NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	Surgery ICU note
10/25/03	Events of last 24 hrs significant for
1030	(1) Acute respiratory failure
	(2) Pneumothorax on (R)
	(3) Bilateral CT for PTX/effusion
	(4) Pt started on Imipenem
	(5) Steroid pulse for acute lung injury
	Marked Improvement in Resp status overnight
	VSS Tmax 102
	Resp - L-[illegible] [illegible]
	Sat 100% → FIO2 80% 10 PEEP
	PAP - 30's
	Last ABG 7.35/226/73.6/[illegible]
	CXR - better aeration
	↓ consolidation
	still [illegible] (R) diaphragm
	CV - RRR/ST 90-100's BP 100/56
	sedated c̄ Versed/Fentanyl

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

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR

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

(b)(6)-4

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	Abd - (+)BS, soft, nondistended
	NG ≅ 200cc/24hr
	I/O - (+) 5000 24hr
	WBC 9.1 / Hct stable
	K 3.5 CR 0.9
	A/P S/P GSW Abd respiratory failure - mild improvement
	(1) Wean ventilator tolerated
	(2) Continue diuresis
	(b)(6)-2
	LTC [illegible]

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STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4178

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6 Oct. 03	Icu note
0814	Pt stable overnight, ∅ sig. events. Icu D# 4 POD # 3
	VSS: 111 141/73 15 95-/o (50% FiO2)
	Neuro: Sedated, paralyzed
	Pulm: SIMV R12 TV 600 FiO2 50% PEEP 10 PIP 20s
(13) Chest tubes on sux, ∅ air leak, min. drainage	exam - good (B) air exchange. Diffuse rhonchi
	CVI: Stable. mill tachycardia / HTN. nl S1, S2, III/VI SEM @ RUSB.
meds: - Fentanyl gtt - versed gtt - Zantac - Lovenox 30 SQBID - Imipenem 500 q6° - Albuterol MDI q4°	GI / Hepatic: Abd soft, min. distension. Wound healthy. (+) Bowel sounds. LFTs nml.
	Renal: excellent ongoing diuresis.
	Acid/base: PCO2 45. Met. alkalosis c pH app. 7.5. Most likely cause is diuretic and NG suction. on D5 NS @ 75cc/hr - look for it to correct.
	CXR: Effusions clearing, (B) hemidiaphragms visible. ETT position good. NG position - distal esophagus? Stomach well-decompressed. ↑ radiodensity on (L). ↓ radiodensity on (R).
	Imp/plan: S/p ex. lap for GSW. Improving pulmonary status c PCO2 in nl range and PaO2 in low 100s on 50% FiO2. Iatrogenic ~~compensatory~~ met. alkalosis being treated c NS.
	over →

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	- ↓ vent. rate to 15
	- ↓ FiO_2 to 40%
	- D/C vecuronium
	- once alkalosis corrects, work toward extubation.
	[(b)(6)-2], MD [(b)(6)-2]
7 Feb 03	ICU Note
0730	- The patient doing well this am, ∅ Sig. changes overnight. Continues to have
	By systems: Neuro: sedated, paralyzed
	CV: Hypovolemic - hypertensive, mildly tachycardic.
	Heart sounds difficult to hear 2° to rhonchorous breath sounds.
	Resp: oxygenation more than adequate. PaO_2 179 on FiO_2 40%
Chest tubes on	diffuse rhonchi / exp. wheezes on exam. Resp. acidosis. ↑ $PaCO_2$ 57
Sux. ∅ air	Abd: soft, (+) BS, minimal distension. NG ↑ Top - appears
leak. Minimal	to be in duodenum. Will pull back.
D.P.	Renal: WNL renal fct. Electrolytes WNL. Met. alkalosis continues.
CXR: improved	Expect to correct.
over yesterday.	Nutrition - none
(B) lungs well-	Plan: - ↑ vent. rate to 16.
expanded.	- ↑ withdraw NG into stomach.
ETT - good posn.	- D/C Vec.
NGT - in	- Consider spont. vent. trial today once Vec.
duodenum	wears off. Will D/W Dr. [(b)(6)-2]
	[(b)(6)-2], MD [(b)(6)-2]

NSN 7540-00-4 4176

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
06 OCT 03 1845	D/C'd 14g IV to (R) AC DIT looking @ site. No evidence infiltration. Restarted 18g in (L) H. (b)(6)-2 WD2
1900	Rolled pt to (L) side, ensured proper body alignment. Cleaned eyes & administered eye gtts ou. Will continue to monitor. (b)(6)-2
2035	Repositioned to supine & HOB @ 30°. Body in proper alignment. (b)(6)-2 WD2 Will continue to monitor.
2125	IV to (R) Hand inadvertantly D/C'd. Attempted to restart x 6. Gave report to next shift. (b)(6)-2 WD2
2200	Received report from Eve shift nurse, pt paralyzed via medication (see MAR); IV, 20 g usage to (R) AC started 5 difficulty on first try, vent rate continue (see Dr. Orders) Ø resp distress noted; all dressings CDI, Ø leakage noted to chest tubes #1 or #2, NG tube LIS & dark green secretions, ET tube in place, A-line & IV sites to C & (R) AC CDI, IV fluids infusing as ordered will continue to monitor pt (b)(6)-2 WD2
1 Oct 03 0100	Assumed pt, pt sedated receiving IV medications to bilateral AC's, pt on respirator, has bilateral CT's, foley to gravity, (R) arm wrist A-line, lying supine, turned to (R) side & assist, pt also has NG tube, will continue to monitor (b)(6)-2 WD2
0250	Assessment complete, consult D4 form 4700 for full assessment

HOSPITAL OR MEDICAL FACILITY

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

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

(b)(6)-4

60ct03

REGISTER NO.

WARD NO. ICU

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
d03	ment, Ⓡ LE pedial pulse faint, pt has generalized non-
1250	pitting edema, skin cool dry pale, L/R AC PIV
(continued)	patent CDI flushed Ⓡ AC, Ⓛ fluids running per
	order by physician, Ⓡ wrist A-line patent CDI, zeroed
	L/R CT's c̄ little to ∅ fluid expelled operating properly
	pt has NG c̄ int suctioning to Ⓛ nare, foley to gravity
	putting out 100-200 cc/hr yellow urine s̄ sediment
	conducted foley care. pt heavily sedated does not actively (b)(6)-2
	move extremities
0250	increased pt dose of Vecuronium from 5ml/hr to 7ml/hr (b)(6)-2
	d/t pt tremors & ↑ R: to 32 bpm (b)(6)-2
0310	pt stopped tremors, NAD
0435	increased pt dose of Vec d/t increased tremors during (b)(6)-2
	dressing Δ (b)(6)-2
0520	Portable CXR taken

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)
8Oct03	Surgery ICU Note
1430	Pt had desaturation last pm requiring ↑'d
	FiO_2 and paralysis to improve oxygenation
	VSS 101^{6}
	L- diffuse rhonchi ↓'d BS (R) base
	CXR - RLL atelectasis
	Current Vent - FiO_2 90 PEEP 10 TV 600 IMV 16
	Sat 99%
	Pt bronch'd x2 c̄ removal large amts
	secretions
	CV - ST, RRR 100's
	Abd - soft, ⊕ BS, incision clean, well
	⊕ distention
	NG ~ 200 and [illegible]
	I/O UOP - adequate - 997 last 24h
	WBC 10.8 Hct 29 Hgb 10.1
	K 3.3 Amy 208 T Bili 0.3
	A/P S/P GSW - Abdomen
	(1) [illegible] Respiratory [illegible]
	(2) Central line placed
	(3) K+ Replacement. (4) Start trophic feed.
	(5) Lovenox to 30 mg SQ Q12°

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

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

(b)(6)-4

(b)(6)-2

WARD NO.

(b)(6)-2 LTC McN[illegible]

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
9 Oct 03	ICU Note
1500	Pt relatively stable overnight, paralytics weaned, sedation d/c'd
	VSS Afeb (Tmax 100)
	L-Coma [illegible]
	CXR improved aeration (R) base
	ABG 60% → 7.5/175/33.8/-6 Sat 100
	CT - minimal output
	CV - ST 100's
	BP - stable
	Abd - NABS, soft nondistended
	tube feeds @ 10cc/hr tolerated
	Renal I/O [illegible]
	Labs - see chart
	A/P S/P GSW Abd
	1) Wean Vent as tol
	2) Transfuse 2 units PRBC
	3) ↑ tube feeds to 20cc/hr

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE (b)(6)-2	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

REGISTER NO.	WARD NO.

(b)(6)-4 [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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FIRMR (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
10 Oct 03	(Continued) breathing rapid/shallow, midline incision OTA intact
2150	Rhonchi to bases, (R) pedial pulse & pedial pulses
	normal present, 2+ (R) radial alt bandaging cap refill 2 sec, moves
	fingers & difficulty, skin warm & dry & generalized nonpitting edema
	A&O x3 & interpreter C BS, MPC BS — (b)(6)-2
10 Oct 03	(2255) MSO4 administered by RN on duty PRN pain — (b)(6)-2
10 Oct 03	(2345) changed CT x2 to water seal per orders — (b)(6)-2
10 Oct 03	pt had a respiration rate of 35 bpm normally, physician was
0200	notified by RT, pts breathing continues to be rapid & shallow
	physician orders an ABG — (b)(6)-2
11 Oct 03	(0130) placed mask on pt per pt comfort @ O2 administered at this
	time PSO2 sat 95% RA — (b)(6)-2
11 Oct 03	(0235) physician visit, noted C ABG results decides not to
	intubate, will continue monitoring per physician orders — (b)(6)-2
11 Oct 03	(0249) MSO4 administered by RN on duty pain per pain — (b)(6)-2
11 Oct 03	pt A&O, generalized edema noticably lessened in UE's, NBS
0315	elevated 30 degrees, BS hyperactive x4 quads LS LDL & LLL
	Rales audible pres front & back, rhonchi to (R) side lung
	skin warm & dry, pt talks in finely gtes, UOP exceeds
	DSNB input, color yellow & pedriant, MPC BS — (b)(6)-2
11 Oct 03	(0500) X-ray came, at bedside — (b)(6)-2
11 Oct 03	(0515) pt resting C HOB elevated O2 C 2L via NC PSO2 sat 94%

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

REGISTER NO. | WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
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Prescribed by GSA/ICMR
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11 OCT 03 0515	(continued) 0430 dressing Δ. (R) lower abd purulent drainage blood staining to removed dressing. (R) CT dressing Δ, activated wound. Chest tube gently reinforced tape on (L) chest tube pt continues to talk to self — [b)(6)-2]
11 OCT 03	0540 D/C NC O2, pt ox sat C 94% RA — [b)(6)-2]
11 OCT 03 0615	Pt Continuously moaning. Requesting O2 Mask. O2 SAT 93-95%. Pt C shallow respirations 40-50's. Placed O2 NC 3L/min Medicated C MSO4 4mg IVP. CT #2 C AIR LEAK. CT #1 ∅ air leak. TCC Patent C s/sx of infection. DSNS C 20KCal @ 125cc hr. O2 SATS 96-97. See flowsheet for assessment. — [b)(6)-2] LT, AN
11 OCT 0900	CT 0756s Δ (R). New Pleurovacs placed on Suction. Portable cxr done. Toradol 30mg IV given for pain. [b)(6)-2] LT, AN
11 Oct 03 1430	Pt C/O generalized abd pain and (L) chest pain around CT insertion site. Received 5mg MSO4 IV @ 1330; due for toradol 30mg IV @ 1500. Pt has spontaneous cough for moderate amt of thick, tan secretions. Appears alert & oriented, answering questions appropriately per interpreter. (R) + (L) CT → -20cm H_2O suction, (L) triple lumen - subclavian - patent, s/sx infection or infiltration. (R) radial A-line → transducer/monitor C good wave form. [b)(6)-2] MAJ, AN
11 Oct 1510	Toradol 30mg IV given @ 1450. C/O pain → 5mg MSO4 IV given @ 1505. Will continue to monitor. — [b)(6)-2] MAJ AN
11 Oct 1630	Up in chair, only supported ~ 50% of weight. C/O hunger, asking for bread. Hair washed. — [b)(6)-2] MAJ AN
11 Oct 1830	Pt went back to bed ∅ attempting BM - no results. Ate ~ 25% of ∅ jello and drank small amt 7-up + water (total ~ 120 cc). — [b)(6)-2] MAJ A
11 Oct 1900	UOP steadily ↓ throughout day, 21cc last hr. Dr. [b)(6)-2] aware → 500 cc LR IV bolus hung per order. — [b)(6)-2] MAJ, AN

7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
13Dec03	Surgery
	[illegible]
	VSS Afeb
	LCTA
	c/w RRR
	[illegible]
	[illegible]
	A/P s/p GSW abd
	1) D/c [illegible]
	2) [illegible]
	3) PO pain med
	4) Ambulate [illegible]
	5) [illegible]
	6) Plan D/c [illegible] 24-48°
	(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
14Oct03	2300 - C/O pain to ABD R/O via interpreter, pain medication given (see MAR) will continue to monitor pt - (b)(6)-2 -R

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

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

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

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
11 Oct 03	Surgery
0900	Pt tolerating reg diet, OOB, ambulating
	VS: Afeb
	Lungs
	Abd - soft nontender
	Wound healing
	A/ s/p GSW to Abd
	P D/c to MP's
	Wound care LLQ BID
	F/u Q week for wound ✓
	(b)(6)-2
	LTC [illegible]

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STANDARD FORM 600 (REV. 6-97) BACK

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL
DATE: DAY 02 | MONTH Oct | YR. 03 | TIME 0220

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

CURRENT MEDS. (tetanus immunization and other data)
denies

HISTORY OBTAINED FROM
☐ PATIENT ☐ OTHER (Specify)

ALLERGIES
denies

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

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration)
GSW abdomen

SEX M | AGE 23

POSSIBLE THIRD PARTY PAYER?
☐ YES ☐ NO

VITAL SIGNS

TIME	0228	
BP	124/52	
PULSE	84	
RESP.	31	
TEMP.	97.6	
WT.(Child)	100 lb	

(b)(6)-2

CATEGORY (See reverse)
☐ EMERGENT
☒ URGENT
☐ NON-URGENT

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

TIME SEEN BY PROVIDER: 0220

S/p GSW abdomen x2, small bowell evisceration. Seen in @ Tallyan + transfer here for further care. Stable enroute, wnl. vitals. Also noted small FW to (L) thigh / lat aspect. Bowel dressed c saline / gauze.

P - ¢
S - ¢

109 / 91.2

141 | 105 | 15
3.2 | 1.2 | 16

o - WDWN. Mild distress. Alert.
A - speaking
B - BBS =
C - strong fem pulses
HEENT - atraumatic, NC
neck - ¢ JVP.
CV - Reg ¢ m
lungs - B = BS
chest - atraumatic
neuro - MAE, GCS 15
back - ¢ injury seen.
D - GCS 15
MAE to command
(L) leg - thigh - lat aspect small FW
abd - GSW to RUQ + LLQ. LUQ c evisceration of bowel, pink, swollen. penetrates ¢ stool @ bowel injury to exam

CxR
elevated (R) hemidiaph ¢ ptx

(L) thigh
Frag
Lat. thigh

EDC - To CR c Gen Surgery - Eastman for ex-lap.

ORDERS | INATS. | TIME
- CXR (P)
- (R) (L) Femurs
- CBC, Istat6, T
- 2L NS bolus
- VA

(b)(6)-2

ASSESSMENT/DIAGNOSIS
GSW ABD

DISPOSITION (Check all that apply)
HOME | FULL DUTY
QUARTERS: 24 Hrs. | 48 Hrs. | 72 Hrs.
MODIFIED DUTY UNTIL: DAY | MONTH | YEAR
REFERRED TO (Indicate clinic)
EMERGENCY | TODAY
72 HOURS | ROUTINE
ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
IMPROVED | UNCHANGED
DETERIORATED
TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

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

(b)(6)-2

MMJ MC

Evagene

(b)(6)-4

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

- To CR -

STANDARD FORM 558 (Rev. 6-82)

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY [redacted] CRNA

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY Maj [redacted]

3. DATE 22 Oct 03 TIME PATIENT ARRIVED IN SUITE 0305

4. PATIENT IN ROOM TIME 0305 NUMBER OR #1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] RID	RELIEF SCRUB	
	SPC [redacted] RID [redacted]		
ASSIGNED CIRCULATOR	Maj [redacted] 66E	RELIEF CIRCULATOR	
	Maj [redacted] 66F [redacted]		

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Body alignment

8. SKIN PREPARATION

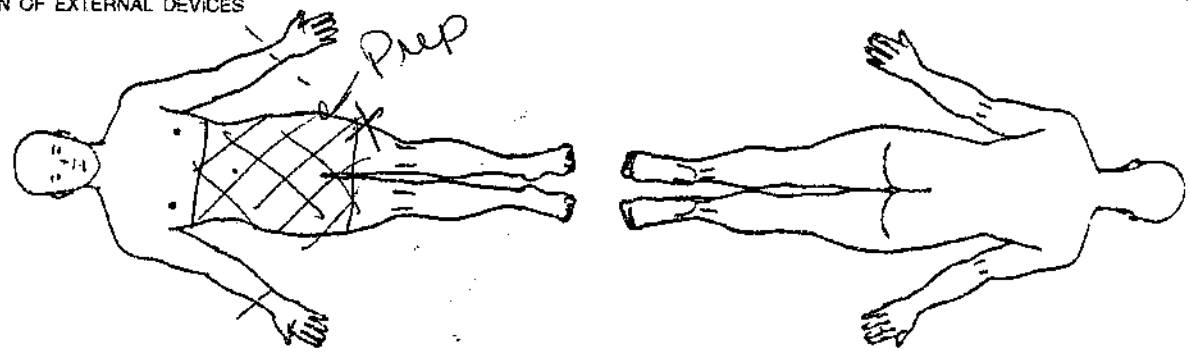
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: No irritation

PREP SOLUTION *(Specify)* Betadine
SITE: Abd BY WHOM: Maj [redacted]
SITE: (See Below) BY WHOM:

COMMENTS: No irritation noted

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☑ Yes ☐ No		C	C	SPC [redacted]	Maj [redacted]
Needle Sharp	☑ Yes ☐ No		C	C	SPC	Maj
Instrument	☑ Yes ☐ No		C			
Other	☑ Yes ☐ No					

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

(b)(6)-4

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

☐ ESU NO: 000434
GROUND PAD: BRAND Val Tek Polyhesive II
LOT NO: 696F1 04/05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM (b)(6)-2 IF YES, SITE

YES ☐ NO

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* 4X8's tape

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	Foley → Mist	2.	3.
SITE	L side	2.	3.

19. ADDITIONAL INFORMATION

(b)(6)-2

20. OPERATION(S) PERFORMED

Ex lap

21. PATIENT TRANSFERRED TO TCH TIME See DA 3889 METHOD litter + safety straps

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

REVERSE OF DA FO

*U.S. GPO: 1998-404-613/40449

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	2Oct Ø3
DOS	2Oct Ø3
POD	DO8

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

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

(b)(6)-2

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 MAT AN	ICU	2Oct Ø3

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
① Radial Aline	① Radial	2 Oct 03	
16ga	② AC	2 Oct 03	
14ga	③ AC	2 Oct 03	

PUPIL SIZE

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

PUPILS

MOTOR FUNCTION

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

CHART CODES

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

DATE: 2 Oct 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700				(b)(6)-2													
0800	97.2	125	25	146/77	100	SLNC											
0900	98.7	136	27	145/79	100	SLNC											
1000		142	28	143/77	100	SLNC											
1100	100.5	137	30	142/78	100	SLNC											
1200																	
1300	100.4	148	32	117/75	100%	117/74											
1400	100	156	32	114/72	99%	117/70	83										
1500	101.2	150	28	111/72	99%	120/67	84	(b)(6)-2									
					99	~~117/61~~	~~78~~										
1600	99.6	153	32	111/68	99	117/64	78										
1700	99.8	152	32	110/72	99	124/68											
1800	100.3	144	26	114/66	100	137/71	~~37/69~~	~~84~~ (b)(6)-2									
1900	100.1	146	28	112/65	100	137/69	86										
2000	100.2	145	28	111/65	100	132/64											
2100		146	26	116/66	99	133/62											
2200	100.4	144	24	114/66	100	140/65											
2300		160	18	118/54	98	122/56	86										
2400	~~99.7~~ 100.4 A	139	22	114/65	100	123/64	84										

	INTAKE									OUTPUT						
	LR	IVPB	ROUTE				OR	Total		URINE	NGT			OR	Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600														300		
0700	150 150									100 100				300		
0800	150 300	100								180						
8 HR	300	100					6050	8 HR 6450		180				300	8 HR 480	
0900	150									55 55						
1000	150 300															
1100	150 450		500 500							140 195						
1200	150 600									40 235						
1300	150 750	100 100	1000 1500							60 325						
1400	150 900									50 375	100 100					
1500	150 1050									65 440	75 175					
1600	150 1200									34 474						
8 HR	1200	100	1500					16 HR. 9250		474	175				16 HR. 1179	
1700	150 150									32 32						
1800	150 300	100 100	1000 1000							65 97						
1900	150 450									100 197						
2000	150 600									70 167						
2100	150 750									65 232						
2200	150 900									100 332	30 30					
2300	150 1050									60 392						
2400	150 1200									80 472						
8 HR	1200 ~~1200~~	100 ~~300~~	1000 ~~1500~~					24 HR. 11,550		472	30				24 HR 1681	

MEDICAL RECORD

NURSIN JTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
20ct03	0730		Pt discharged from recovery, see flowsheet for assessment details. MP guarde bedside. [b)(6)-2] MAS/AN
	1030		Maj [b)(6)-2] (anes) in to see pt, informed of now puretent HR 140s. Fluid boluses ordered, hung.
	1130		(R) thigh dsgs Δ'd. Lg amt sang drng. 1cm area x2. (L) lateral thigh, anterior thigh packing left in place, dsd applied over. Moderate/lg. amt sanguinous drainage noted. [b)(6)-2] MAS/AN
	1150		Dr [b)(6)-2] in to see pt, aware of tachycardia, labs sent. [b)(6)-2] MAS/AN
	1230		Labs back, 1L NS bolus hung [b)(6)-2] MAS/AN
2 Oct 03		1430	Midline abd dsg and (L) hip/thigh L dsg dry and intact. NG → LIS ē small amt light brown drainage. Pt easily arousable and appears oriented per interpreter. Abd soft, ~~none dist~~ non-distended. (+) bowel sounds heard. A-line zeroed, correlates well ē cuff BP. (R) AC IV's appear intact ē s/sx infiltration, infection, bleeding from site. [b)(6)-2] MJ AN
		1545	Per interpretor, pt states good relief of pain (abd) ē 4mg MSO4 given @ 1515. [b)(6)-2] MJ AN
		1600	Attempting to use incentive spirometer q hour. Pt refuses/unable to lift first ball. Will continue to encourage IS and C+DB. [b)(6)-2] MJ AN
		1720	↓UOP to 30-35cc/hr x 2 hrs. HR remains in 150's, Sys BP 115-120. Dr. [b)(6)-2] notified of ↓UOP → ordered ē 1L fluid bolus NS, hung @ this time. [b)(6)-2] MJ AN
		1735	Continues to refuse incentive spirometer stating his abd hurts. 4mg MSO4 IVP given @ this time [b)(6)-2] MJ AN
		2000	LLQ abd and (L) lateral thigh dsgs Δ's, (W) → (R) dsg covered ē sterile 4x4 and ABD dressings. Mod to lg. amt sang. drainage noted from both wounds. Pt medicated ē 4mg MSO4 IVP prior to dsg Δ. [b)(6)-2] MJ AN

Cont. notes on attached sheet.

[b)(6)-2]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	20 Oct 03
DOS	20 Oct 03
POD	~~DOS~~ 1

24 HOUR DATA	
24 Hour Balance	+950
24 Hour Intake	~~+1,350~~ 3625
24 Hour Output	~~1600~~ 2675
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	CPT AN
(b)(6)-2 LCT AN	(b)(6)-2
(b)(6)-2 LTC AN	

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

PREPARED BY (Signature and Title)

(b)(6)-2 CPT AN

Department/Service/Clinic: ICU

DATE: 30 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2		2			2				2					2				2			2	
	RADIAL L		2		2			2				2					2				2			2	
	DORSALIS PEDIS R		1		1			1				1					1				1			1	
	DORSALIS PEDIS L		2		2			2				2					2				2			2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8		2 3 5			2 3 8				1 3 8					1 3 8				1 3 5			1 3 5	
EDEMA			B/L LE		B LE			Gen				Gen					Gen				Gen			Gen	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓		✓			✓				✓					S1S2				✓			✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST		ST			ST				ST					ST				ST			ST	
SWAN GANZ CATHETER (Zeroed & calibrated)								✓																	
ARTERIAL LINE (zeroed & calibrated)											✓						✓				✓			✓	
HYGIENE	BED BATH										✓														
	FOLEY CARE										✓														
	ORAL CARE										✓	✓					✓								
MOBILITY	BEDREST		✓		✓			✓				✓					✓				✓			✓	
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE		✓		✓			✓				✓					✓				✓			✓	
	HOB 30 DEGREES		✓		✓			✓				✓					✓				✓			✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		X		✓			✓																	
	PAIN SCALE (1-10)		5/10									4/10									4/10			5/10	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2		2			2				2					2				2			2	
BOWEL SOUNDS (active all quads)			Ø		Ø			Hypo				Hypo					Hypo				Hypo			Hypo	
NG / DOBHOFF PLACEMENT VERIFIED			✓		✓																				
RESIDUAL ASSESSED L1S			✓		✓																				
Ph																									
FOLEY CATHETER PATENT			✓		✓			✓				✓					✓				✓			✓	
VOIDING CLEAR, YELLOW URINE q.s.								✓				✓					✓				✓				
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓		✓			✓				✓					✓				✓			✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Ex lap - Midline Abd			✓		✓			✓				✓					✓				✓			✓	
#2 (L) thigh			✓		✓			✓				✓					✓				✓			*	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
(L) Radial Aline	(L) Radial	20 Oct 03	Patent & S/Sx of infection or infiltration 0900
16 ga	(L) AC	20 Oct 03	Patent & S/Sx of infection or infiltration 0700
18 ga	(R) AC	20 Oct 03	Patent & S/Sx of infection or infiltration 0700

PUPIL SIZE **PUPILS**

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 30 Oct 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		136	19	127/65	99	138/70	89										SL
0200	99.8 A	138	23	123/68	98	149/73	89										
0300		139	27	122/64	98	147/70	87										
0400	99.9	137	23	129/67	99	154/73	90										
0500		136	26	—	96	160/72	92										
0600		140	29	~~(b)(6)-2 ~~	92%	160/72	92										
0700	100.2 (A)	135	21	~~(b)(6)-2 ~~ 129/66	99%	152/76	94										
0800		127	22	132/74	99%	156/75	92										
0900	100.2 (A)	132	31	121/66	100	158/75	94										
1000		123	23	131/73	98%	168/73	97										
1100	99.8 (A)	122	25	125/70	98%	169/74	98										
1200		125	23	129/71	99%	174/76	100										
1300	100.2 (A)	127	22	132/69	98%	177/77	101										
1400		127	19	133/67	99%	162/76	97										
1500	99.7 (A)	118	22	127/72	99%	170/76	°										
1600		123	22	120/75	98%	178/75											
1700		125	25	133/69	99%	187/72											
1800	100.9 AM	135	30	129/65	93%	194/71											
1900	100.8	135	31	116/68	97%	186/73											
2000	101.3	140	29	121/67	98%	167/74											Tylenol
2100	102.3	143	32	104/67	92%	97/67											1S/Cough
2200	100.9	141	32	116/64	90	163/73	87										
2300	100.7	133	26	129/62	93	146/72	83										
2400		134	37	120/62	91	150/75	96										

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	**HOUR** A.M.	P.M.	**OBSERVATIONS** Include medication and treatment when indicated
30 Oct 03	0200		MSO4 given for 5/10 abd pain. Pulse has improved in (L) LE. Lungs remain clear. VSS. HR in 140's. RR 20's O2 Sat 98-100%. UOP adq. Cont to monitor (b)(6)-2 Cpt AN
30 Oct 03	0245		Cont C/O pain, Demerol/Phenergan give. Appears to have some relief. VS remain stable. Cont. to monitor (b)(6)-2 Cpt AN
30 Oct 03	0445		Resting quietly s̄ distress. VSS. Ø further C/O pain. Dressings remain CDI. (b)(6)-2 Cpt AN
30 Oct 03	0625		Pt moaning. Medicated c̄ MSO4 4mg. IVP. See flowsheet for assessment. (b)(6)-2 LT, AN
30 Oct 03		1300	PT c̄ NAD thruout shift. VSS. A-line not correlating c̄ NIBP. Drsg's remain CD&I. Voiding, Ø s via foley. Medicated c̄ MSO4 for pain control. (b)(6)-2 LT, AN
		1600	attempted IS c̄ pt. explained importance of recovery. Pt unable to lift one ball of IS when inhaling. also tried to encourage cough (b)(6)-2 LT AN
		1730	4mg MSO4 given for pain to abd. (b)(6)-2 LT AN
		1810	IS complete @ bedside c̄ help of interpreter, completely understands per interpreter. able to pull 600cc/sec. Art. BP not correlating c̄ NIBP. (b)(6)-2 LT AN
		1820	Dressing change for evening not complete per day shift nurse speaking c̄ physician. (b)(6)-2 LT AN
		2000	Pt medicated c̄ 4mg MSO4 for abd pain. (b)(6)-2
		2140	25mg Demerol/12.5mg Phenergan admin. for breakthrough pain (b)(6)-2
30 Oct 03		2215	C/O pain. 2mg MSO4 given. A-line zeroed. Cont to monitor. (b)(6)-2 Cpt AN
30 Oct 03		2330	Dressings reinforced. CHUX + Dressing saturated from exit wound on back. VSS. Assessment complete. Performing IS c̄ encouragement. Cont. to monitor. (b)(6)-2 Cpt AN
30 Oct 03		2400	O2 Sats Decreasing. O2 to 5L/NC. Resp at 36BPM. IS + CB performed. Continue to monitor. (b)(6)-2 Cpt AN

	INTAKE									OUTPUT						
	LR	Ringers Lactate	D5NS + 20 KCl						Total	Urine	NGT				Total	COMMENTS
0100	150 / 150									85 / 85						
0200	150 / 300									100 / 185						
0300	150 / 450									85 / 270						
0400	150 / 600									120 / 390						
0500	150 / 750									60 / 450						
0600	150 / 900	100 / 100								↓						
0700	150 / 1050									175 / 625						
0800	150 / 1200									125 / 750						
8 HR	1200	100							8 HR 1300	750					8 HR 750	(+) 450
0900	150 / 150									35 / 35 / 785						
1000			125 / 125							135 / 170						
1100			125 / 250							125 / 295						
1200		100 / 100	125 / 375							135 / 430						
1300			125 / 500							100 / 530						
1400			125 / 625							130 / 660						
1500			125 / 750							90 / 750						
1600			125 / 875						1425	160 / 910					910	
8 HR	150	100	875						16 HR 2425	910					16 HR 1760	
1700			125 / 125							140						
1800		100 / 100	125 / 250							115 / 255						
1900			125 / 375													
2000			125 / 500							380 / 635						
2100			125 / 625													
2200			125 / 750							80 / 715						
2300			125 / 875							90 / 805						
2400		100 / 200	125 / 1000						1200	110 / 915					915	
8 HR		200	1000						24 HR 3625	~~715~~					24 HR 2675	

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	30 Oct 03
DOS	30 Oct 03
POD	1

24 HOUR DATA	
24 Hour Balance	-4719
24 Hour Intake	~~3825~~ 2996
24 Hour Output	~~2675~~ 7715
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	Cpt AN
(b)(6)-2 LCT AN	(b)(6)-2
(b)(6)-2 105/min	
(b)(6)-2 MAD AN	

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

(b)(6)-2	Department/Service/Clinic	DATE
Cpt AN	ICU	40ct03

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

(b)(6)-4

(EPW)

☐ HISTORY/PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
16 ga PIV	(L) AC	2 Oct 03	Patent & S/Sx of infection or infiltration
18 ga PIV	(R) AC	2 Oct 03	H/Lk. Ø S/Sx of infiltration

PUPIL SIZE

1 mm
2 mm
3 mm
4 mm
5 mm

PUPILS

= Equal
R Reactive
NR NonReactive
L > R Left Larger
R > L Right Larger

MOTOR FUNCTION

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

CHART CODES

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

DATE: 4 OCT 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open			4			4					1			1				1				1		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response			5			5					1			1				1				T		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response			6			6					4			1				1				1		
GLASCOW COMA SCALE (A+B+C)			15			15					10			3(2nds)				3(Each				2T		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R			3+																			2+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L			3+																			2+		
MOVEMENT (See Motor Function Scale at Top of Page) RUE			4			4					0			0				0				0		
MOVEMENT (See Motor Function Scale at Top of Page) LUE			4			4					0			0				0				0		
MOVEMENT (See Motor Function Scale at Top of Page) RLE			4			4					0			0				0				0		
MOVEMENT (See Motor Function Scale at Top of Page) LLE			4			4					0			0				0				0		
GRIP (S) Strong (W) Weak (-) absent R			W			W					0			0				0				1		
GRIP (S) Strong (W) Weak (-) absent L			W			W					0			0				0				1		
RESPIRATIONS REGULAR			✓			✓					✓			✓				✓				✓		
RESPIRATIONS IRREGULAR											e							E				E		
RESPIRATIONS UNLABORED																								
RESPIRATIONS LABORED											N/			ETT				N				N		
RESPIRATIONS SHALLOW			✓			✓					T							T				✓		
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL			3			3								3				3				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL			3			3								3				3				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL			3			3								3				3				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL			1			3								3				3				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES			1			1					✓			3				i				1		
COUGH NONE			✓			✓					✓			✓				✓				✓		
COUGH SPONTANEOUS			✓																					
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE			✓																					
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt											700			550			580	550				560		
VENTILATOR FiO2											100			100			100	100				1.0		
VENTILATOR RATE (SIMV/CMV)											12			16			15	17				17		
VENTILATOR PEEP / CPAP											10			10			5	10				10		
VENTILATOR PRESS. SUPPORT											∅													
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT # 7.5 NRBM (l/min)			10L			12L					✓													
ETT 22 cm grms											✓							✓				✓		
ETT CARE / POSITION CHANGE											✓	✓		✓										
ETT / NT SUCTIONED											✓	✓		✓										
INCENTIVE SPIROMETRY DONE			✓																					
COUGH / DEEP BREATH			✓																					
INITIALS			[b)(6)-2			[b)(6)-2								[b)(6)-2				[b)(6)-2				[b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	100.7	134	42	117/61	88	150/71	93										
0200		138	30	117/66	85	D/C											
0300	101.0	128	38	116/68	93	—	85										
0400	99.8 A	120	31	120/72	94	—	97										
0500		122	30	121/70	93	—	98										
0600	100.8 (A)	124	35	121/72	95%		90	100%		NRB	13L/Min						
0700		121	29	123/73	94%		91										
0800	100.3 (A)	117	35	132/75	95%		96										
0900		122	34	126/62	91		86										
1000	100.8 (A)	144	47	127/77	75%		97										
1100		144	13	131/76	96%	171/82	105										
1200	100.3 (A)	143	12		100%	186/75	110										
1300	101.8 (A)	146	16		79%	146/73	102										
1400																	
1500		144		150/78	91%	190/74	105										
1600	101.2 (ax)	149	16	142/77	92	189/67	104										
1700	101.8 (A)	145	15	135/77	86	163/71	101										
1800	102.3 (A)	139	10/15	148/72	95	145/70	96										
1900	101.8 (A)	126	17	132/75	88	171/80	110										
2000		129	21		82	154/69	97										
2100	101.2 (A)	119	21/17		89	165/75	100										
2200	102.1	115	39/17	141/69	87%	130/64											
2300		112	24/17		94%	125/65	HH A										
2400	101	111	22/17		97%	125/61	88										

MEDICAL RECORD — NURSING .Es

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4 Oct 03	0100 → 0200	O_2 Sat to 75%. Placed on NRM. Sat to 85%. Had pt use IS + cough DB. ∅ change to O_2 sats. ABG drawn. Pt's breaths very shallow + labored. ABG drawn. Sent to lab. Phys. notified. ~~MS~~ Demerol/Phenergan given for pain. O_2 Sat to 90% Resp to 27 bpm. Continues to monitor. [redacted] cpt RN
4 Oct 03	0300		O_2 Sats + Resp improved c pain control. HR 120's. Resp 28. O_2 Sat 95%. Cont to monitor. [redacted] cpt RN
4 Oct 03	0500		Resting quietly. Eyes closed. Resp deep + even. VSS. ∅ apparent distress. [redacted] cpt RN
4 Oct 03	0840		Dr [redacted] informed of Pt's Respiratory Status. New orders initiated. CBC, PA-7/metflytes sent to lab. PICC ordered. DSNS c 20 KCl @ 75 cc/hr. VSS. Will cont to monitor [redacted] cpt RN
4 OCT 03	1100		PT c Continued desaturation on 100% NRB. O_2 SATS ↓ 70's when pt OOB in Chair. Pt returned to bed c intubated. IV D5 1/2 NS c 20 KCl @ 75 cc/hr. Versed gtt @ 2 mg/hr. Fentanyl gtt @ 100 mcg/hr c Vecuronium @ 4 mg/hr. See flowsheet for assessment [redacted] LCT, RN
4 OCT 03		1300	DESATS 70-80's despite Suctioning c BVM. Dr [redacted] @ BS. ABG's Sent ↑ RR to 16. X-ray ordered [redacted] LL, RN
4 Oct 03		1500	CXR showed RUL pneumo → CT inserted per Dr [redacted]. ① rush of air on insertion and ~100 cc serosang drainage. CT → pleurEvac @ -20 cm H_2O suction. Pt on vec, fentanyl, and versed drips. ETT → SIMV 16, F_iO_2 100%, P 10 V_t 550 cc. ETT suctioned for min secretions. Coarse rhonchi throughout all lung fields. SpO_2 remains mid-upper 80's. Pt rolled to ① side. Lasix 20 mg IV given. Midline incision c staples intact; ∅ S/Sx infection or evisceration. LLQ and ① hip dsg c mod amt serous drainage. [redacted] RN
4 Oct 03		2130	Pt cont c ↓ SpO_2 → lower 80's @ 2000. Fentanyl 150 cc, Vec 5 mg + Versed 5 mg IVP given. ETT suctioned for min white secretions. Dr Choi notified CXR done → ① pleural effusion → ① CT inserted → -20 cm H_2O suction.

See progress note for continuation (attached)

[redacted] RN

	INTAKE									OUTPUT						
	D5½NS+20KCl	Zosyn IVPB	Versed	Vecuronium	Fentanyl	Heparin			Total	Urine	chest tube #1	NG tube	Chest tube #2		Total	COMMENTS
0100	125 / 125									100 / 100						
0200	125 / 250									110 / 120						
0300	125 / 375															
0400	125 / 500									170 / 290						
0500	125 / 625									110 / 400						
0600	125 / 750	100 / 100								120 / 520						
0700	125 / 875									135 / 655						
0800	125 / 1000									160 / 815						
8 HR	1000	100							8 HR. 1100	815					8 HR 815	(+) 285
0900	75 / 75									145 / 145						
1000	75 / 150									↓					Lasix	
1100	75 / 225									↓						
1200	75 / 300		2 / 2	4 / 4	2 / 2					190 / 335						
1300	75 / 375	100 / 100	2 / 4	4 / 8	2 / 4					180 / 1515						
1400	75 / 450		2 / 6	4 / 12	2 / 6							100 / 100				
1500	75 / 525	100 / 200	3 / 9	4 / 16	2 / 8	10 / 10				300 / 1815	105 / 105					
1600	75 / 600		3 / 12	5 / 21	3 / 11	25 / 35				750 / 2565	0 / 105					
8 HR	600	200	12	21	11	35		879	16 HR. 1979	2565	105	100		2670	16 HR. 3485	-691 (3)(6)(2) [redacted] ~~1508~~
1700	75 / 75		3 / 3	5 / 5	3 / 3	25 / 25				425 / 425	15 / 15					
1800	75 / 150		5 / 8	5 / 10	3 / 6	25 / 50				120 / 545	20 / 35	100 / 100				
1900	75 / 225		5 / 13	5 / 15	3 / 9	25 / 75				120 / 665	20 / 55					
2000	75 / 300		5 / 18	5 / 20	3 / 12	20 / 95				160 / 825	10 / 65		95 / 95			
2100	75 / 375		5 / 23	5 / 25	3 / 15	30 / 125				160 / 925	10 / 65		45 / 140			
2200	75 / 450		5 / 28	5 / 30	3 / 18	30 / 155				1300 / 2225						
2300	75 / 525	50	5 / 33	5 / 35	3 / 21	30 / 185				900 / 3625						
2400	75 / 600	50 / 100	5 / 38	5 / 40	3 / 24	30 / 215				350 / 3925						
8 HR	600	100	38	40	24	215		1017	24 HR. 2996	3925	65	100	140	4230	24 HR 7715	-1234 (3)(6)(2) [redacted] ~~-1234~~

MEDCOM - 2150

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 oct 03
DOS	3 oct 03
POD	2

24 HOUR DATA	(6)(6)(2) (6)(6)(2)
24 Hour Balance	~~-4719~~ 217
24 Hour Intake	~~2990~~ 2988
24 Hour Output	~~9915~~ 9771
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 MAT AN	(b)(6)-2
(b)(6)-2 ICU, AN	
(b)(6)-2 AN	
(b)(6)-2 CPT AN	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 MAT AN	ICU	5 oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2				2					2			2				2				2		
	RADIAL L		2				2					2			2				2				2		
	DORSALIS PEDIS R		1				1					1			1				1				1		
	DORSALIS PEDIS L		2				2					1			1				1				2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8				1 3 8					1 3 8			1 3 8				1 3 8				1 3 8		
EDEMA			gen.				gen					gen			trace				trace				trace		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓				✓					✓			S1S2				S1S2				✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST				✓					✓			NSR				NSR				NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)			✓				✓								✓				✓				✓		
HYGIENE	BED BATH				✓							✓													
	FOLEY CARE				✓							✓							✓						
	ORAL CARE											✓							✓						
MOBILITY	BEDREST				✓		✓					✓											✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																					✓	✓		
	LEFT		✓				✓					✓			✓			✓	✓						
	SUPINE				✓		✓					✓			✓			✓	✓			✓	✓		
	HOB 30 DEGREES		✓		✓		✓					✓			✓			✓	✓			✓	✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		NAD				NAD					NAD			Pain				Pain				Pain		
	PAIN SCALE (1-10)														9ff				9ff						
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			1				2					2			2				2				2		
												✓													
BOWEL SOUNDS (active all quads)			Ø				~✓					✓			Hypo				Hypo				Hypo		
NG / DOBHOFF PLACEMENT VERIFIED			✓				✓								✓								✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓				✓					✓			✓				✓				✓		
VOIDING CLEAR, YELLOW URINE q.s.			✓				✓					✓													
SKIN INTEGRITY	No Breakdown																								
(R)hip	Surgical Wounds		✓				✓					✓			✓				✓				✓		
ABD	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 ABD (STAPLES)			✓		open		✓					✓			✓				✓				✓		
#2 (L) thigh			✓		✓		✓					✓			✓				✓				✓		
#3 CT #1					✓		✓					✓			✓				✓				✓		
CT #2					✓		✓					✓			✓				✓				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
14 ga	(R) AC	30 oct 03	Ad 5oct Patent ∃ s/sx of infection or infiltration
16 ga	(L) AC	30 oct 03	Ad 5oct Patent ∃ s/sx of infection or infiltration
chest tube	(R)	4 oct 03	Ad 5oct Patent Ø AIR LEAK
chest tube	(L)	4 oct 03	✓CDI Patent Ø AIR LEAK

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 5 Oct 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		1				1					1			1				1				2		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		T				1 T					1 T			ETT				OT				T		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		1				1					1			1				1				1		
GLASCOW COMA SCALE (A+B+C)		2T				3T					3T			2T				2T				3T		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2+				2+					2+			2+				2+				2+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L		2+				2+					2+			2+				2+				2+		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		A-Paralyzed				Unchanged					Paralyzed			Paralyzed				Paralyzed				Contracted		
MOVEMENT (See Motor Function Scale at Top of Page) LUE																								
MOVEMENT (See Motor Function Scale at Top of Page) RLE																								
MOVEMENT (See Motor Function Scale at Top of Page) LLE																								
GRIP (S) Strong (W) Weak (-) absent R																								
GRIP (S) Strong (W) Weak (-) absent L																								
RESPIRATIONS REGULAR																								
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED		VENT				VENT					Vent			Vent				Vent				Vent		
RESPIRATIONS LABORED																								
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		3/2				3/2					3			3/2				3/2				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL		3/2				3/2					3			3/2				3/2				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL		3/2				3/2					3			3				3/2				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL		3/2				3/2					3			3/2				3/2				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES		3/2				1					1			1				1				1		
COUGH NONE		✓				✓					✓			✓				✓				✓		
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt		550				550					600			600	600			620	600			600		
VENTILATOR FiO2		1.0				100					80			60	50			70	50			50		
VENTILATOR RATE (SIMV/CMV)		17				17					17			17	17			17	17			17		
VENTILATOR ~~PEEP/CPAP~~		+10				10					10			10	10			10	10			10		
VENTILATOR PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
ETT # 7.5 NRBM (l/min)																								
ETT 22 cm gums						✓					✓			✓				✓				✓		
ETT CARE / POSITION CHANGE						✓					✓													
ETT / NT SUCTIONED																		✓		✓				
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS	(b)(6)-2					(b)(6)-2					(b)(6)-2			(b)(6)-2				(b)(6)-2				(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	99.2	109	21/17		98%	125/62	88										
0200		105	20/17		100%	117/63	81										
0300		101	18/17		100%	119/62	80										
0400	98.8	97	17/17		100%	107/56	73										
0500		93	17/17		100%	105/65	72										
0600	100.3 (A)	94	17/17		100%	103/54	68										
0700	99.4 (A)	89	17/17		100%	102/53	68										
0800	99.5 (A)	90	17/17		100%	115/60	77										
0900	99.4 (A)	88	17/17		100%	97/53	67										
1000	98.9 (A)	90	17/17		100%	96/51	65										
1100	97.5 (A)	89	17/17		100%	104/54	70										
						~~144/60~~	~~7~~										
1200	99.5 (A)	97	17/17		99%	114/60	77										
1300	98.5 (A)	100	17/17		98%	128/63	83										
1400	98.6 (A)	94	17/17	105/50	100%	101/52	67										↓Fent gtt
1500	99.3 (A)	94	17/17		98%	99/52	65										↑ to 100mg/hr
															↓TOL 50%		↓ Versed to 2mg/hr
1600	99.4 (A)	95	17/17		99%	96/51	65										
1700	99.9 (A)	116	17/17		96%	131/71	92										40% O_2
1800	100.1 (A)	103	17/17		94%	114/60	77										
1900	100.1 (A)	96	17/17		97%	112/59	76										
2000	99.5	92	17/17		96%	106/56	72										
2100	99.7 A	107	21/17		100%	123/71	88										
2200	99.5 A	105	17/17		96	136/74	92										↑ Versed 3mg
2300	99.9	96	17/17		97	114/72											
2400		92	17/17		98	122/70	85										

8 W

	INTAKE									OUTPUT					
	D5NS c 20K	IVPB	Vecuronium	Fentanyl	Versed	A-line flush	KCl	Total		Urine	NGT	CT #1	CT #2	Total	COMMENTS
0100	75 / 75	50 / 50	5 / 5	3 / 3	5 / 5	3 / 3				190 / 190					
0200	75 / 150		5 / 10	3 / 6	5 / 10	3 / 6				100 / 290					
0300	75 / 225		5 / 15	3 / 9	5 / 15	3 / 9				80 / 370					
0400	75 / 300		5 / 20	3 / 12	5 / 20	3 / 12				40 / 410					
0500	75 / 375		5 / 25	3 / 15	5 / 25	3 / 15				100 / 510	ø	20	45		
0600	75 / 450	50 / 100	5 / 30	3 / 18	5 / 30	3 / 18				100 / 610					
0700	75 / 525	100 / 200	5 / 35	3 / 21	5 / 35	3 / 21				85 / 695					
0800	75 / 600		5 / 40	3 / 24	5 / 40	3 / 24				215 / 910					
8 HR	600	200	40	24	40	24			8 HR 928	910		20	45	8 HR 975	-47
0900	75 / 75		5 / 5	3 / 3	5 / 5	3 / 3				500 / 500					
1000	75 / 150		5 / 10	3 / 6	5 / 10	3 / 6				80 / 580					
1100	75 / 225		4 / 14	3 / 9	4 / 14	3 / 9				65 / 645					
1200	75 / 300	100 / 100	4 / 18	3 / 12	4 / 18	3 / 12				60 / 705					
1300	75 / 375		4 / 22	3 / 15	4 / 22	3 / 12				70 / 775		40 / 40	160 / 160		
1400	75 / 450		4 / 26	3 / 18	4 / 26	3 / 15				55 / 830					
1500	75 / 525	100 / 800	4 / 30	2 / 20	4 / 30	3 / 18				55 / 885					
1600	75 / 600		4 / 34	2 / 22	4 / 34	3 / 21			909	50 / 935				1135	
8 HR	600	200	34	22	32	21			16 HR 1837	935		40	160	16 HR 2110	-273
1700	75 / 75		4 / 4	1 / 1	2 / 2	3 / 3				55 / 55					
1800	75 / 150	100 / 100	5 / 9	2 / 3	3 / 5	3 / 6				60 / 115					
1900	95		5 / 14	2 / 5	3 / 8	3 / 9	100 / 100			50 / 165					
2000			5 / 19	2 / 7	3 / 11	3 / 12	100 / 200			45 / 210					
2100			5 / 24	2 / 9	3 / 14	3 / 15	100 / 300			70 / 280		6 / 6	30 / 190		
2200			5 / 29	2 / 11	3 / 17	3 / 18	100 / 400						30		
2300		100 / 200	5 / 34	2 / 13	3 / 20	3 / 21	100 / 500			180 / 400					
2400		100 / 300	5 / 39	2 / 15	3 / 23	3 / 24	100 / 600			65 / 465					
8 HR	150	300	39	15	23	24	600	1151	24 HR 2988	465		6	190	24 HR 2771	+217

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4 Oct 03	2400		Pt stable, ↔Δ in subq emphysema. CT ↔ air leak noted, O2 sats consistent to report. [redacted] LAT,AN
	0200		No Δ, O2 sats good, see flowsheet for assessment. [redacted]
	0400		AM completed. Ⓑ CT dsg Δ'd - old dsg non adherent. Ⓑ hip dsg Δ'd, old packing & sero sang drainage noted. Pt now ambulating, vitals stable. [redacted] LAT,AN
5 OCT 03	0600		NAD. VERSED 5mg/hr VECURONIUM 5mg/hr & Fentanyl @ 150mcg/hr. D5NS c 20 meq KCl @ 75cc/hr. Pt c Sq Emphysema to Clavicular & cervical area. VSS. Pt not breathing over vent set rate. Will con't to monitor. [redacted] LCT,AN
5 OCT 03	0734		F_iO_2 ↓ 90% O_2 SAT 100% — [redacted] LCT,AN
5 OCT 03	0930		F_iO_2 ↓ 80% O_2 SAT 100% VSS. MINIMAL Sero-Sanguinous drainage from Ⓑ CT's — [redacted] LCT,AN
5 OCT 03	1025		↓ Versed to 4mg/hr & Vecuronium to 4mg/hr to ↑ BP. NAD NOTED VSS — [redacted] LCT,AN
5 OCT 03	1130		↓ F_iO_2 70%. SATS 100%. VSS [redacted] LCT,AN
5 OCT 03		1230	↓ F_iO_2 60%. SATS 97-99%. PT CONTINUES TO NOT Breath over set rate. CT Ⓑ c SMALL amount of Serous Sanguinous drainage. VSS [redacted] LCT,AN
5 OCT 03		1430	Assessment complete. Subq emphysema present. Gross inspiratory wheeze to Ⓓ lung fields & air leak present in CT Ⓑ. Pt paralyzed sufficiently - not overbreathing vent. Ⓑ drainage on dressings to Ⓓ leg or chest tube sights. Sats 98-100% on 60% F_iO_2. Eye drops to eyes Ⓑ for lubrication [redacted] LCT,AN
		1500	↓ F_iO_2 to 50% SaO_2 99% ↓ Versed to 2mg/hr for ↓BP Fentanyl d/c @ 1430 to 100 mcg/hr — [redacted] AN
		1700	↓ F_iO_2 to 40% pt positioned on Ⓓ side. Sats 96% [redacted] LCT,AN
		1800	↑ F_iO_2 to 50% Sats 93-95% on 40% F_iO_2. Pt rolled to back and suctioned. Ⓑ Sputum Scant. [redacted] LCT,AN
		1815	Pt lung sounds more diminished than previous assessment. Sats not improving much on 50% F_iO_2 94-95%. Dressing to LLQ and Ⓓ thigh changed @ 1600 Broad spectrum drsg on LLQ abd drsg. Minimal drng. on Ⓓ thigh drsg. Pt temp & BP [redacted] LCT,AN

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.) (D/C'd 1900 4 Oct)
14 ga	(R) AC	3 Oct 03	Patent ̄s S/Sx of infection/infiltration/0700
16 ga	(L) AC	3 Oct 03	Patent ̄s S/Sx of infection/infiltration/0700
Chest tube	(R)	4 Oct 03	Patent Ø air leak 0700
Chest tube	(L)	4 Oct 03	Patent Ø air leak 0700
NGT	(R) NARE	2 Oct 03	Patent to suction
18g	(L) HAND	6 Oct 03	

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 Oct 03
DOS	3 Oct 03
POD	3

24 HOUR DATA	
24 Hour Balance	(b)(6)-2 ~~+217~~ -1261
24 Hour Intake	(b)(6)-2 ~~2988~~ 2596
24 Hour Output	(b)(6)-2 ~~2777~~ 3857
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2
(b)(6)-2 ICT, A	
(b)(6)-2 [illegible]	
(b)(6)-2 [illegible]	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 [illegible] CPT AN	ICU	6 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

PUPIL SIZE

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 6 Oct 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		1					1				1			1				1				1		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		ETT					1 T				1 T			1 (4)				1 (4)				1		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		Purposeful					1				1			1				1				1		
GLASCOW COMA SCALE (A+B+C)		2T					3T				3T			3T				3T				3		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2+					2+				2+			2+				2+				2		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L		2+					2+				2+			2+				2+				2		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		P					P				S			P S				S				✱		
MOVEMENT (See Motor Function Scale at Top of Page) LUE		P					P				S			P S				S				✱		
MOVEMENT (See Motor Function Scale at Top of Page) RLE		P					P				S			P S				S				✱		
MOVEMENT (See Motor Function Scale at Top of Page) LLE		P					P				S			P S				S				✱		
GRIP (S) Strong (W) Weak (-) absent R		/					1				1			NA				NA				✱		
GRIP (S) Strong (W) Weak (-) absent L		/					1				1			NA				NA				✱		
RESPIRATIONS REGULAR		V					V				V			V				V				V		
RESPIRATIONS IRREGULAR		V					V				V			V				V				V		
RESPIRATIONS UNLABORED		U					U				U			U				U				U		
RESPIRATIONS LABORED		L					L				L			L				L				L		
RESPIRATIONS SHALLOW		S					S				S			S				S				S		
RESPIRATIONS RETRACTIONS		I					I				I			I				I				I		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		3					3				3			3				3				2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL		3					3/2				3/2			3/2				3/2				2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL		3					3				3			3/2				3/2				2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL		3					3/2				3/2			3/2				3/2				2		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES		1					1				1			1				1				2		
COUGH NONE		✓					✓				✓			✓				✓				✓		
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt		600					600				600			600				600				600		
VENTILATOR FiO2		50%					50				40			45%				45%				45		
VENTILATOR RATE (SIMV/CMV)		17					17				15			15				15				15		
VENTILATOR PEEP / CPAP		10					10				8			8				8				10		
VENTILATOR PRESS. SUPPORT		—																						
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
OXYGEN DELIVERY DEVICE NRBM (l/min)																								
ETT # 7.5 ETT 22 cm gums		✓					✓				✓			✓				✓				✓		
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH		✓																						
INITIALS		(b)(6)-2					(b)(6)-2				(b)(6)-2			(b)(6)-2				(b)(6)-2				(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	97.6 A	119	17/17	154/83	99	151/83	89										
0200		97	17/17		99	127/60	79										
0300	97.9 A	102	17/17		100	142/75	96										
0400		106	17/17		100	134/71	82										
0500	98.9	98	17/17		97	115/61	78										
0600	98.5 (A)	91	17/17		98	97/49	61										
0700		99	17/17		98%	126/63	85										
0800	98.4 (A)	112	17/17	129/71	96%	141/76	100										
0900	98.2 (A)	113	31	141/70	96%	140/71	95										
1000		115	37	126/59	92%	126/65	84										
1100	99 (A)	118	53*	141/69	83*	139/71	96										
1200	100 (A)	109	15	136/68	92	122/72	91	FiO_2 60%									
1300	99.2 (A)	117	15		91*	143/81	104										
1400	99.1 (A)	110	16/15	137/66	94	132/75	97	FiO_2 45%									
1500	100.1 (A)	110	15/15		94	134/76	98										ABG
1600	99.4 (A)	94	16/15		96	119/67	82										
1700	99.3 (A)	107	15/15		96	141/80	104										
1800	99.4 (A)	97	15/15	137/73	95	138/74	96										
1900	99.3 (A)	86	15/15		98	125/61	81										
2000	99.6 (A)	103	15/15		98	154/78	98										
2100		102	15/15		98	152/81	102										
2200	97.8	97	15/15		99%	155/82	110										
2300	99.4	102	15/15		99%	149/80	104										
2400	99.0	82	15/15		99%	143/71	90										

MEDICAL RECORD — NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
6 Oct 03	0200		Placed on (L) side. VS remain stable. Ø Signs of distress. F_iO_2 remains at 50%. O_2 Sat 99%. Cont. to monitor [b)(6)-2] cpt.bw
6 Oct 03	0430		Placed supine. Dressings changed. VSS. O_2 Sat 99%. Ø apparent distress. CTs x2 mod drainage. Ø drainage from NGT. [b)(6)-2] Cpt.bw
6 OCT 03	0630		PT ō Systolics in 90's, Diastolic in 40's. ↓ Versed to 2mg hr. NIBP 100's/40's. CT (R) ō minimal Serous Sanguinous drainage. See flowsheet for assessment. [b)(6)-2] LCT, RN
6 OCT 03	0700		BP 120-130's/50-60's ↑ Versed 3mg/hr. [b)(6)-2] LCT, RT
6 OCT 03	1130 ~~0930~~		INFORMED BY RT PEEP is @ Ø. Informed Dr [b)(6)-2]. PEEP placed on 8. Pt bucking vent ō ↑ RR 40-50's. DESAT into 70's-80's Bolused ō Approximately 20mg Versed in 5mg increments over 30 mins. Pt Sedated & F_iO_2 ↑ 100% SATS ↑ 95-97% RR ↓ 20's. Attempted to wean down F_iO_2 ō resultant ↓ O_2 Sats ↑ 80's. F_iO_2 placed on 60%. O_2 SATS 90-93%. Dr [b)(6)-2] informed. Placed on Vecuronium gtt @ 5mg/hr ρ 5mg bolus. Will Cont to monitor & ↓ F_iO_2 [b)(6)-2], LCT, RN
6 OCT 03		1300	VT 445%. Sats ↓ 88-89% @ 40% F_iO_2. Unable to start IV ρ 6 attempts. Dr [b)(6)-2] aware. Fentanyl @ 100mcg hr Versed @ 3mg/hr & Vecuronium @ 5mg/hr. VSS. [b)(6)-2], LCT, RN
6 OCT 03		1400	Assumed care. See flowsheet for details. Pt on (R) side. Ø skin breakdown noted. Pt paralyzed & sedated, ō NO evidence of pain/discomfort. VSS. Low grade fever. adequate UOP - clear yellow. Minimal NGT output on LIS from (R) nare. No air leaks noted in chest tube #1 or #2. Dressing to LLQ L thigh CDI. Staples on midline incision c S/S of infection - No drainage noted. Will continue to monitor [b)(6)-2]
		1530	Dressing to LLQ (L) thigh completed. Moderate drainage (serous) noted to LLQ dsg. No evidence of infection. Minimal serous drainage noted to L thigh [b)(6)-2]

	INTAKE									OUTPUT						
	D5½NS 20kcl	IVPB	Vecuronium	Fentanyl	Versed	A-line fluid	KCl	NS Flush	Total	Urine	NGT	CT #1	CT #2		Total	COMMENTS
0100			5/5	2/2	3/3	3/3	100/100			70/70						
0200			5/10	2/4	3/6	3/6	100/200			95/165						
0300			5/15	2/6	3/9	3/9	100/300			70/235						
0400			5/20	2/8	3/12	3/12	100/400			80/315						
0500	[illegible]		5/25	2/10	3/15	3/15	100/500			70/385	Ø/Ø	Ø/Ø	15/15			
0600	75/75	100/100	5/30	2/12	3/18	3/18	~~Ø~~			60/445						
0700	75/150		5/35	2/14	2/20	3/21				120/565						
0800	75/225	100/200	5/40	2/16	3/23	3/24	t·	10/10		200/765						
8 HR	225	200	40	16	23	24	500	10	8 HR 1038	765					8 HR 765	+273
0900	75/75		~~5/5~~	2/2	3/3	3/3				200/200						
1000	75/150		~~5/10~~	2/6	8/11	3/[illegible]				175/375						
1100	75/225		X	2/8	7/18	3/9				110/485						
1200	75/300	100/100	10/10	4/12	20/38	3/12		10/10		90/575		32/32	40/40			
1300	75/375		5/15	2/14	3/41	3/15				85/660	25/25	↓	↓			
1400	75/450		5/20	2/16	3/44	3/18				140/800						
1500	75/525		5/25	2/18	3/47	3/21				80/880						
1600	75/600	50/150	5/30	2/20	3/50	3/24				100/980						
8 HR	600	150	30	20	50	24			16 HR. 874	980	25	32	40		16 HR. 1077	-203
1700	75/75		5/35	2/22	3/53	3/23		10/10		80/80						
1800	75/150	100/100	5/10	2/4	3/6	3/6		20/30		110/190						
1900	75/225		5/15	2/6	3/9	3/9		10/40		100/290						
2000	75/300		5/20	2/8	3/12	3/12				100/390	450/450	35/35	20/20			
2100	75/375		5/25	2/10	3/15	3/15				160/550	↓	↓	↓			
2200	75/450		5/30	2/12	3/18	3/18				60/610	300/750	Ø/35	Ø/20			
2300	75/525	100/200	5/35	2/14	3/21	3/21				100/710	100/850	Ø/35	Ø/20			
2400	75/600	100/350	5/40	2/16	3/24	3/24		—/40		200/910	200/1050	Ø/35	Ø/20			(b)(6)-2
8 HR	300	350	40	16	24	24		40	24 HR (b)(6)-2	910	1050	35	20		24 HR 2015	~~+1011~~

~~1201~~ 1044

-971

(b)(6)-2

24° ~~901~~

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2					2				2			2				2				—		
	RADIAL L		2					2				2			2				2				—		
	DORSALIS PEDIS R		1					1				1			1				1				—		
	DORSALIS PEDIS L		2					2				2			2				2				—		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1 3 8					1 3 8				1 3 8			1 3 8				1 3 8				—		
EDEMA			*					cap				6cm			Generalized pitting				gen				—		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓					✓				✓													
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			SR					SVST				SR			ST				SR ST				—		
SWAN GANZ CATHETER (Zeroed & calibrated)								✓																	
ARTERIAL LINE (zeroed & calibrated)			✓					✓							✓				✓				—		
HYGIENE	BED BATH		✓																						
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST		✓					✓				✓			✓				✓				—		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT		✓																	✓					
	LEFT																	✓	✓						
	SUPINE							✓				✓			✓								✓		
	HOB 30 DEGREES							✓				✓			✓			✓	✓	✓			✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		UTA					UTA				UTA			UTA				UTA				—		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2					2				2			2				2				2		
BOWEL SOUNDS (active all quads)			+++					⊖				⊖			⊖				⊖				—		
NG / DOBHOFF PLACEMENT VERIFIED															✓				✓				—		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓					✓				✓			✓				✓				—		
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓				✓			✓				✓				—		
SKIN INTEGRITY	No Breakdown		✓					✓				✓													
midline incision	Surgical Wounds		✓					✓							✓				✓				—		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) lower abd			✓					✓				✓			✓				✓				—		
#2 (L) upper thigh Retered			✓					✓				✓			✓				✓				—		
#3 CT1 (R) chest								✓				✓			✓				✓				—		
#4 CT2 (L) chest								✓				✓			✓				✓				—		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
4Fr DL A-Line	(R) radial		CDI 10/7/03
20 gauge	(R) AC		Patent & S/Sx of infection or infiltration 10/7/03
18 gauge	(L) AC		Patent & S/Sx of infection or infiltration 10/7/03
NGT	(N) NARE		
PIV 18g	(R) wrist	10/7/03	Patent & S/Sx of infection or infiltration
PIV 18g	(R) wrist	10/7/03	Patent & S/Sx of infection or infiltration
PIV 18g	(R) wrist	7 Oct 03	Saline lock appears patent.

CRITICAL CARE FLOW SHEET

(b)(6)-4

LOS DATA	
DOA	03 Oct 03
DOS	03 Oct 03
POD	3

24 HOUR DATA	
24 Hour Balance	−997.5
24 Hour Intake	3737.5
24 Hour Output	4735
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 CPT	(b)(6)-2
(b)(6)-2 LCT AN	
(b)(6)-2 MAJ AN	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 CPT	ICU2	03 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		81	15/15	114/83	98%		88										
0200	99.5 (O) MAX	97	24/15	138/100	100%	128/72	93										VENT
0300	99.0 (O) MAX	90	23/15	/	98%	112/60	75										VENT
0400	99.2 (O) MAX	94	18/15	/	99%	135/74	94										VENT
0500	99.7 (O) MAX	94	19/15	/	99%	121/62	78										VENT
0600	100.0 (A)	101	22/15	137/69	98%	137/74	95										
0700		104	15/15	140/74	97%	165/87	112										
0800	99.3 (A)	94	22/15	137/65	96%	154/75	98										
0900		94	24/15	118/54	96%	123/63	82										
1000	99.4 (A)	82	16/16	122/61	97%	122/67	83										
1100		90	18/16	116/61	97%	119/65	81										
1200	100.0 (A)	111	23/16	122/57	98%	127/68	86										
1300	101.0	114	38/16	122/58	89%	126/67	85										
1400	101.0 (A)	119	25/25	105/54	92	108/58	73										
1500	101.6 (A)	111	25/25	102/54	94	111/62	76										
1600	101.1 (A)	103	25/25	107/57	94	102/56	70										
1700	100.3 (A)	99	25/25	119/63	99	119/68	84										
1800	100.7 (A)	100	25/25	110/62	97	110/64	78										
1900	100.5 (A)	100	23/23	118/66	97	111/68	82										
2000	100.0 (A)	107	26/20	122/82	88	124/81	95										
2100	98.2 (A)	106	38/20	123/76	92	131/83	98										
2200	97.8	111	40/20	128/86	98		102										
2300		95	19	/	95%	85/44											
2330						134/72											
2400	98.5	104	20		97%	163/92	113										

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 7 OCT 08

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		1					1				1			1			2	2				–		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		1					1 T				1			1			H	1T				–		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		1					1 1				1 T			4			4	4				–		
GLASCOW COMA SCALE (A+B+C)		7*					3T				3T			6			T	7T				–		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R							2+				2+			2+										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L							2+				2+			2+										
MOVEMENT (See Motor Function Scale at Top of Page) RUE		R/B					1				1			1			1	2				–		
MOVEMENT (See Motor Function Scale at Top of Page) LUE		R/B					1				1			1			2	2				–		
MOVEMENT (See Motor Function Scale at Top of Page) RLE		R/B					1				1			1			1	2				–		
MOVEMENT (See Motor Function Scale at Top of Page) LLE		R/B					1				1			1			2	2				–		
GRIP (S) Strong (W) Weak (-) absent R														UTA				UTA				–		
GRIP (S) Strong (W) Weak (-) absent L														UTA				UTA				–		
RESPIRATIONS REGULAR														V										
RESPIRATIONS IRREGULAR		*					X				X			E										
RESPIRATIONS UNLABORED														N										
RESPIRATIONS LABORED														T										
RESPIRATIONS SHALLOW																								
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		3					3/2				3		3	3				3				–		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL		3					3/2				3		3	3				2				–		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL		3					3				3		3	2				3				–		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL		3					3				3		3	2				2				–		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES		✓					1 ✓				1 ✓		✓	2				3				–		
COUGH NONE		✓					✓				✓		✓	✓				✓				✓		
COUGH SPONTANEOUS																								
COUGH PRODUCTIVE																								
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear														Ø										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt		600					600				600			600			600	600	600	600	600			
VENTILATOR FIO2		45%					HO				40			0.60			0.60	.60	.5	.45	.60			
VENTILATOR RATE (SIMV/CMV)		15					15				16			25			25	25	23	20	20			
VENTILATOR PEEP / CPAP		8					8				6			6			6	6	6	6	6			
VENTILATOR PRESS. SUPPORT		–												Ø										
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE FM (l/min)																								
OXYGEN DELIVERY DEVICE NRBM (l/min)							✓				✓													
ETT # 25 ETT 22 cm gums														✓			✓	✓						
ETT CARE / POSITION CHANGE							✓						✓											
ETT / NT SUCTIONED							✓						✓	✓			√8	√0						
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS	(b)(6)-2						(b)(6)-2				(b)(6)-2			(b)(6)-2			(b)(6)-2					(b)(6)-2		

	INTAKE									OUTPUT						
	D5NS20KCL	Versed	Fentanyl	Vec	TUPB	A-Line	Atvan	CR	Total	Urine	NG	Chest #1	Chest #2		Total	COMMENTS
0100	75/75	3/3	2/2	5/5	100/100	3/3				45/45	0/0	0/0	0/0			
0200	75/150	3/6	2/4	5/10	0/100	3/6				100/145	0/0	0/0	0/0			
0300	75/225	3/9	3/7	6/16	—/100	3/9				90/235	—/0	—/0	—/0			
0400	75/300	3/12	3/10	6/22	—/100	3/12				70/305	—/0	—/0	—/0			
0500	75/375	4/16	3/13	7/29	—/100	3/15				35/340	—/0	—/0	10/10			
0600	75/450	4/20	3/16	7/36		3/18				125/465						
0700	75/525	7/27	3/19	7/43	100/200	3/21				180/645						
0800	75/600	7/34	3/22	5.5/48.5	100/300	3/24				135/780						
8 HR	600	34	22	48.5	300	24			8 HR 1016.5	880					8 HR 880	196.5
0900	75/75	7/7	4/4	0/0		3/3				140/140						
1000	75/150	7/14	4/8			3/6				125/265						
1100	75/225	7/21	4/12			3/9				200/465						
1200	75/300	7/28	6/18		100/100	3/12				255/720						
1300	75/375	17/45	6/24			3/15				200/920	400/400	15/15	20/20			
1400	75/450	22/67	8/26			3/18				250/1170						
1500	50/500	13/80	5/31		100/200	3/21	1/1			140/1310						
1600	50/550	8/88	5/36			3/24	2/3			140/1450		15/30	15/35			
8 HR	550	88	36		200	24	3/901		16 HR 1917.5	1450	400	30	35	1915	16 HR 2795	-877.5
1700	50/50	8/8	5/5			3/3	2/2			160/160		15/15	5/5			
1800	50/100	8/16	5/10		100/100	3/6	2/4			140/300						
1900	50/150	8/24	5/15			3/9	2/6			170/470						
2000	50/200	6/30	4/19			3/12	2/8			180/650						
2100	50/250	6/36	4/23		21/121	3/15	2/10			170/820						
2200	50/300	8/44	4/27			3/18	2/12			160/980	450/450	30/45	25/30			
2300	50/350	8/52	4/31	4/0	100/221	3/21		1000/1000		150/1130	75/525	5/70	0/0			
2400	50/400	8/60	4/35	0/4	100/321	3/24				160/1290	25/550	0/70	0/0			
8 HR	400	60	35	4	321			1000	24 HR 1820	1290	550	70	30		24 HR 1940	

MEDICAL RECORD — NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS — Include medication and treatment when indicated
10/7/03	0745		NAD. VSS. ↑ VENT RR to 16. D/C'd Vecuronium q 1 hr. Albuterol MDI given by RT d/t Expiratory wheezing. Fentanyl 150 mcg bolus IV & ↑ Fentanyl gtt to 200 mcg/hr. ↓ IVF to 75 cc/hr. See flowsheet for assessment. [b)(6)-2] LCT, RT
10/7/03	0930		PEEP ↓ 6. VSS O_2 SATS > 95% [b)(6)-2] LCT, RT
10/7/03		1230	Pt agitated. Turning head side to side & pulling against restraints. Unable to verbally calm down. O_2 SATS ↓ Lows 80's Bolused c 10 mg Versed & notified Dr. [b)(6)-2] Pt bagged c BV. SATS ↑ 100%. Placed back on vent & Suctioned q moderate Secretions. Pt calm c 10-15 mins [b)(6)-2] LCT RT
10/7/03		1200 1230	(LATE ENTRY) IV's 18g started in (R) wrists. Patent & S/Sx of infection or infiltration. (R) AC IV's D/C'd c Caths intact & (-) S/Sx of infection or infiltration [b)(6)-2] LCT, RT
10/7/03		1315	Pt once again agitated. Thrashing in bed. Bolused c approximately 20 mg Versed & 200 mcg Fentanyl. BV d/t power outage. O_2 SATS >95%. PTD to Ventilator 100% FiO_2. MDI given. Will Continue to monitor [b)(6)-2] LCT, RT
7 Oct 03		1445	Ax Temp 101. MD notified → Tylenol prn ordered. Tylenol Supp 650 mg i PR given. [b)(6)-2] MP RN
7 Oct 03		1530	ETT suctioned c In-line catheter → ∅ secretions. [b)(6)-2] RN
7 Oct 03		1630	LLQ and (L) hip dsgs Δ'd. Small area of necrosis noted of inferior-medial subcutaneous tissue on LLQ wound. (L) hip/upper leg wound appears closed, ∅ drainage, left open to air. Pt opened eyes and withdrew to pain while packing abd wound. ETT suctioned for ∅ secretions. [b)(6)-2] RN
7 Oct 03		1700	Physician ordered for maintenance IV D5 1/2 NS c 20 mEq KCl per liter @ 50 cc/hr. Pharmacy is out of D5 1/2 NS, pt has D5 NS + 20 KCl @ 50 cc/hr hanging. MD aware. [b)(6)-2] MP RN
7 Oct 03		1845	Attempted to communicate c pt using interpreter. Pt turned head towards voice and attempted to open eyes (con't on attached sheet) [b)(6)-2]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	03 OCT03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+10
24 Hour Intake	3669
24 Hour Output	-3659
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and title)	Department/Service/Clinic	DATE
(b)(6)-2 LPN	ICU	080CT03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2				2					2			2				2				2		
	L		2				2					2			2				2				2		
	DORSALIS PEDIS R		2				1					2			2				1				2		
	L		Δ				2					2			2				2				Δ		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			1 3 8				1 3 8					1 5 8			1 3 8				1 5 8				1 3 8		
EDEMA			gen				gen					gen			gen				gen				gen		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			C				✓					✓			S.S2				S.S2				R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR				NSR ST					ST			ST				SR				NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)			✓				✓								✓				✓				✓		
HYGIENE	BED BATH									✓															
	FOLEY CARE		✓							✓									✓				✓		
	ORAL CARE						✓			✓		✓			✓				✓				✓		
MOBILITY	BEDREST		✓				✓					✓			✓										
	BSC																								
	DANGLE																								
	CHAIR											✓			✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE		✓				✓					✓			✓				✓				✓		
	HOB 30 DEGREES		✓				✓					✓			✓				✓				✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		★				VSA					SP			Pain				Pain				★		
	PAIN SCALE (1-10)											5			9/10				9/10						
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2				2					2			2				2				2		
BOWEL SOUNDS (active all quads)			LOW				HYP					HYP			HYP				absS				★		
NG / DOBHOFF PLACEMENT VERIFIED			✓				✓								✓				✓						
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓				✓					✓			✓				✓				✓		
VOIDING CLEAR, YELLOW URINE q.s.			✓				✓					✓											✓		
SKIN INTEGRITY	No Breakdown						✓					✓			✓										
	Surgical Wounds		✓				✓								✓				✓				✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L thigh DTA			✓				✓					✓			✓				✓				✓		
#2 ABD Incision + staples DTA			✓				✓					✓			✓				✓				✓		
#3 Chest tubes #1 & #2 CDI			✓				✓					✓			✓				✓				✓		
(L) IV, ABD CDI			✓				✓								✓				✓						

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A-Line	(R) wrist		CDI /0600 /1100 /1800
16G x 2	(R) hand	7 OCT	CDI /0600 /1100
18G x 2	(L) AC	7 OCT	CDI /0600 /1100
NGT	(R) NARE	3 OCT	Patent /0600 /1100 /1800
Central TLC	(L) subclavian	8 OCT 03	Patent all 3 lumen CDI RSB infection
18G PIV	(L) WRIST	7 OCT 03	CDI 1800

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		102	20	159/85			114										
0200	98.3	104	18	162/90	97%		115										
0300		104	23	165/93	96%		119										
0400	98.2	102	19	158/85	97%		111										
0500		95	16	153/76	96%		95										
0600	100.3(A)	100	16/16		98%	152/85	106										
0700		89	16/20		95%	125/72	88										
0800	100.4(A)	90	10/16		96	127/73	90										
0900		86	16/16		95	129/72	91										
1000	99(A)	101	16/19		98%	149/78	101										
1100		109	16/16		97%	125/73	89										
1200		108	16/16		95%	120/74	89										
1300	99.3(A)	108	16/18		100%	100/65	78										
1400		110	35/18		96%	97/57	69										
1500	99.4(A)	105	16/16		94%	105/63	77										
1600		94	16/16	103/57	96%	102/56	75										
1700	99.8(A)	96	10/16		97%	107/63	78										
1800		101	16/16		98%	112/65	81										
1900	99.7(A)	99	14/14		98	110/66	81										
2000	100.8(A)	101	14/19		97	108/64	79										
2100	99.9(A)	113	24/14		98	115/67	80										RT TX
2200	101.5(A)	113	19/12		96	124/70	79										
2300	101.6	109	19/12	110/52	96	121/69	86										
2400	101.8	109	14/12	117/58	97	116/68	109										

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

MOTOR FUNCTION

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

CHART CODES

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

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open			1				1					1			1				1				1		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response			1				1 T					1 T			1 T				1 T				1		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response			1				1					1			1				1				1		
GLASCOW COMA SCALE (A+B+C)			3T				3T					3T			3T				3T				✓		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		2+				2+					2+			2+				2+				2+		
	L		2+				2+					2+			2+				2+				2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		P				P/S					6			6				6				6		
	LUE		A									6			6				6				6		
	RLE		A									6			6				6				6		
	LLE		A									6			6				6				6		
GRIP (S) Strong (W) Weak (-) absent	R		S				P/S					6			6				4				6		
	L						P/S					6			6				6				6		
RESPIRATIONS	REGULAR		✓				V					V			V				V				V		
	IRREGULAR						e					X			e				E				e		
	UNLABORED		/				n					n			n				N				n		
	LABORED						+					+			+				I				+		
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		2				3/1					3			3/1				3/1				2/1		
	LUL		2				3					3/2			3/2				3/2				2/1		
	RLL		2				5					3			1				1				3/1		
	LLL		2				3					3			3				3				2/1		
	BOTH BASES		2				1					1			1				1				1		
COUGH	NONE		/				✓					✓			✓										
	SPONTANEOUS																		✓						
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt		600				600					600			600		750		800			850			
	FiO2		60				50					50			90		60		60			50			
	RATE (SIMV/CMV)		12				16					16			16		16		14			12			
	PEEP / CPAP		8				8					8			10		10		10			10			
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT # 7.5	NRBM (l/min)																								
	ETT 22 cm gums											22			✓		✓		✓				✓		
ETT CARE / POSITION CHANGE												✓													
ETT / NT SUCTIONED										✓	✓														
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS		(b)(6)-2				(b)(6)-2				(b)(6)-2					(b)(6)-2		(b)(6)-2		(b)(6)-2			(b)(6)-2			

MEDICAL RECORD

NURSING ES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
	0200		Cont no movement as result of medication for paralysis (see MAR), vitals within normal limits IV sites, to (L) AC, (R) hand; Art line to (R) wrist CDI, Incisions to ABD CDI, cont. suction to chest tubes, NG to LIS, vent continued c resp therapy to assist (see MAR for settings) Foley draining clear yellow urine — [b](6)-2
10/8/03	0730		Temp 100.3 (A) Medicated c Tylenol 650mg supp PR. DSNS @ 50 cc/hr. Fentanyl @ 200 mcg/hr, Versed @ 6 mg/hr & Vecuronium @ 7 mg/hr. FiO_2 @ 40%. O_2 SATS 95%. (R) CT's c minimal serosanguinous drainage @ dressing & air leak. See flowsheet for assessment. — [b](6)-2 , LCT RN
10/8/03	1030		Bronchoscopy performed by DR's [b](6)-2 Thick brown secretions aspirated c suction & copious amounts of NS lavages. Pt tolerated procedure well. FiO_2 kept @ 100% to allow pt to recover well. Will cont to monitor & titrate ↓ FiO_2 appropriately. VSS. — [b](6)-2 , LCT,
10/8/03		1130	Pt c break in skin in scrotal area (size). Area cleaned. Turned to (R) side. VSS. Will cont to monitor [b](6)-2 LCT RN
		1600	Current Addition Fent 200 mcg/hr Versed 6 mg/hr Vecuronium 7 mg/hr. Vivonex fed @ 10 cc/hr residual vol was zero. Kcl infusion @ 25 cc/hr to TLC. Chest tube #2 seems dang Chest tube #1 draining as well. — [b](6)-2 MAW
		1630	Pt turned to (L) side dressing ▷ complete [b](6)-2 MAW
		1800	Assumed care. Pt turned to supine @ 1855. Proper body alignment maintained Will continue to monitor — [b](6)-2 MW
		1805	↓ FiO_2 to 50%, ↓ RR to 12 per DR [b](6)-2 [b](6)-2
		2120	↑ Tvol to 850 per DR [b](6)-2
		2200	No change from previous shift assessment, Tube feedings via NG cont. as ordered via NG tube, ventilation cont. as Ordered, lung sounds diminished all lobes c wheezing, IV fluids infusing via central line to (L) subclavian as Ordered, HL to (L) wrist CDI, Art line zeroed to (R) wrist, Incision c staples dry & OTA, Dressings to chest tube sites CDI. [illegible] lower ABD right [illegible]

	INTAKE									OUTPUT						
	D5NS c 20 KCL	Fentanyl	Versed	Vecuronium	IVPB	Vivonex	KCl		Total	Urine	NG	Chest #1	Chest #2	Residual NGT	Total	COMMENTS
0100	50 / 50	4 / 4	4 / 4	4 / 4						100 / 100	200 / 200	Ø	Ø			
0200	50 / 100	4 / 8	4 / 8	4 / 8						100 / 200	Ø	Ø	Ø			
0300	50 / 150	4 / 12	4 / 12	4 / 12						140 / 340	Ø	Ø	Ø			
0400	50 / 200	4 / 16	4 / 16	4 / 16						100 / 440	100 / 300	Ø	Ø			
0500	50 / 250	4 / 20	4 / 20	4 / 20						160 / 600	100 / 400	5	Ø			
0600	50 / 300	4 / 24	4 / 24	4 / 24						125 / 725	~~400~~ / 400	0 / 5	0 / 0			
0700	50 / 350	6 / 30	4 / 28	9 / 31	100 / 100					105 / 830						
0800	50 / 400	8 / 38	6 / 34	7 / 38	100 / 200					120 / 950						
8 HR	400	38	34	38	200				8 HR. 710	954	400	5	0		8 HR 1359	~~-649~~
0900	50 / 450	8 / 8	6 / 6	7 / 7						80 / 80						
1000	50 / 500	8 / 16	6 / 12	7 / 14						85 / 165						
1100	50 / 550	16 / 32	6 / 18	7 / 21						130 / 295						
1200	50 / 600	8 / 40	6 / 24	7 / 28						75 / 370						
1300	50 / 650	8 / 48	6 / 30	7 / 35						65 / 435	400 / 400	95 / 95	40 / 40			
1400	50 / 700	8 / 56	6 / 36	7 / 42						80 / 515						
1500	125 / 825	8 / 64	6 / 42	7 / 49						65 / 580						
1600	125 / 950	8 / 72	6 / 48	7 / 56	100	10	25		1261	65 / 645					1180	
8 HR	950	72	48	56	100	10	25		16 HR. 1971	645	400	95	40		16 HR. 2539	-568
1700	125 / 125	8 / 8	6 / 6	7 / 7		10 / 10	25 / 25			80 / 80						
1800	125 / 250	8 / 16	6 / 12	7 / 14	100 / 100	10 / 20	25 / 50			120 / 200						
1900	125 / 375	8 / 24	6 / 18	7 / 21		10 / 30	25 / 75			160 / 360						
2000	125 / 500	8 / 32	6 / 24	7 / 28		10 / 40	25 / 100			90 / 450				25 / 25		
2100	125 / 725	8 / 40	6 / 30	7 / 35		10 / 50	25 / 125			100 / 550		80 / 80	15 / 15	- / 25		
2200	125 / 850	8 / 48	6 / 36	7 / 42		10 / 60	25 / 150			110 / 660	Ø	Ø	Ø	Ø		
2300	125 / 975	8 / 56	6 / 42	7 / 49		10 / 70	50 / 200			120 / 780		Ø	Ø	Ø		
2400	125 / 1100	8 / 64	6 / 48	7 / 56		10 / 80	50 / 250		1698	220 / 1000		Ø	Ø	10	1120	
8 HR	1100	64	48	56	100	80	250		24 HR. 3669	1000		80	15	25	24 HR 3659	

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
NG tube	@ nasal		
TLC	@ subclavian	DC'd	
18 gage	@ wrist		
A-Line	@ radial		

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	03Oct03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+3820
24 Hour Intake	6180
24 Hour Output	-2360
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 LPN	(b)(6)-2
(b)(6)-2 SPC 91WMC	
(b)(6)-2	
(b)(6)-2 MAJ AN	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	09Oct03

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		106	12/12	105/58	97	114/58	81										
0200	101.1	110	12/12	111/56	96	113/69	82										
0300		110	12/12	116/46	97	113/65	82										
0400	101.8	104	12/12	107/56	99	118/66	84										
0500		107	12/12	115/71	100%	117/68	82										
0600																	
		103	12/12	118/58	100%	114/66	81										
0700	100.8	105	12/12	113/59	100%	112/70	81										
0800		100	12/12	114/60	100%	117/60	81										
0900		106	12/12	108/59	100%	108/62	78										
1000		109	17/10	130/77	97%												
1100	101	107	20/10	136/76	99%	140/70	100										
1200		115	11/10	135/76	98%	134/74	106										
1300		120	10/10	124/70	100%	114/51	89										
1400	100.6 (A)	123	15/15	116/63	95	116/62	78										
1500	100.5 (A)	116	13/15	113/60	99	114/58	77										
1600	101.3 (A)	102	16/12	120/64	100	105/70	84										
1700	100.5 (A)	114	12/12	110/65	100	116/64	81										
1800	100.1 (A)	106	14/12	112/65	99	117/65	80										
1900	100.8 (A)	102	20/12	133/71	99	125/67	85										
2000	99.1 (A)	95	12/12	121/64	99	124/60	77										
2100	100.6 (A)	101	16/10	132/61	100	130/66	85										
2200	100.2	98		124/54	100												
2300	100.2	102		124/58	100												
2400		105	24/12	109/54	98%	104/96											

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

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			1				1					1			1				4				1		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			1				1					1			1				ETT 1				1		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			1				1					1			3		1		4				1		
GLASCOW COMA SCALE (A+B+C)			3				3					3			5				9				3		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		2+				2+					2+			2-3 +								2+		
	L		2+				2+					2+			2-3 +								2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		6				6					6			2				2				6		
	LUE		6				6					6			2				2				6		
	RLE		6				6					6			2				2				6		
	LLE		6				6					6			2				2				6		
GRIP (S) Strong (W) Weak (-) absent	R		6				6					6			6				8				6		
	L		6				6					6			6				8				6		
RESPIRATIONS	REGULAR		✓				✓					✓			✓				✓				✓		
	IRREGULAR																								
	UNLABORED		✓				✓					✓			✓				✓				✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		1/2				3					3			3				3				3		
	LUL		1/2				3					3			3				3				3		
	RLL		1/2				3/1					3/1			3				3				3		
	LLL		1/2				3					3			3				3				3		
	BOTH BASES		✓				✓					✓			✓				✓				✓		
COUGH	NONE																								
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																			2			1			
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																			2			2			
VENTILATOR	Vt		850				850					500			1000	1000	1000		1000	1000					
	FiO2		50				50					40			60	40	40		40	40					
	RATE (SIMV/CMV)		12				12					10			15	12	12		12	10					
	PEEP / CPAP		10				10					10			10	10	10		10	8					
	PRESS. SUPPORT														Ø	Ø	Ø		Ø	Ø					
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums		✓				✓					✓			✓				✓				✓		
ETT CARE / POSITION CHANGE			✓				✓					✓			✓				✓				✓		
ETT / NT SUCTIONED																						✓			
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS			(b)(6)-2				(b)(6)-2					(b)(6)-2			(b)(6)-2				(b)(6)-2						

	INTAKE									OUTPUT						
	D5NS 20KCl	versed	vivonex	vecuronium	fentanyl	IVPB	BLOOD	Total		urine	chest 1	chest 2	residual NG tube	Total		COMMENTS
0100	125 125	6 6	10 10	7 7	8 8					140 140	0 0	0 0	0 0			
0200	125 250	6 12	10 20	7 14	8 16					120 240	0 0	0 0	0 0			
0300	125 375	6 18	10 30	7 21	8 24					100 340	0 0	0 0	0 0			
0400	125 500	6 24	10 40	7 28	8 32					100 440	0 0	0 0	20 20			
0500	125 625	6 30	10 50	7 35	8 40					100 540	0 0	0 0	20 40			
0600	125 750	6 36	10 60	7 42	8 48					100 640	0 0	0 0	20 60			
0700	125 875	6 42	10 70	7 49	8 56	100 100				110 750	0 0	0 0	20 80			
0800	125 1000	6 48	10 80	7 56	8 64	50 150				160 910	25 25	0 0	40 120			
8 HR	1000	42	80	56	64	150		8 HR 1392		910	25	0	120		8 HR 1015	+377
0900	125 125	6 6	20 20	7 7	8 8					170 170	0 0	5 5	0 0			
1000	125 250	8 14	20 40	7 14	8 16					100 270	0 0	0 5	0 0			
1100	125 375	8 22	20 60	7 21	8 24					110 380	15 15	0 5	0 0			
1200	125 500	8 30	20 80	7 28	8 32					140 520	35 50	0 5	10 10			
1300	125 625	8 38	20 100	0 28	8 40					140 660	0 50	0 5	0 10			
1400	125 750	4 42	0 100	0 28	4 44					100 760						
1500	125 875	2 44	20 120	0 28	1 45	1000cc NS 1000				100 860						
1600	125 1000	2 46	20 140	0 28	1 46	50 1050		2310		250 1010						
8 HR	1000	46	140	28	46	1050		16 HR 3701		1010	50	5	10		16 HR 2090	
1700	125 125	2 2	20 20	0 0	1 1					100 100						
1800	125 250	2 4	20 40	0 0	1 2	100 100				300 400						
1900	125 375	2 6	20 60	0 0	1 3	150 250	blood 400 400			180 580						
2000	125 500	2 8	20 80	0 0	1 4					350 730						
2100	125 625	2 10	20 100	0 0	1 5					200 1139	60 60	15 15				
2200	125 750	2 12	20 120	3 3	1 6					200 1339						
2300	125 875	2 14	20 140	3 6	1 7	25 50	300 400			200 1539	25 25	0 0				
2400	125 1000	2 16	20 160	3 9	1 8	60 110		2478		160 1699	0 25	0 0	10 10		220	
8 HR	1000	16	160	09	8	85	400	80	24 HR 6180	160	85	15	10		24 HR 2360	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
9Oct03	0200		Non movement of pt, paralysis (see MAR), fen edema noted, Ø Bowel sounds heard to ABD, NG tube & tube feedings as ordered, TLC to Ⓒ subclavian & IV fluids as ordered, A-line to Ⓡ wrist zeroed, HC 1% to Ⓒ wrist CDI, cont suctioning to chest tubes #1 & 2, incision to ABD OTA & staples CDI, Dressing to L ↓ ABD CDI, Incision to Ⓒ thigh OTA, will cont to monitor pt while on vent as ordered [b)(6)-2]
	0600		received pt this AM; NAD; assessment completed; Ⓒ subclavian flushed w/o difficulty; will cont to monitor
	0745		A-line tubing & NS Δ'd; break down to Ⓡ hand from moisture; coban used to hold A-line in place so that hand will get more air [b)(6)-2]
	0815		vent settings Δ'd to TV 950 mL, FiO_2 40%, PEEP @ 10, rate 12; tube feeding increased to 20 cc/hr, [b)(6)-2]
	1030		Vecuronium decreased to 3 mg/hr; will cont to monitor [b)(6)-2]
	1300		Vecuronium turned off; will cont to monitor [b)(6)-2]
9Oct03		1420	Versed ↓ to 2 mg/hr; Fentanyl ↓ to 50 μ/hr [b)(6)-2] MAJ AN
		1430	500 cc LR bolus IV given, 1000 cc [b)(6)-2] MAJ AN
		1630	Vent settings Δ'd per Dr. [b)(6)-2] A/C - 12, VT 1000 cc, FiO_2 - 40%, PEEP - 10. Ⓞ sats > 95%, RR 18, A-line positional. NG tube position √'d; 10 cc residual - replaced. Tube feedings (Vivonex) cont @ 20 cc/hr. ETT cuff inflated, HOB elevated. Temp @ 1600 was 101.3 Ⓐ → Ty, bed Supp 650 mg PR given @ 1615. Versed @ 2 mg/hr; Fentanyl @ 25 μ/hr, Vec Ø d/c'd. Pt moving all extremities spontaneously & opening eyes. Follows no commands. [b)(6)-2] MAJ AN
		1830	Appears more awake, opening eyes spontaneously. Shaking head "yes" and "no" appropriately per interpreter. Moves all extremities but followed no commands. Turns head to voice. 1 unit PRBCs hung @ 1730 in Ⓓ SCV triple lumen. No transfusion reactions noted this pm. See flow sheet (DA 4700 pp 132-116) for vitals. [b)(6)-2] MAS AN

CRITICAL CARE FLOW SHEET

(b)(6)-4

LOS DATA	
DOA	03 Oct 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	-115
24 Hour Intake	4493
24 Hour Output	4608
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

(b)(6)-2	Department/Service/Clinic	DATE
	ICU	10 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		STP				2				2				2				—				STP		
	L		2				2				2				2				—				2		
	DORSALIS PEDIS R		2				2				2				2				—				2		
	L		2				2				2				2				—				2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8				1 3 8				1 3 8				1 3 8				—				1 3 8		
EDEMA			*				Gen				Gen				GEN				—				*		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓				✓				✓				✓				—				✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			SR				SR ST				SR				SR				—				ST		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)			✓				✓				✓				✓				—				✓		
HYGIENE	BED BATH										✓														
	FOLEY CARE		✓								✓				✓				—				✓		
	ORAL CARE										✓														
MOBILITY	BEDREST		✓				✓				✓				✓				—				✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT										✓														
	LEFT																								
	SUPINE						✓																		
	HOB 30 DEGREES		✓				✓				✓				✓				—				✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)			*				SRA																		
PAIN	PAIN FREE		STP								ST*				✓				—				STP		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2				2				2				2				—				2		
BOWEL SOUNDS (active all quads)			x4				HYPO				HYPO				Hyper				—				x4		
NG / DOBHOFF PLACEMENT VERIFIED							✓				✓														
RESIDUAL ASSESSED					✓		14cc				12cc														
Ph																									
FOLEY CATHETER PATENT			✓				✓				✓				✓				—				✓		
VOIDING CLEAR, YELLOW URINE q.s.			✓				AMBER				AMBER												✓		
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)											✓														
#1 Incision ABD OTA Staples			✓				✓				✓				✓				—				✓		
#2 Chest tube #1 ☆ CDI			✓				✓				✓				✓				—				✓		
#3 ℄ ↓ ABD CDF			✓				✓				/				✓				—				✓		
℄ thigh OTA Incision			✓				✓				/				✓				—				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
NG tube	℞ nostril		CDI 1600/1000
A-line	@ radial		CDF 1600/1000
TLC	℄ subclavian		CDI 1600/1000

PUPIL SIZE **PUPILS**

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 10 OCT 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		1				1				1				4				–				4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		1				1/T				1/T				5				–				5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		1				1				1				6				–				6		
GLASCOW COMA SCALE (A+B+C)		3				3T				3T				15				–				15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R						5+				3+				13				–				13		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) L						5+				3+				13				–				13		
MOVEMENT (See Motor Function Scale at Top of Page) RUE		6				6				6				5				–				5		
MOVEMENT (See Motor Function Scale at Top of Page) LUE		6				6				6				5				–				5		
MOVEMENT (See Motor Function Scale at Top of Page) RLE		6				6				6				5				–				5		
MOVEMENT (See Motor Function Scale at Top of Page) LLE		6				6				4				5				–				5		
GRIP (S) Strong (W) Weak (-) absent R		–				6				4				5				–				5		
GRIP (S) Strong (W) Weak (-) absent L		–				6				4				5				–				5		
RESPIRATIONS REGULAR		✓																						
RESPIRATIONS IRREGULAR																								
RESPIRATIONS UNLABORED																								
RESPIRATIONS LABORED		✓																				✓		
RESPIRATIONS SHALLOW						Vent				Vent				✓				–				✓		
RESPIRATIONS RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		3				3				3				3				–				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LUL		3				3				3				3				–				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RLL		3				3				3/1				3				–				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished LLL		3				3				3/1				3				–				3		
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished BOTH BASES		1				1				1				1				–				✓		
COUGH NONE		✓				✓				✓				✓										
COUGH SPONTANEOUS																		✓				✓		
COUGH PRODUCTIVE																		✓				✓		
COUGH NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear		1																1				1		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin		1																				3		
VENTILATOR Vt		600				600				600														
VENTILATOR FIO2		40				40				40														
VENTILATOR RATE (SIMV/CMV)		10				10				10														
VENTILATOR PEEP / CPAP		6				6				5														
VENTILATOR PRESS. SUPPORT		–																						
SIMV																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
OXYGEN DELIVERY DEVICE VM (l/min) VM 40%														✓				–						
ETT # 7.5 NRBM (l/min)																								
ETT 22 cm gums										✓														
ETT CARE / POSITION CHANGE										✓														
ETT / NT SUCTIONED		✓							✓															
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																						✓		
INITIALS	(b)(6)-2				(b)(6)-2				(b)(6)-2				(b)(6)-2				(b)(6)-2				(b)(6)-2			

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		99	20	108/48	99%	111/47	71										
0200	99¹	102	29	~~118/60~~ error	99	119/60	74	—	—	—	—	—	—	—	—	—	Vent
0300	99²	95	15	/	100	109/53	78	—	—	—	—	—	—	—	—	—	Vent
0400	99¹	92	18	/	100	108/52	66	—	—	—	—	—	—	—	—	—	Vent
0500	98⁸	90	12	/	100	105/49	66	—	—	—	—	—	—	—	—	—	Vent
0600	98⁵(A)	97	0/15		99%	112/56	73										
0700		97	19/16		99%	138/66	85										
0800	98⁸(A)	94	19/21		100	136/66	85										
0900		94	19/17		100%	135/64	82										
1000		101	19/28		99%	149/75	95										
1100	99⁵(A)	103	16/28		99%	141/70	88										
1200		105	19/48		100%	135/65	88										
1300	100⁷(A)	100	40		99	141/71	92		T-Piece								
1400	99²	100	32		100	150/64	87				↓						
1500		92	28		~~100%~~	124-68	88			VM	40%						
1600		96	30		100	140-66											
1700		93	16		100	126-71	86										
1800	98³	86	33		100%	137-65	85										
1900		80	28		100	140-65	87										
2000	99³	87	36		100	133-68	86										
		~~81~~	~~28~~			~~122-54~~	72										
2100		81	28		100	122-54	72			VM	40%						
2200																	
~~2245~~	99⁵	91	28	/	~~95%~~	141/63	84	—	—	—	—	—	—	—	—	—	(b)(6)-2
2300		85	33	/	96%	123/54	73	—	—	—	—	—	—	—	—	—	
2400	99⁶	89	34	/	~~94%~~	134/67	86	—	—	—	—	—	—	—	—	—	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10/10/03	0630		Well sedated. D5NS c̄ 20KCl @ 125cc/hr, Fentanyl 75mcg/hr
			VERSED 2mg/hr. Vivonex NGT Feeding @ 20cc/hr. VSS
			See flow sheet for assessment. [redacted] LCT/...
10/10/03		1325	Placed on T-PIECE blow by c̄ 40% O2. Maintained Sats
			>98%. HR & BP stable. RR 20-40's. Pt restless. Propofol
			turned off Fentanyl ↓ 25mcg/hr & Versed ↓ 1mg/hr.
			Vivonex turned off & NGT placed on ILWS Temp 100 (Ax)
			Medicated c̄ Tylenol 650mg Supp PR. [redacted] LCT/...
10/10/03		1330	Pt extubated & placed on 40% VM. O2 SATS >97%.
			NGT DC'd. Fentanyl & Versed turned off. VSS [redacted] LCT/...
		1430	Extubated c̄ VM @ 40% sat's 99% Responds to
			to interpreter question. ABG done. MD notified of
			results. CT Dressing Changed by MD tolerated
			well. See DA Form 4700 for assessment.
			Will cont to monitor per cardiac.
			[redacted]
		1620	OOB to w/c tolerated needed lots assistance with
			move. Translator at the bedside explain what
			was going on. [redacted]
		1800	Back to bed tolerated well. ABG done results
			shown to MD [redacted] [redacted]
		1815	MSO4 given for pain
		1825	Resting well NAD. Dressing D's done at
			this time. Tolerated well. [redacted]
		2000	Moving about in bed. HOB 30° VM in place. Remains
			to C.B. Will cont to monitor. [redacted]
10Oct03		2200	Assumed pt., pt supine c̄ HOB elevated NAD — [redacted]
		2350	Assessment complete, monitors on. ID bracelet @ wrist,
			PSO2 probe Ⓛ hand, A-line to Ⓡ wrist, D5NS to triple lumen
			central line cath, ventric... CBS, moves ext x4, c/o
			pain to chest c̄ moaning, L/R bilateral CT no... , gauze
			bandaging c̄ tape CDT. Ⓡ hand pedaling around A-line

	INTAKE									OUTPUT						
	D5NS c 20 KCl	Versed	Fentanyl	VEC	Vivonex	propofol	TUPS	Flush A-line	Total	Urine	Chest 1	Chest 2	NGT		Total	COMMENTS
0100	125 / 125	2 / 2	1 / 1	3 / 3	20 / 20	60 / 60			3 / 3	180 / 180	Ø	Ø				
0200	125 / 250	2 / 4	1 / 2	3 / 6	20 / 40	60 / 120			6 / 6	170 / 350	Ø	Ø				
0300	125 / 375	2 / 6	1 / 3	3 / 9	20 / 60	60 / 180			3 / 9	120 / 470	Ø	Ø				
0400	125 / 500	2 / 8	1 / 4	3 / 12	20 / 80	60 / 240		20	3 / 12	180 / 650	–	Ø				
0500	125 / 625	2 / 10	1 / 5	3 / 15	20 / 100	60 / 300	–	20	3 / 15	170 / 820	–	Ø				
0600	125 / 750	2 / 12	1 / 6		20 / 120	60 / 360			3 / 18	175 / 995						
0700	125 / 875	2 / 14	1 / 7		20 / 140	60 / 420	100 / 100		3 / 21	115 / 1110						
0800	125 / 1000	2 / 16	2 / 9		20 / 160	60 / 480	50 / 150		3 / 24	220 / 1330						
8 HR	1000	16	9		160	480			8 HR. 1665	1330					8 HR 1330	+335
0900	125 / 125	2 / 2	2 / 2		20 / 20	60 / 60	150 / 150	20 / 20	3 / 27	240 / 240						
1000	125 / 250	2 / 4	2 / 4		20 / 40	40 / 100			3 / 30	120 / 420						
1100	125 / 375	2 / 6	2 / 6		20 / 60	40 / 140			3 / 33	160 / 580						
1200	125 / 500	2 / 8	2 / 8		20 / 80	40 / 180	100 / 250	10 / 30	3 / 36	190 / 770						
1300	125 / 625	1 / 9	1 / 9		0 / 80	0 / 180			3 / 39	190 / 960	20 / 20	20 / 20	150 / 150			
1400	125 / 750	0	0		0	0				310 / 1270						
1500	125 / 875									210 / 1480						
1600	125 / 1000						50 / 300			200 / 1680						
8 HR	1000	9	9		80	180	300		16 HR. 1518	1680	20	20	150		16 HR. 1870	+292
1700	125									300						
1800	125 / 250						100 / 100			200 / 500						
1900	125 / 375									100 / 600						
2000	125 / 500									120 / 720						
2100	125 / 625									278 / 998						
2200	125 / 750									100 / 1098						
2300	125 / 875						50 / 150			100 / 1198						
2400	125 / 1000						100 / 250			210 / 1408						
8 HR	1000						250		24 HR. 1250	1408					24 HR 1408	−158

−115

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	02 MAR Oct 03
DOS	02 MAR Oct 03
POD	MAR 9

24 HOUR DATA	
24 Hour Balance	+224
24 Hour Intake	4809
24 Hour Output	2585
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 9 Nov 03	(b)(6)-2
(b)(6)-2 LCT	
(b)(6)-2 MAJ AN	

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

PREPARED BY (Signature and Title)
(b)(6)-2 SPC 9 Nov 03

Department/Service/Clinic: ICU

DATE: 11 Oct 03

...TION (*For typed or written entries give: Name-last, first, Middle; grade;date; hospital or medical facility)*

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R			2				2				2			2				2						2
	RADIAL L			2				2				2			2				2						2
	DORSALIS PEDIS R			2				2				2			2				2						2
	DORSALIS PEDIS L			2				2				2			2				2						2
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale				1 3 8				1 3 8				1 3 8			1 3 8				1 3 8						1 3 8
EDEMA				1				Gen				Gen			gen				gen						1
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				✓				✓			✓				✓						✓
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				SR				SR				SR			SR				SR						SR
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)				✓				✓				✓			✓				✓						
HYGIENE	BED BATH																	* HALF WASH							
	FOLEY CARE			✓																					✓
	ORAL CARE							✓																	
MOBILITY	BEDREST			✓				✓				✓			✓										✓
	BSC																								
	DANGLE																								
	CHAIR																	✓	✓						
POSITIONED	RIGHT																								
	LEFT							✓				✓			✓					✓					✓
	SUPINE							✓				✓			✓				✓	✓					✓
	HOB 30 DEGREES			✓				✓				✓			✓			✓	✓	✓					✓
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)			—																						
PAIN	PAIN FREE											✓				+			+	+					✓
	PAIN SCALE (1-10)			VTA												OTA			VTA						
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended			2				2				2			2				2						2
BOWEL SOUNDS (active all quads)				x4				HYP				✓			✓				✓						x4
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓				✓				✓			✓				✓	✓					✓
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				✓			✓amber										✓
SKIN INTEGRITY	No Breakdown																								
MID LINE AND STAPLES	Surgical Wounds							✓				✓			✓				✓						✓
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (1) lower abd				✓				✓				✓			✓				✓						✓
#2 Midline incision OTA				✓				✓				/			✓				✓						✓
#3 L/R CT #1 & #2				✓				✓				/			✓				✓						✓
(2) Thigh OTA				✓				✓				/			✓				✓						✓

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
TLC	(2) subclavian		Intact, patent 0700/1100/2400
A-line	(2) radial		CDI 0700/1100
Foley	Groin		Intact, patent 0700/1100/2200

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 11 OCT 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		82	30	124/62	96	/	85										(b)(6)-2
0200	99.2	87	46	12 /	94	133/59	81										
0300		85	34	/	95	130/60	79										
0400	99.2	80	35	124/62	95	125/58	85 NIBP										
0500		88	36	/	98	134/63	84										
0600	98.7 (A)	87	41		95	131/58	83										
0700		85	49		97	132/62	83										
0800		83	33		94%	130/60	83										
0900		87			96%	142/74	96										
1000	99.3 (A)	80	29		98%	120/56	75										
1100		76	26		98%	122/57	76										
1200		77	31		96%	124/58	77										
1300	99.5 (A)	78	28		98%	122/56	75										
1400	99.7 (C)	78	28		97	121/55	72										
1500		74	25		98	124/55	74										
1600		69	21		99	117/55	74										
1700	99.3 (A)	80	22	108/55	100												
1800		84	19	117/60	98												
1900																	
2000																	
2100																	
2200	/	71	20	/	99	/	/										(b)(6)-2
2300																	
2300	/	69	19	/	99	/	/										(b)(6)-2
2400	98.6	68	24	107/52	99	/	74										

	INTAKE								OUTPUT				
	D5NS/20KCl	IVPB/Bolus	A-line	PO				Total	Urine	BM	CT #1	CT #2	Total
0100	125 / 125		3 / 3						210 / 210				
0200	125 / 250		3 / 6						195 / 405				
0300	125 / 375		3 / 9						180 / 585				
0400	125 / 500		3 / 12						150 / 735				
0500	125 / 625		3 / 15						130 / 865				
0600	125 / 750		3 / 18						115 / 980				
0700	125 / 875	100 / 100	3 / 21						140 / 1120				
0800	125 / 900	100 / 200	3 / 24						155 / 1275				
8 HR	900	200	24					8 HR 1124	1275				8 HR 1395 # 271
0900	125 / 125		3 / 3						180 / 180				
1000	125 / 250		3 / 6						80 / 260				
1100	125 / 375		3 / 9						140 / 400				
1200	125 / 500	100 / 100	3 / 12						75 / 475				
1300	125 / 625		3 / 15	400 / 400					60 / 535	25 / 25	23 / 23		
1400	125 / 750		3 / 18	120 / 520					65 / 600				
1500	125 / 875	100 / 200	3 / 21						40 / 640				
1600	125 / 1000	80 / 280	3 / 24	30 / 550				1774	60 / 700	15 / 40	10 / 33		
8 HR	1000	280	24	550				16 HR 2898	700	40	33	77	16 HR 2168 + 730
1700	125 / 125		3 / 3						40 / 40				
1800	125 / 250	100 / 100	3 / 6	120 / 120					45 / 85	20 / 20	6 / 6		
1900	125 / 375	500 / 600	3 / 9						21 / 106				
2000	125 / 500		2 / 11	30 / 150					34 / 140				
2100	125 / 625	0 / 600	0 / 11	0 / 150					80 / 220	0 / 20	4 / 10		
2200	125 / 750	— / 600	— / 11	— / 150					95 / 315	— / 20	— / 10		
2300	125 / 875	50 / 650	— / 11	— / 150					32 / 347				
2400	125 / 1000	100 / 750	— / 11	— / 150					40 / 387				
8 HR	1000	750	11	150				24 HR 7	1	20	10		24 HR 1149 + 1493

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R				2					2					2				2				2		
	L				2					2					2				2				2		
	DORSALIS PEDIS R (Post Tib)				2					2					2				1				2		
	L				2					2					2				2				2		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale					1 3 8					1 3 8					1 3 8				1 3 8				1 3 8		
EDEMA					—					Gen					Gen				Gen				—		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓					✓					S1S2				S1,S2 ✓				✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)					SR					SR					SR				NSR				SR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST				✓					✓													✓		
	BSC																								
	DANGLE																								
	CHAIR														✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE				✓					✓					✓										
	HOB 30 DEGREES				✓					✓					✓				✓				✓		
FALLS PROTOCOL INITIATED																			✓				✓		
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)					—																				
PAIN	PAIN FREE									✓					PR								*		
	PAIN SCALE (1-10)				✓														✓				✓		
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended				2					2					2				2				2		
BOWEL SOUNDS (active all quads)					x4					✓					x4				x4				x4 hypo		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT										✓															
VOIDING CLEAR, YELLOW URINE q.s.					Amber					Dark Amber					✓				✓				✓		
SKIN INTEGRITY	No Breakdown				✓																				
Midline incision	Surgical Wounds				✓					✓					✓				✓				✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) Lower Abd					✓					✓					✓				✓				✓		
#2 (L) + (R) CT					✓					✓					✓				✓				✓		
#3 Midline OTA incision					✓					✓					✓				✓				✓		
(L) lateral thigh OTA					✓					✓					✓				✓				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Foley to gravity	Groin		Intact, patent / 0500 / 0900 > Dark 0930
TLC	(L) Subclavian		Intact, patent / 0500 / 0900 / 1800

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 OCT 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	-92
24 Hour Intake	4170
24 Hour Output	4262
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 9/24/06	(b)(6)-2
(b)(6)-2 KT. An	
(b)(6)-2 MAN	
(b)(6)-2 10 7AN	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 9/24/06	ICU	12

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 120403

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

(b)(6)-2

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	99°C	69	20	104/80	95	/	70										(b)(6)-2
0500																	
0600																	
0700																	
0800																	
0900	98°(A)	69	22	114/57	98%		79										
1000																	
1100																	
1200																	
1300	98°(A)	63	25	113/58	100%		79										
1400																	
1500																	
1600																	
1700	99°(A)	79	25	121/57	99%		81										
1800																	
1830	99°(A)	80	31	124/62	95	3/NC	85										
1900																	
2000																	
2100																	
2200	99°F	68	23	114/57	97	/	79										(b)(6)-2
2300																	
2400																	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10/12/03		0930	(B) CT Placed on H2O Seal. @ leaks. Dilaudid 10mg Supp. PR X1 Foley D/C'd. U/A sent to lab VSS. NAD. See flowsheet for assessments. — [b)(6)-2] LCT, A
10/12/03	1130	1	OOB to BSC. B4 MOD amt, brown, soft-formed. IN CHAIR FOR 1 hr. Tolerated well. RTO to BED. [(b)(6)-2] LCT, A
10/12/03		1330	Pt refused breakfast & Lunch. ↓ Appetite [(b)(6)-2] LCT, A.
		1430	Assessment complete. pt refused jello water "Drain food" per interpreter. Pt sat up at bedside c assistance and ambulated to stool chair c assist. — [(b)(6)-2] CAW
		1630	Pt up in chair for 1.5 hours. Pain medicine MSO4 5mg given c patient got back in bed and voided into urinal. HOB 30° pt requested to be lower but told he cannot. CT to water seal Serous straw colored fluid draining (B). — [(b)(6)-2] CAW
		1800	Assumed care. Pt A&Ox3, cheerful. Denies pain, but c/o "being cold" via interpretor. Blanket x2. VSS. Low grade fever @ 99.3(O). Pt voiding / urinal QS - yellow urine. Encouraged frequent IS use. Pt c/o being hungry, but denies clear liquid diet. CT R to water seal. No air leaks noted. Connections secured. LLQ dsg CDI. ML incision c staples - noted redness around staples. O2 @ 3L/NC. SAO2 97-99%. Will continue to monitor — [(b)(6)-2]
		1900.	Pt c/o pain @ CT insertion sites. Administered 5mg MSO4 IVP. — [(b)(6)-2]
20Oct03		2100	Assumed pt, pt asleep c NOB T D5NS @125cc/hr to TLC patent, intact, A&Ox3 via interpreter @ BS, mec BS, O2 @ 3L via NC, Breathing regular unlabored, spontaneous cough productive thin, clear void x2 urine clear of sediment, yellow, Ø s/s of infiltration, infection to TLC, full assessment DA Shaw 4700 TLC flushes & dressing — [(b)(6)-2]

	INTAKE									OUTPUT						
	D5NS	IVPB	PO						Total	Urine	BM	CT #1	CT #2		Total	COMMENTS
0100	125									32						
0200	125									60						
0300	125									25						
0400	125									55						
0500	125									65		10	15			
0600	125									55		10	15			
0700	125									65						
0800	125	200								65						
8 HR	1000	200							8 HR 1200	457		10	15		8 HR 482	+ 718
0900	125		100							140						Foley DC'd 0930
1000	125									100						
1100	125									300	X1				←	Post Foley VOID
1200	125	100														
1300	125											53	19			
1400	125									685						
1500	125															
1600	125	50	100							475						
8 HR	1000	150	200						16 HR 2570	1640	X1	53	19		16 HR 2194	+376
1700	125															
1800	125		250							460						
1900	125	100								400						
2000	125															
2100	125		200							425		28	15			
2200	125									535						
2300	125	50								@1600						
2400	125									405						
8 HR	1000	150	450						24 HR 4170	6025		28	15		24 HR 4262	- 92

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 OCT 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	-85
24 Hour Intake	3290
24 Hour Output	3375
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

(b)(6)-2

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	13 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2					2							2				2				2		
	RADIAL L		2					2							2				2				2		
	DORSALIS PEDIS (POST TIB) R		2					2							2				2				2		
	DORSALIS PEDIS (POST TIB) L		2					2							2				2				2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8					1 3 8							1 3 8				1 3 8				1 3 8		
EDEMA			Gen					Gen							N/A				b				Gen		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R					✓							S_1S_2 ✓				S_1S_2				R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR					NSR							NSR				NSR				NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE		-																						
	ORAL CARE							✓																	
MOBILITY	BEDREST		✓					✓							✓										
	BSC																								
	DANGLE																								
	CHAIR																		✓						
POSITIONED	RIGHT		S																S				S		
	LEFT		S					✓							✓				L				1		
	SUPINE		F					✓							✓				L				1		
	HOB 30 DEGREES		F					✓							✓				F				F		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		*												✓				PF	*			✓		
	PAIN SCALE (1-10)																			-					
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2					2							2				2				2		
								✓																	
BOWEL SOUNDS (active all quads)															x4				x4				x4		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓							✓				✓				✓		
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																		✓						
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 2 chest tube CDE ACCT/dressing CDI								1							✓				PG						
#2 Left ABD CDE															✓				✓				✓		
#3 ABD Incision OTA								1							✓				✓				✓		
L thigh OTA Incision															✓				✓				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
TLC	L Subclavian		CDE/0700/1400

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

DATE: 13 OCT 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	99.3	70	28	117/62	97%		83										
0300																	
0400																	
0500																	
0600																	
0700	99°(A)	66	30	107/56	97%		75										
0800																	
0900																	
1000																	
1100																	
1200	99°(A)	69	29	115/52	96%		76										
1300																	
1400																	
1500																	
1600	100.4	74	18	93/47	97%	34MC	(b)(6)-2										IS
1700																	
1800																	
1900																	
2000	100.1(A)	71	24	109/48	95%		71										
2100																	
2200																	
2300																	
2400	100.2	68	20	117/56	95%												

	INTAKE									OUTPUT						
	D5NS	IVPB	PO						Total	Urine	BM	CT#1	CT#2		Total	COMMENTS
0100	125 / 125	100 / 100								200 / 200						
0200	125 / 250	0 / ø								150 / 400						
0300	125 / 375	0 / 0								0 / 400						
0400	125 / 500	0 / 100								400 / 800						
0500	125 / 625															
0600	125 / 750															
0700	125 / 875	100 / 200														
0800	125 / 1000	50 / 250								425 / 1225						
8 HR	1250	250							8 HR. 1500	1225					8 HR 1225	+275
0900	125 / 125									350 / 350						
1000	125 / 250															
1100	125 / 375															
1200	125 / 500	100 / 100	250 / 250							475 / 825						
1300	125 / 625		250 / 500							75 / 900						
1400	125 / 750															
1500	125 / 875	100 / 200														
1600	125 / 1000									375 / 1275						
8 HR	1000	200	500						16 HR. 1700	1275		—	—		16 HR. 1275	+ 425
1700	125 / 125	100 / 100	250 / 250													
1800	125 / 250									350 / 350						
1900	125 / 375		120 / 370							125 / 475						
2000	125 / 500									400 / 875						
2100	125 / 625									150 / 1025						
2200	125 / 750		120 / 490							250 / 1275						
2300	125 / 875															
2400	~~1400~~ 125 / 1000							590		400						1700 / 1675
8 HR	~~1450~~ 1000	100	490						24 HR. 3290	1675					24 HR	~~[illegible]~~ 3375

MEDCOM - 2202

NSN 7540-00-634-4123

MEDICAL RECORD — DATE	HOUR A.M.	HOUR P.M.	NURSING NOTES (Sign all notes) — OBSERVATIONS Include medication and treatment when indicated
12 Oct 03		2200	(continued) (B) CT to H_2O seal w/d Pink leaks @ leaks found (B) CT bandaging CDI, LLQ bandaging CDI OTA (4) thigh abrasions closing Call to touch, midline OTA incision CDI, pt c/o discomfort when touched but no actual pain to touch, RN on duty admin 5mg MSO4 + Benadryl 25mg to help pt sleep. Will continue to monitor [b)(6)-2] [illegible]
13 Oct 03	0200	0200	resting @ this time will continue to monitor pt [b)(6)-2]
13 Oct 03	0230		c/o pain through hand motions to ABD; prn (medication given) see MAR; will cont. to monitor pt [b)(6)-2]
13 Oct 03	0300		sleeping @ this time will continue to monitor pt [b)(6)-2]
13 Oct 03	0930		(B) bat) Dcid & Petroleum impregnated gauze + 4x4's Securely placed & tape. Pt tolerated well. Medicated & MSO4 5mg IVP VSS. [b)(6)-2] [illegible]
13 Oct 03		1315	Pt ambulated approximately 4ft & sat in chair. for > 1hr. Tolerated well [b)(6)-2] [illegible]
13 Oct 03	LATE ENTRY	1245	Tolerated approximately 15% of Reg diet [b)(6)-2] [illegible]
13 Oct 03		1400	Assumed care. Per report, pt just got back in bed from chair. Pt denies pain/discomfort. Will continue to monitor [b)(6)-2]
		1530	Dsg D to LLQ completed. Wound red beefy & malodorous serous drainage on dsg. Pt tolerated well. Low grade fever @ 100.4°. Encouraged IS. Will continue to monitor [b)(6)-2]
		1800	Pt ate ~10% of dinner meal. Stated that "he did not like it" but was hungry. Offered other food, but pt refused. Will continue to monitor [b)(6)-2]
		1900	ambulated pt from bed up and down ward. Steady on feet but slow. Sats ↓ to 92% on room air. MSO4 5mg given @ 1850 for pain to LLQ (exit wound), and pain in Obs. Resting in bed currently [b)(6)-2]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	03 OCT 03
DOS	
POD	

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

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2
(b)(6)-2	
(b)(5)-2	
(b)(6)-2	

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

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

Department/Service/Clinic: ICU

DA (b)(6)-2 14 OCT 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R					2		2							2								2		
	RADIAL L					2		2							2								2		
	DORSALIS PEDIS R					2		2							2								2		
	DORSALIS PEDIS L					2		2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale						1 3 0 0		1 3 8							1 3 B								1 3 8		
EDEMA						—		—							Ø										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)						✓		✓							✓								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)						SR		NSR															NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST					✓		✓															✓		
	BSC																								
	DANGLE																								
	CHAIR															✓					✓				
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE														✓	✓	✓		✓						
	HOB 30 DEGREES					✓		✓							✓	✓	✓		✓				—		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE					✓		✓							✓									A#	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended					2		2							2								2		
BOWEL SOUNDS (active all quads)						x4		x4							x4 Hyper								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT						✓		✓															✓		
VOIDING CLEAR, YELLOW URINE q.s.						✓*		✓									✓								
SKIN INTEGRITY	No Breakdown																								
midline incision	Surgical Wounds					✓	-	✓							✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L)+(R) CT site						✓		✓							✓				✓				—		
#2 (L) LIJ ⊙						✓		✓							✓				✓				—		
#3 OTA midline incision						✓		✓							✓				✓				—		
(L) OTA lateral thigh						✓		✓							✓				✓				—		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
TLC	(L) subclavian		CVL/0500 D/C'd 14 Oct 03

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 14 OCT 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500	98?	70	20	113/53	98		75										3LNC
0600	98.6	75	16	116/70	96%												3LNC
0700																	
0800																	
0900																	
1000	98.2	82	16	113/60	99%												3LNC
1100																	
1200																	
1300																	
1400	98 oral	69	24	107/56	93%												3LNC
1500																	
1600																	
1700																	
1800	99 oral	67	24	121/54	96%												3LNC
1830															$\downarrow O_2 \rightarrow$		2LNC
1900		70			97%												
1920															$\downarrow O_2 \rightarrow$		1LNC
2000		67			96%										O_2 d/c'd		
2030		84			92%										up in chair - $\emptyset O_2$		
2100		78			94%												
2145		~~80~~ 86			95%												
2200	99.0	68	20	136/56	97%												
2300																	
2400																	

	INTAKE									OUTPUT							
	D5 NS 20KCl	PO	Zantac	Pulmicort					Total	Urine	BM					Total	COMMENTS
0100	125 / 125																
0200	125 / 250																
0300	125 / 375																
0400	125 / 600																
0500	125 / 725									575 / 575							
0600	125 / 850	50 / 50															
0700	125 / 975			100 / 100													
0800	125 / 1100									400 / 975							
8 HR	1100		50	100					8 HR. 1250							8 HR 975	
0900	125 / 125	120 / 120															
1000	125 / 250																
1100																	
1200																	
1300																	
1400																	
1500																	
1600										375							
8 HR									16 HR.							16 HR.	
1700																	
1800																	
1900										200							
2000																	
2100																	
2200																	
2300																	
2400																	
8 HR									24 HR. 1620							24 HR 1900	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
14oct03			
	0600		pt resting quietly s s/s of distress. V/SS. (R) abdominal dressing CDI, midline abdominal incision OTA, dressing CDI, (L) thigh otx dressing CDI, (L) subclavian TLC patent. SSC [b)(6)-2] glwork
	0800		Pt tolerated 40% of breakfast s s/s of distress. Ø c/o pain will continue to monitor SSC [(b)(6)-2] glwork
	1000		pt c/o pain 7mg MS04 Given per order Ardwell will continue to monitor SSC [(b)(6)-2] glwork
14 Oct 03		1430	Pt ambulated c minimal assistance to main hallway, to OR door → ICU entrance → ICU and up + down ICU ×2. Cough × 2-3 times, loose, did not cough up secretions. Ambulated on RA. SpO_2 on RA c walk is 89-90%, HR 80. Placed on 3L O_2 via NC in chair c SpO_2 92-93%. [b)(6)-2] MJ AN
14 Oct 03		1630	LLQ dsg d'd w → D. Wound bed is beefy pkd c minimal blood upon removal of old dsg. No S/Sx infection or discharge noted. Pt sat in chair × 1 hr tolerated well. [b)(6)-2] MJ AN
14 Oct 03		1815	Pt ate ~ 25% of dinner, drinking fluids well. Appears to receive adequate pain relief with ~~pain~~ percocet for ~ 4 hrs. Pt is pleasant and cooperative, will continue to monitor. [b)(6)-2] MJ AN
14 Oct 03		2015	Attempted to ambulate, more unsteady @ this time, only walked to ICU entrance and back → chair @ this time on RA c O_2 sat 91-93%. Resp shallow and rapid d/t ↑ pain c deep respirations (per interpreter). [b)(6)-2] MJ AN
14 Oct 03		2145	Neb tx completed @ 2130, lungs CTA in all lobes, diminished in bases. Ø wheezing noted @ this time. Pt used IS and C+DB c neb tx → loose cough productive for mod → lg amt white, frothy secretions. SpO_2 95-96% on RA @ this time. [b)(6)-2] MJ AN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	03 Oct 03
DOS	
POD	

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

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LPN	ICU	15 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)

PUPIL SIZE **PUPILS**

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 15 OCT 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	98.7	86	16	124/52	100%												
0300																	
0400																	
0500																	
0600																	
0700																	
0800																	
0900	98.2(A)	79	22	97/53	95%		69										
1000																	
1100																	
1200																	
1300																	
1400																	
1500	99.5(A)	75	19	104/52	98%		72										
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.2	68	16	113/56	99%												
2300																	
2400																	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
15OCT03	0001		resting comfortably will continue to monitor pt [illegible]
15OCT03	0830		Tolerated 10-15% Regular diet. VSS. NAD [b)(6)-2] LCT,RN
15OCT03	0930		c/o 26d pain. Ambulated. Pt belching [b)(6)-2] [b)(6)-2] To see Pt. ordered acute abd series [b)(6)-2] LCT,RN
15OCT03		1245	Pt OOB in Chair X2 hrs. Ambulated X2. Pt c unsteady gait Tolerated well. Consumed approx 10% of regular diet. [b)(6)-2] LCT, RN
		1500	Pt resting comfortably in bed. Got up OOB X1 to use Urinal. Moved well tolerated c minimal discomfort. Will continue to monitor [b)(6)-2] LW
		1730	Pt tolerated ~ 100% dinner. Pt stated that he was "not hungry" per interpretor. [b)(6)-2] LW
		1735	Dsg d completed in sterile fashion. Wound red & beefy c small pocket of mucous like drainage. Sm. amt Serous drainage noted on dsg. Pt tolerated well. DR [b)(6)-2] removed drsgs. to (B) CT sites. No S/S of infection noted [b)(6)-2] LW
		1810	Pt c/o pain to abd area. Medicated c 2 percocet per pt request. [b)(6)-2] HAW
		1830	Pt ambulated around ward and in hall ast. ICW and lacks difficulty or complaint. [b)(6)-2] LHAN
16OCT03		2200	~~Pt~~ resting comfortably NSIS of resp. distress will cont. to monitor pt [b)(6)-2] CR

	INTAKE									OUTPUT						
	PO								Total	Urine	BM				Total	COMMENTS
0100																
0200										300/200						
0300																
0400																
0500																
0600																
0700																
0800	200/200															
8 HR	200								8 HR. 200	200					8 HR 200	
0900										300/300						
1000																
1100																
1200	120/120															
1300																
1400																
1500										375/675						tea-colored
1600	240/360															
8 HR	360								16 HR.	675					16 HR.	-
1700																
1800	60/60									250/250						
1900																
2000																
2100																
2200																
2300										200	x1					
2400																
8 HR									24 HR.						24 HR	

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	03 Oct 03
DOS	
POD	

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

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 CPT	ICU	16 Oct 03

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

(b)(6)-4

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

DA FORM 4700
1 MAY 78