

1. DATE AND TIME OF CAPTURE 2003 12 22 / 2305 hrs		2. SERIAL NO. (b)(6)-4		A
3. NAME (b)(6)-4		4. DATE OF BIRTH 22/12/03		
5. RANK CIV		6. SERVICE NO.		
7. UNIT OF EPW N/A		8. CAPTURING UNIT (b)(3)-1		
9. LOCATION OF CAPTURE (Grid coordinates)				
10. CIRCUMSTANCES OF CAPTURE attacking US Forces	11. PHYSICAL CON- DITION OF EPW severely wounded	12. WEAPONS, EQUIP- MENT, DOCUMENTS		

DD FORM 2746, MAY 86

REPLACES DA FORM 5976, JAN 91,
USABLE UNTIL EXHAUSTED.

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	(State or Country Code.) For use of this form, see AR 40-400; the proponent agency is OTSG											
A	1	4	A	1			IZ	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)			4. PAY GRADE		5. SEX
(b)(6)-4						(b)(6)-4									16		17	18	
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION								
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND						
									X	9									
10. LENGTH OF SERVICE			ETS			11. FMP		12. SOCIAL SECURITY NUMBER											
32	33	34				35	36	(b)(6)-4											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		HOUR OF ADMISSION		BRANCH / CORPS									
CIV						46		1230											
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE													
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61													
			K76																
17. UNIT LOCATION (State or Country Code)			18. MOS				18. TRAUMA			PREV. ADMISSION									
62	63	64 65 66 67 68 69 70				71			YEAR										
										<input checked="" type="checkbox"/> NO									
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72	O			ICU															
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
(b)(3)-1			CSTH RHP																
21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)													
73	74	75	76	77	78	79	80	81 82 83 84 85 86 87 88											
05		Transferred to Civilian Hospital				20031014													
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				25. DATE THIS ADMISSION (YYYYMMDD)											
89	90	91	92	93	94	95	96	97	98	99 100 101 102 103 104 105 106									
A B A A				A 1 4 A 1				20030002											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION				28. DATE INITIAL ADMISSION (YYYYMMDD)													
107	108	109	110	111	112	113	114	115 116 117 118 119 120 121 122											
		A 1 4 A 1																	
FOR LOCAL USE																			
Dx: 86354 80330 5128 5145 509 89912 Trauma 9 Injury Rx: 4502 4503 4504 4505 4506 4507 4508 4509 4510 4511 4512 4513 4514 4515 4516 4517 4518 4519 4520 4521 4522 4523 4524 4525 4526 4527 4528 4529 4530 4531 4532 4533 4534 4535 4536 4537 4538 4539 4540 4541 4542 4543 4544 4545 4546 4547 4548 4549 4550 4551 4552 4553 4554 4555 4556 4557 4558 4559 4560 4561 4562 4563 4564 4565 4566 4567 4568 4569 4570 4571 4572 4573 4574 4575 4576 4577 4578 4579 4580 4581 4582 4583 4584 4585 4586 4587 4588 4589 4590 4591 4592 4593 4594 4595 4596 4597 4598 4599 4600 4601 4602 4603 4604 4605 4606 4607 4608 4609 4610 4611 4612 4613 4614 4615 4616 4617 4618 4619 4620 4621 4622 4623 4624 4625 4626 4627 4628 4629 4630 4631 4632 4633 4634 4635 4636 4637 4638 4639 4640 4641 4642 4643 4644 4645 4646 4647 4648 4649 4650 4651 4652 4653 4654 4655 4656 4657 4658 4659 4660 4661 4662 4663 4664 4665 4666 4667 4668 4669 4670 4671 4672 4673 4674 4675 4676 4677 4678 4679 4680 4681 4682 4683 4684 4685 4686 4687 4688 4689 4690 4691 4692 4693 4694 4695 4696 4697 4698 4699 4700 4701 4702 4703 4704 4705 4706 4707 4708 4709 4710 4711 4712 4713 4714 4715 4716 4717 4718 4719 4720 4721 4722 4723 4724 4725 4726 4727 4728 4729 4730 4731 4732 4733 4734 4735 4736 4737 4738 4739 4740 4741 4742 4743 4744 4745 4746 4747 4748 4749 4750 4751 4752 4753 4754 4755 4756 4757 4758 4759 4760 4761 4762 4763 4764 4765 4766 4767 4768 4769 4770 4771 4772 4773 4774 4775 4776 4777 4778 4779 4780 4781 4782 4783 4784 4785 4786 4787 4788 4789 4790 4791 4792 4793 4794 4795 4796 4797 4798 4799 4800 4801 4802 4803 4804 4805 4806 4807 4808 4809 4810 4811 4812 4813 4814 4815 4816 4817 4818 4819 4820 4821 4822 4823 4824 4825 4826 4827 4828 4829 4830 4831 4832 4833 4834 4835 4836 4837 4838 4839 4840 4841 4842 4843 4844 4845 4846 4847 4848 4849 4850 4851 4852 4853 4854 4855 4856 4857 4858 4859 4860 4861 4862 4863 4864 4865 4866 4867 4868 4869 4870 4871 4872 4873 4874 4875 4876 4877 4878 4879 4880 4881 4882 4883 4884 4885 4886 4887 4888 4889 4890 4891 4892 4893 4894 4895 4896 4897 4898 4899 4900 4901 4902 4903 4904 4905 4906 4907 4908 4909 4910 4911 4912 4913 4914 4915 4916 4917 4918 4919 4920 4921 4922 4923 4924 4925 4926 4927 4928 4929 4930 4931 4932 4933 4934 4935 4936 4937 4938 4939 4940 4941 4942 4943 4944 4945 4946 4947 4948 4949 4950 4951 4952 4953 4954 4955 4956 4957 4958 4959 4960 4961 4962 4963 4964 4965 4966 4967 4968 4969 4970 4971 4972 4973 4974 4975 4976 4977 4978 4979 4980 4981 4982 4983 4984 4985 4986 4987 4988 4989 4990 4991 4992 4993 4994 4995 4996 4997 4998 4999 5000																			
(b)(6)-2						SIGNATURE OF ADMITTING CLERK						(b)(6)-2							
(b)(6)-2						MAY, M.G. USA						3893							
DA FORM 2985, MAR 2000												EDITION OF MAR 89 IS OBSOLETE	SAPA V1.00						

INPATIENT TREATMENT RECORD COVER SHEET (For Plate Imprinting)

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

PATIENT DATA ITEMS 1 - 30 (Excluding Items 25 & 26)

Tragi # (b)(6)-4

(b)(6)-4

(b)(6)-4

(b)(3)-1

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

ADMISSION REMARKS

(b)(6)-4

(b)(6)-4

(b)(6)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE OF DISPOSITION: *MC to cage*

26. DATE OF DISPOSITION: *3 Oct 03*

31. SELECTED ADMINISTRATIVE DATA

CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY: *GSW to (R) leg; - femur fracture*

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

*Supracondylar femur fx - open - GSW to leg. E922.9
ICD9.02*

- External Fixation device

- Irrigation and drainage VHS, 2

CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS YEAR	a. ABSENT SICK DAYS	b. CONV LV/COOP CARE DAYS	c. SUPPLEMENTAL CARE DAYS	d. BED DAYS	e. TOTAL SICK DAYS
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36. TOTAL DAYS ALL	a. ABSENT SICK DAYS	b. CONV LV/COOP CARE DAYS	c. SUPPLEMENTAL CARE DAYS	d. BED DAYS	e. TOTAL SICK DAYS
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SIGNATURE OF ATTENDING OFFICER: *[Signature]*

EDICINE OFFICER: *[Signature]*

FLY BOARD OFFICER: *[Signature]*

DA FORM 1 MAY 79 **3647-1**

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

25y/o Iraqi Male 2 GSW to R leg. WAS
 Attempting to FIRE RPGs at 1st bat HQ in talifar.
 Return fire injured man.

NKA
 medsp

PHYSICAL EXAMINATION

HEENT - norm, Abd - soft,
 NUI to R foot DP 1/4.
 Entrance wound lat thigh; Exit Anterior lat knee ~ 8 mm
 R leg, ARMS INTACT.
 X-RAYS: R comminuted supracondylar Fr.

PROGRESS (Enter date of discharge and final diagnosis)

- Admitted to FHO, Application for Fixator R leg.
 - P

SIG	15x8-2	DATE	IDENTIFICATION NO.	ORGANIZATION
		2 Oct 03		
PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
 Standard Form 539

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/13/88
88
116
97.4

③ vomit, GSW @ knee poss fx dist femur
- Splint / Dress IL
- involved in GSW incident 1-187 region
- Notes some discomfort @ (R) knee
- Periodic nausea/vomiting

PMU/Br
PSub/Br

Allegor
NE D.O. (?)

Meds
Received @
2900 hr
1. Morphine
10mg IM
2. 1g Ancef
3. 1/2 IVF

① VITALS ——— normal
GEN: (A+0) x4. MM Moist. Coprofill instant
HEENT: Head NC @ (R) Eye brow.
~ 3-4 mm lach

NECK: Full ROM. @ Spinas T7T8
LUNGS: CTAPL
CV: HRR 3 @ 1/4. @ 53, 54
① LE: Knee @ suprapatellar to patella region
@ 3+ effusion.

+2 pulses @ (R) LE @ coprofill 1-2 sec

XRAYS ——— Distal 3rd femur fracture noted, comminuted

① GSW to (R) knee — @ Distal 3rd of femur (R)
- Splint in place
- Morphine (dose)
- Phenygan 12.5mg IV
- To ER to 2nd CT

② (R) Eyebrow laceration.
- Cleared @ H₂O₂ + Irrigated
- For suture @ 21st

③ (L) foot abrasion.
- Cleared + redressed

(b)(6), 2
MAJ, M.C.

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

Bed #2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USP



CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORD

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

03

Anterior leg. Riv infiltrated. NIB e 15 lb.
 25 gta lumbi or e GSW to (2)

20

Amnesia - Monitor placed. GCS-15. Airway patent.
 Lgs NIB. ASD SFT. Reflexes stable. (+) extensor to

21

Position @ femur. (+) RTT. (+) Pulse 70.
 Shaddy controlled.

0224

Riv 16 lb @ AC placed. WBS sent. Type / X-ray x IV
 Amey i 6m NIB. Tonus .5 cc AM. V.S.S.

0228

X-ray e Baloch. Given MSK 5 of leg
 X-ray e Baloch. X-rays complete. V.S.S.

0235

Otho. e Baloch.
 v.s.s. Account for OR
 v.s.s. Account for OR

0300

0330

0530

1160s

0235

0235

Amey i 6m NIB
 Tonus .5cc AM

1160s

0220

0300

0330

0400

0525

10/64 - 77-20-98.3 - 100%
 11/92 - 80-20 - 100%
 10/85 - 77-20-100%
 10/62 - 74-24-99%
 11/70 - 22-22-99%
 01/80

IVF's - 2100 cc

UA - 8

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

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

Potus #
 Civ of lumbi
 Trauma -

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

USP LWN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2 Oct 03 1615	Reinforced Dress to Exfix site - RLE - Moderate amt Serosanguinous fluid noted. Pt assisted in turning / rotating leg. [Redacted] [Signature]
1830	Pt tolerated dinner well. ~50% [Redacted] [Signature]
2130	Noted bright red blood saturated thru RLE dress. Notified Dr [Redacted] of ↑ in drainage. VSS. Afebrile. VOP - OS, Reinforced dress ± ABD pad of Kerlex. Pt tolerated ± minimal pain. Will continue to monitor [Redacted] [Signature]
2230 Oct 02, 03	Doin well NAD % RLE pain received M3075mg for pain 7/10 will re-√ expect in 10-15 min. AIOx3 Sx DA Exam 4400 for assessment [Redacted] [Signature]
2245 Oct 02, 03	Sleeping rises and fell off chest noted. [Redacted] [Signature]

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. ICU

POTOS # [Redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

ASG Note

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
10/2/03	Inches - Hemorrhage 25 gals blood @ 2 GSW to @	
0220	Anterior leg. IV infiltrated. NIB e 15 hr.	
0221	Amnesia - Monitor blood. GCS-15. Airway Patent. Lgs OK. ASD SFT. Pelvis Stable. (+) extreme to	
	Basilar @ Ansa. (+) HIT. (+) Pelvic Fracture.	
	Bleeding controlled.	
0224	IV 16 ga @ AC blood. WBS sent. Type / X-match x IV	
0228	Ameg + 6 hrs IV's. Tetanus .5 cc IM. V.S.S.	
0235	X-ray @ Basilar. Give MSO4 5 g IV	
0300	Ortho @ Basilar. X-rays complete. V.S.S.	
0330	V.S.S. Ameg for OR	
0530	V.S.S. Ameg for OR	

Vitals

11 Meds

- 0220 10/04 - 77 - 20 - 98.3 - 100%
- 0300 11/92 - 80 - 20 - 100%
- 0330 10/85 - 77 - 20 - 100%
- 0400 10/02 - 74 - 24 - 99%
- 0525 11/70 - 77 - 22 - 99%

- 0235 Ameg + 6 hrs IV's
- 0235 Tetanus .5 cc IM
- IV's 2000 cc

HOSPITAL OR MEDICAL FACILITY		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.

Potus #
Civ of Inscr
Trauma

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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

USP LVN

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

30 Oct 03 OP Note
 Pre Op Rx - GSW to (R) DISTAL Femur
 Post Op Rx - same
 Procedure 1. ITO GSW
 2. Application of Ex Fix
 GET
 TF - 1,500 cc EBL - 70 cc
 ORANS: T penrose
 complications - p
 Findings: comminuted supracondylar fx.
 Ex fix placed. Sent to ICU in stable condition.

(b)(6)-2

(b)(6)-2

MAS (b)(6)-2

02 Oct 03 Nursing Notes: Pt admission & AM assessment performed. See Critical Care Flowchart.

(b)(6)-2

30 Oct 03 Ortho Attend
 USS Albicel
 wound closed reinforced 2 times.
 (R) OP/PF Had breakthrough pain H/H 13/89.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	(b)(6)-2
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	(b)(6)-2
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. <i>[Signature]</i>
			WARD NO.

1 (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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

EMERGENCY CARE AND TREATMENT <small>(Medical Record)</small>			TREATMENT FACILITY (Stamp)		LOG NUMBER
ARRIVAL		TRANSPORTATION TO HOSPITAL <small>(Attach care enroute sheet)</small>		CURRENT MEDS. <small>(tetanus immunization and other data)</small>	
DATE		TIME		HISTORY OBTAINED FROM	
DAY	MONTH	YR.		<input type="checkbox"/> PATIENT	<input type="checkbox"/> OTHER <small>(Specify)</small>
01	10	03	0220	ALLERGIES NKA	
PATIENT'S HOME ADDRESS OR DUTY STATION <small>(City, State and ZIP Code)</small>				HOME TELE. NO. <small>(Inc. area code)</small>	
CHIEF COMPLAINT(S) <small>(Include symptom(s), duration)</small>				SEX	AGE
GSW @ Femur				M	25
VITAL SIGNS				POSSIBLE THIRD PARTY PAYER?	
TIME	BP	PULSE	RESP.	TEMP.	WT. <small>(Child)</small>
0245	101/64	77	20	100.1	100.8
0323	107/85	77	21	98.3	100%
DESCRIBE (1) Subjective data <small>(Pertinent History)</small> ; (2) Objective data <small>(Examination - include results of tests and x-rays)</small> ; (3) Assessment <small>(Diagnosis)</small> ; (4) Plan <small>(Treatment/Procedures - include medication given and follow-up)</small>					
<p>25 yo Iraqi civilian S/P GSW to @ knee in Taliban. Seen there by Dr. Ruvins. Transfer here for care.</p> <p>236 / 393 / 210</p> <p>144 / 101 / 12 / 124 / 3.11 / 1.2</p> <p>HEENT</p> <p>CV</p> <p>lungs > traumatic - Nt exam.</p> <p>abd</p> <p>neuro - Aex 4. none. Nonfocal.</p> <p>ext - @ knee GSW EW ant superior knee.</p> <p>♀ EW @ crepitus</p> <p>DP 2+ moves toes</p> <p>Sensation intact</p> <p>of other injuries</p> <p>Anul → OR - CRITIC (bup to) for ex. for + Gen Surgery (Eas tman (Choi))</p> <p>(CONTINUE ON SF 507, IF NEEDED)</p>					
TIME SEEN BY PROVIDER					
0220					
CATEGORY <small>(See reverse)</small>					
<input type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> NON-URGENT					
ORDERS		INITS		TIME	
Anul to IV		[blacked out]		0300	
d T of 5cc in		[blacked out]		0300	
M564 5mg IV		[blacked out]		[blacked out]	
ASSESSMENT/DIAGNOSIS					
@ knee distal femur fr.					
DISPOSITION <small>(Check all that apply)</small>					
HOME		FULL DUTY			
QUARTERS					
24 Hrs.		48 Hrs.		72 Hrs.	
MODIFIED DUTY UNTIL:					
DAY		MONTH		YEAR	
REFERRED TO <small>(Indicate clinic)</small>					
EMERGENCY		TODAY			
72 HOURS		ROUTINE			
ADMIT. TO HOSP. UNIT/SERVICE					
CR					
CONDITION UPON RELEASE					
IMPROVED		UNCHANGED			
DETERIORATED		[blacked out]			
TIME OF RELEASE: 0315					
PATIENT'S IDENTIFICATION <small>(Mechanical imprint)</small> 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.				SIGNATURE	
Potus # [blacked out]				MMT MC	
INST. plans				[blacked out]	
<p>→ OR for CRIF.</p>					

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	02 Oct 03
DOS	02 Oct 03
POD	

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

NURSE'S SIGNATURE	Initials

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			

	Department/Service/Clinic ICU	DATE 02 Oct 03
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, Middle; grade, date; hospital or medical facility)

Potus #

(b)(3)-2

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

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES	RADIAL	R								2					2								2		
(4) Bounding		L								2					2								2		
(3) Full		R								2					2								2		
(2) Normal	DORSALIS	R								2					2								2		
(1) Faint		L								2					2								2		
(0) Absent	PEDIS	L								2					2								2		
SKIN										1					1								1		
(1) Dry	(4) Cool	(7) Jaundiced								3					3								3		
(2) Clammy	(5) Flushed	(8) Color Normal								8					8								8		
(3) Warm	(6) Cyanotic	(9) Pale								8					8								8		
EDEMA										0					0								0		
HEART SOUNDS										✓					✓								✓		
(Clear, Regular, No Rubs, No Murmurs)										✓					✓								✓		
HEART RHYTHM										NSR					NSR								✓		
(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									5													S		
	LEFT									2													E		
	SUPINE									2													L		
	HOB 30 DEGREES									2					✓								F		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)									9/10					9/10								✓ 9/10		
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat														2								2		
	(1) Distended																								
BOWEL SOUNDS (active all quads)															✓								4/10		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT										✓					✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.										✓					✓								✓		
SKIN INTEGRITY	No Breakdown																								
R LE Ext Fix	Surgical Wounds <i>Right arm sutures</i>									✓					✓								✓		
R Ant Foot	Rashes, Lac's, etc									✓					✓								✓		
DRESSING (Dry & Intact: specify site below)																									
#1	R LE Ext Fix (Coban/Equan)									✓					✓								✓		
#2																									
#3																									
INVASIVE LINES		SITE	DATE INSERTED										DESCRIPTION (SITE, DSG.)												
18g IV		R AC	02 Oct 03										Oxide, tape, CDI												

SIZE
 mm = Equal
 mm R = Reactive
 mm NR = NonReactive
 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

Not Applicable / Absent (blank) X

Refer to Nsg. Notes

No Change from Previous Assessment

DATE: 02 Oct 03

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
TIME																									
ST EYE-OPENING RESPONSE						4																			
opens Spontaneously (2) To Pain																									
o Voice (1) Does Not Open																									
BEST VERBAL RESPONSE						5																			
oriented (2) Garbled																									
Confused (1) No Response																									
Inappropriate Verbal Response						6																			
BEST MOTOR RESPONSE						15																			
Obeys Commands (3) Flexion to Pain																									
Localizes to Pain (2) Extension to Pain						2+																			
Withdraw to Pain (1) No Response						2+																			
ASCOW COMA SCALE (A+B+C)						5																			
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R					5																			
	L					5																			
	RUE					5																			
	LUE					5																			
	RLE					5																			
MOVEMENT See Motor Function Scale at Top of Page)	LLE					5																			
	R					5																			
	L					5																			
	REGULAR					5																			
	IRREGULAR					5																			
GRIP (S) Strong (W) Weak (-) absent	UNLABORED					5																			
	LABORED					5																			
	SHALLOW					5																			
	RETRACTIONS					5																			
	RUL					5																			
RESPIRATIONS	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
COUGH NONE SPONTANEOUS PRODUCTIVE NONPRODUCTIVE	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
VENTILATOR	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
OXYGEN DELIVERY DEVICE	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
ETT CARE / POSITION CHANGE	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
ETT / NT SUCTIONED	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
INCENTIVE SPIROMETRY DONE	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
COUGH / DEEP BREATH	LUL					5																			
	RLR					5																			
	LLL					5																			
	BOTH BASES					5																			
	RUE					5																			
INITIALS																									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS		
0100																			
0200																			
0300																			
0400																			
0500																			
0600																			
0700																			
0800																			
0900	100°	68	17	127/80	100%													(b)(6)-2	
1000																			
1100																			
1200																			
1300																			
1400	100.5	79	14	121/73	98%														(b)(6)-2
1500																			
1600																			
1700																			
1800																			
1900																			
2000																			
2100																			
2200	97.5	88	16	126/69	97%														
2300																			
2400																			

PUPIL SIZE

PUPILS

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

MOTOR FUNCTION

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

CHART CODES

Present
 Not Applicable / Absent (blank)
 Refer to Nsg. Notes X

DATE: **22 Oct 03**

No Change from Previous Assessment -

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

	INTAKE						OUTPUT			COMMENTS	
	INF Maint	PO	INPB				Total	Urine	Total		
0100											
0200											
0300											
0400											
0500											
0600											
0700											
0800											
8 HR							8 HR.			8 HR	
0900	100										
1000	100	80					625				
1100	100	80					625				
1200	100	140					375				
1300	100	220					1000				
1400	100	50					400				
1500	100	50					1400				
1600	100										
8 HR	100	220	50				16 HR.			16 HR	
1700	100						1070				
1800							1400				
1900							900				
2000							800				
2100											
2200		100									
2300		420					100				
2400											
8 HR		420	100				24 HR.			24 HR	
							1590			2900	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
02 Oct 03	0900		<p>PT OR recovery complete. Admitted to ICU, pt A # 0X3, speaks and understands English well. Pt has 2.5 cm long suture line above (R) eyebrow. PER R/L A 2+ c slow accommodation to light. Lungs C/T A (B), pulse ox 99% on Room Air, pt understands cough, deep breath, teaching. 18g IV cath patent infusing D5 NS @ 20mg KCL @ 100cc per dial - a flo = difficulty. (R) ext fixator intact & gauze dressings & Colan wrap & sm amt of bright red drainage from proximal pins, dressing reinforced. (L) anterior foot circular wound 2.5 cm in diameter clean & dry & dressings. Foley catheter patent & draining clear yellow urine into closed drainage system - difficulty, cath holder applied to upper (L) thigh. Pt denies need for medication, pt grimaces when moving (R) leg on own. Pt denies pain or discomfort. Will continue to monitor pt.</p>
02 Oct 03	11:30		<p>Pt offered water. Pt drank 80cc & N/A while continue to monitor.</p>
02 Oct 03	12:15		<p>bb2 Pt ate < 25% of lunch S/N or V. Will continue to monitor.</p>
02 Oct 03	1400		<p>Assumed care. Pt resting in bed, HOB @ 30°. D5 NS @ 20k infusing @ 100cc/hr. IV to (R) A/C DI & s/s infectious infiltration A # 0X3. 9/16 "Alem" pointing to R/E. Administered Percocet II per prn order. Will monitor effectiveness. VSS - although slightly pink @ 100-5 IS / cough / deep breaths encouraged. R/E N/V intact. cap refill < 3sec. + 2 pulses. Slight dxng noted @ pin sites - bright red blood. Obvix Undern. Will continue to monitor.</p>

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	02 Oct 03
DOS	03 Oct 03
POD	1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	1590 un
24 Hour Output	2900
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(3)-2	

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

(b)(3)-2	Department/Service/Clinic ICU	DATE Oct 3, 03
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)</i> <div style="font-size: 2em; font-family: cursive; margin-left: 20px;">POTOS</div> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block; margin-left: 100px;">(b)(3)-4</div>		<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOWCHART <input type="checkbox"/> OTHER EXAMINATION Or EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT

		0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R	2					2																	
		L	2					2																	
	DORSALIS PEDIS	R	2					2																	
		L	2					2																	
SKIN			1					1																	
(1) Dry	(4) Cool	(7) Jaundiced	3					3																	
(2) Clammy	(5) Flushed	(8) Color Normal	8					8																	
(3) Warm	(6) Cyanotic	(9) Pale																							
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓					✓																	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			✓																						
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST		✓					✓																	
	BSC																								
	DANGLE		S					S																	
POSITIONED	CHAIR		E					E																	
	RIGHT		L					L																	
	LEFT		F					F																	
	SUPINE																								
	HOB 30 DEGREES							✓																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)		7/10					7/10																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat		2					2																	
	(1) Distended																								
BOWEL SOUNDS (active all quads)			✓					✓																	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓					✓																	
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓																	
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓					✓																	
	Rashes, Lac's, etc		✓					✓																	
DRESSING (Dry & Intact; specify site below)																									
#1	(2) LE Ext Fix		✓					✓																	
#2	(1) Ant Foot		✓					✓																	
#3																									
INVASIVE LINES		SITE											DATE INSERTED	DESCRIPTION (SITE, DSG.)											
		(2) AC											020403	CAL											

PUPIL SIZE

PUPILS

MOTOR FUNCTION

CHART CODES

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

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

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

DATE: 03 OCT 03

TIME	0	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	2	2	2	2	2	
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open	4							4																	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response	5							5																	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response	6							6																	
GLASGOW COMA SCALE (A+B+C)	15							15																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	2						2+																	
	L	2						2+																	
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	5						5																	
	LUE	3						3																	
	RLE	5						5																	
	LLE	3						3																	
GRIP (S) Strong (W) Weak (-) absent	R	5						5																	
	L	5						5																	
RESPIRATIONS	REGULAR	✓						✓																	
	IRREGULAR																								
	UNLABORED	✓						✓																	
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5						5																	
	LUL	5						5																	
	RLL	4						1																	
	LLL	4						1																	
	BOTH BASES	4						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																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #	NRBM (l/min)																								
	ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH	✓							✓																	
INITIALS																									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
* 0800	99	98	17	122/68	99%		88										Box 1-2
0900																	
1000																	
1100																	
1200																	
1300	99																
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

OBSERVATIONS

Include medication and treatment when indicated

AM PM

30 Oct 03

0100

Received pro med (Percocet) for pain LRE 8-10
will re-v in 35-40 min.

0420

Labs done tolerated well

03 OCT 03

0605

Resumed pt care. Pt c/o (R) LE pain, 7/10 on pain scale. (R) ACHL 18g IV Cath patent & flushes easily. Suture line above right eyebrow 5/5 of infection. (R) LE EXT FIX intact & gauze & coban dressings reinforced. (R) anterior foot circular wound c/s. Tmax 99.1. Will continue to monitor pt.

03 OCT 03

11:27

Pt c/o (R) LE pain, 9/10 on pain scale. Medicated pt c Percocet ii po per pain order. Will continue to monitor.

03 OCT 03

13:15

Pt has Tmax of 99.2; will inform on coming shift.

03 OCT 03

13:20

Pt attempted urination per urethral c/s out-pat. Pt stated through translator that he will attempt later. Foley Dcd @ 0950 and pt teaching reinforced of urinating on own c/s in 6-8 hrs after urinary cath removal. Pt verbalized understanding.

11

INTAKE						OUTPUT						COMMENTS	
70	INPB			Total	WML			Total					
0100													
0200													
0300	100												
0400	50 150												
0500	100 250												
0600	120 370 50							350					
0700													
0800													
8 HR					8 HR.							8 HR	
0900	30 30							450 450					
1000													
1100	160 190												
1200	160 250												
1300	100 350												
1400													
1500													
1600													
8 HR					16 HR.							16 HR.	
1700													
1800													
1900													
2000													
2100													
2200													
2300													
2400													
8 HR					24 HR.							24 HR	

30160-2

11

MEDCOM - PATIENT RELEASE / DISCH. INSTRUCTIONS

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

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

SECTION I TO BE COMPLETED BY PRIVILEGED PROVIDER	SECTION II TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE
1. DATE OF PROCEDURE/ADMISSION: <u>2 Oct 03</u>	1. DISPOSITIONED TO: <input type="checkbox"/> HOME <input type="checkbox"/> DUTY <input type="checkbox"/> OTHER <input type="checkbox"/> AMBULATORY <input type="checkbox"/> CRUTCHES <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> STRETCHER
2. ADMITTING/DIAGNOSIS: <u>Right Femoral Supracondylar Fr.</u>	2. ACCOMPANIED BY: <input type="checkbox"/> FAMILY <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER
3. PERTINENT LAB, X-RAY, FINDINGS: <u>open comminuted @ femur Fr.</u>	3. PATIENT EDUCATION: Completed and patient prepared for home care. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____ Patient <input type="checkbox"/> states <input type="checkbox"/> demonstrates understanding of home care needs. Printed educational materials provided: _____
4. PROCEDURES, TREATMENT, HOSPITAL COURSE: <u>ITD @ femur; App Fr Fr @ knee</u>	4. Clinical outcomes met and post-discharge/release referrals made. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE: <u>Same Good</u>	5. If transferred to another health care facility, report called to nurse. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____
6. ACTIVITY: <u>Up to chair BID as tolerated</u>	6. NUTRITION CARE - Comments: _____
7. DIET: <u>Reg</u>	7. MEDICATIONS: Explained by: <input type="checkbox"/> NURSE <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHARMACIST Printed medication literature provided. <input type="checkbox"/> YES <input type="checkbox"/> NO Patient states understanding of prescribed medications. <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MEDICATIONS: <input type="checkbox"/> Medications have been prescribed for home use. See separate list and special instructions or see below. <u>1. Percocet 7-11 p.o. q 4h PRN Pain 86-2</u> <u>2. Advil 7 p.o. q 8h 86-2</u> <u>3. Keflex 500mg 7 p.o. q 8h 17 DAYS (0600, 1400, 2200)</u>	8. EQUIPMENT/SUPPLIES PROVIDED: _____
9. INSTRUCTIONS (To Home Health Providers, Patient, etc): <u>1. DAILY Pin cleaning with Hydrogen Peroxide / Sterile WATER (50-50 mix)</u> <u>2. Dressing change @ kg.</u> <u>3. Flu Sunday at 1000 if still here.</u>	9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE: _____
10. DISCHARGING PROVIDER: (Signature) (Printed or Stamped Name)	10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE: _____
PATIENT IDENTIFICATION <u>POTUS #</u> <input type="checkbox"/>	11. COMPLETED BY: <input type="checkbox"/> (Signature and Title) <u>MP</u> <u>1545</u> (Date and Time)
	I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS. <input type="checkbox"/> (Patient/responsible Adult's Signature) <u>CPL MP</u> (Date and Time)

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 (b)(6)-2
 VIA letter BY my 2. PATIENT IDENTIFIED AND PROCEDURE
 VERIFIED BY FR

3. DATE 02 Oct TIME PATIENT ARRIVED IN SUITE 0600
 4. PATIENT IN ROOM TIME 0600 NUMBER 3

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Alert; No pain

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify) Arms on bilateral armboards - 10' Safety
 SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

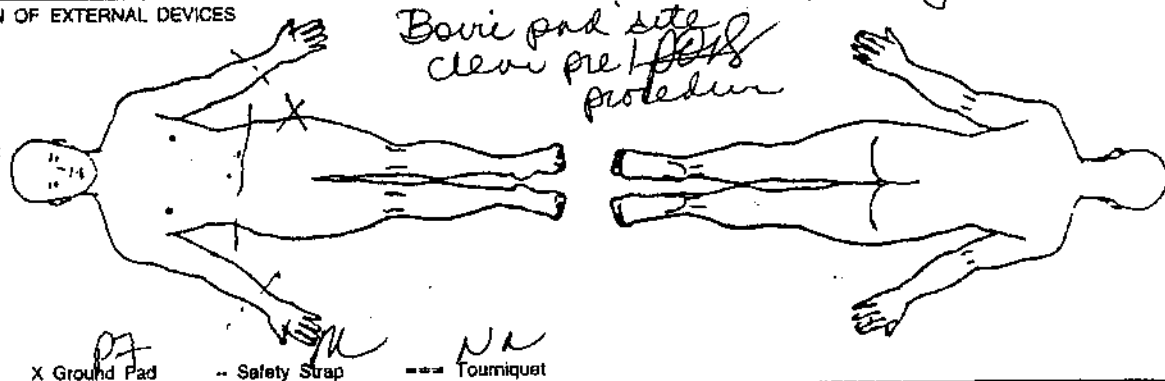
COMMENTS: strap over chest.

8. SKIN PREPARATION

HAIR REMOVAL YES NO per surgeon
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR
 CLIP
 COMMENTS: no nicks noted

PREP SOLUTION (Specify) Betadine scrub/pol
 SITE: leg BY WHOM: myj
 SITE: BY WHOM: Fotner
 COMMENTS: no pooling noted

9. LOCATION OF EXTERNAL DEVICES



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

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

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

Srugi (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
 ESU NO: VALLEYLAB 00432
 GROUND PAD: BRAND Valleylab
 LOT NO: 696710, exp 2005-04

14. MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

16. DRESSING/IMMOBILIZATION (Specify)
*Zeroform
 fluff
 helix
 ace*

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	<i>1" penrose anterior thigh</i>		
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION
unknown allergy status

Surgeons - b)(7)-2

20. OPERATION(S) PERFORMED
A: D (A) thigh, Ex-Fix (B) the femur

21. PATIENT TRANSFERRED TO *ICU* TIME *0840* METHOD *litter*

22. REGISTERED b)(7)-2 *May on*

ANCEP 1 gm @ 0630

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" - CONSTANT INFUSION								TOTALS	TOTAL EBL	
DRUG	(Units)											
Fentanyl	(CC)	2	1	1		1					60cc	
VERSED	(M)	2.5									TOTAL URINE	
Fentanyl	(M)	150									700cc	
Sux/UCC	(M)	60/5	4					2				
VOLAT AGENT	% del	1.5	1.5	1.5	1.0	1.0	1.0	1.0	X		FLUIDS - SUMMARY	
	% a.t.										CRYSTALLOID: 1500	
AIR	L/Min										T-4000 (amt)	
N2O	L/Min										COLLOID: 250 (amt)	
O2	L/Min	8-2	1-1	1-1	1-1	1-1	1-1	1-1	8		BLOOD: 0	
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS												
LINE site	<input type="checkbox"/> Warmed										REMARKS	
1B9 BAC	<input type="checkbox"/> Warmed	#3	1000 ml									Code drugs with numbers, events with letters
LOSSES	EST BLOOD LOSS										① PT + CHART	
	URINE		300	300					200/700		REVIEW INERT	
PHYS STATUS	TIME	0600 X 30 + 0700 X 30 + 0800 X 30									TO D.R. STABLE @ 0600	
② 4 5 E	SYMBOLS:										③ SMOOTH INT	
BODY WEIGHT: 150 KG (B)	BP by cuff										5 R2 + CRIBID	
HEMATOCRIT:	Heart rate										4. IT RESPONSIVE	
INITIAL DATA:	Resp rate										OXYGENATED	
BP: 118/66	BR (transduced)										EXTUBATED	
HR: 62	TOURNIQUET										5 PROBLEMS	
EQUIP CHECK	ANES. X-X										TO ICU	
OK: (Y) N	PROC. (O) O										REPORT TO RN	
PATIENT RECHECK												
OK for PROCEDURE												
TIME: 0600												
VENTIL	VT - ml	600	600	600	620	700	900				RECOVERY AT 0830	
	f - breaths/min	10	10	10	10	10	10				PACU ICU (Specify)	
	Peak Inf pres / PEEP	20	22	22	21	22	22				OTHER T-98	
	MODE - (Spon), (Aislet), (Cont)	C	C	C	C	C	C	AV			CONDITION: STABLE	
BP/Auto Cuff	ET CO2 (torr)	32	34	33	34	34	32				RESP 20, SpO2 99	
BP/oth	FIO2 (Frac or %)	.80	.84	.80	.81	.81	.84				BP 135/81 HR 108	
ART line	SpO2 (%)	100	100	100	100	100	100				ANESTHESIA / PROCEDURE TIMES	
Steth - PC/ES	ECG	5R	5R	5F	5R	5L	5R	5R			Start Room End	
Gas analyzer	TEMP-site SKIN	37	37	37	37	37					0600 0605 0845	
	N-M Block (T/4)		8/4			7/4	7/4	7/4			Ready Begin End	
											0602 0630 0830	
Warming blkt												
Conv warmer												

Mark with letters & symbols, explain under REMARKS. EVENTS Position → ① ②

PROCEDURES and CPT Codes:
2X FIX @ Femur

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments DLX1 5 RSE + CRIBID, ATTEMPTS, TRAUMATIC BEEB @ ET CO2

0 - # [] (BX8)-4

MEDCOM - 2346

PROCEDURE LOCATION: T-1

PREANESTHETIC SUMMARY			
OPERATION PROPOSED <i>GSW (B) Femoral</i>		AGE	WEIGHT (LBS.)
ABNORMAL AND WHY?		PHYSICAL STATUS 1 2 3 4 5 6 7	
URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB RBC HCT OTHER <i>39²</i>	BLOOD CHEMISTRY	
RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP PULSE ECG (IF PERTINENT)	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES) <i>NKOT</i>
<i>φ</i>	<i>φ</i>	<i>φ</i>	<i>φ</i>
PREVIOUS ANESTHETICS AND COMPLICATIONS		PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS	
PREOPERATIVE DIAGNOSIS		PREMEDICATION	
		SIGNATURE OF EVALUATING PHYSICIAN	DATE
POSTANESTHETIC VISITS			
RECORD ALL PERTINENT COMPLICATIONS			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4			2 Oct 03	_____ HOURS	
NURSING UNIT			ADMIT TO ICU		
ROOM NO.			Adm - GSW to (D) Penn		
BED NO.			- VS 9 shift		
			- Reg DIET		
			- 15 BNS c 2omeg RCL/ULTRA		
			100 cc ^o		
			Haplock wha P.O. good		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2				_____ HOURS	
NURSING UNIT			- MAY REINFORCE Dressing as needed		
ROOM NO.			- NV V (D) LE 9 2 ^o X4, then 7 shift		
BED NO.			- BATH AS needed		
			- IM SOY 2-6 mg IV q 1-2 ^o PM Pain		
			- PHENYTOIN 25 mg IV q 6 ^o PM NIV.		
			- Percocet T-TI po q 4-6 PM Pain		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-2				_____ HOURS	
NURSING UNIT			- Ancept 9 mg IV q 8 ^o		
ROOM NO.			- CBC c diff in AM 3 Oct 03		
BED NO.			- Chem - 2 or metabolic profile in AM		
			(b)(6)-2		
			MATS (b)(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24 ^o Chart ✓ 0100 3 Oct 03			(b)(6)-2	_____ HOURS	
NURSING UNIT			① o/c Foley		
ROOM NO.			② up out of bed in chair		
BED NO.			③ Dress D - q PM		
			④ Clean Priv BID with 50/50 Hydrogen Peroxide + H ₂ O		
			⑤ ok to discharge today		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

17 Jan 80

PROCEDURE: <u>Oleum Ex</u> PHYSICIAN: <u>Ex</u> ANESTHESIA BY: <u>Ex</u> Gen Spinal MAC Axillary Local Bier Epidural Other	ALLERGIES: <u>NKDA</u> AIRWAYS: _____ Time DC'D _____ ETT Nasal Oral Trach OXYGEN: _____ Mask Nasal Face Blow-By Prongs Tent _____ Liter/min. _____ %	ASA <u>2</u> History _____ Cardiac Rhythm _____ IV#1 _____ Patent Infiltrated Site _____ Rate _____ Gauge _____ IV#2 _____ Patent Infiltrated Site _____ Rate _____ Gauge _____
--	---	--

500
06/20

Time	VITAL SIGNS					PAR SCORE					COMMENTS	OTHER								
	B/P	P	R	O ₂ SA	Temp	Act	Resp	Circ	LOC	Skin		PARS	Neuro-Vascular							
PRE-OP	/																			
PRE-OP	118/64	62																		
0840	139/81	89	22	99%	97.8	1	2	2	1	2	8									
0845	133/74	81	24	99%		1	2	2	1	2	8									
0850	87/73	71	22	99%		1	2	2	1	2	8									
0855	128/73	66	22	99%		1	2	2	1	2	8									
0910	121/73	67	21	99%		1	2	2	1	2	8									
0925	121/71	65	21	100%		2	2	2	1	2	8									
0940	121/70	68	17	100%		2	2	2	1	2	9									

POST ANESTHESIA RECOVERY SCORE (PARS)

Activity - General Anesthesia
 2 - Maintain head lift and open eyes
 1 - Unable to maintain head lift and open eyes
 0 - Unable to lift head and open eyes

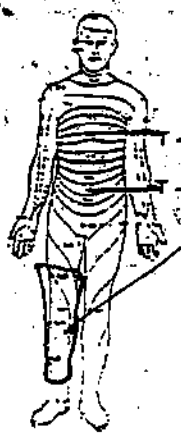
Activity - SAB or Subarachnoid Block
 2 - Moves all four extremities with control
 1 - Moves both upper extremities

Respirations
 2 - Spontaneous respiration; needs no support
 1 - Limited effort; needs artificial airway or jaw support
 0 - Needs ventilator; no spontaneous respiration

Circulation
 2 - BP 20% preanesthetic level
 1 - BP 50 - 50% preanesthetic level
 0 - BP 50% or more preanesthetic level

Level of Consciousness
 2 - Awake and alert; seldom dozes
 1 - Awakens when gently stimulated
 0 - Awakens only when vigorously stimulated

SKIN
 2 - Normal skin color & temperature greater than 95°
 1 - Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0 - Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
OpSite		
Bandaid		
Stari-strips		
Collodion		
Peri-pad		
Coban	<u>RTD</u>	<u>OLE</u>
Cotton Balls		
Ace Wrap		
TUBES AND DRAINS:	Hemovac	Foley NGT
	Chest	Jackson-Pratt

(Continue on reverse)

(b)(6); (b)(7) DEPARTMENT/SERVICE/CLINIC <u>887/14N ICU</u>	DATE <u>02 OCT 03</u>
---	--------------------------

middle; grade; date; hospital or medical facility)

DOTUS # EPW

<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART
<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> DIAGNOSTICS STUDIES	
<input type="checkbox"/> TREATMENT	

FORM DA 1 MAY 78 **4700**

FH MDA OP 132-11a (Rev)
1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	OR	1500	OR	EBL	60cc
	EMT	2500	OR	Urine	700cc
TOTAL		4000	TOTAL		760cc

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S _____ IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Pt received from OR 18 g IV in (R) AC patient & infusing LK @ TR O.
 (1) suture approx 2.5 cm in length over eyebrow. Foley urinary catheter patent & draining clear yellow urine in closed drainage system. (2) ext fix from mid-thigh to mid calf & min serous sanguinous drainage on dressing surrounding upper leg spins. Coban dressing covering (R) dressings. (3) foot anterior proximal of large toe & a 2 cm in diameter ^{(b)(6)2} abrasions.

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DISPOSITION SUMMARY: Nursing Care Problems No.'s _____ Resolved; No.'s _____ Continue.
 Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.

Dressing status: _____ PAR Score _____ Safety Straps _____
 Report given to _____ Patient released by Anesthesia _____
 Time out _____ Nurse Signature: _____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

17 Jan 80

PROCEDURE: <u>OR Team fx</u> PHYSICIAN: <u>Dr. [unclear]</u> ANESTHESIA BY: <u>[unclear]</u> Gen Spinal MAC Axillary Local Bier Epidural Other	ALLERGIES: <u>NKDA</u> AIRWAYS: _____ Time DC'D _____ ETT Nasal Oral Trach OXYGEN: _____ Mask Nasal Face Blow-By Prongs Tent _____ Liter/min. _____ %	ASA <u>2</u> History _____ Cardiac Rhythm _____ IV#1 _____ Patent Infiltrated Site _____ Rate _____ Gauge _____ IV#2 _____ Patent Infiltrated Site _____ Rate _____ Gauge _____
--	---	--

5cc
5cc
5cc

Time	VITAL SIGNS					PAR SCORE					OTHER		
	B/P	P	R	O ₂ SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Ext: L R Upper: Lower: Pulse DP BT RAC
PRE-OP	118/64	62											Blanche Pulse Warm Moves Y N
0840	139/81	89	22	99%	97.8	1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0845	123/74	81	24	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0850	87/72	71	22	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0855	120/72	66	22	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0910	121/73	67	21	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0925	121/71	65	21	100%		2	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0940	121/68	68	17	100%		2	2	2	1	2	9		Blanche Pulse Warm Moves Y N
													Blanche Pulse Warm Moves Y N
													Blanche Pulse Warm Moves Y N
													Blanche Pulse Warm Moves Y N
													Blanche Pulse Warm Moves Y N
													Blanche Pulse Warm Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
 2-Maintain head lift and open eyes
 1-Unable to maintain head lift and open eyes
 0-Unable to lift head and open eyes

Activity - SAB or Subarachnoid Block
 2-Moves all four extremities with control
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Respirations
 2-Spontaneous respiration; needs no support
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 0-Needs ventilator; no spontaneous respiration

Circulation
 2-BP 20% preanesthetic level
 1-BP 25 - 50% preanesthetic level
 0-BP 50% or more preanesthetic level

Level of Consciousness
 2-Awake and alert; seldom dozes
 1-Awakens when gently stimulated
 0-Awakens only when vigorously stimulated

Skin
 2-Normal skin color & temperature greater than 96°
 1-Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0-Skin is pale, blotchy, dusky &/or temperature 95 - 96°



DRESSING:

	Status	Location
Gauze		
OpSite		
Bandaid		
Sten-strips		
Colloidan*		
Pen-pad		
Cobant	<u>BCDI</u>	<u>OLE</u>
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS:

Hemovac	<u>Foley</u>	NGT
Chest	<u>Jackson-Pratt</u>	

DEPARTMENT/SERVICE/CLINIC: 28th/ICU DATE: 02 OCT 03

IDENTIFY LOCATION (type or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

DOTUS # [unclear] EPW

<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART
<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> DIAGNOSTICS STUDIES	
<input type="checkbox"/> TREATMENT	

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG											
A (b)(3)-1						IZ		(State or Country Code.)											
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15	Iragi (b)(6)-4 EPW						16	17	18				
(b)(6)-4														M					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION								
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND						
						25 Y			X	9									
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER										
32	33	34				35	36	(b)(6)-4											
						9	9												
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS								
CW						46			0230		CW								
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61													
			K 76																
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			PREV. ADMISSION									
62	63	84 85 86 87 88 89 90				91			YEAR <input type="checkbox"/> NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72			ICU																
2						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)													
						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
NA (b)(3)-1			OE MEDICAL TREATMENT FACILITY (b)(3)-1																
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)										
73	74	75 76 77 78 79 80						81 82 83 84 85 86 87 88											
01									20031003										
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)											
89	90	91	92	93	94	95	96	97	98	99 100 101 102 103 104 105 106									
B1 AA								20031002											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)											
107	108	109 110 111 112 113 114				115 116 117 118 119 120 121 122													
				A (CMT)				20031002											
FOR LOCAL USE																			
<div style="border: 1px solid black; padding: 10px; border-radius: 50%; width: fit-content; margin: auto;"> <p>82133 87712 W. 7965 7815</p> </div>																			
ADMITT																			
(b)(6)-2						(b)(6)-2													

(b)(3)-1

INPATIENT TREATMENT RECORD COVER SHEET (For Plate Imprinting)

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

PATIENT DATA ITEMS 1 - 30 (For use of items 25 & 26)
EPW

(b)(6)-4

(b)(6)-4

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

ADMISSION REMARKS

(b)(6)-4

ADMITTING OFFICER
(b)(6)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION **D/K**
26. DATE OF DISPOSITION **17 OCT 03**

31. SELECTED ADMINISTRATIVE DATA

CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW (L) Neck & Shoulder 880.00 ICD9FY02
S/P I+D 874.8 ICD9.FY02
86.09 ICD9FY02

CHECK IF CONTINUED ON REVERSE

a. ALL DAYS THIS FACILITY SICK		b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
g. ALL DAYS ALL FACILITIES SICK		h. OTHER DAYS	i. LV/COOP DAYS	j. SUPPLEMENTAL CARE DAYS	k. BED DAYS	l. TOTAL SICK DAYS

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

Frags! Normal Shot to (L) Shoulder p
failed attack on US Soldiers.

AM: PCW
PMD: G
Tob: G

233 / 13.4 / 10.2
37.7

143 / 112 / 10
3.6 / 1.2 / 162

US A-130/79 P-95 R-22 T-97.8

PHYSICAL EXAMINATION

Cenit - WSWW 07; wildly distressed
HEENT - 1cm x 2cm wound base at neck, posterior + left.
(L) Shoulder + Clavicular region to large laceration; NO OR wound.
Radial pulse 2/4; Moves arm + hand normally
CV - MA 5 @
Lungs - CTA B/L
Abd - G/G, N/V/D Back - G Injury C-4 the Num-tuber

PROGRESS (Enter date of discharge and final diagnosis)

X-ray: (L) Shoulder to metallic fragments posterior + lateral
to joint. R'd distal clavicle
C-spine Neg! Chest - Neg.
AP GSW (L) Shoulder to large laceration, NVID. No chest
involvement apparent. Pass. versus injury. Plan E+D
to wound in OR

(b)(6)-2	DATE 20C103	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

Frags! (b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.503
OCTOBER 1975
USAPPC V1.00

MEDICAL RECORD

PROGRESS NOTES

DATE
02 Oct 03
2225

37 y/o male presents to EMT ambulatory to Trauma bed # 2 (two). A+O. Resp even & nonlabored. Drsgs intact. IV 18g in @ AC 1000cc NLR infusion well. Attempt to start IV in both feet x 3. Success. Blood drawn from @ foot by Dr. Sample clotted. Redrawn from @ hand, IV shut off before draw. X ray here on the knee. Pt stable @ this time. Foley 16fr placed @ 900cc clear urine returned. Ut to lab. Ready for OR.

(b)(6)-2

CTA

V/S	2225	2315	2330	
T	97.8	97.8	/	IV 3000cc
P	93	95	/	Urine 1000cc
R	16	22	89	Meds - Clindy 900cc @ 2300
3P	149/91 @ arm	130/79 @	15	
2	97% RA	97% RA	128/79 @	
			95%	

IDENTIFICATION (For typed or printed name—last, first, middle; grade; rank; rate;

(Continue on reverse side)

(b)(6)-4

REGISTER NO.

WARD NO.

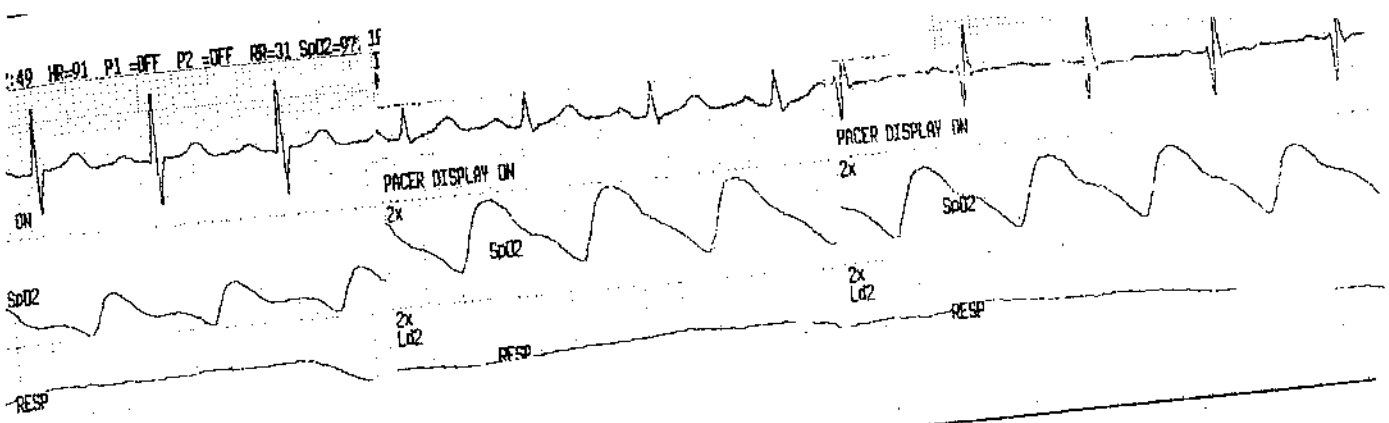
(b)(6)-4

(b)(6)-4

MEDCOM - 2360

PROGRESS NOTES

HR=91 P1=OFF P2=OFF RR=31 SpO2=97 1F



23:20	89	96	121 / 71	90	16
23:10	95	96	128 / 79	98	21
23:06	93	97	130 / 79	99	21
23:00	92	95	128 / 75	95	28
22:50	95	95	139 / 83	103	26
22:48	99	98	141 / 78	104	20
22:30	00	00	144 / 00	00	00
22					
22					

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2 Oct 2003	Surgery
2319	37yo ♂ GSW vs sharpshooter (A) posterior inferior neck. % (A) shoulder pain only. & reported LOC or other injuries. stable during transport.
8 Pmt	Assessment - Airway - clear
8 Psit	B. monitoring - clear (A)
8 MWS	BP 140/90 (B) palpable pd
All: PCN	HEENT - A7/NC PERMANENT EOMZ
	N/A/OP clear TMs clear -
	Neck - AT midline + i notation
OxR - 8 pte white	cleared by exam. Further
Shoulder - (A) 1st	(A) post-lint wound i mild
clav f2	w/abs bleeding easily control
	Large hematoma 1st clavicle
	Chest - CIA (A) S.S. v. NT
	AbL - S/N 2 (no) ABS
	GU - 8 injuries noted
	Ext - Strength 5/5 RUE + BLE
	LUE i painful ROM at shoulder
	Pulse: 2+ r2d (A) / fem (B) / DP/PT (B)
	(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.
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POTUS # (b)(6)

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

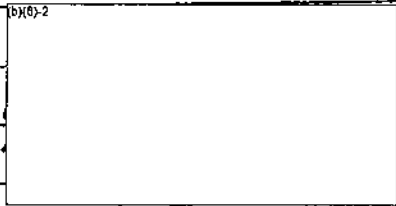


DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
20022003	(Cont'd)
7319	New GCS 15
	Sens (motor intact globally specifically ⊕) biceps 4+ ⁵ limited
	triceps 4+ ⁵ 20 abax wflwe 5/5 grip 5/5
	Imp - ⊕ clavicular injury by GSW vs shoulder ⊕ chest injury ⊕ ant neck injury ⊕ major external injury suspected Suspect venous injury
	Plan - washout wound will continually explore wound/ not hemostasis + irrigate
	⊕ extension debridement planned at this time
	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> (b)(6)-2 </div>
300403	08 Nov
0100	Dx: GSW ⊕ shoulder + posterior neck
	Mx: ⊕ ⊕ ⊕ shoulder wound
	Wx: shirt / San barn
	Apx: Genoa
	Fluids: 900cc LR M ; 1000cc Urd.P. ; 150cc RBL
	Fndngs: Minimal muscle debridement at trapezius
	GSW ⊕ d distal clavicle removed several bone pieces
	Comp's: ⊕
	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> (b)(6)-2 </div>

MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE	NOTES
------	-------

3 Oct 03 0830	<p><i>Orlando</i></p> <p>PAD #1 s/p D+D GSW (L) Shoulder + Neck</p> <p>Medication = asoc, twice through night</p> <p>Dressing did not stick for sutures & pins</p> <p>Temp - 100.3 P-84 - R-15 BP - 138/78</p> <p>Sat - 96% on R.A. H/M 11.9/134.8</p> <p>Dressing - clean, dry, & intact</p> <p>AP Stable</p> <p>Comp. current wound</p> <p>Back to OR tomorrow.</p>
------------------	---



LTC, M

4 Oct 03 0935	<p><i>Orlando</i></p> <p>PAD #2 s/p D+D GSW (L) Shoulder</p> <p>Comfortable</p> <p>Temp - 100, ves</p> <p>Dressing - C/D/A</p> <p>Stable</p> <p>Repeat D+D & DPL over drain today.</p> <p>Discuss procedure to pt. through</p> <p>translator</p>
------------------	--



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

LTC, M

Erangi

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 3-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.200(b)(10)

4 Oct 03
OP Note

- GSW to @ shoulder

- same

ITD @ GSW

Shroat / Gwta

EBL 30¹⁵⁰ TF 350 comp

OPANS - T remove drain

findings - clean wound & minimal necrotic tissue.

bone covered & muscle

(b)(6)-2

(b)(6)-2
MAT

6 Oct 03 ortho Attends

WSS Afelch

OTET good

Ⓟ sensation to all fingers

- started out of bed yesterday

MC to authorities today

Keflex - 300mg

Tylenol = # 30

TRONICIN - # 600

Flu at 12 for ^{staple} suture removal.

IF patient sent elsewhere staples can be removed by medic in 10-14 days

(b)(6)-2

(b)(6)-2
May

NOTES

DATE

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

OBSERVATIONS

Include medication and treatment when indicated

A.M.

P.M.

30 Oct 03

0145

received pt this AM; pt. finished w/recovery from ~~post op~~ I-D of D shoulder; dressing is CDI; pt does not complain of any pain; resting w/eyes closed; VSS; NAD; will cont. to monitor -

0545

6mg MSO₄ given for dressing Δ ; dressing was saturated with blood on the left shoulder; dressing reinforced; pt resting in bed; will cont to monitor

1005

6mg MSO₄ given for pain; will cont. to monitor

1100

pt offered Δ lunch tray but denied vertigo with minor c/o p/d Δ VS HR 80 BP 120/68 O₂ 99% on RA Temp. 99.2 Will continue to monitor for SSB

1500

Doing well NAD will cont to monitor per orders S-cc DA Form 4700 An assessment

1700

Ate 100% of dinner will cont to monitor per order

30 Oct 03

2200

received report on pt from previous shift pt resting supine \bar{c} NBS elevated. NAD \bar{c} c/o pain, weakness to DNE fluids \bar{c} 25cc/hr to 18G CNA PIV, MPC BS

4 Oct 03 0000

Assessment complete V/S stable, refer to DA form 4700 for full assessment, PIV patent CDI, dressing to D neck & shoulder saturated \bar{c} blood, pt \bar{c} S/S of lightheadedness w/V, breathing deep unlabored \bar{c} SOB \bar{c} dyspnea

4 Oct 03 0000

reinforced dressing pt awakes w/PO \bar{c} solid foods \bar{c} MD, PO 100% \bar{c} H₂O tolerated well

4 Oct 03 0400

MPC BS DA 's from previous assessment

INTAKE					OUTPUT					COMMENTS
Time	Ure	VPB	PO	Total	Ure	DBL	Total			
0100	1100				1750	180				
0200	105				1250	150				
0300	125									
0400	125									
0500	125									
0600	125				700					
0700	125	50			1250					
0800	125	50			100					
8 HR	875	50			2050			8 HR	2050	
0900	125				100					
1000	125				100					
1100	125				300					
1200	125				200					
1300	125				100					
1400	125				700					
1500	125				40					
1600	125	50			100					
8 HR	1000	50		1050	1975	180		16 HR	3240	
1700	125		200		80					
1800	125				100					
1900	125		75		100					
2000	125				100					
2100	125				100					
2200	125				70					
2300	125	50			250					
2400	125	50			800					
8 HR	975	50			3700			24 HR	3700	

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

OBSERVATIONS

Include medication and treatment when indicated

A.M.

P.M.

04 OCT 03

0610

Assumed pt care. Pt A&OK3 per translator & pt speaks a small amt of English. (L) neck & shoulder drsg CDI, pt c/o pain only & improvement of (L) UE. 18g IV cath in (R) AC Patent & infusing LR @ 125cc/hr S difficulty, site S redness, edema, or pain. Foley patent & draining into closed drainage system. Pt performed AM ADL's ~~with~~ minimal assistance. Pt still denies need for medication. Will continue to monitor.

04 OCT 03

0730

Pt c/o slight pain in (L) shoulder & neck area. Pt medicated c/ MSDy 5mg per prn pain order. Will continue to monitor & reassess pain management.

04 OCT 03

10:45

Pt to DR via litter carrier c/ DR staff.

04 OCT 03

12:25

Pt returned from DR via litter carrier via litter accompanied by DR staff. (L) neck & shoulder new dressings. (R) hand 18g IV patent & infusing D5NS c/ 20mg KCL @ 100cc/hr per dial. a for set.

1500

In bed rest. Hg 90% discomfort at this time. That's what he say. But can tell him some discomfort. Will cont to monitor per order and discomfort. See UA Form 11400 for assessment.

1700

Sleepy when NAD to read and full of chest noted. Will cont to monitor.

04 Oct 03

2000

Received report from previous shift, pt resting supine D5NS infusing @ 100cc/hr to (R) hand RTV, foley patent, urine yellow S sediment, 400 mg NAD, (L) shoulder bandage CDI.

04 Oct 03

2200

Assessment complete conduct DA 41000 DR CBS

INTAKE					OUTPUT			COMMENTS
PO	FVPB	IV	Total	URINE	BLM	Total		
0100								
0200								
0300								
0400								
0500								
0600								
0700	60 60	50 50	125 825					
0800			125 950					
8 HR	662			8 HR 1060			8 HR 1225	
0900			125 125	1150 2210				
1000			125 850					
1100							525 1650	
1200							1225 2825	
1300								
1400								
1500								
1600	100	50	100 900					
8 HR	100	50	100	16 HR 2210			16 HR 2925	
1700	100 100		100					
1800	100 200		100 200					
1900	100 300		100 300					
2000	200 500		100 400					
2100								
2200	150 650		100 500					
2300	100 50	50	100 300					
2400	650		100 850					
8 HR	850	50	800	24 HR 1000			24 HR 1675	4200

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
4 Oct 03		2230	D/C Foley pt tolerated well, conducted pt Teaching on use of urinal, pt verbalized understanding -
4 Oct 03		2255	I/S conducted pt. Dyspnea O2 100% -
5 Oct 03	0030		pt c/o pain administered pain med -
5 Oct 03	0100		⊕ A/S from previous assessment, small amount of drainage from back of ⊕ neck/shoulder dressing will continue to monitor
05 Oct 03	0605		Assumed-praise. Previous shift reported removing pt's urinary catheter @ 2230. At this time, pt has not voided; has been approx 8 hrs since Foley urinary catheter removed. Charge nurse notified and ↑ fluids for pt orally has begun. Pt attempted to urinate once this AM, pt not successful. 181V cath in ⊕ hand patent & infusing D5NS c 20 mg KCL @ 100cc/hr & difficulty, site ⊕ pain, edema, or redness. Pt up chair @ own request following voiding attempt & A/S completed. Will continue to monitor pt.
05 Oct 03	0710		Neurovascular checks completed; pt has full sensation ^{exam} , able to wiggle ⊕ hand & fingers, all pulses present, cap refill < 2 seconds. Pt grimaces when moving ⊕ arm but denies need for medication. Will continue to monitor.
05 Oct 03	0815		Pt successfully voided 425cc/urinal c slight difficulty. Pt teaching given that pain during urination would eventually subside. Will continue to monitor.
05 Oct 03	0830		Pt ambulated on ward after sitting in chair for 20 minutes.

	INTAKE					OUTPUT				COMMENTS
	DS	PO	FVPB	Total	URINE	BM	Total			
0100	100									
0200	100									
0300	100									
0400	100									
0500	100									
0600	100									
0700	100									
0800	100									
8 HR	800	610	50		8 HR.	425			8 HR.	
0900	100				1460				425	
1000	100								1250	
1100	100								1675	
1200	100									
1300	100									
1400										
1500										
1600										
8 HR					2010					
1700					16 HR.				16 HR.	
1800					2010				1675	
1900										
2000										
2100										
2200										
2300										
2400										
8 HR					24 HR.				24 HR.	

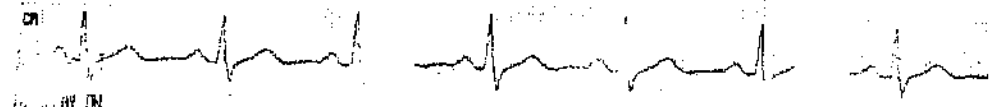
MEDICAL RECORD | **PROGRESS NOTES**

DATE | NOTES

05 OCT 03 Nursing Notes: (10:00) Pt c/o neck & shoulder pain; 7/10 on pain scale. Medicated pt c percoet # 20 per rx pain order. Will continue to monitor.

05 OCT 03 12:05 - Pt c/o "fluttering in heart & dizziness" per translator, after staff informed pt he would be discharged soon to the EPW Camp. Rhythm strip taken, & S/O of acute distress noted, pt LOC in fact, & speech dysfunction or NVD. Pt denied any

3. LI:52:15 (HR=81) P1=OFF P2=OFF RR=19 SpO2=91% NIBP=OFF T1=OFF T2=OFF AT=OFF



dizziness after moving from chair to bed. Will continue to monitor.

05 OCT 03 13:45 - Nursing Notes - Assisted physician in dressing pt neck & shoulder dressings; pt tolerated well. Will continue to monitor.

05 OCT 03 1500 Received Pt Resting well hob 30°. VSS & complaints at this time See flow chart for assessment Will continue to monitor.

06 OCT 03 0007 MACBS VS stable P/O pain @ head N2 patent MOB elevated Pt moves ext x 2/3 difficulty

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

PROGRESS NOTES
Medical Record

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

DATE	NOTES
06 Oct 03 0300	VS PS02=94% HR=78 RR=18bpm T=98 ^B B/P=116/66(83) ① c/o pain ② shoulder/neck bandage CDI, HOB elevated ③ other complaints @ this time, will continue to monitor [redacted]
6 Oct 03 0850	T 99°, BP 117/65, HR 84, RR 17, SpO ₂ 96% on RA, pt. ambulated this AM; sat up in chair + ate breakfast; voiding clear, yellow urine; Na lock to ② hand CDI - patent; NAT, lung sounds clear ②; BS active x 4 quad.; dressing to ① shoulder CDI; pt c/o pain TI percocet given PO; pt. now resting in bed; pulses normal + palpable ② radial, will cont to monitor [redacted]
6 OCT 03 1500	Received pt Resting well, VSS, @ complaints @ this time, Pt med's and dressing changed materials Ready for pt evac to mp custody will continue to monitor [redacted]
6 Oct 03 1740	D/c to MP's instruction given "status yesterday of the D/c orders" Supplies given for the next 5-6 days. Instructed to come back or call with any concern of care [redacted]

EMERGENCY CARE AND TREATMENT (Medical Record)			TREATMENT FACILITY (b)(3)-1	LOG NUMBER	
ARRIVAL DATE DAY MONTH YR. 2 10 03		TIME 2225	TRANSPORTATION TO HOSPITAL (Attach care enroute sheet) <input type="checkbox"/> PRIVATE VEHICLE <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER (Specify)	CURRENT MEDS. (Status immunisation and other data) Ø	HISTORY OBTAINED FROM <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER (Specify)
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 neck	SEX M	AGE 37	POSSIBLE THIRD PARTY PAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	----------	-----------	---

VITAL SIGNS		
TIME	2225	2315
BP	149/96	130/79
PULSE	93	95
RESP.	16	15
TEMP.	97.8	97.3
90 (Wt. (kg))	97	97.0 RA 95.7
CATEGORY (See reverse)		
<input type="checkbox"/> EMERGENT		
<input type="checkbox"/> URGENT		
<input checked="" type="checkbox"/> 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)

S: 37 y/o ♂ GSW to neck and shoulder.

TIME SEEN BY PROVIDER
2250

PSHH-Ø
PSH - 15 year ago
Tob- Ø
Last Oral/Int 24hr

ORDERS	INITS.	TIME
CBC, Ismt 6, Cr		2235
UA		2305
CXR, spine		2300
Humerus		2300
TTC x 40		2235
Indaaren 90mg IV		2300

37yo EPW s/p GSW E M-4 to C lat neck. Stable en route. Speaking & airway involvement.

C - A. nl voice
1" B - B = /symmetric BS 1xLB IV
C - CK 2S, DP 2+
D - GCS 15, MME

ASSESSMENT/DIAGNOSIS
GSW @ neck

2° HEENT - lat post zone 2 neck GSW E Ø Ø significant venous occlusion.

DISPOSITION (Check all that apply)		
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	
QUARTERS		
<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> 48 Hrs.	<input type="checkbox"/> 72 Hrs.
MODIFIED DUTY UNTIL:		
DAY	MONTH	YEAR
REFERRED TO (Indicate clinic)		
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> TODAY	
<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> ROUTINE	
ADMIT. TO HOSP. UNIT/SERVICE		
CONDITION UPON RELEASE		
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	
<input type="checkbox"/> DETERIORATED		
TIME OF RELEASE:		

Chest - C shoulder / lat neck ecchymotic hematoma.
C shoulder - GSW E FB palp post, small EW
CV - Reg & m
lungs - CRA @
abd - SINT / ND
pelvis stable
back - d'ing
neuro - symmetric MM 5/5 ULE. Reflex 2+

Cxr 2 aptx
d'itx
C spine
humerus

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).

(CONTINUE ON SF 507, IF NEEDED)

SIGNATURE OF PROVIDER AND ID STAMP
MMT MC

Dr. Qi #

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

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	30 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)(3)-2	

Safety Checks	D	E	N
BVM at bedside			(b)(3)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title) (b)(3)-2 UTAW	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)

Pohus (b)(3)-4

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

0

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	97 ⁺ _{ox}	80	12	128/21	94%												
0300																	
0400																	
0500																	
0600	100 ³	84	15	138/78	96%		99										
0700																	
0800																	
0900																	
1000	99 ²	78	18	123/62	96%		85										
1100																	
1200																	
1300																	
X1400																	
1500	100	88	15	130/68	96		90										
1600																	
1700																	
1800																	
1900		86	16	130-68	96												
2000																	
2100																	
2200																	
2300																	
2400	95 ⁶	96	18	131/74	96		97										

6/8/2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 Oct 03
DOS	4 Oct 03
POD	

24 HOUR DATA	
24 Hour Balance	890
24 Hour Intake	3710
24 Hour Output	4600
Weight on Admission	/
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(3)-2	

Safety Checks	D	E	N
BVM at bedside			(b)(3)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title) (b)(3)-2	Department/Service/Clinic ICU	DATE 4 Oct 03
--	---	-------------------------

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

Potter (b)(3)-4

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

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R				2			2								2							2		
	L				2			2								2							2		
	DORSALIS R				2			2								2							2		
	PEDIS R				2			2								2							2		
	L				2			2								2							2		
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale					2			3								3							3		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓			✓								✓							✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)					NSR			SI								SE							SE		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH							✓																	
	FOLEY CARE				✓			✓								✓							✓		
	ORAL CARE																								
MOBILITY	BEDREST				✓			✓															✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE				✓			✓															✓		
	HOB 30 DEGREES				✓			✓								✓									
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)					✓			✓															✓		
PAIN	PAIN FREE				✓			✓								✓							✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended				2			2								2							2		
BOWEL SOUNDS (active all quads)					x4			x4								✓							x4		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Fb																									
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	Neck/shoulder/back				✓			✓								✓							✓		
#2																									
#3					✓			✓								✓							✓		
INVASIVE LINES	SITE	DATE INSERTED		DESCRIPTION (SITE, DSC)																					
X26 PLY	(L) AC	3 OCT 05		CDI @ 0400																					
18g IV cath	(R) HAND	04 OCT 03		CDI @ 10:30																					

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 Nag. Notes X

No Change from Previous Assessment

DATE: 04 Oct 03

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

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	99 ²	94	13	121/73	98		94										RA 9/20 pm
0500																	
0600																	
0700																	
*0800	99 ²	94	16	131/76	96 ²		95										RA
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	99 ²	97	14	124/73	97		91										RA
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99 ²	86	15	121/68	97		91										RA, NAC
2300																	
2400																	

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 Oct 03
DOS	8 Oct 03
POD	1

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

NURSE'S SIGNATURE	Initials

Safety Checks	D	E	N
BVM at bedside			(b)(3)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title) 9/22/03	Department/Service/Clinic ICU	DATE 5 Oct 03
---	---	-------------------------

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

(EPW) POTUS (b)(3)-4

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

		0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4
PULSES (4) Bounding (3) Full (2) Normal (1) Falnt (0) Absent	RADIAL R		2					2								2								2	
	L		2					2								2								2	
	DORSALIS R		2					2								2								2	
	PEDIS L		2					2								2								2	
SKIN (1) Dry (4) Cool (7) Jaundiced (2) Clammy (5) Flushed (8) Color Normal (3) Warm (6) Cyanotic (9) Pale			3					3								3								3	
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓						✓								✓							✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			8														8							8	
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		8																						
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2						2								2							2	
BOWEL SOUNDS (active all quads)									✓																
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓						✓															✓	
SKIN INTEGRITY	No Breakdown		✓						✓															✓	
	Surgical Wounds		✓						✓															✓	
	Rashes, Lac's, etc		✓						✓															✓	
DRESSING (Dry & Intact: specify site below)			✓						✓															✓	
#1	① Neck/Shoulder																								
#2																									
#3																									
INVASIVE LINES		SITE		DATE INSERTED		DESCRIPTION (SITE, DSG.)																			
18G		① hand		4 Oct 03		CDL																			
18G		R HAND		4 Oct 03		DSG of IA																			

PUPIL SIZE

PUPILS

MOTOR FUNCTION

CHART CODES

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

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

Present ✓
 Not Applicable / Absent (blank)

Refer to Neg. Notes X

No Change from Previous Assessment

DATE: 5 Oct 83

TIME	0	1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
A. BEST EYE-OPENING RESPONSE																																										
(4) Opens Spontaneously (2) To Pain	4																																							4		
(3) To Voice (1) Does Not Open																																										
B. BEST VERBAL RESPONSE																																										
(5) Oriented (2) Garbled	5																																								5	
(4) Confused (1) No Response																																										
C. BEST MOTOR RESPONSE																																										
(6) Obeys Commands (3) Flexion to Pain	6																																								6	
(5) Localizes to Pain (2) Extension to Pain																																										
(4) Withdraw to Pain (1) No Response																																										
GLASCOW COMA SCALE (A+B+C)																																										
	15																																									15
PUPIL RESPONSE																																										
Size (mm), React to Light (+) No Response (-)	R	2+																																							2+	
	L	2+																																							2+	
MOVEMENT																																										
(See Motor Function Scale at Top of Page)	RUE	4																																							4	
	LUE	3																																							3	
	RLE	5																																							5	
	LLE	5																																							5	
GRIP (S) Strong (W) Weak (-) absent																																										
	R	3																																							3	
	L	3																																							3	
RESPIRATIONS																																										
	REGULAR	✓																																							✓	
	IRREGULAR																																									
	UNLABORED	✓																																							✓	
	LABORED																																									
	SHALLOW																																									
	RETRACTIONS																																									
BREATH SOUNDS																																										
(5) Clear	RUL	5																																							5	
(4) Crackles	LUL	5																																							5	
(3) Rhonchi	RLL	5																																							5	
(2) Wheeze	LRL	5																																							5	
(1) Diminished	LLL	5																																						5		
	BOTH BASES	✓																																						✓		
COUGH																																										
	NONE	✓																																							✓	
	SPONTANEOUS																																									
	PRODUCTIVE																																									
	NONPRODUCTIVE																																									
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																																										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																																										
VENTILATOR																																										
	Vt																																									
	FIO2																																									
	RATE (SIMV/CMV)																																									
	PEEP / CPAP																																									
	PRESS. SUPPORT																																									
OXYGEN DELIVERY DEVICE																																										
	NC (l/min)	RA																																							RA	
	FM (l/min)																																									
	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																	
0500																	
0600																	
0700																	
0800	98.1	80	17	108/70	97%		91										RA
0900																	
1000																	
1100																	
1200																	
1300	99.3	74	16	134/69	94%			96% RA									
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>bre</u> (b)(6)-2		2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>max</u> (b)(6)-2	
3. DATE <u>2 Oct 03</u> TIME PATIENT ARRIVED IN SUITE <u>2333</u>		4. PATIENT IN ROOM <u>1</u> NUMBER <u>(b)(6)-4</u> TIME <u>2335</u>	

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: PCW

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Spe</u> (b)(6)-2	RELIEF SCRUB	
	<u>Spe</u> (b)(6)-2 <u>May</u> (b)(6)-1		
ASSIGNED CIRCULATOR	<u>May</u> (b)(6)-2	RELIEF CIRCULATOR	
	<u>May</u> (b)(6)-2 <u>(b)(6)-1</u>		

7. POSITION AND POSITIONAL AIDS (Specify)

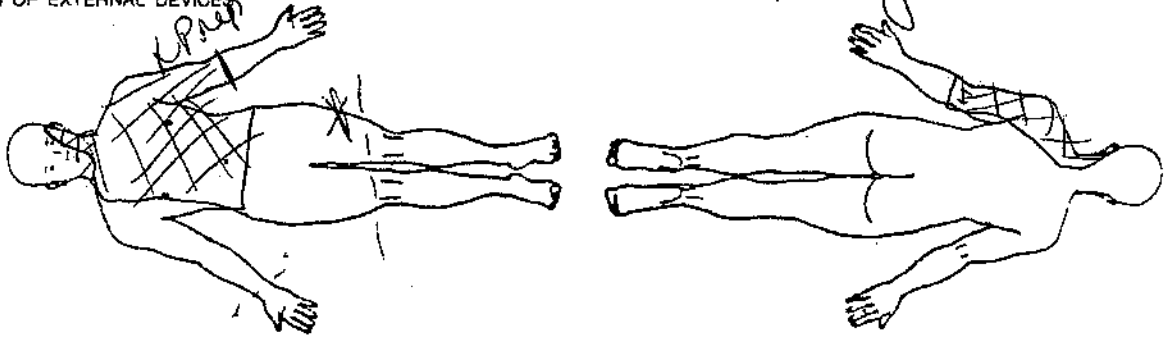
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS: beam bag used @ tilt position

8. SKIN PREPARATION

HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Beta/Beta</u> (b)(6)-2
DONE BY: <input checked="" type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>Neck, chest</u> BY WHOM: <u>May</u>
METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR	SITE: <u>arm to elbow</u> BY WHOM: <u>May</u>
<input type="checkbox"/> CLIP	COMMENTS: <u>no pooling or irritation</u>

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad - Safety Strap === Tourniquet

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

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

TRAGI # (b)(6)-4

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

ESU NO: Valleylab 000434
 GROUND PAD: BRAND Valleylab E7582
 LOT NO: 696710
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____

14. MEDICATIONS/ORDERS

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

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NS

OTHER ORDERS
 Foley cath on place on arrival draining
 clear yellow urine

PHYSICIAN'S SIGNATURE: [Redacted] [Signature]

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO
 TYPE/SIZE 1. 1/2" purpose 2. 3.
 SITE (D) Shoulder 2. 3.
 18. DRESSING/IMMOBILIZATION (Specify)
 AXES
 loop

19. ADDITIONAL INFORMATION
 (b)(6)-2 [Redacted] (b)(6)-1 [Redacted]
 (b)(6)-2 [Redacted]

20. OPERATION(S) PERFORMED
 I+D @ neck

21. PATIENT TRANSFERRED TO ICU TIME see DA 7389 METHOD luteal = safety straps

22. REGISTERED [Redacted] [Signature]

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>[redacted]</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>[redacted]</u>	
3. DATE <u>04 Oct 03</u> TIME PATIENT ARRIVED IN SUITE		4. PATIENT IN ROOM TIME NUMBER	

5. PREOPERATIVE EMOTIONAL STATUS

CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS: Alert

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Spc</u> <u>[redacted]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>my</u> <u>[redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) on belly, rolled 100 to L. Safety strap over thighs

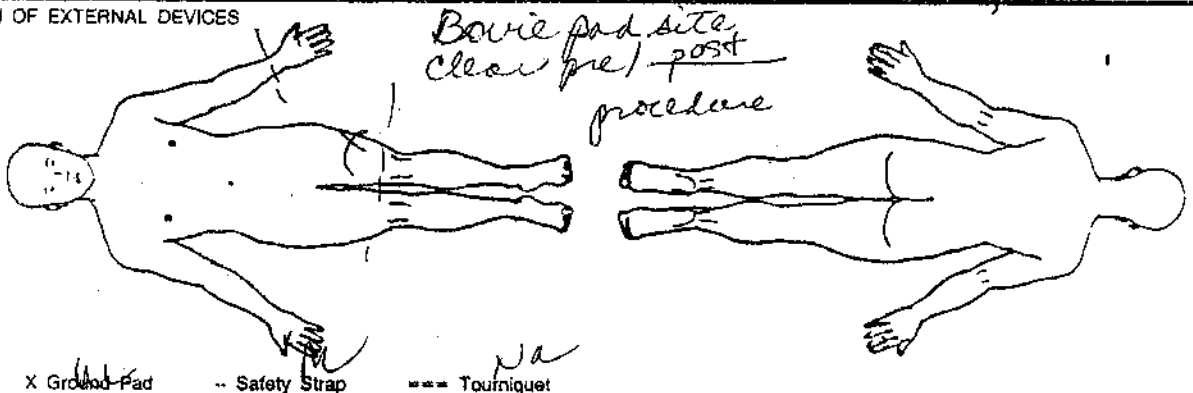
SUPINE
 LITHOTOMY
 PRONE
 KRASKE
 LATERAL:
 LEFT SIDE UP
 RIGHT SIDE UP

COMMENTS: amp free

8. SKIN PREPARATION

HAIR REMOVAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREP SOLUTION (Specify) <u>Betadine scrub/pre</u>
DONE BY:	<input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: <u>Dr neck</u> BY WHOM: <u>my</u>
METHOD:	<input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR	SITE: <u>arm</u> BY WHOM: <u>Foster</u>
COMMENTS:	<input type="checkbox"/> CLIP	COMMENTS: <u>pooling noted</u>

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS	C = Correct I = Incorrect		SCRUB	CIRCULATOR
	Other**	First Closing Count		
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>[redacted]</u>	<u>[redacted]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>[redacted]</u>	<u>[redacted]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>[redacted]</u>	<u>[redacted]</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>[redacted]</u>	<u>[redacted]</u>

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

Arzi [redacted]

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

ESU NO: Valley et 00132

GROUND PAD: BRAND Valley et 69671 LOT NO: 2005-09

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

14 MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

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

18. DRESSING/IMMOBILIZATION (Specify)
*sluffs
 4x4's
 foam tape*

19. ADDITIONAL INFORMATION
unknown allergy plates

Surgeons - Shroud / Gupta

20. OPERATION(S) PERFORMED
A:D @ Shoulder - neck wds

21. PATIENT TRANSFERRED TO *SICK* TIME METHOD *litter*

22. REGISTERED NURSE (b)(6)-2 *Mary AP*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99
 MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

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

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

SECTION I
 TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 2 Oct 03

2. ADMITTING/DIAGNOSIS: GSW to (2) shoulder

3. PERTINENT LAB, X-RAY, FINDINGS:
clavicle fracture & NO MAJOR vessel involvement

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
1st (2) GSW - Exploratory Arthroscopy, closure

5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
GSW to (2) shoulder

6. ACTIVITY: As tolerated. Should do range of motion 1-5-7 days

7. DIET: as tolerated

8. MEDICATIONS:
 Medications have been prescribed for home use. See separate list and special instructions or see below.
1 Tylox 7-11 po q 4-6 PRN Pain # 30
2 Motrin 800mg 7 po q 4-6 PRN Pain # 60
3 Kefflex 7 po q 6 x 30 days # 12

9. INSTRUCTIONS (To Home Health Providers, Patient, etc):
slim as needed
Day 4 Dressing change
EW in ~ 10 days (Oct 17) for staple removal. may be done by medic if everything OK

10. DISCHARGING PROVIDER:
 (b)(6)-2 [Signature] (b)(6)-2 [Print Name]

SECTION II
 TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: HOME DUTY OTHER detained camp
 AMBULATORY CRUTCHES WHEELCHAIR STRETCHER

2. ACCOMPANIED BY: FAMILY FRIEND OTHER

3. PATIENT EDUCATION:
 Completed and patient prepared for home care. YES NO
 If no, explain: _____
 Patient states demonstrates understanding of home care needs.
 Printed educational materials provided: _____

4. Clinical outcomes met and post-discharge/release referrals made.
 YES NO If no, explain: _____

5. If transferred to another health care facility, report called to nurse.
 YES NO If no, explain: _____

6. NUTRITION CARE - Comments:
Reg diet

7. MEDICATIONS:
 Explained by: NURSE PHYSICIAN PHARMACIST
 Printed medication literature provided. YES NO
 Patient states understanding of prescribed medications. YES NO

8. EQUIPMENT/SUPPLIES PROVIDED:
yes, 4x4's + tape for dry sterile dressing.

9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
17 Oct 03 f/u @ Specialty Clinic

10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
570-2112 - EMT

PATIENT IDENTIFICATION
POTUS # (b)(6)-4
 (b)(6)-4

COMPLETED (b)(6)-2
 (b)(6)-2 [Signature] Dwight PC 17 Oct 03
 (Signature and Title) (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
 (Patient/Responsible Adult's Signature) (Date and Time)

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: **Iraqi #** UNIT: **9 UT** RANK: **1** SSN: **1000000000**
 Physician: **Maj** Ward: **9 UT** STAT: **X Routine** Date and Time: **20 Oct 83 22:40** Date and Time: **20 Oct 2300H**

Chemistry (+STAT)			Chemistry (Piccolo Analyzer)			Hematology					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na	143	128-145 mmol/L		ALB		3.3-5.5 g/dL		WBC	10.2	4.8-10.8 x10(3)/uL
	K	3.6	3.3-4.7 mmol/L		ALP		25-84 U/L		RBC	4.19	4.2-6.1 x10(6)/uL
	Cl	112	98-108 mmol/L		ALT		10-47 U/L		Hgb	13.4	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-97 U/L		Hct	37.7	35.0-60.0%
	PCO2		35-45 mmHg		AST		11-38 U/L		MCV	90.0	80.0-99.0 fl
	PO2		80-90 mmHg		Tbil		0.2-1.6 mg/dL		MCH	32.1	27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN		7-22 mg/dL		MCHC	35.6	33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca		8.0-10.3 mg/dL		Pft	2.33	130-400 x10(3)/uL
	so2		95-99%		Chol		100-200 mg/dL		LY%	11.4	15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#	1.2	0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN	14.8/10	7-22 mg/dL		Creat		0.6-1.2 mg/dL		Bands		Eos
	Glu	162	73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat	1.2	0.6-1.2 mg/dL		Glu		73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein		6.4-8.1 g/dL				
					Na		128-145 mmol/L		Plt verify:		

Urinalysis			Microbiology			Malaria Smear		
Color	Straw	Straw/Yellow	Source:		Thin		No Plasmodium Seen	
Clarity	Clear	Clear	FecLeuk	Negative	Thick		No Plasmodium Seen	
Glucose	Neg	Negative	Gram St					
Bilirubin	Neg	Negative	WetPrep	Negative				
Ketone	Neg	Negative	KOH	No Fungal Elements	Sed Rate			
SG	1.025	1.010-1.025	OccBld	Negative	Sed Rate		1hr = 0-20 mm	
Blood	Large	Negative	O&P	No Ova/Parasite	Coagulation			
pH	5.0	5.0-8.0			PT		10-13 seconds	
Protein	Trace	Negative-Trace	Blood Bank			APTT		22.1-33.7 seconds
Urobili	0.2	Negative	ABO/Rh	AB Positive	FDP		Negative	
Nitrite	Neg	Negative	T&C		Misc. Chemistry			
Leuko	Neg	Negative	T&S		Mono		Negative	
Urine Microscopic					RPR		Negative	
WBC	0-5	Epi RBC squames	HCG			HIV		Negative
RBC	0-5	Mucus Mul	Urine		Meningitis		Negative	
Bacteria	Light	Yeast	Serum					
Casts:	at Hyaline	0-2 branched						
Crystals:	None							
Other:								

ESTAT 6 CREA+ MEDCOM - 2390 Crossmatch
 MCHC 8 (1000000000)

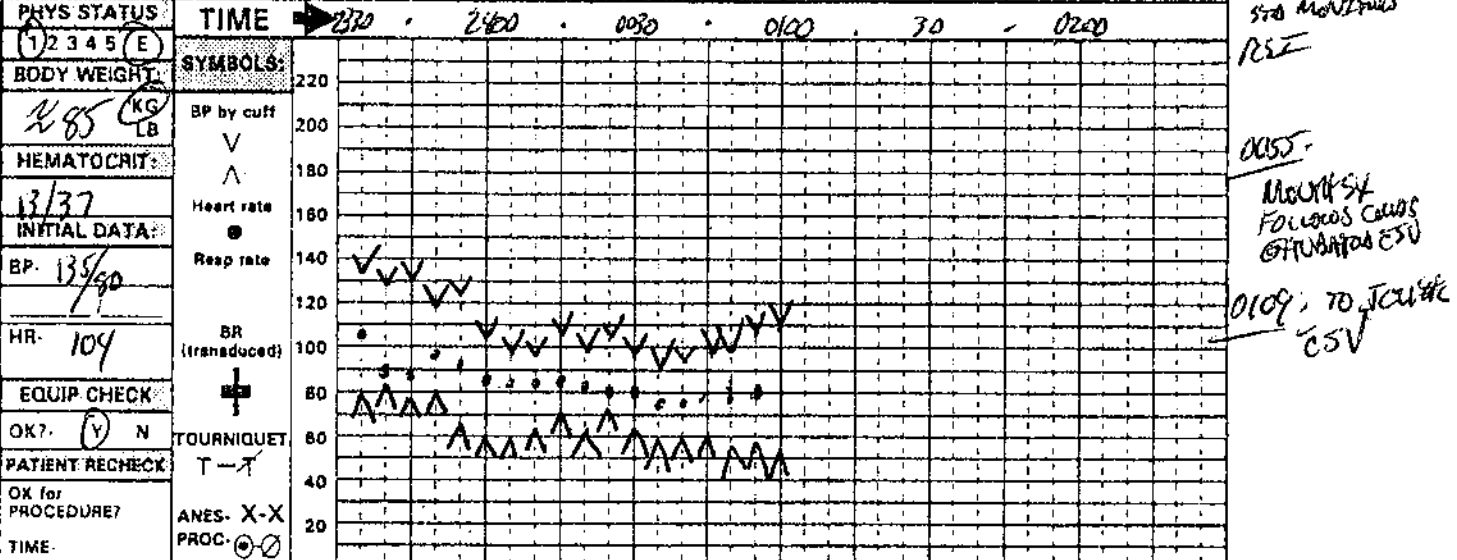
MEDICAL RECORD - ANESTHESIA

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

BT 4.0. ALL PCN

ANESTHETIC AGENTS AND DRUGS	CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		TOTALS	TOTAL EBL
	DRUG (Units)			
FENT (MCG)	100	150	250	150
ANESTHES (ML)	20	10		
SUX (ML)	100			TOTAL URINE
MSD4 (ML)		2 2	4	1000
VOLAT AGENT	ISO 3 25-2-2.6-X			FLUIDS - SUMMARY
AIR L/Min				CRYSTALLOID: 900
N2O L/Min				COLLOID: 0
O2 L/Min	8-1-1-1-2-8-X			BLOOD: 0
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS				

FLUIDS	LINE site	Warmed	REMARKS
	LR 1000		
EST BLOOD LOSS	500	100	900
URINE			



MONITORS/ACCESSORIES	VENTIL		VT - ml				
	f - breaths/min	Peak inf pres / PEEP	MODE - (Spon), Aislat, Clon)	60	60	60	60
BP/Auto Cuff	ET CO2 (torr)		10	10	10	6	9
BP/oth	FIO2 (Frac or %)		20	20	21	5	3
ART line	SpO2 (%)		5	6	6	5	5
Steth- PC/ES	ECG		37	32	30	38	47
Gas analyzer	TEMP-site		97	97	97	97	99
	N-M Block (T/4)		5T	5R	5R	5R	5R
			37.0				
	Foley		1000				
	Warming blkt						
	Conv warmer						

Mark with letters & symbols, explain under REMARKS. EVENTS Position → 01 00 (R) NRM secured to PARADO SUPPORT 690

PROCEDURES AND CPT Codes: ① NEK D & I

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GOTA-RSE

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

DLY1, MAC3 BRJ, 25 ETX1 24CM@LEP @ABS=LEP 500x46

EGS PREG, ORAL ATTEMPT

RECOVERY AT 0115

PACU ICU #2 (Specify)

OTHER: T974

CONDITION: T974

RESP. 27 SpO2 98

BP 132/88 HR 100

ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
	2310	2335	0120

PROC	Ready	Begin	End
	2345	0015	0055

PROCEDURE LOCATION: DATE: 11/1/07

POTUS #

01/69-4

PREANESTHETIC SUMMARY

OPERATION PROPOSED D&I (L) NECK/ Shoulder	AGE 37	WEIGHT (LBS.)	SPECIAL INFORMATION
	PHYSICAL STATUS 1 2 3 4 5 6 7		

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

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP ECG (IF PERTINENT) PULSE 128/79 90 97%	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES) <u>PCN</u> <u>ALLERGY</u>
--	---	--	--

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

PREOPERATIVE DIAGNOSIS	PREMEDICATION CLINDAMYCIN - 900 mg 2x QID
SIGNATURE OF EVALUATING PHYSICIAN	
DATE	

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

MEDICAL RECORD - ANESTHESIA

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

1100

ANESTHETIC AGENTS AND DRUGS	DRUG (Units)		15	20	25	30	35	40	45	TOTALS	TOTAL EBL
	Propofol (mg)		100	100							
Fentanyl (mcg)		20									
VOLAT AGENT		Is. % del	1.5	2.0	1.5	1.5	X				
		% o.t.									
		AIR L/Min									
		N2O L/Min									
		O2 L/Min	8	1	1	1	8				
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS											
LINE site		<input type="checkbox"/> Warmed									
#18 IV LR		<input type="checkbox"/> Warmed	300								
		<input type="checkbox"/> Warmed									
		<input type="checkbox"/> Warmed									
LOSSES		EST BLOOD LOSS									
		URINE									
PHYS STATUS		TIME									
BODY WEIGHT: 87 LB		SYMBOLS:									
HEMATOCRIT: 21.9		SP by cuff									
INITIAL DATA: BP-		Heart rate									
BP: 120/68		Resp rate									
HR: 86		BR (transduced)									
EQUIP CHECK:		TOURNIQUET									
OK? <input checked="" type="checkbox"/> N		T-X									
PATIENT RECHECK		ANES-X-X									
OK for PROCEDURE?		PROC- <input checked="" type="checkbox"/>									
TIME: 1100											
VENTIL		VT - ml	50	50	280	380	400				
		f - breaths/min	7	7	9	8	7				
		Peak Infl pres / PEEP	20								
		MODE - (Spon), (Assist), (C)on	c	s	s	s					
		BP/Auto Cuff	40	57	57	59					
		ET CO2 (ton)	40								
		BP/oth	1.0	1.0	1.0	1.0					
		SpO2 (Frac or %)	98	98	98	98					
		ART line	SR	SR	SR	SR					
		ECG	SR	SR	SR	SR					
		TEMP-site	Arax								
		N-M Block (T/4)									
MONITORS/ACCESSORIES		Warming bkt									
		Conv warmer									

REMARKS
Code drugs with numbers, events with letters
-pt. safely to OR,
Asst monitors,
Pre-ox; see
below for
induction

case conducted →
smooth emergence/
intubation →
patient airway →
safely to ICU →
Report given.

RECOVERY AT			
PACU	<input checked="" type="checkbox"/>	(Specify)	
OTHER			
CONDITION: Good			
RESP: 17 SpO2 90% BP: 122/72 HR: 101			
ANESTHESIA / PROCEDURE			
TIME			
ANES	Start	Room	End
	1100	1100	1225
PROC	Ready	Begin	End
	1100	1100	1203

Mark with letters & symbols, explain under REMARKS

EVENTS Position → Supine / @ Shoulder bump ↑ →

PROCEDURES and CPT Codes:
① Shoulder I & O.

ANESTHETIC TECHNIQUES: Describe block technique under Remarks G, E, A.

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments re induction, early mask vent; early PLT with 2; Side II view; 7.5 ETT; @ Detox; EBB; sec. @ 22 cm, +cuff

Iraqi #

SURGEONS:
PROCEDURE LOCATION: 012
DATE:

PREANESTHETIC SUMMARY

OPERATION PROPOSED <i>I & O, ⊕ Shoulder</i>	AGE <i>37</i>	WEIGHT (LBS.) <i>87</i>	SPECIAL INFORMATION <i>airway favorable - easy intubation</i>
	PHYSICAL STATUS <i>①</i> 2 3 4 5 6 7		

URINALYSIS NORMAL ABNORMAL AND WHY?	HEMATOLOGY HGB RBC HCT OTHER <i>← 6.0 11.9 25.3 34.9</i>	BLOOD CHEMISTRY <i> </i>
---	---	-------------------------------------

RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY)	CIRCULATORY SYSTEM BP <i>130/68</i> PULSE <i>86</i> ECG (IF PERTINENT) <i>96% RA</i>	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL)	OTHER SYSTEMS (ALLERGIES)
<i>Res: ⊖</i> <i>φ tobacco</i> <i>Exam:</i> <i>CPA ③</i>	<i>Res:</i> <i>Exam:</i> <i>nd 51, 52, P</i> <i>Manly</i> <i>- vagus l/o</i> <i>dysrhythmia -</i> <i>apparently transient</i> <i>did not interfere</i> <i>with as</i> <i>military officer</i>	<i>Res: ⊖</i>	<i>Pen</i>

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY, EG... STEROIDS, TRANQUILIZERS
	<i>1. Chloralhydrate 600 IV q 80</i> <i>2. Morphine</i>

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN <i>(b)(8)-2</i>	DATE <i>Sept. 03</i>
--	-------------------------

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

Trag: # *(b)(8)-4*

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Emphysema + Debridement @ Shoulder

B. STATEMENT OF REQUEST

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

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

Exul about at base of neck + wash out wound

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

Sharon Gumborg

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

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

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

None

(If none, so state)

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

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

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

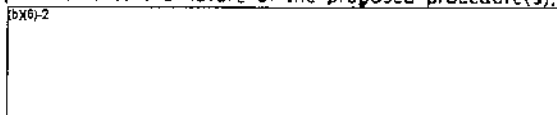
(Cross out any parts above which are not appropriate)

C. SIGNATURES

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

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

(b)(6)-(2)



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

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

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

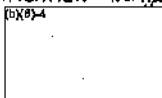
(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

(b)(6)-(4)



REGISTER NO.

WARD NO.

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

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

MEDICAL RECORD

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Amputation of Right Shoulder

B. STATEMENT OF REQUEST

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

Open wound on left shoulder, remove any dead or devitalized tissue, & wash wound out

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

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

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

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

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

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

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

(Cross out any parts above which are not appropriate)

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

C. SIGNATURES

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

[Signature box for Counseling Physician/Dentist]

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

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

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

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

[Patient identification box with handwritten name]

REGISTER NO.

WARD NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS
 For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER 3 Oct 2003	TIME OF ORDER 0037 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			↓		
ROOM NO.	BED NO.	TO ICU - S HROV7 Dr - GSW (L) neck/shoulder - (CND) - GUARDED - Allergies - PCN - Vitals per ICU routine - I's/O's: Foley to gravit - LR @ 125 cc/hr			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			↓		
ROOM NO.	BED NO.	Activity - EPW/out of bed to chair in AM Diet - NPO - MSO ₄ (Morphine) 1-6 mg IV q 1 ^o prn pain - Clinda 600mg IV q 8 ^o - CBC in AM - May reinforce dressing.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			↓		
ROOM NO.	BED NO.	IF this is repeated, notify MD 3 Oct 03 0022 ① Demerol 12.5 mg IV NOW FOR POST-OP STRENGTHENING. MAY REPEAT DOSE IN 10 MIN IF NECESSARY X 1 ② MSO ₄ 1-5 mg IV Q 5 MIN MAX 10 mg PRN POST-OP PAIN			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT			↓		
ROOM NO.	BED NO.	3 Oct 03 1000 HOURS - Reinforce dressing as needed - NPO p.m.; Reg. Diet - On call for PR symptoms			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Iraqi # [redacted]			3 Oct 03	2028 HOURS	
			1 - pt. away home clear liquids until 0800		[Handwritten notes: 1st out 300 200 (b)(6)-2]
			1 - no solids after meal		
NURSING UNIT	ROOM NO.	BED NO.			
240 Chart	0100	30 Oct 03	[redacted] (b)(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
			4 Oct 03	HOURS
			1. 5/1 P I to GSW to left neck	
			2. Dr [redacted] (b)(6)-2	
			3. VDS NS @ 20 mg KCL/L. TRA 100cc/0	
			Keep track when for good.	
			4. V E/O's, Foley to gravity	
			5. V up in chair 15 Am	
			6. V MI - PEN	
NURSING UNIT	ROOM NO.	BED NO.		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
				HOURS
			7. V clinda myca 600mg IV q 8"	
			8. V MAH Lientforce Drenion	
			9. V amsoy 1-6 mg IV q 10 PPA Pans	
			10. V Percocet 7-7 105 46 PPA Pans	
			11. V E/S q 10 WA	
			12. V US q shift	
			13. V MAH VME as to level	
NURSING UNIT	ROOM NO.	BED NO.		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
				HOURS
			14. V DIET Regular	
			15. V To 100%	
			16. V pling to @ Arm when up right	
			17. V NV V @ VE @ VS X 24"	
NURSING UNIT	ROOM NO.	BED NO.		
			[redacted] (b)(6)-2	

DA FORM 1 APR 79 4256

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
PDMS # (b)(6)-4			4 Oct 03	2230 hrs	(b)(6)-2 (b)(6)-2 MAB
NURSING UNIT: (b)(6)-2			ROOM NO. 0210	BED NO. 50 Oct 03 1100	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
No Tied 6 Oct 03 1500 700			6 Oct 03		
			① D/C Heparin ② Discharge to AM ③ please copy history/physical + op notes for patients (re requested it) ④ Stay for ① AM		
NURSING UNIT: (b)(6)-2			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT: (b)(6)-2			ROOM NO.	BED NO.	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT: (b)(6)-2			ROOM NO.	BED NO.	

DA FORM 4256
1 APR 79

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NO MEDICATION)
 For use of this form, see AR 40-407.
 The proponent agency is the Office of The Surgeon General.

30/10/03

PERFORM BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION								
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	MRI	DATE COMPLETED						
				2	3	4	5	6		
30 Oct 03	(b)(6)-2	Vital signs per routine (g shift)	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
30 Oct 03	(b)(6)-2	B's + O's, foley to gravity	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
30 Oct 03	(b)(6)-2	EPN/NOB to chair in AM	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
30 Oct 03	(b)(6)-2	Diet NPO DC'd	D	/						
	(b)(6)-2	Regular Diet	E	/						
	(b)(6)-2		N	/						
30 Oct 03	(b)(6)-2	May remain in bed, dressing	D	/						
	(b)(6)-2	(if + in bed no Pacer call)	E	/						
	(b)(6)-2	(D) DC'd	N	/						
04 Oct 03	(b)(6)-2	IS ^{or} 1° W A (while awake)	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
04 Oct 03	(b)(6)-2	May walk as tolerated	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
04 Oct 03	(b)(6)-2	Sling to L arm when upright	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						
04 Oct 03	(b)(6)-2	240 @ UE @ 15 X	D	/						
	(b)(6)-2		E	/						
	(b)(6)-2		N	/						

Handwritten notes: *td 2030 4000*

ALLERGIES: YES NO PRIMARY DIAGNOSIS

PCN

GSW @ neck/shoulder

ADDITIONAL PAGES IN USE: YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPN

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
- 16 17 18 19 20 21 22 23

SECTION II - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/REVIEWER DETAILS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																		
				DATE ADMINISTERED																		
30 Oct 03	(b)(6)-2	Clindamycin 600mg IV Q8h	07	02	03	04	05	06														
			15																			
	(b)(6)-2		23																			
30 Oct 03	(b)(6)-2	KR 125cc/hr	D																			
			E																			
			N																			
01 Oct 03	(b)(6)-2	D5N5E20mEq KCL	D																			
		TRA 100cc/° Heplodex	E																			
		when po good.	N																			

Dr. [Signature] 01 Oct 03
 (b)(6)-2
 ZSS

PATIENT IDENTIFICATION

Pohus (EMJ) (b)(6)-4

DIAGNOSIS: GSW (L) Neck/Shoulder

ALLERGIES: PCN

Circle administration times (in pencil) for recurring medication.

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

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

17 Jan 80

PROCEDURE: neck 1+5

ALLERGIES: PLN

ASA History

PHYSICIAN: Wishart

AIRWAYS: ET Time DC'D

Cardiac Rhythm

ANESTHESIA BY: Gen

ETT Nasal Oral Trach

IV#1 Patent Infiltrated

Gen Spinal MAC Axillary
Local Bier Epidural Other

OXYGEN: Mask Nasal Face Blow-By

Site Rac Rate Gauge 18

Prongs Tent

IV#2 Patent Infiltrated

Liter/min. %

Site Rate Gauge

50%
1/15/80
2/15/80

VITAL SIGNS

PAR SCORE

OTHER

Time	B/P	P	R	O ₂ SA	Temp	PAR SCORE					COMMENTS	OTHER								
						Act	Resp	Circ	LOC	Skin		PARS	Neuro-Vascular							
PRE-OP	128/80	104																		
PRE-OP	1																			
0100	152/88	90	18	98	94.4	1	2	2	0	1	6									
0105	129/73	91	21	94		1	2	2	0	1	6									
0110	134/79	89	17	93%		1	2	2	0	1	6									
0115	133/75	85	17	94%		1	2	2	0	1	6									
0130	123/69	82	13	93%																
0145	145/71	99	14	94%																
0200	128/71	80	12	94																

POST ANESTHESIA RECOVERY SCORE

Activity - General Anesthesia
 2-Maintain head lift and open eyes
 1-Unable to maintain head lift and open eyes
 0-Unable to lift head and open eyes

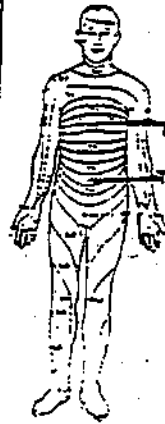
Activity - SAB or Subarachnoid Block
 2-Moves all four extremities with control
 1-Moves both upper extremities

Respirations
 2-Spontaneous respiration; needs no support
 1-Limited effort; needs artificial airway or jaw support
 0-Needs ventilator; no spontaneous respiration

Circulation
 2-BP 20% preanesthetic level
 1-BP 20-50% preanesthetic level
 0-BP 50% or more preanesthetic level

Level of Consciousness
 2-Awake and alert; seldom dozes
 1-Awakens when gently stimulated
 0-Awakens only when vigorously stimulated

Skin
 2-Normal skin color & temperature greater than 96°
 1-Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0-Cyanotic &/or temperature less than 95°



DRESSING:

Dressing	Status	Location
Gauze		
OpSite		
Bandaid		
Stren-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS:

Tube/Drain	Hemovac	Foley	NGT
Chest			
Jackson-Pratt			

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE 30/1/80

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

Potter (EPW)

3740

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)
- DIAGNOSTICS STUDIES
- TREATMENT

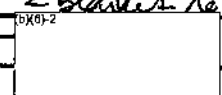
INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	900	OR	EBL	150
			OR	Urine	1000
			RR	Urine	200
					1400
TOTAL		900	TOTAL		1450

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S

IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

0130- Pt assessment complete. Sleeping soundly snoring. Lungs CTA @
 Heart RRR S₁S₂ S₃ clear. NSR. BS Active x4. Dressing to @ Shoulder
 intact clean and dry. Neurovascular ✓ to RUE intact radial pulses + 2 @
 dorsalis pedis + 2 @. Wound to @ side of neck - mild edema and
 dried blood. @ drainage from wound site. Pt covered - 2 blankets to ↑ temp
 Foley to gravity - clear yellow urine



UTAH

MEDICATION GIVEN BY:

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
<i>TRW</i>	<i>Demerol</i>	<i>12.5mg</i>	<i>IV</i>	<i>0115</i>	<i>Forshivering</i>	<i>✓</i>

DISPOSITION SUMMARY: Nursing Care Problems No.'s _____ Resolved; No.'s _____ Continue.
 Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
 Dressing status: _____ PAR Score _____ Safety Straps _____
 Report given to _____ Patient released by Anesthesia _____
 Time out _____ Nurse Signature: _____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

17 Jan 80

PROCEDURE: <u>T&N @ Shoulder & neck wounds</u>		ALLERGIES: _____		ASA History _____	
PHYSICIAN: (b)(6)-2 _____		AIRWAYS: _____ Time DC'D _____		Cardiac Rhythm _____	
ANESTHESIA BY: (b)(6)-2 _____		ETT Nasal Oral Trach _____		IV#1 _____ Patent Infiltrated _____	
Gen	Spinal	MAC	Axillary	Mask	Nasal Face Blow-By
Local	Bier	Epidural	Other	Prongs Tent	Site (R) hand Rate Gauge 18g
		Ltr/min. _____ %		IV#2 _____ Patent Infiltrated _____	
				Site _____ Rate _____ Gauge _____	

Time	VITAL SIGNS					PAR SCORE						COMMENTS	OTHER					
	B/P	P	R	O ₂ SA	Temp	Act	Resp	Circ	LOC	Skin	PARS		Neuro-Vascular					
PRE-OP	/																	
PRE-OP	/																	
12:25	133/77	100	18	98%	96.3	1	2	2	1	2	8	BL SFM	Blanche	Pulse				
12:30	128/76	86	15	95%	96.2	1	2	2	1	2	8		Blanche	Pulse				
12:35	131/77	86	15	96%	96.0	1	2	2	1	2	8		Blanche	Pulse				
12:40	127/75	87	23	98%	96.0	1	2	2	1	2	8	Ad to 4 LNC	Blanche	Pulse				
12:55	124/76	83	13	97%	96.0	2	2	2	1	2	9		Blanche	Pulse				
13:10	130/75	82	14	99%	96.0	2	2	2	1	2	9	Ad to 2 LNC	Blanche	Pulse				
13:25	134/77	83	16	98%	96.0	2	2	2	1	2	9	DC'D NC	Blanche	Pulse				
	/												Blanche	Pulse				
	/												Blanche	Pulse				
	/												Blanche	Pulse				
	/												Blanche	Pulse				
	/												Blanche	Pulse				

POST ANESTHESIA RECOVERY SCORE (PARS)

Activity - General Anesthesia
 2 - Maintain head lift and open eyes
 1 - Unable to maintain head lift and open eyes
 0 - Unable to lift head and open eyes

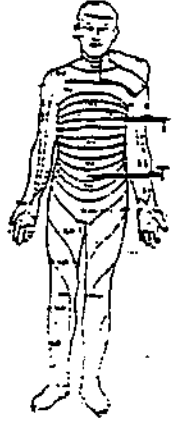
Activity - SAB or Subarachnoid Block
 2 - Moves all four extremities with control
 1 - Moves both upper extremities

Respirations
 2 - Spontaneous respiration; needs no support
 1 - Limited effort; needs artificial airway or jaw support
 0 - Needs ventilator; no spontaneous respiration

Circulation
 2 - BP 20% preanesthetic level
 1 - BP 20 - 50% preanesthetic level
 0 - BP 50% or more preanesthetic level

Level of Consciousness
 2 - Awake and alert; seldom dozes
 1 - Awakens when gently stimulated
 0 - Awakens only when vigorously stimulated

Skin
 2 - Normal skin color & temperature greater than 96°
 1 - Skin is pale, blotchy, dusky &/or temperature 95 - 96°
 0 - Cyanotic &/or temperature less than 95°



DRESSING:

Gauze	Status	Location
Opate	(DI) top	(L) Neck & Shoulder
Bandaid		
Steri-strips		
Collodian		
Pen-pad		
Caban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS:

Hemovac	Foley	NGT
Chest	Jackson-Pratt	

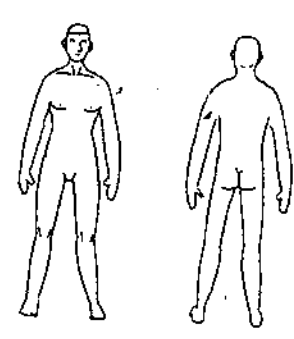
(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC <u>ICU</u>	DATE <u>04 01 78</u>
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

POTLIS #

<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART
<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> DIAGNOSTICS STUDIES	
<input type="checkbox"/> TREATMENT	

1. LAST NAME / NOM		RANK / GRADE		MALE / HOMME	
DK(9)-4				FEMALE / FEMME	
2. UNIT / UNITE		NATIONALITY / NATIONALITE		RELIGION / RELIGION	
Special Forces				OTHER	
3. INJURY / BLESSURE		DISEASE / MALADIE		PSYCH / PSYCH	
FRONT / DEVANT		AIRWAY / TRACHÉE			
BACK / ARRIERE		HEAD / TÊTE			
		WOUND / BLESSURE			
		NECK/BACK INJURY / BLESSURE AU COU/AU DOS			
		BURN / BRÛLURE			
		AMPUTATION / AMPUTATION			
		STRESS / TENSION			
		OTHER (Specify) / AUTRE (Spécifier)			
		GSW (Posterior)			
		Pass GSW (Wrist)			
		Wrist			
4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE		PAIN RESPONSE / REPONSE À LA DOULEUR			
ALERT / ALERTE		UNRESPONSIVE / SANS REPONSE			
5. PULSE / POULS		6. TOURNIQUET / GARROT			
TIME / HEURE		NO / NON		YES / OUI	
				TIME / HEURE	
7. MORPHINE / MORPHINE		DOSE / DOSE		B. IV / IV	
NO / NON		TIME / HEURE		TIME / HEURE	
X YES / OUI		10mg		2114	
8. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE) / TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES					
Adm Large Ant should be Administered					
DX applied - slow venous bleeding control					
37 - started 2114 (#3)					
9. DISPOSITION / DISPOSITION		RETURNED TO DUTY / RETOUR A L'UNITE		TIME / HEURE	
EVAC		EVACUATED / EVACUE		2015	
10. PROVIDER (b)(6)-2		DECEASED / DÉCÉDÉ		DATE/TIME (b)(6)-2	
				08/02	
DD Form 13 DEC 91		OF DD Form 1380 and DD Form 1380 (TEST), which are obsolete.		FIELD MEDICAL CARD / FORMAT ETATS-UNIS	

1. ORIGINATING MTF

2. MTF LOCATION

ADMISSION AND CODING INFORMATION

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

A 1 4 A 1 3 2

(State or Country Code.)

3. REGISTER NUMBER
9 10 11 12 13 14 15
0 0 2 3 8 2 3

NAME (Last, First, Middle Initial)

EPW #

4. PAY GRADE

16 17
CIV

5. SEX

18
M

6. DATE OF BIRTH (YYYYMMDD)
19 20 21 22 23 24 25 26

7. AGE AT ADMISSION

27 28 29

8. RACE

30
X

9. ETHNIC

31 BACK-GROUND
9

RELIGION

10. LENGTH OF SERVICE

32 33 34

ETS

11. FMP

35 36
9 8

12. SOCIAL SECURITY NUMBER

37 38 39 40 41 42 43 44 45
0 0 0 0 0 0 2 9 0

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS

46

HOUR OF ADMISSION

1037

BRANCH / CORPS

14. FLYING STATUS

47 48 49

15. BENEFICIARY CATEGORY

50 51 52

16. ZIP CODE OF RESIDENCE

53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)

62 63

18. MOS

64 65 66 67 68 69 70 71

19. TRAUMA

PREV. ADMISSION

YEAR

NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION

72
D

WARD

ICW

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

21st CSH

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION

73 74
D 5

22. MTF TRANSFERRED TO

75 76 77 78 79 80

23. DATE OF DISPOSITION (YYYYMMDD)

81 82 83 84 85 86 87 88
2 0 0 3 1 0 0 7

24. CLINIC SVC - ADMITTING

89 90 91 92
A B A A

25. MTF TRANSFERRED FROM

93 94 95 96 97 98

26. DATE THIS ADMISSION (YYYYMMDD)

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

27. LOCATION OF OCCURRENCE (Battle Casualty Only)

107 108

28. MTF OF INITIAL ADMISSION

109 110 111 112 113 114
A 1 4 A 1

29. DATE INITIAL ADMISSION (YYYYMMDD)

115 116 117 118 119 120 121 122

FOR LOCAL USE

Dx: 88010
8749
E9912
Trauma
9
Pr: 8622(X4)
8659(X2)
Injury
501

ADMITTING

SIGNATURE OF ADMITTING CLERK

(b)(3)-1

INPATIENT TREATMENT RECORD COVER SHEET (For Plate Imprinting)

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

PATIENT DATA ITEMS 1 - 30 (Excluding Items 25 & 26)

Potus # [Redacted]

Detainee

K78
M
K78 CIU
FMP20

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

ADMISSION REMARKS

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION

D/C

26. DATE OF DISPOSITION

27 Oct 03

31. SELECTED ADMINISTRATIVE DATA

CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Multiple Fragment Wounds (AW) (G O cl 43 8798 ICD9 FX02)

- (L) Shoulder - Sharp wound } 880.0 ICD9 FX02 - multiple Scalp fragments
- Penis - abrasion @ 33.0 ICD9 FX02 - Sharp e. iliac area
- (L) Hand - tissue laceration } 800.9 ICD9 FX02
- Closed Head Injury / Altered mental status } 86.2
- Leucocytosis: 288.8 ICD9 FX02 Microhepatoma 549.7 ICD9 FX02

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

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

SIGNATURE [Redacted] ORDS OFFICER

DA FORM 1 MAY 79 3647-1

EDITION OF AUG 76 IS OBSOLETE.

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

See 558 for details

S/p Convoy Attack w/ multiple
small fragment wounds

Now 9 hrs after event. Still some
attendant mental status -> given demoral/phenomenon

PHYSICAL EXAMINATION

Plan admit for observation

PROGRESS (Enter date of discharge and final diagnosis)

(b)(6)-2

[Redacted]		
------------	--	--

DATE 10/19/03	IDENTIFICATION NO.	ORGANIZATION
REGISTER NO.		WARD NO.

PATIENT IDENTIFICATION (IF NEEDED) If written entries give Name last, first, de: date; hospital or medical facility)

Use initials
Potter

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

190423 0110 31P 136/72 PVI:128
cc/HPI: a 1p Grenade Throwing Attack/Event (1-187 BAS)
Iraqi patient involved in grenade incident (per reports, was attempting to throw grenade)
Pt initially seen @ 1-187 BAS, then transferred
Currently verbalizing E difficulty
Pt does not speak ENGLISH and does not respond to translator.

Vitals @ 0150
op 140/90 P 130s
asat @ 99-100%
Vitals noted * no translator present
GEN: Iraqi Male in mild to moderate distress. MM Moist. Caprefill instant
HEENT: Abrasion/laceration @ (R) Temporal Area

Neck assessed
NECK: ? Abrasion/Puncture @ (R) neck

1) Demol 50mg IV x T (done)
LUNGS: CTA (L), (R) E some ↓ breath sound
HEART: Tachy E @ V1-V6. S3, S4
ABDOM: Active BS. Mild guarding, rigidity @ LLQ/RLQ region E possib entry/puncture E ant @ (L) upper pelvis. (R) UB E puncture

2) Phenergen 25mg N&T
EXTREMS:
(L) @ Shoulder - puncture noted ~ 2-3 mm

3) IVF Bolus 2l (done)
PENIS - @ (R) Glans, abrasion noted E abrasion @ (L) also @ dorsum @ coronal region

Vitals @ 0317
BP 138/85
P 124
SP02 98
(L) HAND - @ middle finger/distal phalanx - pad, soft tissue trauma laceration
Thumb also seen E puncture injury.

1. Multiple shrapnel injuries - concerning involvement to abdomen,
(L) Hand
- Analgesia E Demol/Phenergen (see (L) maggin)
- IVFs x 2l Bolus, then KVO
- Clean and re-dress areas of involvement
- To (b)(3)-1 for GEN. SX. (Abdomen) and (b)(6)-2
continued would call

over
Surgeon

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.

Local (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-8.202-1



DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

19 OCT 03
(Cont')

Addendum — X-rays

- 1) Head/② Temporal Region — ? sharpel retained
- 2) ① Neck — ϕ involvement (on AP)
- 3) CXR — ϕ Evid of Pneumothorax
- 4) KUB — (Flat) Retained sharpel seen @ LLQ, ϕ Free Air
- 5) ① Hand — ϕ Evid of Fx, ? sharpel retained @ 2nd Finger

bx6-2

19 OCT 03
0340 hrs

Addendum

- ⑤ Air Ambulance had to return to FAB 2nd To Wadler (Fog)
- ① Once middle finger cleaned + prepped, digital block applied \bar{c}
- 1% Lidocaine \bar{c} Ethilon Sutures applied locally to side after debridement done. Dressing applied
- Pressure dressings applied to 1st + 2nd Fingers of ① Hand.
- Additional 25mg Demerol IV \times T given to patient @ 0300 hrs
- To place in pt hold until able to evac.

bx6-2

#308

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

19 OCT 03
@ 0245

HOLDING ORDERS

- 1) DX: Multiple Shrapnel ± possible intraabdominal involvement
- 2) VITALS: Every 4 hours with Pulse Ox
- 3) IVFs: LR @ Maintenance
- 4) Nothing by mouth!!!
- 5) Meds: a) Demerol 50mg / Phenergan 25mg IV q6-8 hrs ^{6 hrs} ~~8 hrs~~ ^{b6-2} as needed for pain (last dose @ ~ 0100 hrs)
- b) Ancef 1g IV q6°: next dose @ 0700 hrs
- 6) Continue O₂
- 7) To head out/evac to ^{(b)(3)-1} @ soonest possible time (to weather clearing or comms)

✓ NBS, MIC, FS

19 OCT 03
@ 0430

Progress Note / Addendum

Ⓢ Reduced auras involved ± shrapnel and pain. Pt still uncooperative and not responding to interpreter.

⓪ V — BP 135/75 P 120s R 16-20 T 99° (Axillary)

O₂ Sat 100% (6l mask)

98
~ 89-90% (Room Air)

Pt received 3l IVF #1 (LR). On 1l currently of IVF

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.)

IRAQI	REGISTER NO.	WARD NO.
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DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

19 OCT 03
(CONT')

① GEN: Mildly combative
 LUNGS: Good air movement BL. CTABL.
 HEART: Tachy 5 @/r/19. S3, S4
 ABDOM: V BS. Some guarding appreciated
 PENIS: Abrasions appreciated @ (R) Glans and dorsal shaft.
 Direct/pressure dressing applied

② 1. Multiple shrapnel injuries \bar{e} ? abdominal involvement — must also consider mild compensatory shock vs. intrabdominal involvement
 — Cont \bar{e} IVF and ANCEF IV
 — Analgesia as previously ordered
 — Cont routine checks: if no urine output in one hour, place FOLEY.

