

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI (b)(6)-4	EPW	UNIT ICU # 1	RANK NA	SSN (b)(6)-4 (b)(6)-4
Physician (b)(6)-2	Ward:	STAT Routine	Date and Time:	Reported by (b)(6)-2
			Date and Time:	11/14/08 0740

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		Creat		0.6-1.2 mg/dL		Bands		Eos	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso	
	Creat	0.9	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					
					Na		128-145 mmol/L		Plt verify:			
									Spun Crit		35-60%	
Urinalysis				Microbiology				Malana Smear				
	Color		Straw/Yellow		Source:				Thin		No Plasmodium Seen	
	Clarity		Clear		FecLeuk		Negative					
	Glucose		Negative		Gram St				Thick		No Plasmodium Seen	
	Bilirubin		Negative		WetPrep		Negative					
	Ketone		Negative		KOH		No Fungal Elements		Sed Rate			
	SG		1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm	
	Blood		Negative		O&P		No Ova/Parasite		Coagulation			
	pH		5.0-8.0						PT		10-13 seconds	
	Protein		Negative-Trace		Blood Bank					APTT		22.1-33.7 seconds
	Urobili		Negative						FDP		Negative	
	Nitrite		Negative		ABO/Rh							
	Leuko		Negative		T&C				Misc. Chemistry			
	Urine Microscopic				T&S				Mono		Negative	
	WBC		Epi						RPR		Negative	
	RBC		Mucus		HCG					HIV		Negative
	Bacteria		Yeast		Urine		Negative		Meningitis		Negative	
	Casts:				Serum		Negative					
	Crystals:											
	Other:											
	Other:											

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI. (b)(6)-4		(b)(6)-4		UNIT <i>100</i>	RANK <i>S</i>	SSN (b)(6)-4
Physician: (b)(6)-2	Ward: <i>ICU #1</i>	STAT - Routine	Date and Time: <i>10 SEP 03 0840</i>		Re: (b)(6)-2	Date and Time: <i>10 Sep 03 0949</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		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	<i>0.9</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		Plt 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						APTT		22.1-33.7 seconds	
	Urobili		Negative						FDP		Negative	
	Nitrite		Negative		Blood Bank							
	Leuko		Negative		ABO/Rh							
					T&C				Misc. Chemistry			
	WBC		Epi		T&S				Mono		Negative	
	RBC		Mucus						RPR		Negative	
	Bacteria		Yeast						HIV		Negative	
	Casts:				HCG							
	Crystals:				Urine		Negative		Meningitis		Negative	
	Other:				Serum		Negative					
	Other:											

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI. (b)(6)-4 UNIT (b)(6)-2 RANK (b)(6)-2 SSN (b)(6)-2

Physician: (b)(6)-2 Ward: **ECU 1** STAT: **Routine** Date and Time: **9 SEP 03 / 1920** Reported by: (b)(6)-2 Date and Time: **9 Sep 1990**

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		Creat		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%
X	Urinanalysis				Microbiology				Malaria Smear		
	Color	yellow	Straw/Yellow		Source:				Thin		No Plasmodium Seen
	Clarity	Clear	Clear		FecLeuk		Negative		Thick		No Plasmodium Seen
	Glucose	Neg	Negative		Gram St						
	Bilirubin	small	Negative		WetPrep		Negative				
	Ketone	Neg	Negative		KOH		No Fungal Elements		Sed Rate		
	SG	1.020	1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm
	Blood	small	Negative		O&P		No Ova/Parasite		Coagulation		
	pH	5.5	5.0-8.0						PT		10-13 seconds
	Protein	30	Negative-Trace						APTT		22.1-33.7 seconds
	Urobili	Pos	Negative		Blood Bank				FDP		Negative
	Nitrite	Neg	Negative		ABO/Rh						
	Leuko	Neg	Negative		T&C				Misc. Chemistry		
	Urine Microscopic				T&S				Mono		Negative
	WBC		Epi						RPR		Negative
	RBC		Mucus light		HCG				HIV		Negative
	Bacteria	Mod	Yeast		Urine		Negative		Meningitis		Negative
	Casts:				Serum		Negative				
	Crystals:										
	Other:										
	Other:										

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician: (b)(6)-2 Ward: ENT STAT Routine Date and Time: 25 Aug 03 1920hrs 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		3.3-5.5 g/dL		WBC	13.1	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	3.47	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	9.8	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	29.3	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	84.4	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	28.2	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	18	7-22 mg/dL		MCHC	33.4	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	222	130-400 x10(3)/uL
	SO2		95-99%		Chol		100-200 mg/dL		LY%	9.2	15.0-55.0%
	BEecf		(-2) - (+3)		CK	1305	30-170 U/L		LY#	1.2	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL	104	98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2	21	18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.9	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	231	73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K	4.0	3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify:		
					Na	127	128-145 mmol/L		Spun Crit		35-60%

Urinalysis			Microbiology			Malaria Smear		
Color	Amber	Straw/Yellow	Source:			Thin		No Plasmodium Seen
Clarity	clear	Clear	FecLeuk		Negative	Thick		No Plasmodium Seen
Glucose	Neg	Negative	Gram St					
Bilirubin	Neg	Negative	WetPrep		Negative			
Ketone	trace	Negative	KOH		No Fungal Elements	Sed Rate		
SG	1.030	1.010-1.025	OccBld		Negative	Sed Rate		1hr = 0-20 mm
Blood	large	Negative	O&P		No Ova/Parasite	Coagulation		
pH	6.0	5.0-8.0				PT		10-13 seconds
Protein	trace	Negative-Trace				APTT		22.1-33.7 seconds
Urobili	Neg	Negative	Blood Bank			FDP		Negative
Nitrite	Neg	Negative	ABO/Rh	Opos		Misc. Chemistry		
Leuko	dy	Negative	T&C			Mono		Negative
Urine Microscopic			X T&S			RPR		Negative
WBC	0-5	Epi				HIV		Negative
RBC	5-10	Mucus light				Meningitis		Negative
Bacteria	light	Yeast	HCG					
Casts:			Urine		Negative			
Crystals:			Serum		Negative			
Other:								

Other: CEC, Istat 6 2Cr, Met 3, ABO, UA, T+S

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI (b)(6)-4		UNIT ICU #1	RANK	SSN
Physician: (b)(6)-2	Ward: ICU #1	STAT Routine	Date and Time: 1300/14 Sept 03	Reported by: (b)(6)-2
			Date and Time: 14 Sept 03	

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		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		Creat		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		Irrm	
	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		Plt verify:			
					Na		128-145 mmol/L		Spun Crit		35-60%	
Urinalysis				Microbiology				Malana Smear				
	Color	dkp	Straw/Yellow		Source:				Thin		No Plasmodium Seen	
	Clarity	sit/cldy	Clear		FecLeuk		Negative		Thick		No Plasmodium Seen	
	Glucose	neg	Negative		Gram St							
	Bilirubin	neg	Negative		WetPrep		Negative					
	Ketone	neg	Negative		KOH		No Fungal Elements		Sed Rate			
	SG	1.013	1.010-1.025		OccBld		Negative		Sed Rate		1hr = 0-20 mm	
	Blood	med clnk	Negative		O&P		No Ova/Parasite		Coagulation			
	pH	7.0	5.0-8.0						PT		10-13 seconds	
	Protein	30	Negative-Trace		Blood Bank					APTT		22.1-33.7 seconds
	Urobili	2	Negative		ABO/Rh				FDP		Negative	
	Nitrite	neg	Negative		T&C				Misc. Chemistry			
	Leuko	neg	Negative		T&S				Mono		Negative	
Urine Microscopic									RPR		Negative	
	WBC	0-3	Epi OCC		HCG					HIV		Negative
	RBC	0-5	Mucus trace		Urine		Negative		Meningitis		Negative	
	Bacteria	light	Yeast		Serum		Negative					
	Casts:											
	Crystals:											
	Other:											

Other: CIA

21st COMBAT SUPPORT HOSPITAL						LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)					
LAST, FIRST MI (b)(6)-4				UNIT		RANK		SSN			
Physician: Do (b)(6)-2		Ward: 1111#1		STAT Routine		Date and Time: 15SEP03 0100		Reported by: (b)(6)-2			
Date and Time: 15SEP03 0224											
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	11.3	4.8-10.8 x10(3)/uL
X	K	2.5	3.3-4.7 mmol/L		ALP		25-84 U/L		RBC	3.34	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	9.7	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	28.9	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	86.2	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	28.9	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	33.5	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Plt	510	130-400 x10(3)/uL
	SO2		95-99%		Chol		100-200 mg/dL		LY%	15.8	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.8	0.7-4.3 x10(3)/uL
	AGap		8-18 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
	Creat		0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Irm
	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				Malane 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		(K) Sed Rate	128	1hr = 0-20 mm
	Blood		Negative		O&P		No Ova/Parasite		Coagulation		
	pH		5.0-8.0						PT		10-13 seconds
	Protein		Negative-Trace						APTT		22.1-33.7 seconds
	Urobili		Negative		Blood Bank				FDP		Negative
	Nitrite		Negative		ABO/Rh						
	Leuko		Negative		T&C				Misc. Chemistry		
Urine Microscopic					T&S				Mono		Negative
	WBC		Epi						RPR		Negative
	RBC		Mucus						HIV		Negative
	Bacteria		Yeast		HCG				Meningitis		Negative
	Casts:				Urine		Negative				
	Crystals:				Serum		Negative				
	Other:										
	Other:		*ESR								

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI (b)(6)-4		UNIT	DOB	RANK	SSN
Physician D (b)(6)-2	Ward: 1011	STAT Routine	Specimen Date and Time: 16 SEP 03 0500		(b)(6)-2
					Date and Time: 16 SEP 03 0500

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+	REF. RANGE	Chem 12	MetLyte8	BMP	Liver	CBC		Malana	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	3.0	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	0.9	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		Malaria Smear		
	Clarity		Clear		RPR		Negative		Thin		No Plasmodium Se
	Glucose		Negative		HIV		Negative				
	Bilirubin		Negative		Meningitis		Negative		Thick		No Plasmodium Se
	Ketone		Negative		DOA		Negative				
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL		Sed Rate		
	Blood		Negative		Troponin I		< 0.19 ng/mL		Sed Rate		1hr = 0-20 mm
	pH		5.0-8.0		Myoglobin		< 107 ng/mL		Coagulation		
	Protein		Negative-Trace		Microbiology				PT		10-13 seconds
	Urobili		Negative		Source:				APTT		22.1-33.7 seconds
	Nitrite		Negative		FecLeuk		Negative		FDP		Negative
	Leuko		Negative		Gram Stain				D-Dimer		Negative
	Urine Microscopic				WetPrep		Negative		Fibrinogen		200-400 mg/dL
	WBC		Epi		KOH		No Fungal Elements		Blood Bank		
	RBC		Mucus		OccBld		Negative		ABO/Rh		
	Bacteria		Yeast		O&P		No Ova/Parasite				
	Casts:		Spermatozoa		HCG				T&C		
	Crystals:		Amorph Sed		Urine		Negative		T&S		
	Other:				Serum		Negative				

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. <small>(b)(6)-4</small>		UNIT N/A	DOB N/A	RANK N/A	SSN <small>(b)(6)-4</small>
Physician: <small>(b)(6)-2</small>	Ward: ICU 1	STAT <input checked="" type="checkbox"/> Routine	Specimen Date and Time: 17Sep03	Reported by: <small>(b)(6)-2</small>	Date and Time: 17Sep03

Chemistry (STAT)				Chemistry (Piccolo Analyzer)				Hematology					
6+	7+	8+	Glu Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	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	10.2	4.8-10.8 x10(3)/uL		
X	K	3.2	3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	3.22	4.2-6.1 x10(6)/uL		
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	9.7	12.0-18.0 g/dL		
	pH		7.35-7.45		AMY		14-97 U/L		Hct	27.8	35.0-60.0%		
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	86.4	80.0-99.0 fl		
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	30.2	27.0-31.0 pg		
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	35.0	33.0-37.0 g/dL		
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit	487	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#	1.5	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	87		Mono	9
	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	3		Baso	
X	Creat	0.8	0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly			Blast	1
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:	transiently N/A			
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Pit verify:	st increased			
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%		
Urinalysis				Misc. Chemistry				Malaria Smear					
	Color		Straw/Yellow		Mono		Negative		Thin		No Plasmodium See		
	Clarity		Clear		RPR		Negative		Thick		No Plasmodium See		
	Glucose		Negative		HIV		Negative						
	Bilirubin		Negative		Meningitis		Negative						
	Ketone		Negative		DOA		Negative						
	SG		1.010-1.025		CK-MB		< 4.3 ng/mL		Sed Rate				
	Blood		Negative		Troponin I		< 0.19 ng/mL		Sed Rate		1hr = 0-20 mm		
	pH		5.0-8.0		Myoglobin		< 107 ng/mL		Coagulation				
	Protein		Negative-Trace		Microbiology				PT		10-13 seconds		
	Urobili		Negative		Source:				APTT		22.1-33.7 seconds		
	Nitrite		Negative		FecLeuk		Negative		FDP		Negative		
	Leuko		Negative		Gram Stain				D-Dimer		Negative		
	Urine Microscopic				WetPrep		Negative		Fibrinogen		200-400 mg/dL		
	WBC		Epi		KOH		No Fungal Elements		Blood Bank				
	RBC		Mucus		OccBld		Negative		ABO/Rh				
	Bacteria		Yeast		O&P		No Ova/Parasite		T&C				
	Casts:		Spermatozoa		HCG				T&S				
	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	DOB	RANK	SSN
Physician: (b)(6)-2	Ward: ICU 1	STAT Routine	Specimen Date and Time: 18 Dec 03 1645		Reported by: (b)(6)-2
					Date and Time: 18 Dec 03

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
6+	7+	8+	Glu	Crea	Chem 12	MetLyte8	BMP	Liver	CBC	Malaria	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	10.8	4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP		26-84 U/L		RBC	3.499	4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT		10-47 U/L		Hgb	10.0	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	29.9	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	85.6	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	28.7	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	33.5	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pit	462	130-400 x10(3)/uL
	sO2		95-99%		Chol		100-200 mg/dL		LY%	11.2	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.2	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L	X	Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs	86	Mono 9
	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	4	Baso 1
	Creat		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:	N/A	
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL		Plt verify: 5H increased		
	Lactate		0.90-1.70 mmol/L		Na		128-145 mmol/L		Spun Crit		35-60%

Urinalysis			Misc. Chemistry			Malaria Smear		
Color		Straw/Yellow	Mono		Negative	Thin		No Plasmodium Seer
Clarity		Clear	RPR		Negative	Thick		No Plasmodium Seer
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			
Other:								

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	A.M.	P.M.
23 Sept 03	0525	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RESULTS	REQUESTED	(X)	
	GLUCOSE		
	UREA N.		
	CREATININE		
	URIC ACID		
	SODIUM		
3.0	POTASSIUM		
	CHLORIDE		
	CO ₂		
	PHOSPHATE		
	CALCIUM		
	TOTAL PROTEIN		
	ALBUMIN		
	GLOBULIN		
	ALKALINE PHOSPHATASE		
	ACID PHOSPHATASE		
	SGOT		
	LDH		
	CPK		
	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
	CHOLESTEROL		
	TRIGLYCERIDES		
	AMYLASE		
	LIPASE		
	PROFILE (Specify)		

Potassium

REMARKS: (b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-4

REPORTED BY: (b)(6)-2

TECH: 03 Sept 03

ADD DATE: 03 Sept 03

LAB. ID. NO.:

PATIENT STATUS:

- ROUTINE
- TODAY
- PRE-OP
- STAT
- BED
- OUTPATIENT
- N/P
- AMB
- DOM
- BLOOD
- OTHER (Specify)

CHEM 1

SPECIMEN/LAB. RPT. NO.:

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
23 Sept 03	0525	
RESULTS	REQUESTED	(X)
	GLUCOSE	
	UREA N.	
	CREATININE	
	URIC ACID	
	SODIUM	
3.0	POTASSIUM	
	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS: **K POTASSIUM**

Enter in above space
 REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2
 PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-2
 REPORTED BY: (b)(6)-2
 AID DATE: 03 Sept 03
 TECH: 03 Sept 03
 L.A.B. ID. NO.: (b)(6)-4

URGENT: **TRU-2**

CHEM 1
 URGENCY: ROUTINE
 TODAY
 STAT
 PRE-OP
 STAT

PATIENT STATUS:
 BED
 OUTPATIENT
 AMB
 DOM

SPECIMEN SOURCE:
 BLOOD
 OTHER (Specify)

548-107
 CHEMISTRY I
 STANDARD FORM 548 (Rev. 8-77)
 PRESCRIBED BY GSA ICMR
 FISMR (41 CFR) 201-45.505

DATE: 22 SEP 83 TIME: 0900
 Physician: (b)(6)-2
 Clinic/Ward/OCA: ICU
 Clean Catch Catheterized

Urine Chemistry
 Patient ID: (b)(6)-4
 Glucose 250
 Bilirubin - Neg
 Ketone Neg
 S.G 1.022
 Blood Large
 pH 7.0
 Protein 300
 Urobilinogen 0.2
 Nitrite
 Leuk Est. Neg

Color: Amber
 Appearance: Cloudy
 Clinitest: _____
 Acetest: _____
 Ictotest: _____
 SSA: _____
 Microscopic:
 Casts: 10K /LPF
 Type: NA
 WBC: 0-5 /HPF
 RBC: 20+ /HPF
 Crystals: None
 Epi Cells: 0 /HPF
 Type: NA
 Yeast: None
 Trichomonas: None
 Bacteria: None
 Mucous: None
 Other: _____

Normal Values:
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

Reported By: (b)(6)-2
 Date: 22 Sep 83
 Note: Micro exam only when abn. chem. found or upon special request.

LAB #
 Routine Today STAT

Urine Chemistry
 Patient ID: (b)(6)-4
 Male

Color: Yellow
 Appearance: Clear
 Clinitest: _____
 Acetest: _____
 Ictotest: _____
 SSA: _____
 Microscopic:
 Casts: 0-1 /LPF
 Type: NA
 WBC: 0-5 /HPF
 RBC: 0-5 /HPF
 Crystals: None
 Epi Cells: None
 Type: None
 Yeast: None
 Trichomonas: None
 Bacteria: None
 Mucous: None
 Other: _____

Normal Values:
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

Reported By: (b)(6)-2
 Date: 23 Sep 83
 Note: Micro exam only when abn. chem. found or upon special request.

DATE: 23 SEP 83 TIME: 1215
 Physician: (b)(6)-2
 Clinic/Ward/OCA: ICU
 Clean Catch Catheterized

Urine Chemistry
 Patient ID: (b)(6)-4
 Male
 Glucose 100
 Bilirubin neg
 Ketone neg
 S.G 1.015
 Blood Large
 pH 7.0
 Protein 30
 Urobilinogen 0.2
 Nitrite Neg
 Leuk Esterase Neg

Color: Yellow
 Appearance: Cloudy
 Clinitest: _____
 Acetest: _____
 Ictotest: _____
 SSA: _____
 Microscopic:
 Casts: 0-1 /LPF
 Type: NA
 WBC: 0-5 /HPF
 RBC: 0-5 /HPF
 Crystals: None
 Epi Cells: None
 Type: None
 Yeast: None
 Trichomonas: None
 Bacteria: None
 Mucous: None
 Other: _____

Normal Values:
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

Reported By: (b)(6)-2
 Date: 23 Sep 83
 Note: Micro exam only when abn. chem. found or upon special request.

DATE: 23 SEP 83 TIME: 0523
 Physician: (b)(6)-2
 Clinic/Ward/OCA: ICU
 Clean Catch Catheterized

Urine Chemistry
 Patient ID: (b)(6)-4
 (EPW) ICU

Color: Yellow
 Appearance: Clear
 Clinitest: _____
 Acetest: _____
 Ictotest: _____
 SSA: _____
 Microscopic:
 Casts: 0-5 /LPF
 Type: NA
 WBC: 0-5 /HPF
 RBC: 0-5 /HPF
 Crystals: None
 Epi Cells: None
 Type: None
 Yeast: None
 Trichomonas: None
 Bacteria: None
 Mucous: None
 Other: _____

Normal Values:
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

Reported By: (b)(6)-2
 Date: 23 Sep 83
 Note: Micro exam only when abn. chem. found or upon special request.

(b)(6)-4

ICU 1
28 Sept 03
1430

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

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

REPORTED BY (b)(6)-2

MD DATE 20 Sept 03

TECH 20 Sept 03

LAB ID NO.

PATIENT STATUS
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE
 ROUTINE
 OTHER (Specify)

URINALYSIS
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

SPECIMEN/LAB RPT NO.

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	DATE	TIME
20 Sept 03	1430		
RESULTS	ROUTINE	ROUTINE	(X)
red/orange cloudy 2	COLOR		
Large neg	SPECIMEN GRANULAR	cloudy	Clarity
neg	UROBILINOGEN		
>2000	OCULT BLOOD		
100	BILE		
8.0	KETONES		
	GLUCOSE		
	PROTEIN		
	pH		
	MICROSCOPIC		
0-1	WBC		
TNTC	RBC		
rare	EPITH CELLS		
	WBC		
	RBC		
	HYALINE		
	GRANULAR		
Trace	BACTERIA		
	CRYSTALS		
	MUCUS		
	NITRITE		
	BENCE-JONES PROTEIN		
	HEMOSIDERIN		
	HCG		
1.019	SG		
neg	Nitrite		
neg	Leuko		

TEST(S)
SPECIMEN TAKEN

DATE 13 Sept 03 TIME 1040 P.M.

REQUESTED

RESULTS
manbar Smear

Thin smear - NO pleomorphic species observed

These smears pending

Also files 14 Sept - sample in edlab - please re-attach

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

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

REPORTED BY (b)(6)-2

MD DATE 13 Sept 03

TECH 13 Sept 03

LAB ID NO.

PATIENT STATUS
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE
 ROUTINE
 OTHER (Specify)

MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Provided by GSAT/EMK
 HHSAR 141 (CR) 201-45-505

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2

MD DATE 20 Sept 03

LAB ID NO.

PATIENT STATUS
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE
 ROUTINE
 OTHER (Specify)

TEST(S)
SPECIMEN TAKEN

DATE 14 Sept 03 TIME 1440 P.M.

REQUESTED

RESULTS
 6wcc. 305
 BAN 15
 K 3.1
 Cl 93
 Na 130
 Hct 35%
 Hb 12
 Jct. 1.1

MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Provided by GSAT/EMK
 HHSAR 141 (CR) 201-45-505

(b)(6)-4

34 YO male?

ICU #1

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 Ref: (b)(6)-2 MD DATE 12 Sept 03

REMARKS (b)(6)-2

malaria smear

Thin smear - no Plasmodium seen

Thick - no Plasmodium seen - thick

TEST(S) SPECIMEN TAKEN
DATE 12 Sept 03 TIME 1240 P.M.
REQUESTED

RESULTS
MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by QUALICORP
PHONE (415) 625-2001-45-505

(b)(6)-4

ICU #1

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 MD DATE 12 Sept 03 LAB ID NO.

Malaria smear

Thin no Plasmodium seen
Thick - no Plasmodium spp. seen

TEST(S) SPECIMEN TAKEN
DATE 12/10/02 TIME 2200 A.M.
REQUESTED
RESULTS

MITCHELL SMITH

RESULTS
MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by QUALICORP
PHONE (415) 625-2001-45-505

PATIENT'S MED. RECORD

MISC

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

MISC

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 DOM

SPECIMEN SOURCE (Specify)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MD DATE 12 Sept 03 LAB ID NO.

TEST(S) SPECIMEN TAKEN
DATE 12 Sept 03 TIME 0410 P.M.
REQUESTED
RESULTS

Malaria smear #2

Thin smear - No Plasmodium sp. seen
Thick - no Plasmodium spp. seen

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)
Prescribed by QUALICORP
PHONE (415) 625-2001-45-505

TEST(S)	DATE	TIME	P.M.	A.M.	RESULTS	REQUESTED	(N)
GLUCOSE					170*		
UREA N							
CREATININE							
URIC ACID							
SODIUM					136		
POTASSIUM					4.3		
CHLORIDE					25		
PHOSPHATE					1.15		
TOTAL CALCIUM							
TOTAL PROTEIN							
ALBUMIN							
GLOBULIN							
ALBUMIN/GLOBULIN RATIO							
BILIRUBIN (TOTAL)					1.35*		
BILIRUBIN (DIRECT)					1.8		
TRIGLYCERIDES					500		
CHOLESTEROL							
AMYLASE (IPI)							
LIPASE (IPI)							
PROFITE (Specify)							
LAB. ID. NO.							
PATIENT'S MED. RECORD							

CHEMISTRY I
 STANDARD FORM 548 (Rev. 8-77)
 PRESCRIBED BY GSA/ICMR
 FINMR (4) CFR 201-45-505

SPECIMEN TAKEN
 TIME
 DATE
 RESULTS
 REQUESTED (N)

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

PATIENT'S MED. RECORD
 URGENCY
 AMB
 BED
 OUTPATIENT
 NP
 DOM
 SPECIMEN SOURCE
 BLOOD
 OTHER (Specify)

HEMATOLOGY
 STANDARD FORM 549 (Rev. 7-79)
 PRESCRIBED BY GSA/ICMR
 FINMR (4) CFR 201-45-505

SPECIMEN/LAB. RPT. NO.
 LAB. ID. NO.
 PATIENT'S MED. RECORD
 URGENCY
 AMB
 BED
 OUTPATIENT
 NP
 DOM
 SPECIMEN SOURCE
 BLOOD
 OTHER (Specify)

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REPORTED BY
 (b)(6)-2

HEMATOLOGY
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 SPECIMEN SOURCE
 BED
 OUTPATIENT
 NP
 DOM
 VEIN
 CAP
 OTHER (Specify)

CHEMISTRY I
 STANDARD FORM 548 (Rev. 8-77)
 PRESCRIBED BY GSA/ICMR
 FINMR (4) CFR 201-45-505

MEDCOM - 1831

(EPW)

(b)(6)-4

(b)(6)-4

REMARKS
CBC

TEST(S)	DATE	TIME	P.M.	A.M.	RESULTS	REQUESTED	(N)
HEMATOLOGY							
WBC COUNT							
MCHC							
MCH							
MCV							
HEMATOCRIT							
HEMOGLOBIN							
WBC DIFF AND BLOOD CELL MORPH							
IMMATURE NEUTROPHILS							
NEUTROPHILS							
LYMPHS							
EOSINOPHILS							
MONOCYTES							
PLATELETS							
RBC							
SED. RATE							
PLATELET COUNT							
RETICULOCYTE COUNT							
CLOTTING TIME							
BLEEDING TIME							
CONTROL							
PATIENT							
CONTROL							
PATIENT							
% ACTIVITY							
RATIO							
SICKING TEST							
LE PAPP							

(b)(6)-4

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ICU 2

(EPW)

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TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
2 Aug	1400	
RESULTS	REQUESTED	(X)
157	GLUCOSE	
12	UREA N.	
18	CREATININE	
	URIC ACID	
135	SODIUM	
43	POTASSIUM	
104	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
29%	Hct	
10	Hg	

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD DATE 26 Aug 03

LAB. ID. NO. 548-107

REMARKS: I stat-6, Glucose, Cr (CK)

ICU-2

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: BLOOD OTHER (Specify)

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
2 Aug	1400	
RESULTS	REQUESTED	(X)
14	GLUCOSE	
10	UREA N.	
0.9	CREATININE	
	URIC ACID	
135	SODIUM	
3.9	POTASSIUM	
104	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD DATE 26 Aug 03

LAB. ID. NO. 548-107

REMARKS: CK

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: BLOOD OTHER (Specify)

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD DATE 26 Aug 03

LAB. ID. NO. 548-107

REMARKS: CK, I stat-6, Glucose, Cr

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: BLOOD OTHER (Specify)

TEST(S)	DATE	TIME	A.M. P.M.	RESULTS
GLUCOSE	26 Aug	1400		157
UREA N.	26 Aug	1400		12
CREATININE	26 Aug	1400		0.9
SODIUM	26 Aug	1400		135
POTASSIUM	26 Aug	1400		4.3
CHLORIDE	26 Aug	1400		104
CO ₂				
PHOSPHATE				
CALCIUM				
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

DATE 26 AUG 03 TIME 0310 LAB #

Physician (b)(6)-2
 Clinic/Ward/UCA ICU-2
 Clean Catch Catheterized
 Routine
 Today
 STAT

Urine Chemistry
 U/A C MICRO
 glu - Neg
 bili - Neg
 Kat Neg
 SS 1.08
 Bid pos
 pH 5.5
 prn Neg
 ure Neg
 Nit Neg
 Leuk Neg

Color yellow
 Appearance clear
 Clinitest
 Acetest
 Ictotest
 SSA
 Microscopic
 Casts 1/LPF
 Type
 WBC 0-5 /HPF
 RBC 5-10 /HPF
 Crystals
 Epi Cells Few /HPF
 Type
 Yeast
 Trichomonas
 Bacteria light
 Mucous mod
 Other

Reported By: (b)(6)-2
 Date: 8/26/03
 Note: Micro exam when abn. chem. or upon special req
 Normal Values
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU/dl
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

DATE 26 Aug 03 TIME 107 LAB #

Physician (b)(6)-2
 Clinic/Ward/UCA ICU-2
 Clean Catch Catheterized
 Routine
 Today
 STAT

Urine Chemistry
 Glucose Neg
 Bilirubin Neg
 Ketone Neg
 Sub-1030
 Blood - Mod
 pH 5.0
 Protein Trace
 Urobilinogen 0.2

Color yellow
 Appearance clear
 Clinitest
 Acetest
 Ictotest
 SSA
 Microscopic
 Casts Not /LPF
 Type NA
 WBC 0-5 /HPF
 RBC 0-5 /HPF
 Crystals None
 Epi Cells none /HPF
 Type NA
 Yeast None
 Trichomonas None
 Bacteria Light
 Mucous None
 Other

Reported By: (b)(6)-2
 Date: 8/26/03
 Note: Micro exam when abn. chem. or upon special req
 Normal Values
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU/dl
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

(b)(6)-4
 ICU-2
 (b)(6)-4

HEMATOLOGY
 URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT
 PATIENT STATUS
 BED
 OUTPATIENT
 NP
 AMB
 DOM
 SPECIMEN SOURCE
 VEIN
 CAP
 OTHER (Specify)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
 REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 REPORTED BY (b)(6)-2 MO DATE 0127 LAB. ID. NO.
 TECH (b)(6)-2

REMARKS
 CBC

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	RESULTS
WBC	3.46			
HEMOGLOBIN	9.6			
HEMATOCRIT	30.0			
MCV	86.7			
MCH	27.7			
MCHC	32.0			
WBC COUNT	12.4			
WBC DIFF AND BLOOD CELL MORPH				
IMMATURE				
NEUTROPHILS				
LYMPHS	2.9			
EOSINOPHILS				
MONOCYTES				
PLATELETS	75			
RBC				
SED. RATE				
PLATELET COUNT				
RETICULOCYTE COUNT				
CLOTTING TIME				
BLEEDING TIME				
CONTROL				
PATIENT				
CONTROL				
PATIENT				
% ACTIVITY				
RATIO				
SICKLING TEST				
LE PREP				
LY #	2.6			

PATIENTS-MED. RECORD

549-107
 HEMATOLOGY
 STRAUBER, LORRA EGG/CUB
 FBIHQ (41-CFR) 201-445-505

DATE 27 Aug 03 TIME 0600 LAB # _____
 Physician (b)(6)-2
 Clinic/Ward/UCA ICU Routine Today STAT
 Clean Catch Catheterized

Urine Chemistry Patient ID (b)(6)-4
 Glu - NEG
 Bili - NEG
 Ket - MOD
 S.G. - 1.010
 Blood - Trace
 pH - 6.0
 Pps - NEG
 Urea - NEG

Color Yellow
 Appearance Clear
 Clinitest _____
 Acetest _____
 Ictotest _____
 SSA _____
 Microscopic
 Casts 1/HPF
 Type _____
 WBC 0-2 /HPF
 RBC 0-2 /HPF
 Crystals _____
 Epi Cells _____ /HPF
 Type _____
 Yeast _____
 Trichomonas _____
 Bacteria _____
 Mucous _____
 Other _____
 Nitrite - NEG
 L. esterase - NEG

Reported By: _____
 Clinical Data: _____
 Date: 27 Aug 03
 Note: Micro exam only when abn. chem. found or upon special request.

Normal Values
 Color: Straw, Yellow, Amber
 Specific Gravity: 1.003-1.030
 Urobilinogen: 0.1-1.0 EU/dl
 pH: 4.6 - 8.0
 WBC: 0-5/HPF
 RBC: 0-3/HPF
 Epi: 0-5/HPF
 Others: Negative

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
<u>27 Aug</u>	<u>0600</u>	
RESULTS	REQUESTED	(X)
<u>130</u>	GLUCOSE	
<u>12</u>	UREA N.	
<u>0.9</u>	CREATININE	
	URIC ACID	
<u>133</u>	SODIUM	
<u>3.9</u>	POTASSIUM	
<u>102</u>	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
<u>65</u>	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
	<u>22% hct</u>	
	<u>7 hb</u>	
	<u>EU</u>	

CHEMISTRY I
 STANDARD FORM 346 (Rev. 5-77)
 PRESCRIBED BY GSA ICMR
 FPMR (41 CFR) 201-45.505

REMARKS: Stat 6/CR/Guass/CK

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

REQUESTING PHYSICIAN'S SIGNATURE: _____

REPORTED BY: _____

TECH: 27 Aug 03

AD. DATE: _____

LAB. ID. NO.: _____

Male

EPW

ICU #2

Major "notes" for critical review by [signature]

Urgency: Routine Today Pre-op STAT

Patient Status: Bed Outpatient Amb Inpatient DDM

Specimen Source: Blood Other (Specify)

PATIENT'S MED. RECORD

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

CHART COPY

TEST(S)	
SPECIMEN TAKEN	
DATE 8/28/03	TIME 07:00 P.M.
REQUESTED	
RESULTS	
WBC - 10.8 Rbc - 2.56 Hgb - 7.7 Hct - 22.5 MCV - 87.9 MCH - 29.9 MCHC - 34.0 PLT - 241 Ly% - 17.4 Ly# - 1.9	

REMARKS: coc

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

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

REPORTED BY: VMB

MD DATE: 28 Aug 03

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED AMB OUTPATIENT DOM INP OOM

SPECIMEN SOURCE: Blood

LAB ID NO.:

TEST(S)	
SPECIMEN TAKEN	
DATE 8/28/03	TIME 07:00 P.M.
RESULTS	REQUESTED (X)
140	GLUCOSE
11	UREA N.
0.6	CREATININE
	URIC ACID
133	SODIUM
4.0	POTASSIUM
98	CHLORIDE
24	CO ₂
	PHOSPHATE
7.4	CALCIUM
	TOTAL PROTEIN
	ALBUMIN
	GLOBULIN
	ALKALINE PHOSPHATASE
	ACID PHOSPHATASE
	SGOT
	LDH
621	BILIRUBIN (TOTAL)
	BILIRUBIN (DIRECT)
	CHOLESTEROL
	TRIGLYCERIDES
	AMYLASE
	LIPASE
	PROFILE (Specify)

REMARKS: Chem-7

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

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

REPORTED BY: 28 Aug 03

MD DATE: 28 Aug 03

MISC: URGENCY ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED AMB OUTPATIENT DOM INP OOM

SPECIMEN SOURCE: Blood

LAB ID NO.:

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRM #1 (41 CFR) 201-45-505

CHEMISTRY I
STANDARD FORM 548 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRM #1 (41 CFR) 201-45-505

(b)(6)-4

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

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

REPORTED BY: (b)(6)-2

MD DATE: 30/8/03

REMARKS: SMA 7, LFTs, Istat 6, Ce. Istat 12

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.	REQUESTED	RESULTS
		8/28/03	07:00				
	GLUCOSE						187
	UREA N.						15
	CREATININE						0.9*
	URIC ACID						129
	SODIUM						312
	POTASSIUM						95
	CHLORIDE						
	CO ₂						
	PHOSPHATE						
	CALCIUM #						7.6*
	TOTAL PROTEIN						5.3*
	ALBUMIN						1.4*
	GLOBULIN						
	ALKALINE PHOSPHATASE						97*
	ACID PHOSPHATASE						
	SGOT						
	LDH						
	CPK						
	BILIRUBIN (TOTAL)						1.0
	BILIRUBIN (DIRECT)						
	CHOLESTEROL						90*
	TRIGLYCERIDES						
	AMYLASE						25
	LIPASE						
	PROFILE (Specify)						
							27
							65*

CHEMISTRY I
STANDARD FORM 548 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRM #1 (41 CFR) 201-45-505

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	REQUESTED	(X)
31 Aug 03	0437 PM		
RESULTS			
2.30	RBC COUNT		
6.8	HEMOGLOBIN		
20.2	HEMATOCRIT		
87.7	MCV		
29.8	MCH		
39.0	MCHC		
18.2	WBC COUNT		
	IMMATURE		
	NEUTROBANDS		
	NEUTROSEGS		
	LYMPHS		
	EOSINOPHILS		
	BASOPHILS		
	MONOCYTES		
	PLATELETS		
	RBC		
	SED. RATE		
318	PLATELET COUNT		
	RETICULOCYTE COUNT		
	CLOTTING TIME		
	BLEEDING TIME		
	P CONTROL		
	T PATIENT		
	P CONTROL		
	T PATIENT		
	% ACTIVITY		
	RATIO		
	SICKLING TEST		
5.7			
1.0			

REMARKS: CBC

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

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

REPORTED BY: (b)(6)-4

DATE: 31 Aug 03

LAB. ID. NO.:

HEMATOLOGY

URGENCY: ROUTINE

PATIENT STATUS: BED

SPECIMEN SOURCE: VEIN

OTHER (Specify):

PATIENT'S MED. RECORD

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	REQUESTED	(X)
31 Aug	0930		
RESULTS			
3026	RBC COUNT		
96	HEMOGLOBIN		
26.5	HEMATOCRIT		
87.6	MCV		
29.5	MCH		
33.4	MCHC		
215	WBC COUNT		
3	IMMATURE		
23	NEUTROBANDS		
65	NEUTROSEGS		
7	LYMPHS		
0	EOSINOPHILS		
0	BASOPHILS		
2	MONOCYTES		
	PLATELETS		
	SED. RATE		
406	PLATELET COUNT		
	RETICULOCYTE COUNT		
	CLOTTING TIME		
	BLEEDING TIME		
	P CONTROL		
	T PATIENT		
	P CONTROL		
	T PATIENT		
	% ACTIVITY		
	RATIO		
	SICKLING TEST		
5.0			
1.1			

REMARKS: (b)(6)-2

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

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

REPORTED BY: (b)(6)-2

DATE: 31 Aug 03

LAB. ID. NO.:

HEMATOLOGY

URGENCY: ROUTINE

PATIENT STATUS: BED

SPECIMEN SOURCE: VEIN

OTHER (Specify):

PATIENT'S MED. RECORD

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)

PRESCRIBED BY GSA/ICMR

FORM 41-CFR 201-45 505

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)

PRESCRIBED BY GSA/ICMR

FORM 41-CFR 201-45 505

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)

PRESCRIBED BY GSA/ICMR

FORM 41-CFR 201-45 505

REMARKS: (b)(6)-4

Male

Patient's feeding

FCU #2

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

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

REPORTED BY: (b)(6)-2

DATE: 31 Aug 03

LAB. ID. NO.:

HEMATOLOGY

URGENCY: ROUTINE

PATIENT STATUS: BED

SPECIMEN SOURCE: VEIN

OTHER (Specify):

PATIENT'S MED. RECORD

REMARKS: CBC

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.
		31 Aug	0930		
		RESULTS			
	RBC COUNT	3026			
	HEMOGLOBIN	96			
	HEMATOCRIT	26.5			
	MCV	87.6			
	MCH	29.5			
	MCHC	33.4			
	WBC COUNT	215			
	IMMATURE				
	NEUTROBANDS				
	NEUTROSEGS				
	LYMPHS				
	EOSINOPHILS				
	BASOPHILS				
	MONOCYTES				
	PLATELETS				
	RBC				
	SED. RATE				
	PLATELET COUNT	406			
	RETICULOCYTE COUNT				
	CLOTTING TIME				
	BLEEDING TIME				
	P CONTROL				
	T PATIENT				
	P CONTROL				
	T PATIENT				
	% ACTIVITY				
	RATIO				
	SICKLING TEST				
		5.0			
		1.1			

HEMATOLOGY 549-107

STANDARD FORM 549 (Rev. 7-78)

PRESCRIBED BY GSA/ICMR

FORM 41-CFR 201-45 505

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
31 Aug	0930	P.M.
RESULTS	REQUESTED	(X)
162	GLUCOSE	
16.1	UREA N.	
1.1	CREATININE	
	URIC ACID	
133	SODIUM	
3.4	POTASSIUM	
99	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BIURUSIN (TOTAL)	
	BIURUSIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-2

REPORTED BY: (b)(6)-2

MO. DATE: 31 Aug 03

REMARKS: Istat 6-CR

644014

NOTE

(b)(6)-4

ICU #2

CHEM 1

URGENCY: ROUTINE TODAY STAT PRE-OP

PATIENT STATUS: BED AMIB OUTPATIENT DOM

SPECIMEN SOURCE: BLOOD OTHER (Specify)

LAB. ID. NO.:

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. / P.M.
1 Sep 03	0500	P.M.
RESULTS	REQUESTED	(X)
2.81	RBC COUNT	
18.83	HEMOGLOBIN	
21.8	HEMATOCRIT	
88.3	MCV	
28.8	MCH	
30.7	MCHC	
335/18.5	WBC COUNT	
	IMMATURE	
	NEUTROBANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
335	RBC	
4% 4.1	SED RATE	
4% 0.8	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
	PATIENT	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: CBC

(b)(6)-2

(b)(6)-2

DATE: 1 Sep 03

LAB. ID. NO.:

HEMATOLOGY

URGENCY: ROUTINE TODAY STAT PRE-OP

PATIENT STATUS: BED AMB OUTPATIENT DOM

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space

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

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE: (b)(6)-2

REMARKS: 0500 1 Sep 03

(b)(6)-4

HEMATOLOGY

URGENCY: ROUTINE TODAY STAT PRE-OP

PATIENT STATUS: BED AMB OUTPATIENT DOM

SPECIMEN SOURCE: VEIN CAP OTHER (Specify)

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
3-26		
10.1	RBC COUNT	
25.9	HEMOGLOBIN	
58.1	HEMATOCRIT	
30.7	MCV	
34.9	MCH	
9.3	MCHC	
3	WBC COUNT	
29	IMMATURE NEUTROBANDS	
55	NEUTROSEGS	
3	LYMPHS	
0	EOSINOPHILS	
0	BASOPHILS	
7	MONOCYTES	
10-15	PLATELETS	
	RBC	
	SED. RATE	
223	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	CONTROL	
	PATIENT	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
7.0		
0.6		

REMARKS: **CREATED**

TECH: **35403**

MD: **0758**

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

REQUESTING PHYSICIAN'S SIGNATURE: **(b)(6)-2**

REPORTED BY: **(b)(6)-2**

MD: **0758**

LAB. ID. NO.:

HEMATOLOGY

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM CAP

SPECIMEN SOURCE: VEIN OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
3-30-03	0800	P.M.
0.9	CREATININE	
	GLUCOSE	
	UREA N.	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO ₂	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS: **Creatinine**

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

REQUESTING PHYSICIAN'S SIGNATURE: **(b)(6)-2**

REPORTED BY: **(b)(6)-2**

MD: **0505**

TECH: **554**

LAB. ID. NO.:

CHEMISTRY I

URGENCY: ROUTINE TODAY PRE-OP STAT

PATIENT STATUS: BED OUTPATIENT NP DOM

SPECIMEN SOURCE: BLOOD OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

ICU 1

3 Sep 03, 0800

(b)(6)-4

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	REQUESTED	(X)
4/8/03	0530		
RESULTS			
3.28	RBC COUNT		
9.6	HEMOGLOBIN		
28.8	HEMATOCRIT		
87.8	MCV		
29.2	MCH		
33.3	MCHC		
8.5	WBC COUNT		
	IMMATURE		
	NEUTRO-BANDS		
	NEUTROSGS		
	LYMPHS		
	EOSINOPHILS		
	BASOPHILS		
	MONOCYTES		
	PLATELETS		
	RBC		
	SED. RATE		
343	PLATELET COUNT		
	RETICULOCYTE COUNT		
	CLOTTING TIME		
	BLEEDING TIME		
	P CONTROL		
	T PATIENT		
	CONTROL		
	PATIENT		
	% ACTIVITY		
	RATIO		
	SICKLING TEST		
12.4			
1.0			

REMARKS: CBC

ICU 1
4/8/03
344003

(b)(6)-4

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	REQUESTED	(X)
4/8/03	0530		
RESULTS			
165	GLUCOSE		
16	UREA N.		
0.8	CREATININE		
	URIC ACID		
146	SODIUM		
3.8	POTASSIUM		
115	CHLORIDE		
	CO ₂		
	PHOSPHATE		
	CALCIUM		
	TOTAL PROTEIN		
	ALBUMIN		
	GLOBULIN		
	ALKALINE PHOSPHATASE		
	ACID PHOSPHATASE		
	SGOT		
	LDH		
	CPK		
	BILIRUBIN (TOTAL)		
	BILIRUBIN (DIRECT)		
	CHOLESTEROL		
	TRIGLYCERIDES		
	AMYLASE		
	LIPASE		
	PROFILE (Specify)		

REMARKS: Istat 6, Creat (Chem 7)

ICU 1
4/8/03
344003

(b)(6)-4

HEMATOLOGY
STANDARD FORM 549 (REV. 7-78)
PRESCRIBED BY GSA/ICMR
FIRM (41 CFR) 201-45.505

PATIENT'S MED. RECORD
549-107

CHEMISTRY I
STANDARD FORM 548 (REV. 8-77)
PRESCRIBED BY GSA/ICMR
FIRM (41 CFR) 201-45.505

PATIENT'S MED. RECORD
546-107

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

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

REPORTED BY: (b)(6)-2

MD DATE: 5 Sept 03

TECH: 0630 HR

REMARKS: Creatinin

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.	DO
		5 Sept 03	0615			
	GLUCOSE					
	UREA N.					
	CREATININE					
	URIC ACID					
	SODIUM					
	POTASSIUM					
	CHLORIDE					
	CO ₂					
	PHOSPHATE					
	CALCIUM					
	TOTAL PROTEIN					
	ALBUMIN					
	GLOBULIN					
	ALKALINE PHOSPHATASE					
	ACID PHOSPHATASE					
	SGOT					
	LDH					
	CPK					
	BILIRUBIN (TOTAL)					
	BILIRUBIN (DIRECT)					
	CHOLESTEROL					
	TRIGLYCERIDES					
	AMYLASE					
	LIPASE					
	PROFILE (Specify)					

CHEMISTRY I
STANDARD FORM 548 (REV. 8-77)
PRESCRIBED BY GSA/ICMR
FIRM (41 CFR) 201-45.505

34/72kg
ASA I
NKDA

MEDICAL RECORD - ANESTH
f this form, see AR 40-66, the proponent agency, OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION	DRUG (Units)											TOTALS	TOTAL EBL	
	ROSCON FENTANYL DIPRIVAN SUF VEL M504 VOLAT AGENT AIR O2	(Mg) (Mg) (Mg) (mg) (mg) (mg) % e.t. L/Min L/Min L/Min	100	50	100									
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		1	2	2	2	2	2	1	1	1	1	1	1	

FLUIDS	LINE site	W	W	W	W	W	W	W	W	W	W	W	W	W	W	REMARKS
	18 (R)	W	W	W	W	W	W	W	W	W	W	W	W	W	W	Code drugs with numbers, events with letters DPT scan & interview par INTERPRETER CHART REVIEW Procedure explain To OK. ON TABLE Monitor Involved Anest 7:50 2040 Great 10:00 2040 Mantitol 12:50 2040 IV 2045 From A-Line Review technique -> mod. sedation -> good warm/fluid. Mantitol 12:50 2040 2200 2200 ABG: 7.77/40/214/27/-2 M/H 6/18 CK 17.3 6.2 17.0 k 4.3

LOSSES	EST BLOOD LOSS URINE	2000	2500	3000	3500	4000	4500	5000	5500	6000	6500	7000	7500	8000	8500	9000	9500
	100																

PHYS STATUS	TIME	2000	2100	2200	2300	2400	2500
2 3 4 5 6							
BODY WEIGHT							
BP by cuff							
HEMATOCRIT							
INITIAL DATA							
BP							
HR							
EQUIP CHECK							
OK? - Y N							
PATIENT							
OK for PROCEDURE							
TIME							

VENTIL	VT - ml	600	570	610	600	610	500	560	570	560	510	530
	f - breaths/min	14	8	9	10	10	9	6	6	6	6	6
Peak Inf pres / PEEP	24	28	25	26	26	27	27	27	27	27	26	26
MODE - S(pon), A(assist), C(on)	SAC	C	C	C	C	C	C	C	C	C	C	C
BP/Auto Cuff	X											
BP/oth	X											
ART line	X											
Steth-PC/ES	X											
Gas analyzer	TEMP-site	APAC										
	N-M Block (T4)											

Mark with letters & symbols, explain under REMARKS

PROCEDURES and CPT Codes: 1.20 LUE & LUE EX-FIX @ FEMUR & REVISE LUE Amputation.

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
PREOX INDUCED, EXPOSED X1 E MAC 3 60A II view
1.20 LUE = 5.8 ET to 27 cm @ ZEPH RS = 10
FEMUR X1 TO BE SECURED @ ZEPH RT = 10
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
DTR BLOCK IN

RECOVERY AT: PACU ICU (Specify)

CONDITION: RESP. BP. HR. ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
	1930	2015	0100

PROC ANES: Ready Begin End
2205 2105 2405

DATE: 25 AUG 05

ASA: 1

ALL: NKDA

<u>OPERATION</u>	<u>AGE</u>	<u>WT</u>	<u>SPECIAL INFO</u>
LUE Amp Revision 1 1/2" LUE THIGH WOUNDS	34	77	ATE @ 1200 TUBER WOUND FROM > 3 FB'S MP II
<u>U/A</u>	<u>Home</u>	<u>Chem</u>	

<u>Resp</u>	<u>CIRC</u>	<u>CNS</u>	<u>OTHER</u>
WNL	—————>		HR 135 125/86 RR 22

<u>BHX</u> Ø	<u>Med's</u> ULTERIN pan
-----------------	-----------------------------

V 1/24/04 / CK 98

MEDICAL RECORD - ANESTH

If this form, see AR 40-66; the proponent agency,

OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML "I" - CONSTANT INFUSION	DRUG	(Units)	20	25	2:00	2:15	2:30	2:45	3:00	TOTALS	TOTAL EBL
	Vca	(mg)	1								
Fentanyl	(mcg)		50								TOTAL URINE
Neostigmine	(mg)					5/1					750
VOLAT AGENT	Iso % del	.8	.6	.6	.6	.4	X			FLUIDS - SUMMARY	
AIR	L/Min									CRYSTALLOID - 5000	
N2O	L/Min									COLLOID -	
O2	L/Min	1	1	1	1	1	1			BLOOD -	

FLUIDS	EST BLOOD LOSS	URINE	REMARKS
LINE site <input type="checkbox"/> Warmed			Code drugs with numbers, events with letters Case concluded - pt. turned supine (A) fem. ant. line pulled out during movement - pressure held for 15 min. (B) neck prep/drap sterile fashion - (C) I/O v. cannula - lat 6 - 15 ga angiocath - cont. Venous by manual entry - mod. self technique, 8.5 Fr introducer passed. & comp. cath (D).Smooth emergence, extubation - patent airway.
#18 PRBC <input checked="" type="checkbox"/> Warmed	2000	3000	
PRBC <input checked="" type="checkbox"/> Warmed	11		
<input type="checkbox"/> Warmed			

LOSSES	EST BLOOD LOSS	URINE
	2 units	300/750

PHYS STATUS	TIME	SYMBOLS	220	200	180	160	140	120	100	80	60	40	20
BP	127/74	BP by cuff											
HR	110	Heart rate											
RESPIR		Resp rate											
INITIAL DATA:		BR (transduced)											
EQUIP CHECK		Tourniquet											
OK? - <input checked="" type="checkbox"/> N		ANES. X-X											
PATIENT		PROC. <input checked="" type="checkbox"/>											
OK for PROCEDURE?													
TIME: 1900													

VENTIL	VT - ml	20	25	30	35	40	45	50	800
	f - breaths/min	6	5	5	5	5	5	5	5
Peak Inf pres / PEEP	27	27	27	27	27	27	27	27	-
MODE - S(span), A(assist), C(on)	C	C	C	C	C	C	C	C	S
MONITORS/ACCESSORIES	BP/Auto Cuff	ET CO2 (torr)	38	40	41	41	41	41	41
	BP/oth	FI O2 (Frac or %)	0.5	0.8					
ART line	SpO2 (%)	100	100	100	100	100	99	99	
Steth - PC/ES	ECG	SN	SN	SN	SN	SN	SN	ST	
Gas analyzer	TEMP-site								
	N-M Block (T/4)		1/4					4/4	
								subst. test.	
Warming blkt									
Conv warmer									

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

PROCEDURES and CPT Codes: Ex - fix (A) fem revision (B) UE amputation

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments Easy DL E MAC 3 (scop. 1) 8.0 ETT.

SURGEONS: (b)(6)-2 (b)(6)-2 (b)(6)-2

PROCEDURE DATE: 1900 2015 0100

ANESTHETISTS: 2-1-07

(b)(6)-4

PREANESTHETIC SUMMARY			
OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 6 7		
URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB <u>7</u> HMC HCT <u>22</u> OTHER		BLOOD CHEMISTRY 133 / 102 $\left\{ \begin{array}{l} 12 \\ 130 \\ 19 \end{array} \right.$ 3.9 CPK-685
RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT)	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES) NKDA
PREVIOUS ANESTHETICS AND COMPLICATIONS		PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS	
PREOPERATIVE DIAGNOSIS 160/97 109 18 96% NE O2	PREMEDICATION		
SIGNATURE OF EVALUATING PHYSICIAN			DATE
POSTANESTHETIC VISITS			
RECORD ALL PERTINENT COMPLICATIONS			

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-58; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		DRUG (Units)								TOTALS	TOTAL EBL
		MgO ₂ (mg)	5	5	5	5	5	5	5	30 mg	
Etomidate (mg)	1.250							250 ug	min		
Propofol (mg)	1.100						20	200	TOTAL URINE		
Succ (mg)	1.100							100	150		
Esomol (mg)					30						
VOLAT AGENT	% del								FLUIDS - SUMMARY		
I ₂ O	% a.i.	20	20	20	20	20	10.20		CRYSTALLOID		
AIR	L/Min				1	1	1X		LR - 1000		
N ₂ O	L/Min								COLLOID		
O ₂	L/Min	6	2	2	1	1	1.2		BLOOD		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										REMARKS	
LINE site	<input type="checkbox"/> Warmed									Code drugs with numbers, events with letters ① Pt interviewed, ch reviewed. ② Pt to OR, ASA monit Ca applied. Pt induced intubated & difficult ③ O ₂ 15 Pt tolerated proc start well. ④ Pt SV, TV 48, Pt succ then extubated. ⑤ Pt to ICU I.S. Report given to cot (b)(6)	
LR	<input type="checkbox"/> Warmed	#1					500	200	1000		
	<input type="checkbox"/> Warmed										
	<input type="checkbox"/> Warmed										
LOSSES	EST BLOOD LOSS										
	URINE						150				
PHYS STATUS	TIME										
1 2 3 4 5 E	SYMBOLS:										
BODY WEIGHT:	BP by cuff										
77 KG	V										
LB	^										
HEMATOCRIT:	Heart rate										
22.5	•										
INITIAL DATA:	Resp rate										
BP:	BR (transduced)										
133/187	+										
HR:	TOURNIQUET										
140	T-X										
EQUIP CHECK	ANES - X-X										
OK? <input checked="" type="radio"/> N	PROC - <input checked="" type="radio"/> <input checked="" type="radio"/>										
PATIENT RECHECK											
OK for PROCEDURE? <input checked="" type="checkbox"/>											
TIME - 0830											
VENTIL		VT - ml	700	710	420	440	430	460	470		
		1 - breaths/min	10	10	15	17	10	10	19		
		Peak inf pres / PEEP	28	29	3	3	3	3	3		
		MODE - (Spon), Assist, Cion)	C	C	S	S	S	S	S		
MONITORS/ACCESSORIES		BP/Auto Cuff	47	37	39	39	46	47	1.0		
		ET CO ₂ (torr)	1.0	1.0	1.0	.47	.53	.53	1.0		
		BP/oth									
		FID ₂ (Frac or %)	100	100	100	100	100	100	100		
		ART line	47	51	47	51	51	51	51		
		SpO ₂ (%)									
		Steth- PC/ES									
		ECG									
		Gas analyzer									
		TEMP-alt									
		N-M Block (T/A)			4/4.5	51					
		Pressure ports	checked, probed	✓	✓	✓	✓	✓	✓		
		Warming blkt									
		Conv warmer									
EVENTS		Mark with letters & symbols, explain under REMARKS									
PROCEDURES and CPT Codes:											
ANESTHETIC TECHNIQUES: Describe block technique under Remarks											
PACU (ICU) 2 (Specify)											
OTHER											
CONDITION: Stable											
RESP - 26 SpO ₂ - 98											
BP - 153/87 HR - 147											
ANESTHESIA (PROCEDURE TIME)											
PROC ANES		Start	Room	End							
		0830	0840	1030							
PROC ANES		Ready	Begin	End							
		0855	0915	1015							
RECOVERY AT											
1025											

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Eyes taped O₂ 1 (MAC 4) grade II view, ETT 8.0 advanced to 23cm - 2 teeth. @ SBS ETT secured.

SURGEONS: (b)(6)-2

PROCEDURE LOCATION: MEDCOM - 1847

DATE: 20 A 12

(b)(6)-4

PREANESTHETIC SUMMARY			
OPERATION PROPOSED <i>Wash out Ⓡ Arm stump, Ⓡ thigh</i>		AGE <i>34</i>	WEIGHT (LBS.) <i>77</i>
		PHYSICAL STATUS <i>① 2 3 4 5 6 7</i>	
		SPECIAL INFORMATION <i>NPO since MN 28 Aug 03</i>	
URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB OTHER <i>108 7.7 241 22.5</i>	RBC HCT <i>4.0 141 140</i>	BLOOD CHEMISTRY <i>Neck-Flam</i>
RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP ECG (IF PERTINENT) <i>133/87 145 16 97%</i>	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES) <i>NKDA</i>
PREVIOUS ANESTHETICS AND COMPLICATIONS <i>Previous washouts X2 E Anesthetic Ⓡ Foreign</i>	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS <i>(b)(6)-2</i>		
PREOPERATIVE DIAGNOSIS	PREMEDICATION <i>(b)(6)-2</i>		
		SIGNATURE OF EVALUATING PHYSICIAN <i>(b)(6)-2</i> <i>LTJ CRNA</i>	DATE <i>29 Aug 03</i>
POSTANESTHETIC VISITS			
RECORD ALL PERTINENT COMPLICATIONS			

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		TOTALS	TOTAL EBL
DRUG	(Units)				
VERSED	(mg)	1.5			
FENTANYL	(mcg)	2200	100/50		
PROPOFOL	(mg)	140			
SCN	(mg)	80			
VOLAT AGENT	% del % s.t.	2 1/2	X		
AIR	L/Min				
N2O	L/Min				
O2	L/Min	6-2	4-7		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS					
FLUIDS	LINE #				
	<input type="checkbox"/> Warmed				
	<input type="checkbox"/> Warmed				
	<input type="checkbox"/> Warmed				
	<input type="checkbox"/> Warmed				
LOSSES	EST BLOOD LOSS				
	URINE				
PHYS STATUS	TIME	15	30		
1 2 3 4 5 E	SYMBOLS:				
BODY WEIGHT:	BP by cuff				
77 ^{KG} LB	V				
HEMATOCRIT:	^				
24	Heart rate				
INITIAL DATA:	•				
BP:	Resp rate				
132/83	BR				
HR:	(transduced)				
116	+				
EQUIP CHECK	TOURNIQUET				
OK? <input checked="" type="checkbox"/> N	T-X				
PATIENT RECHECK	ANES-X-X				
OK for PROCEDURE? <input checked="" type="checkbox"/> Y	PROC- <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				
TIME 1255					
VENTIL	VT - ml	830	860		
	f - breaths/min	10	10		
	Peak Inf pres / PEEP	34	34		
	MODE - (Spon), (A/assist), (Clen)	SV	CV	CVSV	
BP/Auto Cuff	ET CO2 (torr)	34	33	32	
BP/oth	FIO2 (Frac or %)	.87	.87	.87	
ART line	SpO2 (%)	100	100	100	
Steth- PC/ES	ECG	ST	ST	ST	
Gas analyzer	TEMP-site	103	103	103	
	N-M Block (T/A)				
Warming blkt					
Conv warmer					
RECOVERY AT					
FACT	7 (Specify)				
OTHER					
CONDITION	JNLY				
RESP	SpO2-95				
BP	HR-124				
ANESTHESIA / PROCEDURE					
TIME					
ANES	Start	Room	End		
	1230	1250	124		
READY	Ready	Begin	End		
	1300	1312	133		

1335 II 0
Call
300cc
1340 5/100
Suctioned
+ Pursepuril
Mouth
Exhaust

PROCEDURES and CPT Codes:
LAD (L) ARM (L) LEG

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
Gen E Forane/O2

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments, D x T
@Cricoid MIL 2 Grade T 8.0 ETT @ Styler
@BBB @ ETCO2

SURGEONS: (b)(6)-2 (b)(6)-2

PROCEDURE LOCATION: OR
DATE: 1/1/97

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" - CONSTANT INFUSION		DRUG	(Units)							TOTALS	TOTAL EBL
		Feolanyl	ug	2250	7						250
Prop	ug	140							140	min	
Succ	ug	100							100	TOTAL URINE	
MSO ₄	ug		407	5	3	2			20		
VOLAT AGENT		% del							FLUIDS - SUMMARY		
Iso		% o.t.	1.5	1.4	1.0	1.0	X		CRYSTALLOID:		
AIR		L/Min							800		
N2O		L/Min							COLLOID:		
O2		L/Min	6	1	1	1	1	6	800 _{ml}		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS									BLOOD:		
LINE site		<input type="checkbox"/> Warmed							REMARKS		
LR		<input type="checkbox"/> Warmed	#1	-----					Code drugs with numbers, events with letters		
		<input type="checkbox"/> Warmed							① Pt identified chart reviewed.		
		<input type="checkbox"/> Warmed							② Pt to O2, PSM monitors, 102 applied		
LOSSES		EST BLOOD LOSS							Pt induced/intubated 5 difficulty		
		URINE							③ Pt tolerated proc start well		
PHYS STATUS		TIME	0835	0900	X	91	X	1000	④ Pt SVA rate 137V 4 BPs, pedimed, the evacuated		
① 2 3 4 5 E		SYMBOLS:							⑤ Pt to ICU #1 report given to ILT		
BODY WEIGHT:		BP by cuff							(b)(6)-2 V/S stable as indicated.		
77 KG LB		V									
HEMATOCRIT:		^									
10.1/25.9		Heart rate									
INITIAL DATA:		•									
BP: 129/72		Resp rate									
HR: 119		BR (transduced)									
EQUIP CHECK		+									
OK? <input checked="" type="checkbox"/> N		TOURNIQUET									
PATIENT RECHECK		T-X									
OK for PROCEDURE?		ANES- X-X									
TIME: 0835		PROC- <input checked="" type="checkbox"/>									
VENTIL		VT - ml	760	710	520	360	560		RECOVERY AT: 0955		
		f - breaths/min	10	10	16	12	10		FACU ICU 2 (Specify)		
		Peak Inf pres / PEEP	30	31	34	34	34		OTHER		
		MODE - S(pon), A(aset), C(on)	S	C	C	S	S		CONDITION: stable		
MONITORS/ACCESSORIES		BP/Auto Cuff	49	42	46	47	44		RESP: 10 SpO2: 92		
		BP/oth	1.0	1.0	1.0	1.0	1.0		BP: 124/74 HR: 117		
		ART line	98	97	98	99	98		ANESTHESIA / PROCEDURE TIME		
		Steth- PC/ES	ST	ST	ST	ST	ST		ANES Start Room End		
		Gas analyzer							0830 0845 0958		
		N-M Block (T/4)		4/4	5/1				Ready Begin End		
		Warming blkt							0850 0915 1000		
		Conv warmer									

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

PROCEDURES and CPT Codes: Stump revision (L) An

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
DLX1 (Miller 3) grade II view RTB placed to 23cm tech 49 ABS, and secured

SURGEONS: MEDCOM - 1851 (b)(6)-2

PROCEDURE LOCATION: DATE: _____

PREANESTHETIC SUMMARY

OPERATION PROPOSED		AGE	WEIGHT (LBS.)	SPECIAL INFORMATION	
		34	77		
		PHYSICAL STATUS			
		① 2 3 4 5 6 7			
URINALYSIS NORMAL ABNORMAL AND WHY?		HEMATOLOGY HEM HGB RBC HCT OTHER		BLOOD CHEMISTRY	
		9.3 / 10.1 / 25.9 / 253 3 Sept 03		25 Sept 03 144 / 111 / 18 / 197 38 / 18	
RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)		CIRCULATORY SYSTEM BP ECG (IF PERTINENT) PULSE		CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	
 		100.4, 102, 26 123/72 94%		 	
				OTHER SYSTEMS (ALLERGIES)	
				NKDA	
PREVIOUS ANESTHETICS AND COMPLICATIONS			PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS		
None to prior GA's during hospitalization since 25 Aug 03			—		
PREOPERATIVE DIAGNOSIS			PREMEDICATION		
			SIGNATURE OF EVALUATING PHYSICIAN		DATE
			(b)(6)-2 CPT CCNA		3 Sept 03
POSTANESTHETIC VISITS					
RECORD ALL PERTINENT COMPLICATIONS					

MPE, teeth intact, Neck Flex, mouth opening 3F.

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		DRUG (Units)		TOTALS		TOTAL EBL		
		NAME	AMOUNT					
		VERSED (mg)	25					
		FENTANYL (cc)	2.5	1	1	2	MIN	
		ROPIVACAINE (mg)	100				TOTAL URINE	
		URO/SEX (mg)	1/100				NO Foley	
		VOLAT AGENT	FOR	% del	15	1.5	10-X	
		AIR		% o.i.				
		N2O		L/Min				
		O2		L/Min	6	1	1-1-1-1-6	
		SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS						FLUIDS - SUMMARY
								CRYSTALLOID
								300cc
								COLLOID
								0
								BLOOD
								0
								REMARKS
								Code drugs with numbers, events with letters
								① CHART REVIEW
								②
								Pr 700.F.
								MONITORED & STRAPS
								SIMULTANEOUS
								C 1534
								d REVERSAL
								20 GOOD VT
								RESPONSIVE
								2 TUBES
								3 PROBLEMS
								TO FULL STABLE
								REPORT
LOSSES		EST BLOOD LOSS						
		URINE						
PHYS STATUS		TIME		1530 X 1000 X 30				
E 4 5		SYMBOLS						
BODY WEIGHT		BP by cuff		220				
80 KG		V		200				
HEMATOCRIT		^		180				
INITIAL DATA		Heart rate		160				
BP		•		140				
119/70		Resp rate		120				
HR 92		BR (transduced)		100				
SpO2 91		+		80				
EQUIP CHECK		TOURNIQUET		60				
OK? (Y) N		T-T		40				
PATIENT RECHECK		ANES-X-X		20				
OK for PROCEDURE		PROC-O-O						
TIME 1515								
VENTIL		VT - ml		22-15-18 12 10 14				
		f - breaths/min						
		Peak Inf pres / PEEP						
		MODE - S(pon), A(assist), C(on)		S-AV-AV AV AV 3N				
BP/Auto Cuff		X ET CO2 (mm)		45-50-43 45 42		RECOVERY AT		
BP/oth		X FIO2 (Frac or %)		.77 .77 .77 .77 .77		FACU ICU (Specify)		
ART line		X SpO2 (%)		100 98 98 97 98		OTHER		
Steth-PC/ES		X ECG		3R-3R-3R-3R-3R		CONDITION:		
X Gas analyzer		TEMP-site		- 4/4		RESP 18 SpO2 95		
		N-M Block (T/4)				BP 137/81 HR 102		
Warmlog blkt						ANESTHESIA / PROCEDURE TIMES		
Conv warmer						PROC ANES		
						Start Room End		
						515 1525 1625		
						Ready Begin End		
						1530 1531 1630		

PROCEDURES and CPT Codes: ① F.A. WASH OUT ② THCA		ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA, SCCA	
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility (b)(6)-4		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments DLXIE 2MLV. APPRAXIMIC BEBS @ETCO2	
SURGEONS: _____		PROCEDURE LOCATION: 215H	
MEDCOM - 1853		DATE: 1.1	

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 6 7		

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

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY?)	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT)	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, ETO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
---------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------------------------	------------------------------

SEE PREVIOUS WORK UP. REPEAT SURGERY

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
----------------------------------------	-----------------------------------------------------

PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN
	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-56; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MGAL "1" = CONSTANT INFUSION							TOTALS	TOTAL EBL																																
DRUG (Units)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Flentanyl</td><td>(ug)</td><td>250</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MSO₂</td><td>(mg)</td><td>200</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Propofol</td><td>(mg)</td><td>180</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Succ</td><td>(g)</td><td>200</td><td></td><td></td><td></td><td></td><td></td></tr> </table>							Flentanyl	(ug)	250						MSO ₂	(mg)	200						Propofol	(mg)	180						Succ	(g)	200						250ug 200mg 180mg 200mg	m
Flentanyl	(ug)	250																																								
MSO ₂	(mg)	200																																								
Propofol	(mg)	180																																								
Succ	(g)	200																																								
VOLAT AGENT		% del					FLUIDS - SUMMARY																																			
T ₅₀		% a.t.	1.5	1.5	1.0	1.0	CRYSTALLOID:	UR - 1000																																		
AIR		L/Min					COLLOID:	0																																		
N ₂ O		L/Min					BLOOD:	0																																		
O ₂		L/Min	6	1	1	2	REMARKS																																			
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																																										
LINE site		<input type="checkbox"/> Warmed								Code drugs with numbers, events with letters ① Patient-Fied chart reviewed all pt quest answered. ② Pt to OR, ASA mark ③ O ₂ applied, Pt induce intubated & diff. ④ Pt tolerated procedure & went well. ⑤ Gentamycin 300mg IV infused @ 45 minutes ⑥ P ₉ , T ₉ 310, Pt suctioned, then extubated. ⑦ Pt to RR Reports given to 1LT (b)(6)-2																																
⑧ LL 16		<input type="checkbox"/> Warmed	H1																																							
⑨ LL 16		<input type="checkbox"/> Warmed	H2																																							
		<input type="checkbox"/> Warmed																																								
LOSSES		EST BLOOD LOSS	/ /																																							
URINE		SC ₁₇ 2.1, SC ₂₀ 2.2																																								
PHYS STATUS		TIME	2:30 X 1:00 X 3:0 X 1:0 2:30 X 1:00 X 3:0 X 1:0																																							
BODY WEIGHT:		SYMBOLS:	220 200 180 160 140 120 100 80 60 40 20																																							
75 KG LB		BP by cuff	V ^ Heart rate Resp rate BR (transduced) Tourniquet ANES-X-X PROC-②③																																							
HEMATOCRIT:																																										
INITIAL DATA:																																										
BP: 1																																										
145 / 72																																										
HR:																																										
106																																										
EQUIP CHECK:																																										
OK? ② N																																										
PATIENT RECHECK:																																										
OK for PROCEDURE? Yes																																										
TIME: 1015																																										
VENTIL		VT - ml	600	640	640	320	340	500	500	RECOVERY AT 1200																																
I - breath/min			10	10	10	10	7	7	7	FACU (ICU) 1 (Specify)																																
Peak Inf pres / PEEP			26	26	26	-	-	-	-	OTHER																																
MODE - S(pon), A(assist), C(on)			S	C	C	S	S	S	S	CONDITION: stable																																
BP/Auto Cuff		ET CO ₂ (torr)	39	36	31	38	46	46	44	44	RESP. 10 SpO ₂ 97																															
BP/oth		FiO ₂ (Frac or %)	1.0	.87	.87	.87	.87	.86	.86	BP 117/78 HR 103																																
ART line		SpO ₂ (%)	99	98	98	97	97	97	97	ANESTHESIA / PROCEDURE TIMES																																
Steth- PC/ES		ECG	ST	ST	ST	ST	ST	ST	ST	Start Room End																																
Gas analyzer		TEMP site	-	-	-	-	-	-	-	1030 1040 1200																																
Pressure points		N-M Block (T/A)	-	-	-	-	-	-	-	Ready Begin End																																
Pressure points		checked/padded	-	-	-	-	-	-	-	1045 1055 1150																																
Warming bkt		Urea blanket applied	-	-	-	-	-	-	-																																	
Conv warmer			-	-	-	-	-	-	-																																	

PROCEDURES and CPT Codes: Wakeout OLG, Stuprecision	ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility (b)(6)-4	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments 0Lx1 (Miller) grade 2 view, ETT 8.0 placed @ BBS, ETT secured @ 22cm @ the teeth SURGEONS:
MEDCOM - 1855	
PROCEDURE LOCATION: 8L DATE: 11/12	

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS		
	1 2 3 4 5 6 7		

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

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

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
----------------------------------------	-----------------------------------------------------

PREOPERATIVE DIAGNOSIS	PREMEDICATION		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">SIGNATURE OF EVALUATING PHYSICIAN</td> <td style="width: 20%;">DATE</td> </tr> </table>	SIGNATURE OF EVALUATING PHYSICIAN	DATE
SIGNATURE OF EVALUATING PHYSICIAN	DATE		

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

MEDICAL RECORD - ANESTHESIA

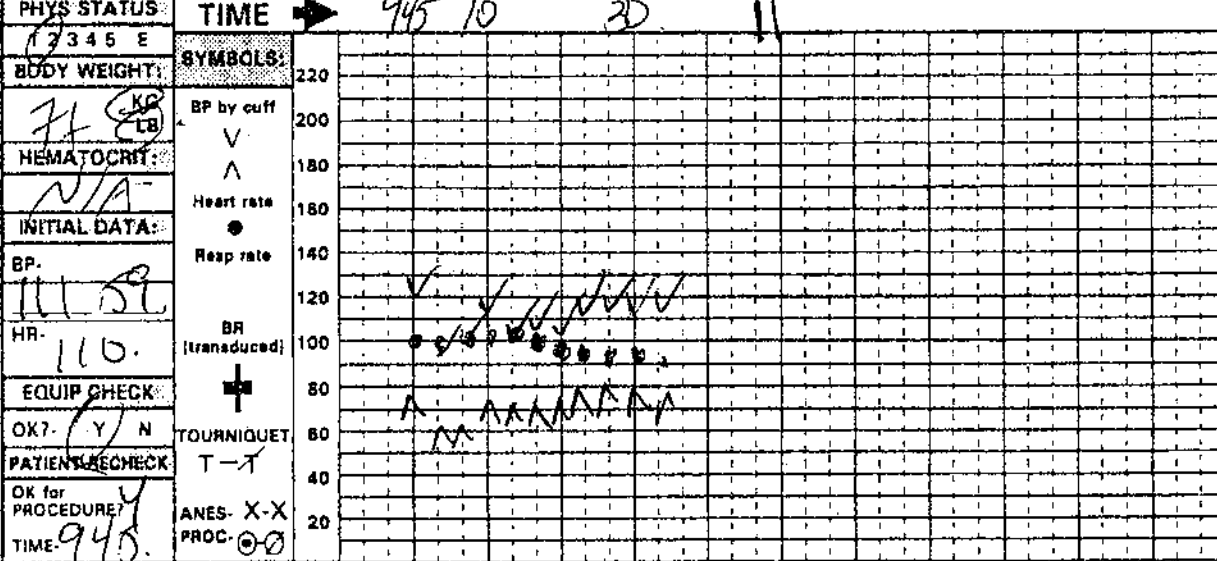
For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" - CONSTANT INFUSION	DRUG (Units)		
	Fentanyl (ug)	250	50/50/50/50
	Propofol (mg)	140	
	SCH (mg)	60	
VOLAT AGENT	Form % del	A11.5	X
AIR	L/Min		
N2O	L/Min		
O2	L/Min	6-7-72-77	

TOTALS	TOTAL EBL
500	(b)(6)-2
	TOTAL URINE
	Spont Void
	FLUIDS - SUMMARY
	CRYSTALLOID
	300
	COLLOID
	BLOOD

FLUIDS	LINE #	Warmed	REMARKS
	1	<input checked="" type="checkbox"/>	Code drugs with numbers, events with letters
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

LOSSES	EST BLOOD LOSS URINE



955 Ancaf
Ten USP.
1038 SU/12
⊕ Purposely
Not used
Extubated

MONITORS/ACCESSORIES	VENTIL	
	VT - ml	100
f - breaths/min	10	10
Peak Inf pres / PEEP	30/4	40
MODE - Spon, Aislet, Cion	S	S
BP/Auto Cuff	30	40
BP/oth	10.84	9.5
ART line	99	99
Steth-PC/ES	512	512
Gas analyzer		
Warming blkt		
Conv warmer		

RECOVERY AT	TIME
PACU/ICU #104	10:45
OTHER	SUN 3M
CONDITION:	
RESP. 10 SpO2 98%	
HR 103	
ANESTHESIA / PROCEDURE TIMES	
ANES Start Room End	9:30 944 104
ICU Ready Begin End	9:55 1008 103

Mark with letters & symbols, explain under REMARKS
EVENTS Position → 05 →

PROCEDURES and CPT Codes:
J&D (A) RU

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
CERAEOTT

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
MIL 3 Gradet B.OETT 05/11/02

SURGEONS (b)(6)-2

PROCEDURE LOCATION: 02 #1
DATE: 01/11/02

PREANESTHETIC SUMMARY

OPERATION PROPOSED <div style="font-size: 2em; font-family: cursive;">I+D</div>	AGE <div style="font-size: 2em; font-family: cursive;">34</div>	WEIGHT (LBS.) <div style="font-size: 2em; font-family: cursive;">71lb</div>	SPECIAL INFORMATION <div style="font-size: 1.5em; font-family: cursive;">NPO since MN.</div>
PHYSICAL STATUS 1 2 3 4 5 6 7 <div style="font-size: 2em; font-family: cursive;">2</div>			

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB FBC HCT OTHER	BLOOD CHEMISTRY
<div style="font-size: 1.5em; font-family: cursive;">No Recent 4/11</div>		<div style="font-size: 1.5em; font-family: cursive;">No Recent</div>

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT)	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
	<div style="font-size: 1.5em; font-family: cursive;">11/19-110 101@ -16 RA 94%</div>		<div style="font-size: 2em; font-family: cursive;">NKDA</div>

PREVIOUS ANESTHETICS AND COMPLICATIONS <div style="font-size: 1.5em; font-family: cursive;">GEM 5 Cx Numerous @ this admission</div>	PRESENT DRUG THERAPY, E.G., STEROIDS, TRANQUILIZERS <div style="font-size: 1.5em; font-family: cursive;">Ancef 10AM Cent 11AM Buethan 10/10/03</div>
---------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

PREOPERATIVE DIAGNOSIS	PREMEDICATION <div style="font-size: 1.5em; font-family: cursive;">Tylox II @ 0600</div>
	DATE <div style="font-size: 1.5em; font-family: cursive;">Cox 9/11/03</div>

POSTANESTHETIC

RECORD ALL PERTINENT COMPLICATIONS

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-86; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION	DRUG (Units)	15	30	45	1:00	1:15	1:30	1:45	TOTALS	TOTAL EBL
	Propofol (mg)	270		50						
Succ (mg)	80									
Fentanyl (µg)	100	100	50	100						TOTAL URINE
										φ
VOLAT AGENT	ISO % del		1.5	1.5	1.5	1.2	X			FLUIDS - SUMMARY
	% a.s.									CRYSTALLOID
AIR	L/Min									500
N2O	L/Min									COLLOID
O2	L/Min	8	1	1	1	6	8			φ
EINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										BLOOD
										φ
FLUIDS	LINE site	<input type="checkbox"/> Warmed								REMARKS
	* (N) IJ B.5 P	<input type="checkbox"/> Warmed	LR				→ 300	→ 300		Code drugs with numbers, events with letters
		<input type="checkbox"/> Warmed								Pr. Safety to OR; pre
		<input type="checkbox"/> Warmed								OK; see below for
		<input type="checkbox"/> Warmed								air way →
LOSSES	EST BLOOD LOSS							30		F induction, (N) neck
	URINE							φ		Prep / loose → (N)
PHYS STATUS	TIME									IJ cumulated -
12 @ 4 5 E										10 ga angio cath →
65 LB	SYMBOLS	BP by cuff								Conf. venous by
HEMATOCRIT		V								manometry →
26		Heart rate								B.T for intra-lum
INITIAL DATA		^								placed by med.
BP		•								Seldinger →
100 / 66		Resp rate								φ cont.
HR		BR (transduced)								1500 - Absorbent
95		+								exhausted → flow
EQUIP CHECK										increased to comp
OK? (Y) N										ensate.
PATIENT RECHECK										Case cancelled →
OK for PROCEDURE? Y										Smooth emergence
TIME: 1902										Ext. circuit with
										Smooth extubation
										Patent airway →
										to ICU → report.
VENTIL	VT - ml	SV	550	270	330	400	470			RECOVERY AT
	f - breath/min		10	10	12	9	11			1:38
	Peak Inf pres / PEEP		27							PACU (C) (Specify)
	MODE - S(pon), A(ssist), C(on)		C	S	S	S	S			OTHER
	BP/Auto Cuff	ET CO2 (torr)	40	45	47	47	47			CONDITION: Good
	BP/eth	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0			RESP. 11 SpO2 97
	ART line	SpO2 (%)	100	100	100	100	100			BP 147/84 HR 100 107
	Steth- PC/ES	ECG	ST	ST	SR	SR	SR			ANESTHESIA / PROCEDURE
	Gas analyzer	TEMP-site	Araxil							TIMES
		N-M Block (T/M)		4/2						Start Room End
										1902 1802 1843
	Warming blkt									Ready Begin End
	Conv warmer									1822 1850 1922

Mark with letters & symbols. EVENTS Position → Supine (hip bump) → → →

PROCEDURES and CPT Codes: I & D, LLE and LUE / central line placement

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

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
Gera

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Pre-ox; Smooth ID induction; Easy mask vent; Easy DL 2 ml H2; Grade I view; Sa ET; (N) 100; 22 cm neck

SURGEONS:

PROCEDURE LOCATION: OR

DATE: 1822 / 1850 / 1922

MEDCOM - 1859

PREANESTHETIC SUMMARY

OPERATION PROPOSED - I & D LUE, LLE - Central line placement	AGE 34	WEIGHT (LBS.) 65 kg	SPECIAL INFORMATION ... NPO since noon (clear) Airway Favorable - several unremarkable intubations recently.
	PHYSICAL STATUS 1 2 3 4 5 6 7 1 2 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB HCT OTHER 9.9 / 8.4 / 26.0 / 567	BLOOD CHEMISTRY recently. 0.8
-------------------------------------------	-----------------------------------------------------------------	-----------------------------------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) Ros ⊕ for Tob. Hx. <u>Lungs:</u>	CIRCULATORY SYSTEM AP 111/77 PULSE 70 ECG (IF PERTINENT) 93% (RA) <u>W:</u>	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) <u>Ros ⊕</u>	OTHER SYSTEMS (ALLERGIES) NKDA
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	--------------------------------------

PREVIOUS ANESTHETICS AND COMPLICATIONS multiple washouts / stump revisions. of complications (all GETA)	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS 1. Levamisole 500mg q 24h 2. Halbol prn 3. Pen MS04 4. Tylenol prn
---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

PREOPERATIVE DIAGNOSIS - Amputation, LUE - large area avulsion, LLE	PREMEDICATION Fentanyl
	SIGNATURE OF EVALUATING PHYSICIAN [Redacted] M.D. [Redacted]

DATE
13 Sep 07

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

[Redacted]

MEDICAL RECORD - ANESTHESIA

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

1411

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/KG/CM. * = CONSTANT INFUSION	DRUG (Units)	7	15	30	45	1:00	1:15	TOTALS	TOTAL EBL
	Fentanyl (µg)	100	50	50	50				
Propofol (mg)	150								TOTAL URINE
Succ (mg)	60								400
VOLAT AGENT	ISO % del	1.5	1.5	1.5	1.6	X		FLUIDS SUMMARY	
AIR L/Min	% o.i.							CRYSTALLOID: 200	
N2O L/Min								COLLOID: 0	
O2 L/Min		8	1	1	1	1	1	BLOOD: 0	
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS									
LINE site <input type="checkbox"/> Warmed (R) IJ 8.5F <input type="checkbox"/> Warmed LR → IS → 200 <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed									
LOSSES EST BLOOD LOSS URINE (300) 400									
PHYS STATUS: TIME →									
BODY WEIGHT: 65 (KG) LB HEMATOCRIT: 28.9 INITIAL DATA: BP 130/82 HR 109 EQUIP CHECK: OK? <input checked="" type="checkbox"/> N PATIENT RECHECK: T-X OK for PROCEDURE? <input checked="" type="checkbox"/> TIME: 1405									
SYMBOLS: BP by cuff V Heart rate ^ Resp rate ● BR (transduced) + TOURNIQUET T-X ANES. X-X PROC. <input checked="" type="checkbox"/>									
VENTIL: VT - ml SV 220 410 400 480 f - breaths/min 15 12 16 9 Peak Inf pres / PEEP - - - - MODE: S(pn), A(asst), C(on) ✓ S S S S S BP/Auto Cuff ET CO2 (torr) + 45 43 43 45 BP/oth FIO2 (Frac or %) 1.0 1.0 1.0 1.0 ART line SpO2 (%) 99 98 98 99 Steth-PC/ES ECG ST ST ST ST ST Gas analyzer TEMP-site Avail N-M Block (T/4) 4/4									
MONITORS/ACCESSORIES: Warming blkt Conv warmer									
RECOVERY AT PACU (C) 1 (Specify) OTHER: CONDITION: Good RESP: IL SpO2 BP: 130/92 HR: 135 ANESTHESIA / PROCEDURE TIME: PROC ANES: Start Room End 1422 1422 1540 PROC ANES: Ready Begin End 1422 1444 1525									
Mark with letters & symbols, explain under REMARKS. EVENTS Position → Supine									
PROCEDURES and CPT Codes: I & O, LLE / LUE ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA									
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility AIRWAY MANAGEMENT: Intubation route, blade, technique, comments pre-ox; Smooth IV intubation; easy mask vent; easy DL T M 112; 8.0 ETT; A etox; EQ03; sec. 22 cm; tech.									

REMARKS
 Code drugs with numbers, events with letters
 - Pt. safely to OR
 Ast monitor;
 pre-ox; see below for airway induc
 - case concluded;
 smooth emergence
 smooth extubation
 patient airway
 safely to ICU
 report given.

(b)(6)-4

PREANESTHETIC SUMMARY

OPERATION PROPOSED I & O, LLE / LUE.	AGE 34	WEIGHT (LBS.) 65 kg	SPECIAL INFORMATION Favorable airway - known easy intubation.
		PHYSICAL STATUS 1 2 3 4 5 6 7 1 2 3 4 5 6 7	

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB ... RBC ... HCT ... OTHER 11.3 9.7 510 28.9	BLOOD CHEMISTRY 2.5
-------------------------------------------	------------------------------------------------------------------------	------------------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) Lungs: Good (B) air excursion. Clear (B).	CIRCULATORY SYSTEM BP ... PULSE ... 170/82 108 P18 T 101.3 CV: nl S, S2, & clearly heard	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) See previous 73895	OTHER SYSTEMS (ALLERGIES) NKDA
------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------

PREVIOUS ANESTHETICS AND COMPLICATIONS - multiple I & O's / Revisions of LUE amputation - & lithotomies	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS 1. Unasyn 2 gm IV po 2. Haldol prn 3. Ambien prn 4. Levetiracetam 500 po 5. Gabapentin 150 qd 6. MSO4 prn 7. Tylenol prn
------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PREOPERATIVE DIAGNOSIS - open (L) thigh / s/p LUE amp.	PREMEDICATION
-----------------------------------------------------------	---------------

SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2 AND (b)(6)-2	DATE 15 Sep 03
------------------------------------------------------------	----------------------

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

(b)(6)-4

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS	CONTINUOUS/REPEATED DRUGS SPECIFY UNITS, MG/MCG/ML. * = CONSTANT INFUSION														TOTALS	TOTAL EBL																
	DRUG	(Units)																														
	Etomidate	1mg	300														(b)(6)-2															
															TOTAL URINE																	
															100																	
FLUIDS	VOLAT AGENT	% del													FLUIDS SUMMARY																	
		T ₂ % o.t.	1.5	1.5											CRYSTALLOID																	
	AIR	L/Min													10-15 cc/kg																	
	N2O	L/Min													COLLOID																	
			O2	L/Min	8	2	2											BLOOD														
			SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS ① ③ ④												REMARKS																	
			LINE site <input type="checkbox"/> Warmed												Code drugs with numbers, events with letters ① Pt interviewed, chart reviewed. ② Pt to OR, monitor ex applied. Pt indu intubated & difficult ③ Pt tolerated procedure start well. ④ Zoga 32g IV infused over 30 minutes - ⑤ Pt SUC rate 12 TV 410, pt unresponsive reneventilated, oral airway in place. ⑥ Pt transported to ICU, report given to 167 (b)(6)-2																	
			ASc 20mg KCl <input type="checkbox"/> Warmed																													
			<input type="checkbox"/> Warmed																													
			<input type="checkbox"/> Warmed																													
LOSSES		EST BLOOD LOSS																														
		URINE																														
PHYS STATUS		TIME		11:5 30 X 100 X 30 X 110 X 30 X 1400																												
1 2 3 4 5 E		SYMBOLS		220																												
BODY WEIGHT		BP by cuff		220																												
75 KG		V		200																												
LB		^		180																												
HEMATOCRIT		Heart rate		180																												
29/10		●		160																												
INITIAL DATA		Resp rate		140																												
BP		BR (transduced)		120																												
120/76		+		100																												
HR		TOURNIQUET		80																												
109		T-X		60																												
EQUIP CHECK		ANES- X-X		40																												
OK? <input checked="" type="checkbox"/> N		PROC. <input checked="" type="checkbox"/>		20																												
PATIENT RECHECK																																
OK for PROCEDURE? Yes																																
TIME: 1045																																
VENTIL				VT - ml		710	730	70/400							RECOVERY AT 1205																	
				f - breaths/min		10	10	10/13							PACU ICU #1 (specify)																	
				Peak Inf pres / PEEP		23	24	-							OTHER																	
				MODE - S(pon), A(ssist), C(ont)		S	C	C/S							CONDITION: stable																	
				BP/Auto Cuff		46	47	39							RESP: 18 SpO2 96%																	
				BP/oth		1.0	1.0	1.0							BP: 114/72 HR: 109																	
				ART line		99	99	99							ANESTHESIA / PROCEDURE TIMES																	
				Siath. PC/ES		ET	ET	104							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROC ANES</th> <th>Start</th> <th>Room</th> <th>End</th> </tr> <tr> <td></td> <td>1045</td> <td>1115</td> <td>1210</td> </tr> <tr> <th>PROC ANES</th> <th>Ready</th> <th>Begin</th> <th>End</th> </tr> <tr> <td></td> <td>1120</td> <td>1135</td> <td>1205</td> </tr> </table>		PROC ANES	Start	Room	End		1045	1115	1210	PROC ANES	Ready	Begin	End		1120	1135	1205
PROC ANES	Start	Room	End																													
	1045	1115	1210																													
PROC ANES	Ready	Begin	End																													
	1120	1135	1205																													
				Gas analyzer		-	-	-																								
				TEMP-ate		-	-	-																								
				N-M Block (T4)		-	-	-																								
				N-M Block (T4)		-	-	-																								
				Warming blkt		W/air circs applied																										
				Conv warmer																												
EVENTS				Mark with letters & symbols, explain under REMARKS																												
				PROCEDURES and CPT Codes: Sharp dissection to D Area																												
				ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA																												
				PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility (b)(6)-4																												
				AIRWAY MANAGEMENT: Intubation route, blade, technique, comments RSE (mid-b. l. d) T-CP DLX1 (grade 3 view) 8.0 ETT placed to 22cm @ teeth w/ ABS, ETT secured																												
				SURGEONS:												PROCEDURE LOCATION:																
				MEDCOM - 1863												DATE:																

PREANESTHETIC SUMMARY

OPERATION PROPOSED <i>Washout</i>	AGE 34	WEIGHT (LBS.) 75	SPECIAL INFORMATION <i>NPO since 0300 19 Sept 03</i>
	PHYSICAL STATUS 1 0 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB OTHER	BLOOD CHEMISTRY
	<i>10/</i> <i>10.8</i> <i>29.9</i> <i>462</i>	<i>134</i> <i>91</i> <i>3.6</i> <i>2.9</i> <i>29</i> <i>0.9</i> <i>201</i>

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

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS	
PREOPERATIVE DIAGNOSIS	PREMEDICATION	
	SIGNATURE OF EVALUATING PHYSICIAN <i>(b)(6)-2</i> <i>CPT. CENA</i>	DATE <i>19 Sept 03</i>

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I → D ⊕ thigh wound possible ex-fix
I → D ⊕ forearm amputation & revision
Amputation ⊕ femur

B. STATEMENT OF REQUEST

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

without wounds ⊕ arm & ⊕ thigh
Ex-Fix ⊕ hip/femur

(Description of operation or procedure in layman's language)

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

(b)(6)-2

(b)(6)-2

(b)(6)-2

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

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

4. Exceptions to surgery or anesthesia, if any, are: none

(If "none", so state)

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-2

Signature of Counseling Physician/Dentist

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

(b)(6)-2

SSG

(b)(6)-4

(b)(6)-4

(Signature of Patient)

8/5/03
1900

(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRM (41 CFR) 201-45.505
522-110

U.S. Government Printing Office: 1991 — 312-071/40123

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE I to D @ arm / @ leg wound
Adjust ex-Fix / Revise Amputation @ arm

B. STATEMENT OF REQUEST

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

wound @ arm / @ leg wound (Description of operation or procedure in layman's language)

Adjust ex-Fix / Revise Amputation @ arm

(b)(6)-2

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

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

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

4. Exceptions to surgery or anesthesia, if any, are: none

(If "none", so state)

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

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

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

(Cross out any parts above which are not appropriate)

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

C. SIGNATURES

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

(b)(6)-2

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2

(b)(6)-4

(Signature of Patient)

8/27/03

(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO.

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

Medical Record

STANDARD FORM 522 (REV. 7-91) Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I & D @ arm & @ thigh
re-use amputation @ arm

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

I & D @ arm & @ thigh
re-use amputation @ arm

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

(b)(6)-2

(b)(6)-2

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

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

4. Exceptions to surgery or anesthesia, if any, are: none

(if "none", so state)

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-2

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2

SA GIMBLE
(Signature of Witness, excluding members of operating team)

(b)(6)-4

(Signature of Patient)

29 Aug 03 0855
(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO.

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

Medical Record

STANDARD FORM 622 (REV. 7-81)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I+D left ARM STUMP, change Dressing

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

cleaning wounds

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

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

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

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

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

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

Interpreter present

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

(b)(6)-2 (Signature of Witness, excluding members of operating team)

(b)(6)-4 (Signature of Patient)

9/3/03 (Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO.

STANDARD FORM 522 (Rev. 10-75) General Services Administration & Interagency Comm. on Medical Records FIRM (41 CFR) 201-45.505 522-110

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I + 0 @ hip, @ Elbow, possible closure @ Elbow

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

WASHOUT

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

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

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

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

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

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

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

(b)(6)-2
X
(Signature of Witness, excluding members of operating team)

(b)(6)-4
X
(Signature of Patient)

9/5/93 e 1515
(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

REGISTER NO. WARD NO.

STANDARD FORM 522 (Rev. 10-78)
General Services Administration &
Interagency Comm. on Medical Records
FIRM (41 CFR) 201-45.505
522-110

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

It to (C) BE Amputation, Dressing change

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

WASH OUT

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

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

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

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

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

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

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

(Cross out any parts above which are not appropriate)

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

C. SIGNATURES

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

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

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

(b)(6)-2
(Signature of Witness, excluding members of operating team)

(b)(6)-4
(Signature of Patient)

10 Sep 03 - 2000
(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRM# 41 CFR 201-45.505
522-110

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

JTO, closure of left Amp site

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

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

(b)(6)-2

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

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

4. Exceptions to surgery or anesthesia, if any, are: None

(If "none", so state)

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

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

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

(Cross out any parts about which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-2

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2

Signature of Witness, excluding members of operating team

(b)(6)-4

(Signature of Patient)

9/18/03 e uoi (Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

REGISTER NO.

WARD NO.

(b)(6)-4

STANDARD FORM 522 (Rev. 10-78) General Services Administration & Interagency Comm. on Medical Records FIRM (4) CFR 201-45.505 522-110

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I + D Dept Forearm - shortens of bone, wound pack, Chip

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

Blat injury

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

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

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

4. Exceptions to surgery or anesthesia, if any, are:

None

(If "none", so state)

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-2 [Signature box]

(ing Physician/Dentist)

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

(b)(6)-2 [Signature box]
(b)(6)-2 [Signature box]

Members of operating team)

(b)(6)-4 [Signature box]

(Signature of Patient)

(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

REGISTER NO.

WARD NO

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRM# (41 CFR) 201-45.505
522-110

*U.S. Government Printing Office: 1991 - 312-071/40193

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I & D @ arm & @ THIGH

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

without @ arm & @ THIGH

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

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

4. Exceptions to surgery or anesthesia, if any, are:

none

(If "none", so state)

- 5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.
6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:
a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-2

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2

(Signature of Witness, excluding members of operating team)

[Handwritten signature]

(b)(6)-4

(Signature of Patient)

(Date and Time)

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

(b)(6)-2

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-4

REGISTER NO.

WARD NO.

STANDARD FORM 622 (Rev. 10-78) General Services Administration & Interagency Comm. on Medical Records FIRM# 41 CFR 201-45.506 622-110

U.S. Government Printing Office: 1981 — 312-071/40193

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Washout LUE/LLG

B. STATEMENT OF REQUEST

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

(Description of operation or procedure in layman's language)

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

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

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

4. Exceptions to surgery or anesthesia, if any, are:

(If "none", so state)

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

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

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

(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(Signature of Counseling Physician/Dentist)

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

(b)(6)-4

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

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

(b)(6)-2

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

REGISTER NO.

WARD NO.

STANDARD FORM 522 (Rev. 10-76) General Services Administration & Interagency Comm. on Medical Records FIRM (41 CFR) 201-45.605 522-110

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of _____ units)

CRYOPRECIPITATE (Pool of _____ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

VOLUME REQUESTED (If applicable) 450 ML

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

TYPE AND SCREEN

CROSSMATCH

DATE REQUESTED _____

DATE AND HOUR REQUIRED _____

REQUESTING PHYSICIAN (Print) (b)(6)-2 MD

DIAGNOSIS OR OPERATIVE PROCEDURE LYD LUE, LLE

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____

IF PATIENT IS FEMALE, IS THERE HISTORY OF: _____

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED 25 Aug 03

TIME VERIFIED 2230

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 4713286

TRANSFUSION NO. _____

PATIENT NO. _____

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN not performed

CROSSMATCH comp

PREVIOUS RECORD CHECK: NO

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED (b)(6)-2

REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion.

DATE 25 Aug 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 _____

ON (Date) 25 Aug 03

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 2305 / 25 Aug 03

REACTION NONE SUSPECTED

TEMPERATURE 95° PULSE 85 BLOOD PRESSURE 135/80

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

URTICARIA CHILL FEVER PAIN

OTHER (Specify) _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MD

TEMP. 95° PULSE 83 BP 129/71

DATE OF TRANSFUSION 2 Aug 03 TIME STARTED 2255

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, room, rate: hospital or medical facility)

SEX M WARD OR

NAME/RANK
EMP/ SS#
DOB

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

MEDICAL RECORD

SECTION I - REQUISITION

<p>COMPONENT REQUESTED (Check one)</p> <p><input checked="" type="checkbox"/> RED BLOOD CELLS</p> <p><input type="checkbox"/> FRESH FROZEN PLASMA</p> <p><input type="checkbox"/> PLATELETS (Pool of _____ units)</p> <p><input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units)</p> <p><input type="checkbox"/> Rh IMMUNE GLOBULIN</p> <p><input type="checkbox"/> OTHER (Specify) _____</p>	<p>TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)</p> <p><input type="checkbox"/> TYPE AND SCREEN</p> <p><input checked="" type="checkbox"/> CROSSMATCH</p>	<p>REQUESTING PHYSICIAN (Print)</p> <p>(b)(6)-2 <i>alucp</i></p> <p>DIAGNOSIS OR OPERATIVE PROCEDURE</p> <p><i>RED LUE ELLE</i></p>
<p>VOLUME REQUESTED (If applicable)</p> <p><i>450</i> ML</p>	<p>DATE REQUESTED</p> <p>DATE AND HOUR REQUIRED</p>	<p>I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.</p>
<p>REMARKS:</p>	<p>KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)</p> <p>(b)(6)-2</p>	<p>SIGNATURE OF VERIFIER</p> <p><i>CM CRUM</i></p>
<p>IF PATIENT IS FEMALE, IS THERE HISTORY OF:</p> <p>RhIG TREATMENT? DATE GIVEN: _____</p> <p>HEMOLYTIC DISEASE OF NEWBORN? _____</p>	<p>DATE VERIFIED</p> <p><i>25 AUG 03</i></p> <p>TIME VERIFIED</p> <p><i>12:40</i></p>	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO.	TEST INTERPRETATION	PREVIOUS RECORD CHECK:				
<i>W0013 03 011107</i>		<table border="1" style="width: 100%;"> <tr> <td>ANTIBODY SCREEN</td> <td>CROSSMATCH</td> </tr> <tr> <td><i>not performed</i></td> <td><i>COMP</i></td> </tr> </table>	ANTIBODY SCREEN	CROSSMATCH	<i>not performed</i>	<i>COMP</i>	<p><input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD</p> <p>SIGNATURE (b)(6)-2</p> <p>(b)(6)-2</p>
ANTIBODY SCREEN	CROSSMATCH						
<i>not performed</i>	<i>COMP</i>						
DONOR	RECIPIENT	<p>REMARKS: <i>Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this blood product for transfusion without complex testing and is accepting full responsibility for the administration of this transfusion.</i></p>					
ABO <i>O</i>	ABO <i>O</i>	<p>CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE <i>25 Aug 03</i></p>					
Rh <i>Pos</i>	Rh <i>Pos</i>						

SECTION III - RECORD OF TRANSFUSION

<p>PRE-TRANSFUSION DATA</p> <p>AMOUNT GIVEN <i>450</i> ML</p> <p>TIME DATE COMPLETED <i>2:25 / 25 Aug 03</i></p> <p>REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED</p> <p>If reaction is suspected - IMMEDIATELY:</p> <ol style="list-style-type: none"> 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter-Set, and I.V. solutions to the Blood Bank. <p>DESCRIPTION</p> <p><input type="checkbox"/> URTIARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN</p> <p><input type="checkbox"/> OTHER _____</p> <p>OTHER DIFFICULTIES (Equipment, clots, etc.)</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____</p> <p>SIGNATURE OF PERSON NOTING ABOVE</p> <p>(b)(6)-2 <i>MD</i></p>	<p>POST-TRANSFUSION DATA</p> <p>TEMP. <i>97.9</i> PULSE <i>85</i> BP <i>174/78</i></p> <p>DATE OF TRANSFUSION <i>25 Aug 03</i> TIME STARTED <i>2:12</i></p> <p>PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries give: NAME - Last, first, middle, rank/rate; hospital number and name of facility.)</p> <p><i>Name/Rank</i> (b)(6)-4</p> <p><i>SNP/SS#</i></p> <p><i>DOB</i></p> <p><i>Unit</i></p>
<p>RECEIVED AND ISSUED BY (b)(6)-2</p> <p>AT (HOSP) <i>25 Aug</i></p> <p>IDENTIFICATION</p> <p>I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.</p> <p>1st VERIFIER (Signature)</p> <p>(b)(6)-2 <i>MD</i></p> <p>2nd VERIFIER (Signature)</p> <p>(b)(6)-2 <i>MD</i> <i>MOJIA</i></p>	<p>POST-TRANSFUSION DATA</p> <p>INTERRUPTED</p> <p>SEX <i>M</i> WARD <i>OR</i></p> <p>BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)</p> <p>General Services Administration Interagency Committee on Medical Records FIRMR (41CFR) 201-45.505 518-122</p>

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of ___ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of ___ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2
	DATE REQUESTED 30 AUG 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE Tibia fx, explosion - DBFA
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) NA	SIGNATURE OF VERIFIER (b)(6)-2 [Signature]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED 30 AUG 03
	RHIG TREATMENT? DATE GIVEN: NA	TIME VERIFIED 2105
	HEMOLYTIC DISEASE OF NEWBORN?	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. EXP 308 2003 55T20133 Scott L2 898253	TRANSFUSION NO. PATIENT NO.	TEST INTERPRETATION ANTIBODY SCREEN: not performed CROSSMATCH: compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
DONOR ABO O Rh POS	RECIPIENT ABO O Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 30 Aug 03	
REMARKS: due to the critical condition of the below named pt, the requesting MD named above requests the immediate release of this blood product for transfusion w/out complete testing and is accepting full responsibility for the admn. of this transfusion			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INTERPRETER AND ISSUED BY (Signature) (b)(6)-2 [Signature] SPC		POST-TRANSFUSION DATA AMOUNT GIVEN: TU ML TIME DATE COMPLETED: 0800 31 Aug INTERRUPTED:	
AT (Hour) 0815 ON (Date) 31 Aug 03		REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VERIFIER (Signature) (b)(6)-2 [Signature] CPT/AN		DESCRIPTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER T: 99.5 BP 129/78 HR 105	
2nd VERIFIER (Signature) (b)(6)-2 [Signature]		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)	
PRE-TRANSFUSION TEMP. 99.6 PULSE 107 BP 126/75		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 [Signature]	
DATE OF TRANSFUSION: 31 Aug 03 TIME STARTED: 0755		SEX: (b)(6)-2 WARD: 1CU-2	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.) (b)(6)-4			

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45-505
 518-122

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2
	DATE REQUESTED 30 AUG 03 DATE AND HOUR REQUIRED ASMA	DIAGNOSIS OR OPERATIVE PROCEDURE Sp explosive injury, Dthorax
VOLUME REQUESTED (If applicable) T unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) NA	SIGNATURE OF VERIFIER (b)(6)-2
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 30 AUG 03 2105

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
DONOR ABO O Rh AS	PATIENT NO. RECIPIENT ABO O Rh AS	not performed compatible	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED (DATE) _____ REMARKS: DIT the critical cond. of this pt, (below named) the requesting MD (above) requests the immediate release of this blood product for transfusion w/ complete testing and is receptive full resp. for the admin. of this transfusion.

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA (b)(6)-2 AT (Hour) 0015 / ON (Date) 31 Aug 03 IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) (b)(6)-2	POST-TRANSFUSION DATA AMOUNT GIVEN _____ ML TIME DATE COMPLETED INTERRUPTED 0025 31 AUG 03 0125 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER NA OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2
PRE-TRANSFUSION TEMP. 100.3 PULSE 116 BP 135/69 DATE OF TRANSFUSION 31 AUG 03 TIME STARTED 0025	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

SEX	WARD
Male	101-2

BLOOD OR BLOOD COMPONENT TRANSFUSION
 STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45.505
 518-122

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

<p>COMPONENT REQUESTED (Check one)</p> <p><input checked="" type="checkbox"/> RED BLOOD CELLS</p> <p><input type="checkbox"/> FRESH FROZEN PLASMA</p> <p><input type="checkbox"/> PLATELETS (Pool of _____ units)</p> <p><input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units)</p> <p><input type="checkbox"/> Rh IMMUNE GLOBULIN</p> <p><input type="checkbox"/> OTHER (Specify) _____</p>	<p>TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)</p> <p><input type="checkbox"/> TYPE AND SCREEN</p> <p><input checked="" type="checkbox"/> CROSSMATCH</p> <p>DATE REQUESTED 14 Sept 03</p> <p>DATE AND HOUR REQUIRED 14 Sept 03/1110</p> <p>KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) None</p>	<p>REQUESTING PHYSICIAN (Print) Dr [b](6)-2</p> <p>DIAGNOSIS OR OPERATIVE PROCEDURE s/PDUe Amp/GLE demurf,</p> <p>I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.</p> <p>SIGNATURE OF VERIFIER [b](6)-2 <i>CPT/AW</i></p> <p>TIME VERIFIED _____</p>
<p>VOLUME REQUESTED (If applicable) 1 unit ML</p>	<p>IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____</p>	<p>REMARKS:</p>

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [b](6)-4	TRANSFUSION NO.	TEST INTERPRETATION	PREVIOUS RECORD CHECK:
	PATIENT NO.	ANTIBODY SCREEN Not performed	<input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR PT	RECIPIENT PA	CROSSMATCH compatible	SIGNATURE OF PERSON PERFORMING TEST [b](6)-2
ABO O	ABO O	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE 14 Sept 03
Rh positive	Rh positive	REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immediate release of this blood product without complete testing and is accepting the full responsibility for the administration of this transfusion.	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA	POST-TRANSFUSION DATA
INSPECTED AND ISSUED BY (Signature) [b](6)-2 <i>CPT/AW</i>	AMOUNT GIVEN 250 ML
AT (Hour) _____ ON (Date) _____	TIME/DATE COMPLETED/INTERRUPTED 1800 14 SEP 03
IDENTIFICATION	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED
I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	TEMPERATURE 100.2
1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	PULSE 104
DESCRIPTION OF REACTION <input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____	BLOOD PRESSURE 116/72
OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	SIGNATURE OF PERSON NOTING ABOVE [b](6)-2 <i>CPT/AW</i>
PRE-TRANSFUSION TEMP. 100.3 PULSE 106 BP 112/65	
DATE OF TRANSFUSION 14 SEP 03	TIME STARTED 1710

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX **M** WARD **ICU #1**

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-82)
Prescribed by GSA/ICMR, FIRM# (41 CFR) 201-9.202-1

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) (b)(6)-2 <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2 Dr. _____ DIAGNOSIS OR OPERATIVE PROCEDURE S/P Que Amp/LLE femur F
	DATE REQUESTED 14 Sept 03	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	DATE AND HOUR REQUIRED 14 Sept 03 / 1110	
	VOLUME REQUESTED (if applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) None

SECTION II - PRE-TRANSFUSION TESTING			
UNIT NO. (b)(6)-4	TRANSFUSION NO. PATIENT NO.	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH Not performed Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input checked="" type="checkbox"/> (b)(6)-2 SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
DONOR ABO Rh	RECIPIENT ABO Rh	REMARKS: Due to the critical condition of the below named patient the requesting physician named above requests the immediate release of this blood product for transfusion without complete testing and is accepting full responsibility for the administration of this transfusion	

SECTION III - RECORD OF TRANSFUSION	
PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) AT (Hour) ON (Date) IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.	POST-TRANSFUSION DATA AMOUNT GIVEN 250 ML TIME/DATE COMPLETED/INTERRUPTED 14 SEPT 03 / 2045 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 101.9 PULSE 115 BLOOD PRESSURE 111/69 If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) (b)(6)-2 (b)(6)-2 2nd VERIFIER (Signature) (b)(6)-2	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 (b)(6)-2 CPT/AN
PRE-TRANSFUSION TEMP. 99.3 PULSE 99 BP 123/72 DATE OF TRANSFUSION 14 SEPT 03 TIME STARTED 1815	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX	WARD
M	ICU #4

(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
 Medical Record

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) DR (b)(6)-2
	DATE REQUESTED 9/2/03	DIAGNOSIS OR OPERATIVE PROCEDURE SIP LUE AMPUTATION LLE EXT FIKATION
VOLUME REQUESTED (If applicable) _____ ML	DATE AND HOUR REQUIRED 9/2/03 ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	REMARKS:	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED
	RHIG TREATMENT? DATE GIVEN: _____	TIME VERIFIED
	HEMOLYTIC DISEASE OF NEWBORN? _____	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN CROSSMATCH NOT performed comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO O Rh POS	PATIENT NO. RECIPIENT ABO O Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immediate release of this product w/o complete testing and accepting full responsibility for the administration of this transfusion.		DATE 2 Sep 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN TIME DATE COMPLETED INTERRUPTED 250 ML 1500 25SEP03 N/A	
AT (Hour) 1727 ON (Date) 2 Sep 03		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VERIFIER (Signature) (b)(6)-2		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
PRE-TRANSFUSION TEMP 101.6A PULSE 110 BP 103/60		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
DATE OF TRANSFUSION 9/2/03 TIME STARTED 1230		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2	

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries, give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

SEX M	WARD ICU# 1
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BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRMR (41CFR) 201-45.505
 518-122

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) DR (b)(6)-2
	DATE REQUESTED 9/2/03	DIAGNOSIS OR OPERATIVE PROCEDURE S/P LUE AMPUTATION LLE EX FIX
	DATE AND HOUR REQUIRED 9/2/03	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	VOLUME REQUESTED (if applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN: NOT performed CROSSMATCH: comp	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO O Rh POS	RECIPIENT ABO O Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE: 2 Sep 03 REMARKS: Due to the critical condition of the below named patient, the requesting physician named above requests the immediate release of this product for transfusion w/o complete testing and is accepting full responsibility for the administration of this transfusion.	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: 250 ML TIME DATE COMPLETED: 1800 25 SEP 03 INTERRUPTED: @ 1630	
AT (Hour) 1500 ON (Date) 25 SEP 03		REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED start @ 1700	
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VERIFIER (Signature) (b)(6)-2		DESCRIPTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER	
2nd VERIFIER (Signature) (b)(6)-2		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)	
PRE-TRANSFUSION TEMP. 100.89° PULSE 98 BP 116/60		SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2	
DATE OF TRANSFUSION 25 SEP 03		TIME STARTED 1700 1510	

PATIENT IDENTIFICATION - USE EMBOSSE (For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)

(b)(6)-4

SEX: M AWARD: ICU# 1

BLOOD OR BLOOD COMPONENT TRANSFUSION STANDARD FORM 518 (REV. 8-86)
 General Services Administration
 Interagency Committee on Medical Records
 FIRM (41CFR) 201-45,505
 518-122

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

EXAMINATION(S) REQUESTED KUB ABD	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	34	M		ICU1	
	FILM NO.				PREGNANT
					<input type="checkbox"/> YES <input type="checkbox"/> NO
REQUESTED BY (Print)				TELEPHONE/PAGE NO.	
(b)(6)-2					
SIGNATURE OF REQUESTOR				DATE REQUESTED	
				3 Sep 03	

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
s/p Explosion. Distended Abd & Ileus

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

RADIOLOGIC REPORT

Persistent gaseous distension of large bowel, not significantly changed from 2 days ago.

(b)(6)-2

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

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

EXAMINATION(S) REQUESTED KUB ABD	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	34	M		ICU1	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) - (b)(6)-2				TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR				DATE REQUESTED 3 Sep 03	

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

s/p Explosion. Distended Abd & Ileus

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

RADIOLOGIC REPORT

Persistent gaseous distension of large bowel not significantly changed from 2 days ago.

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED ② FEMUR PORTABLE	AGE SEX SSN (Sponsor)	WARD/CLINIC ICU#1	REGISTER NO.
	FILM NO.	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REQUESTED BY (Print) For DR	(b)(6)-2	TELEPHONE/PAGE NO. (b)(3)-1
	SIGNATURE OF REQUESTOR LT, Am		DATE REQUESTED 9/3/03

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

**② Femur FX
 S/P EXTERNAL FIXATOR
 S/P WASH-OUT**

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

RADIOLOGIC REPORT

- L femur fx in place
 fx alignment is anatomic
 - scattered small shrapnel fragments
 in wound measuring 1-4 mm

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED CHEST X-RAY AP/LAT	AGE SEX SSN (Sponsor)	WARD/CLINIC ICU#1	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) F. DC (b)(6)-2	TELEPHONE/PAGE NO. (b)(3)-1	
	(b)(6)-2	REQUESTOR ULT, M	DATE REQUESTED 9/9/03

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

**LUE BE AMPUTATION
② OPEN FEMUR FX E EXTERNAL FIXATOR**

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

RADIOLOGIC REPORT

*Motion artifact but
clear lungs/rf heart
⊖ pneumonia*

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

(b)(6)-2

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED <i>Central Line Placement (CXR)</i>	AGE SEX SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REQUESTED BY (Print)	TELEPHONE/PAGE NO.	
	SIGNATURE OF REQUESTOR (b)(6)-2	DATE REQUESTED <i>13 Sep</i>	

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

3/p Central Line Placement.

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

RADIOLOGIC REPORT

*- (R) IS tip in SVC
NG tip at EG junction
- lungs clear
Heart / @ OK*

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED <i>Abd - Placement NG</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE <i>(b)(6)-2</i>				DATE REQUESTED <i>13 Sep</i>

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

s/p Washout - NGT Placement Check.

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

RADIOLOGIC REPORT

- NG Tip projects over duodenal bulb
- T large & small bowel gas c/w ileus
- 8mm sclerotic RLO again noted

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

(b)(6)-2

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED <i>Portable CXR</i>	AGE/SEX/SSN (Sponsor)	WARD/CLINIC <i>ICU #1</i>	REGISTER NO.
	FILM NO.	PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REQUESTED BY (Print)	TELEPHONE/PAGE NO.	
	SIGNATURE OF REQUESTOR (b)(6)-2	DATE REQUESTED <i>13 Feb 03</i>	

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
*34y/o Iraqi ♂ S/P KUE (BTE) upper
 abdomen & LLE open for 2-3 weeks &
 have fever. Any evidence a fracture or infection*

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

RADIOLOGIC REPORT

*Noted artifact but
 clear lungs, no heart
 @ CHF*

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

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

EXAMINATION(S) REQUESTED <i>Flate plate abd for placement NG Tube</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) <i>Dr.</i> (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED <i>15 Sep 03</i>

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

NG tube placement verification

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

RADIOLOGIC REPORT

*NG tip probably in duodenum
L - left of midline*

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED <i>US - Liver Gallbladder</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

*Explosion injury, (R) UE Amputee / Yema Fr
Fertile condition & significant typhoid administration.*

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

RADIOLOGIC REPORT

RUC Sonogram

*Liver is WNL
 Normal caliber intra & extrahepatic ducts
 GB nl, ⊖ stones, ⊖ wall thickening, ⊖ pericholecystic fluid
 NL (R) kidney
 pancreas non-viz 20 bowel gas*

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

EXAMINATION(S) REQUESTED Portable CXR R PA/LAT	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

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

RADIOLOGIC REPORT

LD in SVC
Lungs clear
Heart rd, ⊖ CHF
NO tip in region of EG junction

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			26 Aug 83	0015 HOURS	
			①	admit ICU 2, OANU, Prevost	
			②	Px: ① femur fx; ② hand/forearm amputation Sip extx; pullover amputation; possible	
			③	cord: guarded (soft tissue injury) (stomach burn) Neurodermatitis	
			④	vitals q 10 (charting for ICU)	
NURSING UNIT	ROOM NO.	BED NO.	⑤	NEKA	
			⑥	act: bedrest	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑦	diet: clear to regular ^{televised} 4 HOURS	
			⑧	IVP: NIS @ 150 cc/0	
			⑨	analges 1g NPB tid gentamicin 80mg NPB q 8 ^o	
			⑩	CBC, Chem 7, in am	
			⑪	CK q 8 ^o	
NURSING UNIT	ROOM NO. (b)(6)-2	BED NO. 8700	⑫	Tylox 1-1 po q 4-6 ^o pm pain relief	
			⑬	MSCV 2-4mg IVP q 10 pm pain relief	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑭	clean dressings for _____ HOURS physicians to change - anticipate return to OR 18 Aug	
			⑮	Please ask pharmacy to make up 2 bottles of _____ (b)(6)-2 Pakins solution (irrigation bottles) (b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.	⑯	& have ① bedfold (b)(6)-2	
			⑰	I/O to be recorded	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑱	mannitol 25g NIP q 4 ^o pm HOURS UOP < 150 cc/0 (b)(6)-2	
			⑲	Cbc XI now - (b)(6)-2	
NURSING UNIT	ROOM NO. (b)(6)-2	BED NO. 710			
2401					

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/26/03	0520 HOURS	
(EPW)			NO DRUGS		
			(1) FULL BOLUS OF NS XI NOW		
			(2) DO NOT DRAW CBC E AM/AM		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/26/03		
(EPW)			- TENNIS I/G 250 units IM		
			- ITENIS I/G 0.5 mg IM		
			DT		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/26/03		
(EPW)			Ten G-ITV 4 million units		
			96°		
			NPO		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/26/03	0916 HOURS	
(EPW)			(1) change fluids to LR (2) 200cc/hr		
			(3) Bolus LR LR now		
			(4) With 98° labs, please include I-stat 6 + glucose		
			(5) If wbc < 100 cells for 4 hrs, mannitol 25gm IV.		
			(6) UA 2 mins. exam		
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			27 Aug. 03	0805 HOURS	
EPW Male			① Albuterol nebs (std. adult dose)		(b)(6)-2
			q 8 ^o .		27 Aug 0805 (b)(6)-2
				(b)(6)-2	
				(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			27 Aug. 07	0814 HOURS	
			① Tlc x 2 units. - done		
				(b)(6)-2	
				(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			8/27/03	1800hrs HOURS	
			Do not Tlc Foley		
				(b)(6)-2	
				(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			28 Aug 03	1000hrs HOURS	
			Vital signs q 8 ^o		
				(b)(6)-2	
				(b)(6)-2	
				(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

MEDCOM - 1895

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/28/03			
			<ul style="list-style-type: none"> - Transfer to ICU II D - 4 LAD @ 10:00 & @ 11:00 - Television @ 11:00 Computer - Television @ 11:00 @ 11:00 - Regular Diet NKDA - COB to Chair BID - Start XWB @ 11:00 			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			<ul style="list-style-type: none"> - BID Dressing change to @ thigh @ 25% - Dakin's Solution - MSO4 1-4 mg IV q 10 pr pain - Telax 1-2 TABS PO q 6 pr pain - Anil 1 gram IV q 6 - Gentamycin 300mg IV q day 			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			<ul style="list-style-type: none"> - Penicillin G IV 6 million units QID - LPO 80cc/hr - P/c Foley in AM 8/28/03 - CBC / Chem 7 in AM 			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			27 Aug 03	1334		
			<ul style="list-style-type: none"> - MSO4 1.5 mg IV @ 5 AM MAX 15 mg 			
NURSING UNIT	ROOM NO.	BED NO.				

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6)-4	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	8/30/03	_____ HOURS	

- NPO
 - KWTB
 - CRC, SMA-7, LEFT S

NOTED
 8/30/03
 11:00 AM
 11:00 AM
 11:00 AM
 11:00 AM

NURSING UNIT	ROOM NO.	BED NO.
		(b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	8/30/03	_____ HOURS	

Dulcifax Supp T PR
 NOW & QD q PR

NURSING UNIT	ROOM NO.	BED NO.
		(b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	8/30/03	_____ HOURS	

Transfuse 10 units
~~PRRC~~ now #1/A
 each unit over 4 hours 0.7
 2 bags IV 1/61X
 1 pack unit 25.4

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)-2	(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	30 AUG 03	_____ HOURS	

① Care DIE below knee wounds open to air
 ② Care ② foot wounds open to air

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)-2	(b)(6)-2	(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 Aug 03	100930 hrs	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		
			Repeat CBC, & ISk at 6, creat p transfusion		
			- D/C Foley		
			- D/C Penicillin G		
			- D/C Gentamicin		

Noted

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			8/31/03		
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		
			0.25% Dakins Solamp to @ Thigh BFD @ Dressing Changes		

31 Aug 03

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 Aug 03	1455	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		
			<ol style="list-style-type: none"> Change IVF to MF @ DENS @ 20 ucl 100 cc/hr Kel 4mg over 2 hrs x 2 Portapac CXR 		

Noted 31 Aug 03

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 Aug 03	1612	
NURSING UNIT			ROOM NO.	BED NO.	
			(b)(6)-2		
			<ol style="list-style-type: none"> After Kel complete, D/C Central line. D/C Hctbs 		

Noted 31 Aug 03 2055

80%

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 AUG 03	2100 HOURS	
			1) D/C Tylox		
			2) Demoral 25mg + 12.5mg Phenergan		
			q 4-6 hrs prn pain.		
			VO Dr. (b)(6)-2 / CAP (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 Aug 03	2200 HOURS	
			1) Demoral 25mg + 12.5mg Phenergan		
			WP NOW.		
			VO Dr. (b)(6)-2 / (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
			FAMILY PRACTICE		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			31 Aug 03		
			1) CXP & KUB = AM		
			VO Dr. (b)(6)-2 / (b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
			FAMILY PRACTICE		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4					
			1) Sp O2		
			Zantac 50mg IV q 8h		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
			FAMILY PRACTICE		

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			1 Sept 20	0750	
			↓		
			① tryphoyon 250 mg		
			In pisa, back R6		
			(b)(6)-2		
					020 7 Sept 03
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			1 Sept	1015	
			① Place NGT		
			② NGT to LIS		
			VO. (b)(6)-2		
			for (b)(6)-2		
					(b)(6)-2 1000 15 Sept 03
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			9/1/07	1040	
			Tyland 500 PR		
			9:00 pm temp 71.0°F		
			On by nurse 2 pm SAT 9/1		
			(b)(6)-2		(b)(6)-2 11:50 15 Sept 03
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-86, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;">(b)(6)-4</div>			<div style="text-align: center;">↓</div> 01 Sep 03	1330 HOURS	
<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">ICW #</div>			①	admit. (cc) - (b)(6)-2 OKED	
			②	OR: (L) UE amp; (L) UE CX FIX sp breast injury and FDP	
			③	cond's fair	
			④	NKDA	
			⑤	NPO	
			⑥	act 200B to chair tid	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			⑦	w/als: Neurine - for (cc) HOURS	
			⑧	NF: DSNS @ 20 mg q 12h @ 100cc	
			⑨	meds:	
				acef 1 q IVPB q 8 erythromycin 250mg IVPB q 6h Demerol 25mg @ 12.5mg phenylephrine IV q 4-6° pm pain Tylenol 650mg - 1000mg PR (as needed)	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				q 4-6° pm T > 101° F HOURS	
			⑩	N/c O2 3L pr sat < 92%	
			⑪	NGT TO LIGS send	
			⑫	Radiology: (L) shoulder PA + lat views	
			⑬	wet to dry dressings (L) UE bid please (no dactens)	
NURSING UNIT	ROOM NO.	BED NO.	⑭	CBC, Chem 7 in am	
			⑮	Zantac 50mg IV q 8h (b)(6)-2	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			(b)(6)-2	(b)(6)-2 - 1500 1500 03 HOURS <i>W. J. [Signature]</i>	
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 2 Sept 03	TIME OF ORDER 10:50 HOURS	LIST TIME ORDER NOTED AND SIGN
			① TC 2 units PRBC's. TRANSFUSE over 40 each.		
			② CBC & Diff in AM		
			③ KUB ABD 11 AM		
			④ loose 200g IV after each unit of PRBC's		
			⑤ Gentamicin 300mg IV q 8H x 3 DAYS		
NURSING UNIT ICU III	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION 9/21/03 115			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑥ Creatinine q 8 H x 4	(b)(6)-2	
				(b)(6)-2	AP MAJOR.
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER 2 Sept 03	TIME OF ORDER 2240 HOURS	LIST TIME ORDER NOTED AND SIGN
			① Repeat done of Demerol 2mg and Phenergan 12.5mg IVP Now.		
				(b)(6)-2	(b)(6)-2
				(b)(6)-2	
					VT, 3/29/03 0949
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
1 APR 79

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4			DATE OF ORDER 03 Sep 03	TIME OF ORDER 0946 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			ADMIT-6	ICV-1	
ROOM NO.			② Below elbow Amp, ② LE		
BED NO.			LX fix		
			S/P Blast injury, + ITO		
			Cond: FAIR		
			NKDA		
			NPO		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT					
ROOM NO.			006 to char: BID - tid		
BED NO.			VITAMS - routine		
			D ₅ NS @ 20 ml ₂ KCL TR 100cc/10		
			meds -		
			Anaf 1 q 10 PB q 8°		
			Erythromycin 250mg 10 PB q 6°		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT					
ROOM NO.			Gentamicin 300mg q 12 q AM x 7 DAYS		
BED NO.			Demerol 25mg q 12.5 phone req		
			10 q 4-6 PRN Pain		
			Tylenol 650-1000mg PR (supp)		
			q 4-6 PRN + 7.10 F		
			N/C @ 3L PRN SAT < 92%		
			NGT to 21WS		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT					
ROOM NO.			XRT - ② Lower Portals		
BED NO.			set to dry dress ② leg &		
			packing of wound BID please		
			Eryth 50mg 10 q 8°		
			CBC, chem 7.19 AM (4 Sept 03)		
			wet wash cloth if patient		
			wants fluids		

ADAM 28 Sept 03 1125

MAY

DA FORM 4256 1 APR 79

EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 1904

MAY
ORTHO

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			4 Sept 03	0945 HOURS	Noted 1000 4 Sept 03
			① Continue Gentamicin 300 mg IV q day.		
			② Daily Creatinine	(b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	Noted 1000 4 Sept 03
			4 Sept 03	1200 HOURS	
			① D/C NGT		
			VO Dr	(b)(6)-2	
			(b)(6)-2		
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	Noted 1000 4 Sept 03
			4 Sept 03	1215 HOURS	
			① Demerol 25 mg + 12.5 mg Phenergan IV q 1 hour		
			VO Dr	(b)(6)-2	
			(b)(6)-2		
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN	
			5 Sep 03			
			1	POST-OP. Jt @ ARN / Hip		
			2	ADMIT to ICU - Dr (b)(6)-2		
			3	DS NS 20 mg KCL 16 to Rm at 100%		
			4	Heptaminol 300mg IV q 24 x 4 DAYS		
			5	Ance/Ty 10PB q 8°		
NURSING UNIT	ROOM NO.	BED NO.	6	Dexamoral 25mg E 12.5 phenegran IK q 4-6 PRN Pain	Noted 5/5/03	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
						(b)(6)-2
			1	Tylenol 650-1000mg PR (supp) on		
			1	q 4-6 PRN Temp 101.6° O2 3L via NR PRN SAT < 92% Wet to Dry Dressing BID. Need to PACK area by pins		
NURSING UNIT	ROOM NO.	BED NO.	✓	ZANTAC 50mg N q 8°		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
			✓	OK for ice chips 1/2 cup q 1° (or small sips H2O) IF tolerated may advance clear liq DIET. DOB to chair BID-TID		
NURSING UNIT	ROOM NO.	BED NO.	✓	CBC on AM 7 Sep 03 (Sunday)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER		
			✓	DO Pull Drain tomorrow		
			(b)(6)-2	5 Sep 03	(b)(6)-2	
				5:20		
NURSING UNIT			ROOM NO.	BED NO.		

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4 (b)(6)-2 NURSING UNIT: [redacted] BED NO.: [redacted]			6 Sep 03	_____ HOURS	
Note 11:57 AM 9/6/03 135			clear... by mouth	Advance slowly as tolerated.	(b)(6)-2
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]			checked 6 Sep 03		
PATIENT IDENTIFICATION: [redacted]			7 Sep 03	0005 HOURS	7 Sep 03
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]			Ambien 5 mg QHS PRN U.O. At [redacted]		7 Sep 03 10:00 AM 10:00 AM
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]			7 Sep 03 1. ↑ Ambien 10 mg sig 7 po QHS PRN 2. ↓ Telenor to po. same dosage		
PATIENT IDENTIFICATION: [redacted]			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]			3. Tylox 1-11 po q 4-6° PRN Pain 4. Creatinine today 5. NPO PO Midnight		(b)(6)-2
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]			29th check check (b)(6)-2		8 Sep 03
PATIENT IDENTIFICATION: [redacted]			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT: [redacted] ROOM NO.: [redacted] BED NO.: [redacted]					

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4	DATE OF ORDER	TIME OF ORDER
	↓ 8 Sep 03	
	✓ ① BE Amp / ② Open fem fr. ✓ FXD 2 shortens of bone, wound 1. ✓ VS & Routine ✓ Reg DIET Advance as tolerate ✓ 1/2 NS & 20 ml KCl/K OR ✓ current solution TRA 100 of ✓ flaplock when PO good	
NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION Noted (b)(6)-2	DATE OF ORDER	TIME OF ORDER
	9/8/03	1255
	✓ ① Mobicin 100 po q HS PRN 11 AM ON ✓ ② Ecotamnia 300 mg IV q DAY ✓ ③ CBC & diff on 9 Sep 03 ✓ ④ Daily Creatinine ✓ ⑤ Ancef 1 gm IV q 8. ✓ ⑥ MSO4 ✓ ⑦ Tylenol 650-1000 mg PO	
NURSING	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
	✓ Temp 7 100. ✓ ⑧ Demoral 25mg IV q 4-6 ✓ ⑨ Tylox 7-11 po q 4-6 PRN ✓ ⑩ Zantac 50mg IV q 8. ✓ ⑪ oob bib TID	
NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
	✓ ⑫ heavy change to Elbow Hip BDR MAY used 1/4" to 1/2" packing as n 24° chest Chest (b)(6)-2	
NURSING UNIT	ROOM NO.	BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST THE ORDER NOTED / SIGN
(b)(6)-2						
NURSING UNIT ROOM NO. BED NO.			DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT IDENTIFICATION			10 Sep 03			
NURSING UNIT ROOM NO. BED NO.			DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT IDENTIFICATION			11 Sep 03			
NURSING UNIT ROOM NO. BED NO.			DATE OF ORDER	TIME OF ORDER	HOURS	
PATIENT IDENTIFICATION						

ICU
 9/9/03
 1150

1. chest x-ray today - CAP flat in Radiology
 2. ven for UA
 3. Hold Gentam. & Continue to 2000 IU 8
 4. Subcut nutritional assessment Appt to assess for enteral feeding

1. NPO Post midnight
 2. DS 1/2 NS - 20 mL q 6h / LTRA 100 cc PO
 3. BACTEM DS T PA BID
 4.

1. SIP TPO to ① BE step, Dren
 2. VS & Kantine
 3. Reg Diet
 4. Ensure T CAN TIO
 5. MAY East Food for flow

6. Dark Creatinine
 7. CHK in Am. (12 Sep 03)
 8. UP in chair BID - TIO
 9. Ancef T qm IV q 8
 10. Gentamicin 200mg IV q DAY
 11. BACTEM DS T PO q BID
 12. APOCAL 250mg IV q 4-6 PM
 13. Pheny

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chart 11 Sep 03

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted: (b)(6)-4]			11 Sep 03	_____ HOURS	
[Redacted: (b)(6)-2]			14 Tylox T-7 po q 4-6 PRN Pain		Noted
[Redacted: (b)(6)-2]			15 Zantac 300 IV q 8: IF PO tolerated A to 1500 po. 710.		11 Sep: (b)(6)-2 1201
[Redacted: (b)(6)-2]			16 Dress change to BE Amp + Hip Bld.		
[Redacted: (b)(6)-2]			17 Next planned Washat - 13 Sep 03		
NURSING UNIT	BED NO.		18 Current Pt @ 7520/10	(b)(6)-2	
[Redacted: (b)(6)-2]			DATE OF ORDER	TIME OF ORDER	
[Redacted: (b)(6)-2]			11 Sep 03	1900 HOURS	
[Redacted: (b)(6)-2]			① Malaria smears		Noted
[Redacted: (b)(6)-2]			② Temp goes 100		(b)(6)-2
[Redacted: (b)(6)-2]					(b)(6)-2
[Redacted: (b)(6)-2]					(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
[Redacted: (b)(6)-2]			DATE OF ORDER	TIME OF ORDER	
[Redacted: (b)(6)-2]			① O/C BACTRIM DS		Noted
[Redacted: (b)(6)-2]			② O/C Ancef		
[Redacted: (b)(6)-2]			③ Levoquin 500 mg IV q 24h		(b)(6)-2
[Redacted: (b)(6)-2]					(b)(6)-2
[Redacted: (b)(6)-2]			240V - P. Probe and 120V 2500000		
NURSING UNIT	ROOM NO.	BED NO.			
[Redacted: (b)(6)-2]			DATE OF ORDER	TIME OF ORDER	
[Redacted: (b)(6)-2]			12 Sep 03	1100 HOURS	
[Redacted: (b)(6)-2]			1. Tylenol 1000mg po q 6h PRN Temp		Noted
[Redacted: (b)(6)-2]			2. Add Tylox disgest		(b)(6)-2
[Redacted: (b)(6)-2]			③ O/C Tylox		(b)(6)-2
[Redacted: (b)(6)-2]			④ Haldol 5mg IV q 4h for psychosis (PRN)		12 Sep 1115
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN	
<div style="border: 1px solid black; padding: 2px;">(b)(6)-4</div>			12 Sep 03	1103 HOURS	MD 115 12 Sep (b)(6)-2 115 12 Sep dressiz	
			①	sent LFTs		
			②	D/C dexamet and phenergan		
			③	Suspend: Mox 2-10 mg IV q 20 per pain med.		
NURSING UNIT	ROOM NO.	BED NO.	④	D/C tylox	(b)(6)-2	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN	
			12 Sept 03	1430 HOURS	noted (b)(6)-2 1415 12 Sept 03 1287 03 MD	
			①	NPO p.m.		
				VO. D/C		
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN	
			12 Sep 03	1148 HOURS	(b)(6)-2 MD 13 Sept MD Lieutenant Colonel, Medical Corps Chief, Department of Medicine	
			①	CXR		
			②	U/A		
			③	ESP C not bloodwork		
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN	
			13 Sep 03	1400 HOURS	(b)(6)-2 (b)(6)-2 (b)(6)-2 DAILY PRACTICE	
			①	D/C Meloxicam		
NURSING UNIT	ROOM NO.	BED NO.				

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			13 Sep 03	1946 HOURS	
↓ (b)(6)-2 (135003) 1960			① Tylenol 65mg po q 4h prn fever		
			② phenytoin 12.5mg IV q 4h prn N/V		
			③ CR - placement of central line for fluids		
			④ Flat plate abd - placement H&H		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2	(b)(6)-2	(b)(6)-2
	√ 135003	2020	(b)(6)-2	(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			13 Sep 03	2316 HOURS	
↓ (b)(6)-2 (135003) 1960			① Audien 5mg po now + HB prn tubercules. May repeat x 1, if Sinc/Vaccine - may give NG tube (ordered)		
			(b)(6)-2		
			(b)(6)-2		
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2	(b)(6)-2	(b)(6)-2
	√ 145003	2020	(b)(6)-2	(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			14 Sep 03	1140 HOURS	
↓ (b)(6)-2 (145003) 225			① T&C 2 units PRBC's. TRANSfuse + one 4°. Give both umb.		
			② K+ Phos KCL 100mEq IN 250cc NS		
			③ Repeat K+ level after KCL infusion		
			④ chest H&H 4° After last transfusion		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2	(b)(6)-2	(b)(6)-2
	√ 145003	225	(b)(6)-2	(b)(6)-2	(b)(6)-2

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2				HOURS	
↓ (b)(6)-2 (145003) 225			⑤ Poly to DN		
			⑥ ENSURE T can 7 6°		
			⑦ Cancel US of ABDOMEN		
			(b)(6)-2		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2	(b)(6)-2	(b)(6)-2
	√ 145003	225	(b)(6)-2	(b)(6)-2	(b)(6)-2

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CLINICAL RECORD - DOCTOR'S ORDERS

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①

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;">(b)(6)-4</div>			13 Sep 03	_____ HOURS	
			1	LBE... AMP, ② open fem. fx.	
			2	s/p central line placement, NG and WASH out.	
			3	VS 9 shift	
			4	OOB BID-TID	
NURSING UNIT	ROOM NO.	BED NO.	⑤	O ₂ 1/2 NSI 20 mL, KCL/L TRA 100 cc Q.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;">(b)(6)-4</div>				_____ HOURS	
			⑥	CBL diff. SMA-7, LFT's in AM	
			⑦	creatin. in AM	
			⑧	uroquin 500mg IV q 24"	
			⑨	Gentamicin 150mg IV q 24"	
NURSING UNIT	ROOM NO.	BED NO.	⑩	Haldol 5 mg IV q 6" PRN Psychosis.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;">(b)(6)-4</div>				_____ HOURS	
			⑪	AP ② hip XRAY in AM	
			⑫	ultrasound Liver-gallbladder in AM	
			⑬	Ensure - 1/2 Mix 50/50 E H ₂ O - 60 CC VIA NG over 20 minutes. IF tolerated this; may use Ensure full strength 60cc over Twenty minutes. IF tolerated 3N/V - I CAN	
			⑭	Ensure q shift VIA NG	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;">(b)(6)-4</div>				_____ HOURS	
			⑮	Artic Central line core	
			⑯	Prescription BID.	
			⑰	HC Tylenol. Motrin's Disregard	
			⑱	MSO ₄ 2-10g IV q 1-2" PRN Pain	
NURSING UNIT	ROOM NO.	BED NO.			
	✓ 13 SEP 03	2080	(b)(6)-2	UTAN	

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			9/14/03	1145 HOURS	
<p><i>noted</i></p> <p><i>ICU #1</i></p> <p><i>9/14/03</i></p>			<p><i>Advance DIET as tolerated</i></p> <p><i>V.O. Dr. [redacted]</i></p> <p><i>[redacted] 9/14/03</i></p>		<p><i>LT A</i></p>
NURSING UNIT	ROOM NO.	BED NO.			
<i>ICU #1</i>	<i>1155</i>				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			9/14/03	_____ HOURS	
<p><i>noted</i></p> <p><i>17 SEP 03</i></p> <p><i>1650</i></p>			<p><i>Unasyn 3.0 gm IV q 6h</i></p> <p><i>[redacted]</i></p>		<p><i>[redacted]</i></p>
NURSING UNIT	ROOM NO.	BED NO.			
	<i>1455PO3/1555</i>				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			9/14/03	_____ HOURS	
<p><i>noted</i></p> <p><i>14 SEP 03</i></p>			<p><i>Tylenol 1 gm PO x 1 VO</i></p> <p><i>[redacted]</i></p>		<p><i>[redacted]</i></p>
NURSING UNIT	ROOM NO.	BED NO.			
	<i>1455PO3 2215</i>				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			15 Sept 03	1620 HOURS	
<p><i>noted</i></p> <p><i>14 SEP 03</i></p>			<p><i>IVF to D5NS E 20 KCl</i></p> <p><i>V.O. Dr. [redacted]</i></p> <p><i>[redacted]</i></p> <p><i>also</i></p> <p><i>2 Kcl bolus to 100 meq KCl in 250 cc D5W.</i></p>		<p><i>[redacted]</i></p>
NURSING UNIT	ROOM NO.	BED NO.			
<i>ICU</i>	<i>[redacted]</i>				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2			1120	17 Sept 03	
<p><i>noted</i></p> <p><i>17 SEP 03</i></p>			<p><i>[redacted]</i></p> <p><i>[redacted]</i></p>		<p><i>[redacted]</i></p>
NURSING UNIT	ROOM NO.	BED NO.			

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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
↓ (b)(6)-2			15 Sep	1600		
			1. ADMIT to ICU-1			
			2. SIP I+D Hip + (2) Eibow strap			
			3. (b)(6)-2			
			4. DOB BID - TID			
			5. NG for feeding tube			
NURSING UNIT	ROOM NO.	BED NO.	6. ADVANCE DIET AS tolerated			
			7. ENSURE T. 1000 q 6 ^o over			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			20 - 30 min.			
			8. D ₅ 1/2 NS @ 20 mg KCL/L TRA 100 cc			
			9. KCL 100 mg in 250 cc NS. Run on over 10 ^o .			15 Sep 03 J.O.
			10. Foley to RD			
			11. Unasyn 3.0 gm IV q 6 ^o			
NURSING UNIT	ROOM NO.	BED NO.	12. Gentamicin 150 mg IV q 24 ^o			
			13. Ambion 5-10g PO q HS for sleep			(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			14. MSO ₄ - 2-10 mg q 12 ^o PRN			
			15. Flat plate Abdomen for placement NG tube.			
			16. Tylenol to 650 mg PR/PO q 6 ^o PRN Temp > 100.4 (Axillary)			
			17. Rantec 15 cap.			
NURSING UNIT	ROOM NO.	BED NO.	18. levoquin 500 mg IV q 24 ^o			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	
			19. ZANTAC 150 mg PO TID			
			20. Dexam A BID.			
			21. CBC diff on 17 Sep 03			
			22. K Creatinine q AM x 2 DAYS.			
			23. IS q 1 ^o WA.			
NURSING UNIT	ROOM NO.	BED NO.	24. May Restasis if needed.			
80 c/c	11520103	1130	25. Remove sutures			(b)(6)-2

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PATIENT IDENTIFICATION (b)(6)-4 ICU 1	DATE OF ORDER ↓ 16 Sep 03	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN N4410 3135 WJW (b)(6)-2
	(4) NPO - 0300 AM Discharge (b)(6)-2	(b)(6)-2	
NURSING UNIT ROOM NO. BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER 9/17/03	TIME OF ORDER 1110 HOURS	(b)(6)-2 1120 1754479
	Ditropan 5mg po Q8 prn Bladder Spasm		
NURSING UNIT ROOM NO. BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER 17 Sep 03	TIME OF ORDER 1145 HOURS	Note 1145 12 Sept 03
	(1) 2/10 Unasyn (2) 2057u 3.5 25 mg 2 NPOs 6 PM (b)(6)-2		
NURSING UNIT ROOM NO. BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER _____	TIME OF ORDER _____ HOURS
	(b)(6)-2 WATON FAMILY PRACTICE	
NURSING UNIT ROOM NO. BED NO.		