sep 03	(b)(6)-2	LAB AMP (L) open fem fx	13 Sep 03	(b)(6)-2
13 Sep 03		1/2 Central line placement, NG and armband	13 Sep 03	
13 Sep 03		CBC & DIFF, SMA 7, LFT <sup>u</sup> in AM	0500 13 Sep 03	05
13 Sep 03		Creatinine in AM	0500 14 Sep 03	05
13 Sep 03		AP (L) Hip XRAY in AM	14 Sep 03	(b)(6)-2
13 Sep 03		U/L - Liver-Gallbladder in AM	14 Sep 03	(b)(6)-2
13 Sep 03		Gate Plate Ad Placement - NGT	14 Sep 03	(b)(6)-2
13 Sep 03		Enox: Mix 54/50 & H <sub>2</sub> O - 60cc VIA NG. DITCH, 30 min	13 Sep 03	2230 - (C)
		If tolerated, may use Enox full strength - 60cc over 30 minutes	13 Sep 03	2230 (C)
		If tolerated is N/V - I can Enox q shift VIA NGT	13 Sep 03	0100 (C)
13 Sep 03		CXR - placement of central line - portable	13 Sep 03	(b)(6)-2
13 Sep 03		Ambien 5mg PO NOW + HS for insomnia, may repeat x 1 if ineffective - may give through NG tube	13 Sep 2300	2300 (C)
14 Sept		T & C 2 units PRBC transfusion 1 new (C) now		(b)(6)-2
		4 hrs Give both units		(b)(6)-2
14 Sept		KCL 100 mg in 250cc NS new (C) now		(b)(6)-2
14 Sept		Repeat K <sup>+</sup> level after KCL infusion		(b)(6)-2
14 Sept		Check H/H 40 after last transfusion	15 Sep 2045	(b)(6)-2
14 SEPT		Tylosol 1gm PO x 1	14 SEPT 03	(b)(6)-2

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** (L) UE AMP / (L) LE Femur FX

**ALLERGIES:** AKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06





**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER EXPIRATION DATE	TRANSCRIBED REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																				
			TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE																				
11 Sep 83	(b)(6)-2	Demerol 25 mg IV q 4-6 PRN pain c	11 Sep 0830 0830 (b)(6)-2																				
11 Sep 83	(b)(6)-2	phenergan 12.5 mg Tyloxipr-H prn q 4 to prn pain	11 Sep 11335 11335 (b)(6)-2	11 Sep 11515 11515 (b)(6)-2	11 Sep 12100 12100 (b)(6)-2	11 Sep 12200 12200 (b)(6)-2	11 Sep 12500 12500 (b)(6)-2	11 Sep 13000 13000 (b)(6)-2	11 Sep 13350 13350 (b)(6)-2	11 Sep 13750 13750 (b)(6)-2	11 Sep 14000 14000 (b)(6)-2	11 Sep 14350 14350 (b)(6)-2	11 Sep 14750 14750 (b)(6)-2	11 Sep 15000 15000 (b)(6)-2									
12 Sep 83	(b)(6)-2	Tylenol 1000mg po q 6° PRN temp	12 Sep 0820 0820 (b)(6)-2	12 Sep 0855 0855 (b)(6)-2	12 Sep 0930 0930 (b)(6)-2	12 Sep 1005 1005 (b)(6)-2	12 Sep 1040 1040 (b)(6)-2	12 Sep 1115 1115 (b)(6)-2	12 Sep 1150 1150 (b)(6)-2	12 Sep 1225 1225 (b)(6)-2	12 Sep 1300 1300 (b)(6)-2	12 Sep 1335 1335 (b)(6)-2	12 Sep 1410 1410 (b)(6)-2	12 Sep 1445 1445 (b)(6)-2									
12 Sep 83	(b)(6)-2	halidol 5mg IV q 4° for psychosis PRN	12 Sep 1415 1415 E																				
12 Sep 83	(b)(6)-2	MSO4 2-10mg IV q 2° PRN Pain / temp	12 Sep 0830 0830 (b)(6)-2	12 Sep 0905 0905 (b)(6)-2	12 Sep 0940 0940 (b)(6)-2	12 Sep 1015 1015 (b)(6)-2	12 Sep 1050 1050 (b)(6)-2	12 Sep 1125 1125 (b)(6)-2	12 Sep 1200 1200 (b)(6)-2	12 Sep 1235 1235 (b)(6)-2	12 Sep 1310 1310 (b)(6)-2	12 Sep 1345 1345 (b)(6)-2	12 Sep 1420 1420 (b)(6)-2	12 Sep 1455 1455 (b)(6)-2									
13 Sep 83	(b)(6)-2	malaria smears q 8° & 3 oz if temp goes > 101°	13 Sep 0830 0830 (b)(6)-2																				

CODES: Initials only = Medication administered  
Initials and E = Medication effective

Initials and I = Medication ineffective\*  
Initials and O = Medication withheld\*

SEE SF 509 FOR NURSE'S ENTRY

(b)(6)-4

**MEDICATION RECORD - MEDICATION ADMINISTRATION RECORD**  
 For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSFERRER REVERSER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
15 Sep	(b)(6)-2	Admit ICU-1 - (b)(6)-2	15 Sep	1600 (b)(6)-2
15 Sep		Kcl 100 mg in 250 cc D5W. Run in over 10 <sup>0</sup> hr	15 Sep	1600 me
15 Sep		Plate plate abd for NG tube placement	15 Sep	1730 me
15 Sep		CBC & diff on 17 Sep	17 Sep 08	0500 (b)(6)-2
15 Sep		Remove sutures		15 Sep 0545 me
18 Sep		NPO til 0300 am (19 Sep) (60 bp asura)	18 Sep 0300	(b)(6)-2 Done
18 Sep		D5NS TRA 125cc q4 0300 19 Sep	18 Sep 0300	Done
18 Sep		Creatine / RT in am	18 Sep 03	15-711
18 Sep 03		Post CXR - AP + LAT	18 Sep 03	1630
18 Sep		CBC & diff	18 Sep 03	1640

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** SIP I+D @ Hip & @ Elbow stem  
**ALLERGIES:** NKDA

Circle administration times (in pencil) for recurring medication.

- D 07 08 09 10 11 12 13 14
- E 15 16 17 18 19 20 21 22
- N : 03 04 05 06

ORD - MEDICATION ADMIN

RECORD

ORDER DATE	TRANSFERRED REVIEWER INITIALS	IN IT RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL											
				15	16	17	18	19	20	21					
15 sep	(b)(6)-2	Routine TS care	0	✓											
			E												
			N												
15 sep	(b)(6)-2	Levofloxacin 500 mg IV q 24h	08	✓											
15 sep		Zantac 150 mg po TID	06	✓											
			14	✓											
			22	✓											
15 sep		Dressing & Bid	10	✓											
			20	✓											
15 sep		K+, creat @ am x 2 days	05	✓											
15 sep		TS Q 10 WA	0	✓											
			E												
			N												
15 sep		May restrain if needed	0	✓											
			E												
			N												
15 sep		U.S. Q shift	0	✓											
		Temps Q 4	0	✓											
			N												
15 sep		ADVANCE Diet as Tolerated	B	✓											
			L	✓											
			D	✓											
17 sep		Pom @ shift - all extremities	0	✓											
			E	✓											
			N	✓											
17 sep		apply foot splints Q HS	02	✓											
17 sept		Zosyn 3.375 gm IV PB q 6h	06	✓											
			12	✓											
			18	✓											
			24	✓											

(b)(6)-4

**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER DATE	TRANSFERRED / REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
				DATE ADMINISTERED																
				15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
15 Sep	(b)(6)-2	DOB Bid - TID	D																	
15 Sep		NG for feeding tube	D																	
15 Sep		Advance diet as tolerated	D																	
15 Sep		Ensure + care @ 6° ORN 20-30 min	02																	
15 Sep		05 NS @ 20 Kcl/l TRA 100 cc/l	D																	
15 Sep		Foley to gravity drainage	D																	
15 Sep		Unasyn 3.0 g oral q 6h	06																	
15 Sep		Gentamicin + Gentamycin 150 mg TID q 24h	11																	
15 Sep		Ambien 5-10 mg PO QHS for sleeplessness	22																	
		See next page																		

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** SIP I+D (A-Hip + D) Elbow stump

**ALLERGIES:** AKDA

Circle administration times (in pencil) for recurring medication.

D 07 08 09 10 11 12 13 14  
 E 15 16 17 18 19 20 21 22  
 N 23 24 01 02 03 04 05 06



**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																					
			TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE																					
<del>15 SEP</del>	(b)(6)-2	<del>MSO4 2-10 mg Q 1-2 PRN PAIN</del>	<del>15 SEP 0558</del>	<del>16 SEP 0200</del>	<del>16 SEP 0500</del>	<del>16 SEP 0800</del>	<del>16 SEP 1100</del>	<del>16 SEP 1400</del>	<del>16 SEP 1700</del>	<del>17 SEP 0000</del>	<del>17 SEP 0300</del>	<del>17 SEP 0600</del>	<del>17 SEP 0900</del>	<del>17 SEP 1200</del>	<del>17 SEP 1500</del>	<del>17 SEP 1800</del>	<del>18 SEP 0100</del>	<del>18 SEP 0400</del>	<del>18 SEP 0700</del>	<del>18 SEP 1000</del>	<del>18 SEP 1300</del>	<del>18 SEP 1600</del>	<del>18 SEP 1900</del>	
<del>15 SEP</del>	(b)(6)-2	<del>Tylenol 650mg PRN PO Q 60 PRN TEMP X 1004 ax</del>	<del>15 SEP 1700</del>	<del>16 SEP 0145</del>	<del>16 SEP 0500</del>	<del>16 SEP 0800</del>	<del>16 SEP 1100</del>	<del>16 SEP 1400</del>	<del>16 SEP 1700</del>	<del>17 SEP 0000</del>	<del>17 SEP 0300</del>	<del>17 SEP 0600</del>	<del>17 SEP 0900</del>	<del>17 SEP 1200</del>	<del>17 SEP 1500</del>	<del>17 SEP 1800</del>	<del>18 SEP 0100</del>	<del>18 SEP 0400</del>	<del>18 SEP 0700</del>	<del>18 SEP 1000</del>	<del>18 SEP 1300</del>	<del>18 SEP 1600</del>	<del>18 SEP 1900</del>	
<del>17 SEP 08</del>	(b)(6)-2	<del>Ditropan 5mg po Q8 PRN Bladder spasm</del>	<del>18 SEP 1630</del>	<del>18 SEP 1700</del>	<del>18 SEP 1800</del>	<del>18 SEP 1900</del>	<del>19 SEP 0000</del>	<del>19 SEP 0100</del>	<del>19 SEP 0200</del>	<del>19 SEP 0300</del>	<del>19 SEP 0400</del>	<del>19 SEP 0500</del>	<del>19 SEP 0600</del>	<del>19 SEP 0700</del>	<del>19 SEP 0800</del>	<del>19 SEP 0900</del>	<del>19 SEP 1000</del>	<del>19 SEP 1100</del>	<del>19 SEP 1200</del>	<del>19 SEP 1300</del>	<del>19 SEP 1400</del>	<del>19 SEP 1500</del>	<del>19 SEP 1600</del>	<del>19 SEP 1700</del>
<del>15 SEP</del>	(b)(6)-2	<del>MSO4 2-10 mg Q 1-2 PRN PAIN</del>	<del>17 SEP 2035</del>	<del>18 SEP 0130</del>	<del>18 SEP 0400</del>	<del>18 SEP 0700</del>	<del>18 SEP 1000</del>	<del>18 SEP 1300</del>	<del>18 SEP 1600</del>	<del>19 SEP 0000</del>	<del>19 SEP 0300</del>	<del>19 SEP 0600</del>	<del>19 SEP 0900</del>	<del>19 SEP 1200</del>	<del>19 SEP 1500</del>	<del>19 SEP 1800</del>	<del>20 SEP 0100</del>	<del>20 SEP 0400</del>	<del>20 SEP 0700</del>	<del>20 SEP 1000</del>	<del>20 SEP 1300</del>	<del>20 SEP 1600</del>	<del>20 SEP 1900</del>	
<del>18 SEP</del>	(b)(6)-2	<del>Prestonid 15mg qHS PRN if in 100 mat asleep or woken up may repeat 15mg po x1 R 0</del>	<del>18 SEP 1100</del>	<del>18 SEP 1400</del>	<del>18 SEP 1700</del>	<del>18 SEP 2000</del>	<del>19 SEP 0300</del>	<del>19 SEP 0600</del>	<del>19 SEP 0900</del>	<del>19 SEP 1200</del>	<del>19 SEP 1500</del>	<del>19 SEP 1800</del>	<del>20 SEP 0100</del>	<del>20 SEP 0400</del>	<del>20 SEP 0700</del>	<del>20 SEP 1000</del>	<del>20 SEP 1300</del>	<del>20 SEP 1600</del>	<del>20 SEP 1900</del>	<del>21 SEP 0200</del>	<del>21 SEP 0500</del>	<del>21 SEP 0800</del>	<del>21 SEP 1100</del>	

CODES: Initials only = Medication administered  
Initials and E = Medication effective

Initials and I = Medication ineffective\*  
Initials and O = Medication withheld\*

\*SEE SPEDS FOR NURSE'S ENTRY



**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**  
For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIPTION REVISIONS INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
19 Sept	(b)(6)-2	Admit to ICU-1		(b)(6)-2
19 Sep		K <sup>+</sup> Creatine on 21 Sep 03	21 Sep 05	05 (b)(6)-2
20 Sep 03		D/E Foley	9/20/03	9/20/03 (b)(6)-2
20 Sep 03		U/A Post foley removal	9/20/03	9/20/03 (b)(6)-2
20 Sep 03		START IV	9/20/03	1230 (b)(6)-2
20 Sep 03		Transfer to ICU-2 @ 1800 hrs	9/23/03	1732 (b)(6)-2
21 Sep		K <sup>+</sup> CR on 21 Sep	21 Sep	1400 21 Sep (b)(6)-2

<p><b>PATIENT IDENTIFICATION</b></p> <p>(b)(6)-4</p>	<p><b>DIAGNOSIS:</b> <u>SPEDD Delusional</u></p> <p><b>ALLERGIES:</b> <u>NKA</u></p> <p>Circle administration times (in pencil) for recurring medication.</p> <p>D 07 08 09 10 11 12 13 14  E 15 16 17 18 19 20 21 22  N 23 24 01 02 03 04 05 06</p>
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ORDER DATE	TRANSCRIBED REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION DATE ADMINISTERED						
				19	20	21	22	23	24	25
14 sep	(b)(6)-2	Zosyn 3.375 gm IV PB q6h	06 12 18 24	<div style="border: 1px solid black; padding: 5px;">(b)(6)-2</div>						
19 sep	(b)(6)-2	Levquin 500 mg IV q 24h	08							
19 sep	(b)(6)-2	Zantac 150 mg po TID	06 14 22							
19 sep	(b)(6)-2	Change Dressings Bid	10 20							
19 sep	(b)(6)-2	may restrain as needed	0 E N							
19 sep	(b)(6)-2	OOB to chair 5 or 6 times a day	08 11 14 18 21							

(b)(6)-4

**MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD**

ORDER DATE	TRANSCRIBER NUMBER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION						
				DATE ADMINISTERED						
				19	20	21	22	23		
19 Sept	(b)(6)-2	008 Q10-5-6 X a day	D E N							
19 Sept		Tum on side q2	D E N							
19 Sept		NG for feeding tube	D E N							
19 Sept		<del>Reaction to case</del>	D E N							
19 Sept		Advance oral diet as tolerated	B L D							
19 Sept		Endure (1005) + 1-2 cans q 6 <sup>o</sup>	02 08 14 20							
19 Sept		D5 NS 2.20mg KCl/L TRA 100cc/L	D E N							
19 Sept		Keplack when po good	D E N							
19 Sept		Granisetron 150mg IV q 24 <sup>o</sup>	11							
19 Sept	(b)(6)-2	Ponadryl 50mg po q 4h	22							

**PATIENT IDENTIFICATION**

(b)(6)-4

**DIAGNOSIS:** SIP blast injury - SIP + D

**ALLERGIES:** NKDA

Circle administration times (in pencil) for recurring medication.

D 07 08 09 10 11 12 13 14  
 E 15 16 17 18 19 20 21 22  
 N 23 24 01 02 03 04 05 06

# MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
			TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE			
19 SEP 13	(b)(6)-2	MSO <sub>4</sub> 2-10mg IV q 1-2° PRN Pain	9/19 1245 203	9/19 1710 343	9/19 2130 507	9/20 1015 0715
		I I/E	(b)(6)-2			
19 SEP 13	(b)(6)-2	Tylox 1-2 po q 6° PRN pain	9/18 2230	9/19 0430	9/20 1930 2130	9/20 2100 #
		I	(b)(6)-2			
19 SEP 13	(b)(6)-2	Ditropan 5mg po q 8° prn bladder spasm	E	E		
19 SEP 13	(b)(6)-2	Restoril 30mg po q HS prn insomnia	9/19			
9/20/13	(b)(6)-2	IF Temp > 101° OBTAIN BLOOD CULTURES X 2 SITES X 2				

CODES: Initials only = Medication administered  
Initials and E = Medication effective

Initials and I = Medication ineffective\*  
Initials and O = Medication withheld\*

\*SEE SP509 FOR NURSES ENTRY

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST MI (b)(6)-4		UNIT		DOB	RANK	SSN
Physician: Dr (b)(6)-2	Ward: ICU #1	STAT Routine	Specimen Date and Time: 195003 0530	Reported by: (b)(6)-2	Date and Time: 17 Sep 0540	

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+	Glu (Crea)	Chem 12	MetLyte8	BMP	Liver	CBC		Matana	H/H
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
X	K	3.6	3.3-4.7 mmol/L		ALP		26-84 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct		35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit		130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%		15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
X	Creat	0.6	0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL				
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Pit verify:		
	Urinalysis				Misc. Chemistry				Spun Crit		35-60%
	Color		Straw/Yellow		Mono		Negative		Matana Smear		
	Clarity		Clear		RPR		Negative		Thin		No Plasmodium Se
	Glucose		Negative		HIV		Negative		Thick		No Plasmodium Se
	Bilirubin		Negative		Meningitis		Negative		Sed Rate		
	Ketone		Negative		DOA		Negative		Sed Rate		1hr = 0-20 mm
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL		Coagulation		
	Blood		Negative		Troponin I		< 0.19 ng/mL		PT		10-13 seconds
	pH		5.0-8.0		Myoglobin		< 107 ng/mL		APTT		22.1-33.7 seconds
	Protein		Negative-Trace		Microbiology				FDP		Negative
	Urobilin		Negative		Source:				D-Dimer		Negative
	Nitrite		Negative		FecLeuk		Negative		Fibrinogen		200-400 mg/dL
	Leuko		Negative		Gram Stain				Blood Bank		
	Urine Microscopic				WetPrep		Negative		ABO/Rh		
	WBC		Epi		KOH		No Fungal Elements		T&C		
	RBC		Mucus		OccBld		Negative		T&S		
	Bacteria		Yeast		O&P		No Ova/Parasite				
	Casts:		Spermatozoa		HCG						
	Crystals:		Amorph Sed		Urine		Negative				
	Other:				Serum		Negative				
	Other:										

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST <small>(b)(6)-4</small>	UNIT	DOB	RANK	SSN
Physician: <small>(b)(6)-2</small>	Ward: ICU #1	STAT Routine	Specimen Date and Time: 9/20/03 0530	Date and Time: 9/20/03

Chemistry (i-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+		Chem 12	MetLyte8	BMP	Liver	CBC		Malana	H/H
TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE	
Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL	
K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC		4.2-6.1 x10(6)/uL	
Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL	
pH		7.35-7.45		AMY		14-97 U/L		Hct		35.0-60.0%	
PCO2		35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl	
PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg	
TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL	
HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL	
sO2		95-99%		Chol		100-200 mg/dL		LY%		15.0-55.0%	
BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL	
AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential			
iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono	
BUN		7-22 mg/dL		X Creat	0.5*	0.6-1.2 mg/dL		Bands		Eos	
Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Immature cells	
Hct		35.0-60.0%		X K	3.3	3.3-4.7 mmol/L		RBC Morph:			
Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:			
Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis				Misc. Chemistry				Malana Smear			
Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium Se	
Clarity		Clear		RPR		Negative		Thick		No Plasmodium Se	
Glucose		Negative		HIV		Negative		Sed Rate			
Bilirubin		Negative		Meningitis		Negative		Sed Rate		1hr = 0-20 mm	
Ketone		Negative		DOA		Negative		Coagulation			
SG		1.010-1.025		CK-MB		< 4.3 ng/mL		PT		10-13 seconds	
Blood		Negative		Troponin I		< 0.19 ng/mL		APTT		22.1-33.7 seconds	
pH		5.0-8.0		Myoglobin		< 107 ng/mL		FDP		Negative	
Protein		Negative-Trace		Microbiology				D-Dimer		Negative	
Urobili		Negative		Source:				Fibrinogen		200-400 mg/dL	
Nitrite		Negative		FecLeuk		Negative		Blood Bank			
Leuko		Negative		Gram Stain				ABO/Rh			
Urine Microscopic				WetPrep		Negative		T&C			
WBC		Epi		KOH		No Fungal Elements		T&S			
RBC		Mucus		OccBld		Negative					
Bacteria		Yeast		O&P		No Ova/Parasite					
Casts:		Spermatozoa		HCG							
Crystals:		Amorph Sed		Urine		Negative					
Other:				Serum		Negative					



21st COMBAT SUPPORT HOSPITAL						LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)						
LAST, FIRST, MI. (b)(6)-4				UNIT		RANK		SSN				
Physician: (b)(6)-2		Ward: ICU #1		STAT Routine		Date and Time: 13 Sep 03 @ 0500		Reported by: (b)(6)-2		Date and Time: 14 Sep 03 @ 0720		
Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology				
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L	Ⓟ	ALB	1.6	3.3-5.5 g/dL		WBC	9.2	4.8-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L	Ⓟ	ALP	145	26-84 U/L		RBC	2.64	4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT	22	10-47 U/L		Hgb	7.7	12.0-18.0 g/dL	
	pH		7.35-7.45		AMY	29	14-97 U/L		Hct	22.7	35.0-60.0%	
	PCO2		35-45 mmHg	Ⓟ	AST	42	11-38 U/L		MCV	85.8	80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil	1.2	0.2-1.6 mg/dL		MCH	29.1	27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	9	7-22 mg/dL		MCHC	34.0	33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca	8.2	8.0-10.3 mg/dL		Plt	594	130-400 x10(3)/uL	
	sO2		95-99%		Chol		100-200 mg/dL		LY%	14.4	15.0-55.0%	
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.3	0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L	Ⓟ	CL	91	98-108 mmol/L	Differential				
	iCa		0.11-1.23 mmol/L		TCO2	29	18-33 mmol/L	Segs	69		Mono	8
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL	Bands	12		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L	Lymph	8		Baso	
	Creat		0.6-1.2 mg/dL	Ⓟ	Glu	201	73-118 mg/dL	Atyp Ly	3		Imm	
	Hct		35.0-60.0%	Ⓟ	K	2.4	3.3-4.7 mmol/L	RBC Morph:	N/A			
	Hgb		12.0-18.0 g/dL		TProtein	7.1	6.4-8.1 g/dL	Plt veri	(b)(6)-2	30-35 (b)(6)-2		
					Na	134	128-145 mmol/L	Spun Crit		35-60%		
Urinalysis				Microbiology				Malana Streak				
	Color		Straw/Yellow		Source:			Thin		No Plasmodium Seen		
	Clarity		Clear		FecLeuk		Negative	Thick		No Plasmodium Seen		
	Glucose		Negative		Gram St							
	Bilirubin		Negative		WetPrep		Negative					
	Ketone		Negative		KOH		No Fungal Elements					
	SG		1.010-1.025		OccBld		Negative					
	Blood		Negative		O&P		No Ova/Parasite					
	pH		5.0-8.0									
	Protein		Negative-Trace									
	Urobili		Negative									
	Nitrite		Negative									
	Leuko		Negative									
Urine Microscopic				Blood Bank				Sed Rate				
	WBC		Epi		ABO/Rh							
	RBC		Mucus		T&C							
	Bacteria		Yeast		T&S							
	Casts:											
	Crystals:											
	Other:											
	Other:											
Urine Microscopic				HCG				Misc. Chemistry				
	WBC		Epi		Urine		Negative					
	RBC		Mucus		Serum		Negative					
	Bacteria		Yeast									
	Casts:											
	Crystals:											
	Other:											
	Other:											

Chem 7 LFT. CIVAT

MEDCOM - 1813



21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST NAME (b)(6)-4: \_\_\_\_\_ UNIT: **ICU #1** RANK: \_\_\_\_\_ SSN (b)(6)-4: \_\_\_\_\_  
 Physician (b)(8)-2: \_\_\_\_\_ Ward: **ICU #1** STAT:  Routine Date and Time: **1240 / 12 Sept 03** Reported by: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)			Hematology					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB	<b>1.5</b>	3.3-5.5 g/dL		WBC		4.6-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L		ALP	<b>162</b>	26-84 U/L		RBC		4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT	<b>23</b>	10-47 U/L		Hgb		12.0-18.0 g/dL	
	pH		7.35-7.45		AMY	<b>26</b>	14-97 U/L		Hct		35.0-60.0%	
	PCO2		35-45 mmHg		AST	<b>53</b>	11-38 U/L		MCV		80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil	<b>1.0</b>	0.2-1.6 mg/dL		MCH		27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN	<b>10</b>	7-22 mg/dL		MCHC		33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca	<b>8.4</b>	8.0-10.3 mg/dL		Pit		130-400 x10(3)/uL	
	sO2		95-99%		Chol	<b>84</b>	100-200 mg/dL		LY%		15.0-55.0%	
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono	
	BUN		7-22 mg/dL		Creat	<b>0.8</b>	0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu	<b>183</b>	73-118 mg/dL		Atyp Ly		Imm	
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein	<b>7.5</b>	6.4-8.1 g/dL		Pit verify:			
					Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis				Microbiology				Malana Smear				
	Color		Straw/Yellow		Source:				Thin		No Plasmodium Seen	
	Clarity		Clear		FecLeuk		Negative		Thick		No Plasmodium Seen	
	Glucose		Negative		Gram St							
	Bilirubin		Negative		WetPrep		Negative					
	Ketone		Negative		KOH		No Fungal Elements		Sed Rate			
	SG		1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm	
	Blood		Negative		O&P		No Ova/Parasite		Coagulation			
	pH		5.0-8.0						PT		10-13 seconds	
	Protein		Negative-Trace		Blood Bank					APTT		22.1-33.7 seconds
	Urobili		Negative						FDP		Negative	
	Nitrite		Negative		Urine Microscopic					Misc. Chemistry		
	Leuko		Negative		ABO/Rh							
					T&C							
	WBC		Epi		T&S							
	RBC		Mucus									
	Bacteria		Yeast		HCG							
	Casts:				Urine		Negative					
	Crystals:				Serum		Negative					
	Other:											

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM  
(Subject to Privacy Act of 1974)

LAST, FIRST MI <small>(b)(6)-4</small>		UNIT <i>100 #1</i>	RANK	SSN
Physician <small>(b)(6)-2</small>	Ward: <i>100 #1</i>	STAT <i>Routine</i>	Date and Time: <i>12 Sep 03 0430</i>	Reported by: <small>(b)(6)-2</small>
		Date and Time: <i>12 Sep 03</i>		

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology				
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL	
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC		4.2-6.1 x10(6)/uL	
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL	
	pH		7.35-7.45		AMY		14-97 U/L		Hct		35.0-60.0%	
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV		80.0-99.0 fl	
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH		27.0-31.0 pg	
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC		33.0-37.0 g/dL	
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit		130-400 x10(3)/uL	
	sO2		95-99%		Chol		100-200 mg/dL		LY%		15.0-55.0%	
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL	
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential			
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono	
	BUN		7-22 mg/dL	<input checked="" type="checkbox"/>	Creat	<i>1.1</i>	0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Imm	
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:			
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Pit verify:			
					Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis				Microbiology				Malana Smear				
	Color		Straw/Yellow		Source:				Thin		No Plasmodium Seen	
	Clarity		Clear		FecLeuk		Negative		Thick		No Plasmodium Seen	
	Glucose		Negative		Gram St							
	Bilirubin		Negative		WetPrep		Negative					
	Ketone		Negative		KOH		No Fungal Elements		Sed Rate			
	SG		1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm	
	Blood		Negative		O&P		No Ova/Parasite		Coagulation			
	pH		5.0-8.0						PT		10-13 seconds	
	Protein		Negative-Trace		Blood Bank					APTT		22.1-33.7 seconds
	Urobili		Negative		ABO/Rh				FDP		Negative	
	Nitrite		Negative		T&C				Misc. Chemistry			
	Leuko		Negative		T&S				Mono		Negative	
Urine Microscopic									RPR		Negative	
	WBC		Epi		HCG					HIV		Negative
	RBC		Mucus		Urine		Negative		Meningitis		Negative	
	Bacteria		Yeast		Serum		Negative					
	Casts:											
	Crystals:											
	Other:											
	Other:											