CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 OCT 03
POD	1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	6804.5
24 Hour Output	6772
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title): (b)(6)-2, SPC, 91W?

Department/Service/Clinic: ICU

DATE: 24 OCT 03

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

Potus (b)(6)-4

24 yo.

☐ HISTORY PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

MEDCOM - 2542

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18G PIV	(R) hand	23 Oct	Patent s̄ s/sx of infection or infiltration 0600/1000
TLC	(R) arm	23 Oct	D/C'd 23 Oct 03
A-line	(L) radial	23 Oct	Patent s̄ s/sx of infection or infiltration 0600/1000
Cordis	(L) Groin	23 Oct 1800	Patent s̄ s/sx of infection or infiltration 0600/1000
CT # 1			PATENT & INTACT 0600/1000 / 1400 / 2000
CT # 2			
CT # 3			
CT # 4			

(b)(6)-2

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

DATE: 24 OCT. 03

TIME		02	06	10	14	19	22
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4	4	4	4	4	4
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		T	1 T	1 T	T	T	T
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6	6	6	6	6	6
GLASCOW COMA SCALE (A-B-C)		10T	11T	11T	10T	10T	10T
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	5+	5+	5+	5+	5+	4+
	L	N/A	N/A	N/A	N/A	N/A	N/A
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	3	4	4	4	4	3
	LUE	3	4	4	4	4	4
	RLE	0	0	0	Ø	Ø	Ø
	LLE	0	0	0	Ø	Ø	Ø
GRIP (S) Strong (W) Weak (-) absent	R	W	W	5	5	5	W
	L	W	W	5	5	5	W
RESPIRATIONS	REGULAR	V	V	V	V	V	V
	IRREGULAR	E	e	e		V	e
	UNLABORED	[illegible]	n	n	E	E	n
	LABORED	N		T	N	N	
	SHALLOW	T	T		T	T	T
	RETRACTIONS						
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5	5	5	5	5	5
	LUL	5	5	5	5	5	5
	RLL	5	5	5	3	5	5
	LLL	5	5	5	3	5	5
	BOTH BASES	✓	1 ✓	1 ✓	3	5	5
COUGH	NONE	✓	✓	✓	✓	✓	✓
	SPONTANEOUS						
	PRODUCTIVE						
	NONPRODUCTIVE						
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear						X	
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin						X	
VENTILATOR	Vt	800	800	800	800	800	800
	FiO2	40	400	400	.40	.40	40
	RATE (SIMV/A/C)	10	10	10	10	10	10
	PEEP/CPAP	5	5	5	5	5	5
	PRESS. SUPPORT	—	—	—	Ø	Ø	Ø
OXYGEN DELIVERY DEVICE	NC (l/min)						
	FM (l/min)						
ETT = 8.5	NRBM (l/min)						
	ETT 22 cm gums	✓	✓	✓	✓	✓	
ETT CARE / POSITION CHANGE							(b)(6)
ETT / NT SUCTIONED		(b)(6)				✓	
INCENTIVE SPIROMETRY DONE							
COUGH / DEEP BREATH							
INITIALS		(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	

VITAL SIGNS

TIME	T	P	R	B.P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100		83	10/10	109/62	100	104/59	81										
0200	99.2	75	10/10	157/69	100	161/74	94										
0300		80	24/10	107/55	100	112/55	68										
0400		80	10/10	121/54	100	113/61	73										
0500																	
0600	98.6 (A)	76	17/[illegible]		100%	116/60	75										
0700	98.9 (A)	79	10/10		100%	114/61	76										
0800	99.1 (A)	78	10/10		100%	106/56	69										
0900	99.1 (A)	74	10/10		100%	110/58	73										
1000		74	10/10		100%	110/~~[illegible]~~ 131/63	80										
1100	98.9 (A)	76	10/10		~~[illegible]~~ 99%	131/62	80										
1200		81	10/10		95%	105/55	68										
1300	99.1 A	78	10/10		97%	115/55	70										
1400		81	10/10		100%	119/59	71										
1500	98.7 (A)	74	10/10		100%	117/55	69										
1600	98.3 (A)	73	10/10		99%	117/56	70										
1700		74	10/10		98%	122/56	73										
1800	98.4 (A)	73	10/10		100%	123/55	71										
1900	98 (A)	75	10/10		99	126/55	70										
2000	98.5 (A)	73	10/10		100	141/52	69										
2100	98.8 (A)	75	10/10		100	145/53	72										
2200		73	10/10		99	152/56	76										
2300	98.6	76	10/10		100	164/[illegible]	76										
2400		80	10/10		100	169/58	74										

	INTAKE									OUTPUT								
	LR	Dopa	Vaso	PRBC	IVPB	A line flush	Bolus		Total	Urine	NGT	CTx4 (see sheet)	CT#1	CT#2	CT#3	CT#4	Total	COMMENTS
0100	150 / 150	15 / 15	37.5 / 37.5			3 / 3				250 / 250				39 / 39	30 / 30	25 / 25		
0200	150 / 300	22.5 / 37.5	50 / 87.5			3 / 6				115 / 365								
0300	150 / 450	22.5 / 60	50 / 137.5		100 / 100	3 / 9				235 / 600			10 / 10			50 / 125		
0400	150 / 600	22.5 / 82.5	50 / 187.5			3 / 12				195 / 795			5 / 15	30 / 60	45 / 75	40 / 165		
0500	150 / 750	22.5 / 105	50 / 237.5		1000 / 1100	3 / 15				175 / 970								
0600	150 / 900	22.5 / 127.5	50 / 287.5		50 / 1150	3 / 18				250 / 925								
0700	150 / 1050	15 / 142.5	50 / 337.5			3 / 21				250 / 675								
0800	150 / 1200	15 / 157.5	50 / 387.5			3 / 24			2919	165 / 860			18 / 33	90 / 90	55 / 130	120 / 285		1521
8 HR	1200	157.5	387.5		1150	24			8 HR. 1767	860			33	90	130	285	8 HR 1398	+ ~~371~~
0900	150 / 150	15 / 15	50 / 50			3 / 3			66.2	165 / 165								66-2
1000	150 / 300	15 / 30	60 / 110		1000 / 100	3 / 6	1000 / 1000			234 / 399								
1100	150 / 450	15 / 45	60 / 170			3 / 9				700 / 1099								
1200	150 / 600	15 / 60	60 / 230			3 / 12				260 / 959								
1300	150 / 750	15 / 75	45 / 275			3 / 15				180 / 1139		187 / 187						
1400	150 / 900	15 / 90	30 / 305		100 / 200	3 / 18				130 / 1269	50 / 50							
1500	150 / 1050	15 / 105	30 / 335		100 / 300	3 / 21				200 / 1469								
1600	150 / 1200	15 / 120	30 / 365			3 / 24				170 / 1640				(2607)				
8 HR	1200	120	365		300	24	1000	(3009)	16 HR. 5928	1640	50	187	45 / 120		165 / 400		16 HR. 4005	+ 1923
1700	150 / 150	15 / 15	30 / 30			3 / 3			66.2	130 / 130								
1800	150 / 300	15 / 30	30 / 60			3 / 6				120 / 250								
1900	150 / 450	15 / 45	30 / 90			3 / 9				120 / 370								
2000	150 / 600	15 / 60	30 / 120			3 / 12				110 / 480								
2100	150 / 750	15 / 75	30 / 150		100 / 100	3 / 15				90 / 570								NGT emptied
2200	150 / 900	15 / 90	30 / 180		100 / 200	3 / 18												
2300	150 / 1050	15 / 105	30 / 102			3 / 21				300 / 870								
2400	150 / 1200	15 / 120	15 / 117			3 / 24				175 / 1045								
8 HR	1200	120	117		200	24		1195	24 HR. 7613	1045			710 / 155		165 / 470		24 HR	6026

MEDCOM - 2546

NSN 7540-00-634-4121

MEDICAL RECORD	NURSING NOTES (Sign all notes)

DATE	HOUR A.M. / P.M.	OBSERVATIONS Include medication and treatment when indicated
24 Oct 03	0100	Resting supine. Ø apparent distress. Cont to monitor. (b)(6)-2 CPT AN
24 Oct 03	0300	Agitated ō assessment. BP ↓ temp ē pump failure. Vasopressin restarted q 5min + BP to WNL. Cont. to monitor (b)(6)-2 CPT AN
24 Oct 03	0500	Resting quietly Ø signs of distress. Cont to monitor. (b)(6)-2 CPT AN
24 Oct 03	0630	NAD VSS. LR @ 150cc/hr. Dopamine @ 5mcg/kg/min, & Vasopressin 0.7 UN/MN. CT's 1-4 patent ē serosanguinous drainage + NGT TO LIWS. See flowsheet for assessment. (b)(6)-2 LT, AN
24 Oct 03	0850	Informed Dr (b)(6)-2 of SBP ↓ to High 90's. ↑ Vasopressin to 8u/min & began bolus of 1Liter LR. Will continue to monitor. (b)(6)-2 LT, AN
24 Oct 03	1100	VSS. NAD. (R) Femoral DSG Δ'd. Dsg applied to (L) ↓ back wound. Draining serosanguinous fluid. Pt follows commands. No movement of LE's. Reoriented to place & condition (b)(6)-2 LT, AN
24 Oct 03	1500	(R) hand/arm cold up to elbow, (+) pitting edema on plantar dorsal aspect of hand (+) capillary refill. (R) hand 18G IV d/c'd d/t s/sx infiltration. No bleeding noted upon removal of IV. Pressure held to site for 1-2 minutes and small dsg applied. (B) radial pulses are weak difficult to find. Unable to palpate pedal pulses but cap refill in (B) toes < 3 sec, feet are cool. Chest abd and chest tube dsgs Δ'd by Dr. (b)(6)-2 - dry and intact. All CT → suction ē bubbling in fluid chamber. Pt able to follow commands appropriately ē interpreter. Ø movement of lower extremities noted. Pt appears to be hypersensitive to touch, flinches to light touch @ ~ the level of the umbilicus. A few, distant bowel sounds were noted in LLQ and RLQ only. Small amt rhonchi noted during expiration in RLL and LLL of lungs. (b)(6)-2

MEDCOM - 2547

NSN 7540-00-634-4176

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
24 Oct 03 1930	(B) radial pulses weak, difficult to palpate. Unable to palpate (B) pedal pulses; (B) pedal pulses dopplerable, cap refill to (B) toes < 3 sec. Pt's head elevated ~ 20° and pt logrolled to (R) side. c/o abd pain per interpreter → 3mg MSO4 given, BP stable. Pt is cooperative and appropriate. Denies ability to move legs, denies touch sensation from pubis and below, remains hypersensitive to touch above level of umbilicus. Ø bowel sounds heard on auscultation. (b)(6)-2 MJ AW
24 Oct 03 2015	ETT suctioned for minimal amt of bloody drainage; (+) cough reflex. (b)(6)-2 MJ AW
24 Oct 03 2200	Recvd supine. VSS B/P in 120's. ↑ to 150's ̄c questioning. Vent settings unchanged. CT Dressings CDI. Opens eyes. Answers questions. Writes in both English + Arabic on clip board. Denies pain at this time. Pulses palpable ̄c Doppler. Unable to move legs. Continue to monitor. (b)(6)-2 AW
24 Oct 03 2230	B/P remains ↑. Vasopressin to 0.7. Continue to monitor (b)(6)-2 AW
24 Oct 03 2330	Vasopressin to 0.4 units per hour. Continue to monitor. VSS (b)(6)-2 AW
25 Oct 03 0030	B/P remains 140's. Vasopressin at 4 units. Continue to monitor. Vasopressin ↓ to 2 units. (b)(6)-2 Cpt AW

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.

Potus # (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

Chest tube Output c 10OCT03

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: CONTINUED POST-ANESTHESIA CARE UNIT FLOW SHEET

OTSG APPROVED 17 Jan 80

Time	B/P (CT#1)	P (CT#2)	R (CT#3)	O_2Sat (CT#4)	T	Act	Resp	Circ	LOC	Skin	PARS	Other	Neuro-Vascular	COMMENTS
	VITAL SIGNS					PAR SCORE						OTHER		
PRE-OP	/													
0100	Ø / Ø	30/20	30/30	75/75									Extr: L R Upper Lower; Pulse: DP PT RAD	
0200	10 / 10	[illegible]/180	80/10	50/125									Blanche Pulse___ Warm Moves Y N	
0500	5 / 15	30/60	45/45	40/165									Blanche Pulse___ Warm Moves Y N	
0?00	18 / 33	30/90	50/130	120/285									Blanche Pulse___ Warm Moves Y N	
0300	12 / 245	30/120	30/160	115/400									Blanche Pulse___ Warm Moves Y N	
	/												Blanche Pulse___ Warm Moves Y N	
1500	Ø / 45	5/125	5/165	Ø/400									Blanche Pulse___ Warm Moves Y N	
1600	/												Blanche Pulse___ Warm Moves Y N	
1700	/												Blanche Pulse___ Warm Moves Y N	
1800	10 / 55	10/135	Ø/165	15/415									Blanche Pulse___ Warm Moves Y N	
1900	5 / 60	20/155	Ø/165	30/445									Blanche Pulse___ Warm Moves Y N	
2000	[illegible] /												Blanche Pulse___ Warm Moves Y N	
2100	10 / 70	Ø/155	Ø/165	23/470									Blanche Pulse___ Warm Moves Y N	
2200	/												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	
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	/												Blanche Pulse___ Warm Moves Y N	
	/												Blanche Pulse___ Warm Moves Y N	
	/												Blanche Pulse___ Warm Moves Y N	
	/												Blanche Pulse___ Warm Moves Y N	

(Continue on reverse)

PREPARED BY (Signature and Title): (b)(6)-2 , SPC, [illegible]

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 24OCT03

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

Potus (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct
DOS	23 Oct
POD	2

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	7613
24 Hour Output	6026
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

(b)(6)-2 Cpt AN	Department/Service/Clinic ICU	DATE 25 Oct 03

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

Potus (b)(6)-4

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

MEDCOM - 2550

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A Line	(L) Radial	23 Oct	Patent /0600/1100/1400/@2300
Cordis	(L) femoral	23 Oct	Patent ̄s S/Sx of infection/inflammation/0600/
CT # 1			patent + intact 0600/1100/1400/1800 2300
CT # 2	D/C'd @1430		
CT # 3			

	INTAKE									OUTPUT								
	IV/D5 ½ C1800	Dopamine	Vasopressin	IVPB	Aline flush	Boluses			Total	Urine	NGT		CT #1	CT #2	CT #3	CT #4	Total	COMMENTS
0100	150 / 150	15 / 15	4.5 / 66.2		3 / 3					100 / 100								
0200	150 / 300	9.8 / 24			3 / 6					75 / 175								
0300	150 / 450	9.8 / 33	Ø	100 / 100	3 / 9					56 / 231								
0400	150 / 600	9 / 42			3 / 12					50 / 281								
0500	150 / 750	9 / 51			3 / 15					55 / 336	40		20 / 20	15 / 15	20	30		
0600	150 / 900	9 / 60		100 / 200	3 / 18					100 / 436								
0700	150 / 1050	9 / 69			3 / 21					110 / 546								
0800	150 / 1200	7 / 77			3 / 24					110 / 656								
8 HR	1200	77		200	24				8 HR. 1501	656	40		20	15	20	30	8 HR 781	⊕ 720
0900	150 / 150	7 / 7		100 / 100	3 / 3					105 / 105								
1000	150 / 300	7 / 14			3 / 6					/								
1100	150 / 450	7 / 21			3 / 9					215 / 320								
1200	150 / 600	7 / 28			3 / 12					105 / 425								
1300	150 / 750	7 / 35			3 / 15					80 / 505			81 / 81	10 / 110	90 / 90	135 / 135		
1400	150 / 900	7 / 42		100 / 200	3 / 18						110 / 110							CT #2 D/c'd @ 1430
1500	125 / 1025	7 / 49		100 / 300	3 / 21					200 / 705	100 / 210							
1600	125 / 1150	7 / 56			3 / 24					180 / 885								
8 HR	1150	56		300	24				16 HR. 1530	885	210		81	10	90	135	16 HR. 1411	⊕ 119
1700	125 / 125	3 / 3			3 / 3					250 / 250								
1800	125 / 250	Ø			3 / 6					110 / 360			28	[illegible]	20	65		D/c'd dopamine @ 1730
1900	125 / 375				3 / 9					160 / 520								
2000	125 / 500				3 / 12					50 / 570								
2100	125 / 625				3 / 15					75 / 645	235 / 235		61 / 89		40 / 60	50 / 115		
2200	125 / 750			100 / 100	3 / 18					222 / 867			—		10	—		
2300	125 / 875				3 / 21					115 / 982								
2400	125 / 1000				3 / 24					155 / 1137								
8 HR	1000	3		100	24				24 HR.	1137	235						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
25Oct03	0100		Vasopressin to off. Dopamine ↓ to 3mcg/Kg/min VSS. SBP 130's-140's
			Continue to monitor. (b)(6)-2 CPT AN
25Oct03	0200		SBP remains >130. Dopamine at 3mcg. MSO4 given for pain,
			at 0130. Currently resting s̄ distress. Pulses palpable at 2 p̄
			↓ in Dopamine. Dressings CDI. Moves upper extremities s̄ diff.
			Cont to monitor. (b)(6)-2 CPT AN
25Oct03	0435		Blood drawn. Ø apparent distress. VSS. Cont to monitor.
			(b)(6)-2 CPT AN
25Oct03	0630		NAD. VSS. LR @ 150cc hr. Dopamine 3 Mcg/Kg/min.
			Vasopressin off. Follows Commands. (b)(6)-2 LT, AN
25Oct03	0700		↓ Dopamine to 2.3 mcg/Kg/min per Dr (b)(6)-2 SBP ↑ 150's (b)(6)-2 LT AN
25Oct03	0745		Informed Dr (b)(6)-2 of Correlation between Invasive
			& NIBP. ~~IAB~~ SIBP ≥30 over SNIBP. Ordered to
			track NIBP. (b)(6)-2, 1LT, AN
25Oct03	0935		Medicated c̄ MSO4 3mg IV & Versed 1mg IV for
			c/o pain and agitation. Bite block Δ'd. Drsg to
			back Δ'd. c̄ SS drainage (SATURATED) No skin
			breakdown noted. VSS. Titrating ↓ vent RR to
			8 (b)(6)-2, 1LT, AN
		1400	Assumed care. NAD. Responds via headshake/writing on
			clip board. denies pain/discomfort. Dr (b)(6)-2 in to
			see pt. D/c'd CT #2, covered c̄ 4x4 - CDI. Δ'd drsg to
			(L) thigh, D/C'd penrose, covered c̄ 4x4 - CDI. Δ'd
			Vent settings to SIMV 8. Pt somewhat uncomfortable
			c̄ Δ, but explained that it was to encourage him LT/AN
			to take own breaths. Pt then calmed down. (b)(6)-2
		1500	Administered 3mg MSO4 IV, 1mg Versed IV for pain/agitation
			(b)(6)-2 LT/AN
		1645	Pt agitated, pointing towards mouth. Suctioned mouth and
			repositioned bite block & tube. Pt somewhat frustrated.
			Administered 3mg MSO4 & 1mg Versed IV. SaO2 100%
			Resp. 15. Will continue to monitor. (b)(6)-2 LT/AN

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 25 OCT 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4					4			4				4					4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			ET				1T					1T			1T				1T					1	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6				6					6			6				6					6	
GLASCOW COMA SCALE (A+B+C)			11T				11T					11T			11T				15					11	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		4+				3+					3+			3+									3+	
	L		N/A				N/A					N/A			N/A									N/A	
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4				4					4			4				4					4	
	LUE		4				4					4			4				4					4	
	RLE		Ø				Ø					Ø			Ø				Ø					Ø	
	LLE		Ø				Ø					Ø			Ø				Ø					Ø	
GRIP (S) Strong (W) Weak (-) absent	R		W				W					W			W				W					W	
	L		W				W					W			W				W					W	
RESPIRATIONS	REGULAR		V				V					V												VENT	
	IRREGULAR														V				V						
	UNLABORED		E				E					E			E				E						
	LABORED		N				N					N													
	SHALLOW		T				T					T			N				N						
	RETRACTIONS														T				T						
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		5				3					5			5				5					5	
	LUL		5				3					5			5				5					5	
	RLL		5				3					5			5				5					5	
	LLL		5				3					5			5				5					5	
	BOTH BASES						✓					5 ✓			5				5					/	
COUGH	NONE		✓				✓					✓			✓				✓					✓	
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt		800				800					800			800				800					800	
	FIO2		40				40					40			40				40					40	
	AC RATE (SIMV/CMV)		10				10					8			8				8					8	
ΔTO SIMV @1430	PEEP / CPAP		5				5					5			5				5					5	
	PRESS. SUPPORT		Ø				Ø					Ø			Ø				Ø					Ø	
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT # 8.5	NRBM (l/min)																								
	ETT 22 cm gums		✓				✓					✓			✓				✓					✓	
ETT CARE / POSITION CHANGE										✓							✓			✓					
ETT / NT SUCTIONED										✓	✓						✓			✓				✓	
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS			(b)(6)-2				(b)(6)-2					(b)(6)-2			(b)(6)-2		(b)(6)-2		(b)(6)-2					(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	-	81	10/10		100	155/48	65										
0200	99°	90	12/10		100	142/44	64										
0300		85	10/10		100	145/46	64										
0400		81	10/10		100	124/46	62										
0500	98.2	86	10/10		100	110/44	59										
0600	98.2 (A)	82	10/10		100	122/46	64										
0700		77	10/10		100%	148/50	66										
0800	97.6 (A)	86	9/8	99/41	100%	152/48	68										
0900	98.6 (A)	112	22/8	107/48	100%	162/58	85										
1000		84	8/8	103/39	100%	149/49	68										
1100	97.0 (A)	83	9/8	108/42	100%	142/52	70										
1200		83	10/8	110/45	100%	156/56	78										
1300	97.8 (A)	85	8/8	113/45	100%	163/50	70										
1400		100	8/8	111/49	100%		70										
1500	97 (A)	100	10/8	117/51	100%	177/56	75										
1600		96	9/8	109/45	100%	169/55	76										
1700	97.9 (A)	97	14/8	110/48	100	166/51	71										
1800		86	13/8	104/43	100	163/52	65										
1900	97.9 (A)	97	15/8	117/48	100	170/55	74										
2000		88	11/8	110/43	100	161/51	75										
2100	98.3 (A)	87	9/8	117/46	100	160/56	71										
2200	98.0 (Ax)	98	13/8	119/55	100	—	78										
2300	—	93	13/8	112/51	100	149/60	72										
2400	99.3	99	12/8	115/50	100	151/60	73										

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
25Oct03 1825	Pt requested "shorts" by writing on clipboard. Turned pt on (R) side. Placed shorts on, and Δ'd drsg to back. (saturated c̄ SS). Pt stated he was "comfortable" x̄ for "tube". Will continue to monitor. (b)(6)-2 ___ /AN
late entry 1730	- D/C'd dopamine. (b)(6)-2 ___ /AN
1905	Pt agitated, turning head from side to side. SaO_2 100%, RR 32. Bagged pt for short time. Lung sounds rhonchus. Sxn - deep X3. Thick yellowish, blood tinged secretions noted. Also, oral sxn'd X 3. Repositioned tube & block. ↑ HOB to 30° and put pt flat on back. Pt now appears to be resting comfortably p̄ 1mg versed IV. Also, applied ace bandages to BLE from knees & feet. Propped feet in flexed position c̄ blanket & egg crate pads. PROM done to BLE from hip down. VSS. afebrile. Will continue to monitor. (b)(6)-2 ___ /AN
25Oct03 2200	Assumed care of pt. (b)(6)-2 ___ SPC [illegible]
25Oct03 2300	Assessment complete, Ø c/o pain, CT to 20cm suction x3, Vent SIMV FiO_2 40% Vt 800 PEEP 5 Rate 8, NG to LIS D5NS c̄ 20KCL @125 to (L) cordis CDI, patent s̄ sx of infiltration, bandage intact to (L) thigh. conducted oral suctioning, pt tolerated well, monitors on, NPO, full assessment on DA form 4700. Egg crate padding below feet midline staple OTA CDI, CT bandages intact, foley tube attached to

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

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

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

Potos # (b)(6)-4

MEDCOM - 2556

DATE	NOTES
25OCT03 2300 (contin)	Ⓡ thigh, B/p cuff to ⓇLE, ACE bandaging to BLE, pulses present
	normal x 4, interpreter available —— (b)(6)-2
26OCT03	0215 checked NGT placement ——
26OCT03	assessment complete pt supine ĉ HOB elevated, conducted PROM
0350	exercise to BLE, pt tolerated well, Ⓛ arm guarding lower abd
	pt c/o Ø pain ĉ this time, NGT to LIS, CT's to continuous
	20cm suction Ø BS LS CTA. Ⓡ lateral upper torso
	bandage CDI, CT bandages intact, OTA ML incision intact
	s̄ seepage, pt opens eyes spontaneously, responds to commands
	generalized non-pitting edema to BUE's, Ⓡ hand more than
	Ⓛ hand, ACE wrapping to BLE, cap refill <3sec x 4 ext ↑ temp
	99^8, attempted cold damp cloth to skin, pt declined,
	indicates he's cold, will continue to monitor —— (b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	3

24 HOUR DATA	
24 Hour Balance	-893
24 Hour Intake	3972
24 Hour Output	4867
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 , 9/w/c12	(b)(6)-2
RN	

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 , 9/w/c12	ICU	26 OCT 03

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

Potus (b)(6)-4

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

DA FORM 4700
1 MAY 78

MEDCOM - 2558

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R			2				2				2			2				2				2		
	RADIAL L			2				2				2			2				2				2		
	DORSALIS PEDIS R			2				2				2			2				2				2		
	DORSALIS PEDIS L			2				2				2			2				2				2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale				1 3 8				1 3 8				1 3 8			1 3 8				1 3 8				1 3 8		
EDEMA				GEN				Gen				Gen			GEN				GEN				—		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				✓				✓			S1S2 ✓				S1S2 ✓				✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				✓				✓				✓			✓				✓				✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)				✓				✓							✓				✓				✓		
HYGIENE	BED BATH												✓												
	FOLEY CARE												✓												
	ORAL CARE												✓												
MOBILITY	BEDREST			✓				✓				✓			✓								✓		
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE							✓				✓			✓		✓		✓				✓		
	HOB 30 DEGREES			✓				✓				✓			✓		✓		✓				✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE			PF								✓			✓				✓				PF		
	PAIN SCALE (1-10)							KA																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended			2				2				2			2				2				2		
BOWEL SOUNDS (active all quads)				Ø				Ø				Ø			abs				abs				Ø		
NG / DOBHOFF PLACEMENT VERIFIED D/c'd @1915				✓				✓							✓				✓						
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓				✓				✓			✓				✓				✓		
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				✓			✓				✓				✓		
SKIN INTEGRITY	No Breakdown											✓			✓				✓						
Midline OA incision	Surgical Wounds			✓				✓				✓			✓				✓				✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Midline OA incision				✓				✓				✓			✓				✓				✓		
#2 CT drsg's				✓				✓				✓			✓				✓				✓		
#3 (L) thigh				✓				✓				✓			✓				✓				✓		
#4 Back												✓			✓				✓				✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A-line	(L) radial	23 OCT	Patent/0300/0700/1100/1400/1800/2200
Cordis	(L) femoral	23 OCT	Patent s̄ sx of infiltration/0300/0700/1100/
CT #1	(L)	23 OCT	patent/intact/0300
CT #3	(R)	23 OCT	patent/intact/0300 / 0700/1100/1400/1800/2200
CT #4	(R)	23 OCT	patent/intact/0300
Foley	Groin	23 OCT	patent intact/0300

PUPIL SIZE
1 mm
2 mm
3 mm
4 mm
5 mm

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

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

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

DATE: 26 OCT 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open				4				4				4			4				4				4		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response				1				1				1 T			1 T				1 T				1		
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response				6				6				6			6				6				6		
GLASCOW COMA SCALE (A+B+C)				11				11				11T			11T				11T				11		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R														3+				3+						
	L			N/A											abs. Ø				abs. Ø						
MOVEMENT (See Motor Function Scale at Top of Page)	RUE			3				4				4			4				4				4		
	LUE			4				4				4			4				4				4		
	RLE			Ø				Ø				Ø			Ø				Ø				Ø		
	LLE			Ø				Ø				Ø			Ø				Ø				Ø		
GRIP (S) Strong (W) Weak (-) absent	R			W				W				W			W				W				W		
	L			W				W				W			W				W	✓			W		
RESPIRATIONS	REGULAR			✓				V				V			V				T						
	IRREGULAR											e							-	✓			✓		
	UNLABORED			✓				e				n			E				P				✓		
	LABORED							n				T			N				I						
	SHALLOW							T							T				E				[illegible]		
	RETRACTIONS																		C E				[illegible]	b6	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL			5				3				3			3				3	5			5		
	LUL			5				3				3			3				3	5			5		
	RLL			5				3				3			5				5	5			5		
	LLL			5				3				3			5				5	5			5		
	BOTH BASES			✓				1				1 ✓			1				1	1			✓		
COUGH	NONE			✓				✓				✓			✓				✓						
	SPONTANEOUS																			✓			✓		
	PRODUCTIVE																			✓			✓		
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear				1				5												5			5		
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin				3				3												3			3		
VENTILATOR	Vt			800				800				800			800					E					
	FIO2			40%				40				40			40				40%	X					
	RATE (SIMV) CMV			8				8				6			6				via	T					
	PEEP / CPAP			5				5				5			5				T-piece	U					
	PRESS. SUPPORT			Ø				Ø				Ø			Ø					B					
OXYGEN DELIVERY DEVICE	NC (l/min)																			A					
	FM (l/min)																			T			RA		
ETT # 8.5	NRBM (l/min)																			E					
	ETT 22 cm gums														✓				✓	D					
ETT CARE / POSITION CHANGE				✓													✓			1					
ETT / NT SUCTIONED				✓				✓									✓			9					
INCENTIVE SPIROMETRY DONE																				1					
COUGH / DEEP BREATH																				5					
INITIALS			(b)(6)-2					(b)(6)-2				(b)(6)-2			(b)(6)-2										

(not correlating) →

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	—	105	15/8	106/54	100	136/62	76										
0200	99^{4}	96	15/8	108/49	100	157/63	70										
0300	99^{6}	86	11/8	103/48	100	157/63	68										
0400	99^{8}	89	11/8	114/48	100	149/54	72										
0500	99^{2}	85	2/8	114/51	100		73										
0600	99^{6}(A)	107	14/8	106/48	100%	159/57	79										
0700		99	10/8	91/37	100%	106/58	69										
0800	99^{1}(A)	92	11/8	104/50	100%	154/55	75										
0900		88	13/8	111/52	100%	119/57	71										
1000	99^{4}(A)	115	16/6	127/60	100%	157/70	98										
1100	99^{4}(A)	111	19/6	141/53	100%	N/A	DRAWING BLOOD										
1200		100	9/6	126/54	100%	130/70	88										
1300	98^{8}(A)	107	15/6	122/66	100%	142/78	99										
1400	98^{4}(A)	89	19/6	132/68	100	133/73	91										
1500		81	19/6	127/68	160	139/76	91										
1600		112	16/6	130/75	100	157/65	96										turned to L[...]
1700	99^{0}(A)	95	14/6	129/57	100	129/77	81										
																1740	T piece
1800		85	21	126/60	100	117/79	86										NAD
1900	99^{7}(A)	75	18	117/51	100	133/80	~~100~~ 78										T-piece, [...]
1915																	extubated [...]
2000		97	20	117/57	100	136/89	78										2L/NC
2100		101	22	120/48	100	[illegible]3/91	74										
2200																	
2242	100^{8}	86	22	109/47	96	109/90	70										RA
2300	100^{5}	99	24	112/74	94	110/88	71										2LNC
2400	100^{8}	107	25	127/53	99	105/83	81										2LNC

	INTAKE									OUTPUT						
	D5NS	IVPB	Aline-flush	Bolus					Total	Urine	NGT	CT #1	CT #2 / CT #3	CT #4	Total	COMMENTS
0100	125 / 125		3 / 3							130 / 130	~~175~~					
0200	125 / 250		3 / 6							80 / 210	175 / 175					
0300	125 / 375	100 / 100	3 / 9							70 / 280						
0400	125 / 500		3 / 12							100 / 380						
0500	125 / 625		3 / 15							90 / 470		5 / 5	20 / 20	15 / 15		
0600	125 / 750		3 / 18							110 / 580						
0700	125 / 875		3 / 21							105 / 685						
0800	125 / 1000	50 / 150	3 / 24	750 / 750						115 / 800						
8 HR	1000	150	24	750					8 HR. 1924	800	175	5	20	15	8 HR 1017	⊕909
0900	125 / 125		3 / 3							150 / 150						
1000	125 / 250	100 / 100	3 / 6							140 / 290						
1100	125 / 375		3 / 9							105 / 395						
1200	125 / 500		3 / 12							120 / 515						
1300	125 / 625		3 / 15							125 / 640	275 / 275	30 / 30	70 / 70	130 / 130		
1400	125 / 650	100 / 200	3 / 18							340 / 980						
1500	125 / 775	100 / 300	3 / 21							260 / 1240						
1600	125 / 900		3 / 24							190 / 1430						
8 HR	900	300	24						16 HR. 1224	1430	275	30	70	130	16 HR. 1935	⊖711
1700	125 / 125		3 / 3							240 / 240						
1800	125 / 250		3 / 6							200 / 440	175 / 175	45 / 45	25 / 25	65 / 65		
1900	125 / 375		3 / 9							250 / 690						
2000	~~125~~ 75 / ~~500~~ 450		3 / 12							190 / 880		15 / 60	0 / 25	10 / 75		
2100	75 / 525		3 / 15							250 / 1130						
2200	75 / 600	50 / 50	3 / 18							200 / 1330						
2300	75 / 675		3 / 21							115 / 1445		5 / 65	0 / 25	5 / 80		
2400	75 / 750		3 / 24							180 / 1625		30 / 85	20 / 45	80 / 160		
8 HR	450	50	24						24 HR. 824	[illegible]25		85	45	160	24 HR 1915	⊖1091

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MEDCOM - 2562

D/C'd

NSN 7540-00-634-4123

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10/26/03	0645		Pt agitated. Attempted to pull out ETT. Crying motioning c̄ hand to pull ETT out. VSS. NAD. Medicated c̄ MSO4 4mg & Versed 2mg IV. D5½NS c̄ 20KCl @ 125cc/hr. See flowsheet for assessment. [redacted] CT,A
10/26/03	0740		@ 0704 SBP↓ 90 NSR. Initiated LR bolus after instilled 750cc. SBP back to > 100. A-line continues to not match NIBP. Will inform Dr [redacted] [redacted] LCT,A
10/26/03		1300	Tolerating vent RR of 6. ABG shows retention of CO_2 d/T ↓ RR. PH 7.40 PCO_2 49.7. Dr [redacted] aware. No Δ's to vent settings. Periodically medicated c̄ Versed & MSO4 for pain & agitation control. [redacted] CT,A.
		1400	Assumed care. See flowsheet for details. Pt c/o "pain" pointing to abdomen. Administered 3mg MSO4 for pain. [redacted]
		1600	Turned pt to (L) side to Δ drsg on back. Small amt. SS drainage noted. Chux underneath saturated c̄ serous fluid. Noted CT drsg leaking from (L) anterior chest. Δ'd drsg. Now CDI. While turning, CT #1, #3 & #4 put out significant amt SS fluid. Pt tolerated moderately well. Sxn'd x3 c̄ minimal results. Will continue to monitor. [redacted]
		1640	Pt c/o discomfort around ETT. Administered MSO4 2mg IVP. [redacted]
		1740	Vent removed, T-piece in place. Pt tolerating well initially on 40% O_2, SaO_2 - 100%, RR - 16-20. [redacted]
		1915	Extubated, pt able to cough secretions suctioned. 40% FM placed. SaO_2 remained 100%. Pt fully awake & able to breathe s̄ distress. NGT pulled at that time. Orders to wean O_2 to keep SaO_2 > 96%. ↓ to 2L NC @ 1945, SaO_2 = 100%. VSS. Assisted pt c̄ oral care. Pt had many questions re: surgery & explained that he was trying to get "revenge b/c an american soldier ruined his eye". Cont'd. [redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
26Oct03 2000	Pt denies pain/discomfort. Will continue to monitor. ABG drawn @ 1955 — (b)(6)-2
26OCT03 2200	Assumed care of pt, pt resting on (L) side c̄ HOB ↑ NAD, D5NS ~~Assumed~~ sponge care c̄ 20KO to (L) femoral cordis, resp regular deep unlabored, monitors on, CT's to continuous suction x3, denies pain @ this time — (b)(6)-2
26OCT03 2250	Assessment complete, pt currently on Rt, consult DA... 4700 for full assessment. Physician ordered CT x3 to water seal @ this time, will continue to monitor (b)(6)-2
26Oct03 2320	turned pt to (R) side, tolerated c̄ difficulty (2330) A'd CT #1 drsg, pt c/o pain could not provide number RN on duty administered 3mg MSO4 ~~2338~~ (2338) pt resting s̄ complaint — (b)(6)-2
26Oct03	(2355) moistened pt's lips c̄ lemon swab —
27OCT03	(0000) pt presents c̄ productive cough c̄ thick brown sputum — (b)(6)-2
27Oct03	(0340) following assessment, pt presents c̄ productive cough c̄ thick yellow blood tinged sputum & diminished LS to (L) side of chest, PSO2 98% c̄ 3LNC — (b)(6)-2
27OCT03	(0440) ↓ O_2 to 2LNC —
27OCT03	(0500) (P)CXR done —

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

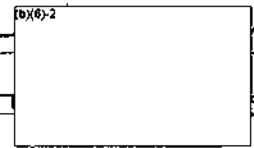
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.	WARD NO.

POTUS # (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

DATE	NOTES
270CT03	(0515) turns pt on his back, allowed to rinse mouth $\bar{c}$ H_2O, pt spit H_2O out ——— 
270CT03	(0540) RN on duty D/C (L) Radial A-line ———

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	4

24 HOUR DATA	
24 Hour Balance	+13
24 Hour Intake	3653
24 Hour Output	3640
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 [illegible], SPC	ICU	27 OCT 03

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

Potus (b)(6)-4

(b)(6)-4

☐ HISTORY PHYSICAL ☒ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

MEDCOM - 2566

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R			2				2				2			2				2					2	
	RADIAL L			2				2				2			2				2					2	
	DORSALIS PEDIS R			2				2				2			2				2					1	
	DORSALIS PEDIS L			2				2				2			2				2					2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale				1 3 8				1 3 8				1 3 8			1 3 8				1 3 8					1 3 8	
EDEMA				GEN				Gen				Gen			Gen				GEN					GEN	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				S1S2 ✓				S1S2 ✓			S1S2 ✓				S1S2 ✓					✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				✓				✓				✓			✓				NSR ✓					✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)				✓				D/C																	
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				2					2	
BOWEL SOUNDS (active all quads)				Ø				hypo x2				hyp			hypo				hypo					x4	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT				✓				✓				✓												✓	
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				✓		✓					✓					✓	
SKIN INTEGRITY	No Breakdown							✓				✓			✓				✓					✓	
ML OTA inc	Surgical Wounds			✓				✓				✓			✓				✓					✓	
	Rashes, Lac's, etc														✓										
DRESSING (Dry & Intact: specify site below)																									
#1 Midline incision OTA				✓				✓				✓			✓				✓					✓	
#2 CT drsg's				✓				✓				✓			✓				✓					✓	
#3 (L) thigh				✓				✓				✓			✓				✓					✓	
#4 back															✓				✓					✓	

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
A-line	23 (L) radial	23 OCT 03	patent / 0445 D/C C 0540
Cordis	(L) femoral	23 OCT 03	CDI, patent / 0445 / 0700 / 1100 / 1400 / 1800 / 2300
CT 1	(L)	23 OCT 03	patent / intact / 0445 /
CT 3	(R)	23 OCT 03	patent / intact / 0445 / 0700 / 1100 / 1400 / 1800 / 2300
CT 4	(R)	23 OCT 03	patent / intact / 0445
foley	Groin	23 OCT 03	patent / intact / 0445

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

DATE: 07 OCT 03

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

VITAL SIGNS

TIME	T	P	R	BP	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	100.5	103	25	111/51	97	82/66	74										
0200																	
0300	99.9	91	23	120/54	100	99/94	77				(b)(6)						
0400	/	88	24	122/54	98	103/81	78										
0500	100.0	98	21	122/54	98	117/75	78										
0600		85	23	120/48	96												
0700	100.1	81	29	116/75	94%												
0800		94	28	115/59	100%												
0900	99 (ax)	91	31	132/63	98												
1000		82	27	122/57	100												
1100		89	26	120/55	99												
1200	99 (ax)	94	26	132/60	100%												
1300		78	30	106/56	100	-	76										3L/NC
1400		84	28	119/55	100		79										
1500	98.7 (o)	83	23	108/58	100		76										
1600		80	22	106/58	100		76										
1700		86	22	115/64	100		82										
1800		88	20	111/60	100		78										
1900	99 (a)	79	18	114/60	100		80										
2000		77	18	111/58	100		78										
2100		85	20	120/59	100		82										↓2L/NC
2200																	
2300	99.2	83	20	104/55	100		74										2LNC
2400	/	92	20	110/57	100		79										2LNC

	INTAKE					OUTPUT					
	D5NS20KCl	IVPB	A-line	70	Total	URINE	CT 1	CT 3	CT 4	Total	COMMENTS
0100	75 / 75		3 / 3			120 / 120					
0200	75 / 150		3 / 6			— / 120					
0300	75 / 225	100 / 100	3 / 9			280 / 400					
0400	75 / 300		3 / 12			130 / 530					
0500	75 / 375		3 / 15			115 / 645					
0600	75 / 450		3 / 18			115 / 760		100 / 100			
0700	75 / 525	100 / 200	Off			135 / 895					
0800	75 / 600					150 / 1045					
8 HR	600	200	18		8 HR. 818	1045		100		8 HR 1145	⊖ 327
0900	75 / 75					140 / 140					
1000	75 / 150	100 / 100		120 / 120		145 / 285					
1100	75 / 225					150 / 435					
1200	75 / 300					140 / 575					
1300	75 / 375			240 / 360		60 / 635	10 / 10	15 / 15	33 / 33		
1400	75 / 450	100 / 200		240 / 600		140 / 775					
1500	75 / 525	100 / 300				140 / 915					
1600	75 / 700					40 / 955					
8 HR	700	300		600	16 HR. 1600	955	10	15	33	16 HR. 1013	⊕ 587
1700	75 / 75			300 / 300		100 / 100					
1800	75 / 150			110 / 410		95 / 195	110 / 110	65 / 65	127 / 127		
1900	75 / 225					130 / 325					
2000	75 / 300					110 / 435					
2100	75 / 375					100 / 535	5 / 115	5 / 70	95 / 222		
2200	75 / 450	100 / 100				170 / 705					
2300	75 / 525					170 / 875					
2400	75 / 600			125 / 535		80 / 955	0 / 115	0 / 70	80 / 302		662
8 HR	600	100		535	24 HR. 1235	955	115	70	302	24 HR. ~~487~~ 1482 1432	⊖ 257

MEDCOM - 2570

NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10/27/03	0900		Resting quietly in NAD. ⊖ complaint of pain, N/V. VSS D5NS c 20 KCl @ 75cc. A-line D/cd by night shift D/T inability to blood draw & not correlating c NIBP. Pt speaks English well. Asked when he may be able to eat or drink H2O. Explained d/T surgery may have to wait 1-2 days more. — (b)(6)-2 LT, AN
10/27/03		1300	Tolerated approx. 360 cc CL diet. ⊖ N/V. VSS NAD. Denies pain — (b)(6)-2 LT, AN
		1400	Assumed care. Pt resting comfortably in bed. Denies pain - c/o minimal discomfort around abd area. VSS, afebrile - voP OS. See flowsheet for details. Will continue to monitor - (b)(6)-2
		1630	PROM to BLE - Replaced ace bandages from thigh & feet. Propped heels off bed and propped feet in flexed position. Pt tolerated well. Sitting up @ 45° eating clear liquid diet - tolerating well. VSS. (b)(6)-2
		2120	Pt c/o "all over pain" Administered MSO4 3mg IVP. (b)(6)-2
27OCT03		2200	Assumed care of pt. pt resting on Ⓡ side NAD breathing irregular unlabored, NC @ 2L — (b)(6)-2
		2315	Pt resting s distress VS WNL c low grade fever pt O2 @ 2LNC 100%, Administered SQ Heparin pt tolerated well. CT bandages CDI, ML incision s sx of infection closed, CDI, Ⓛ femoral cordis CDI running D5NS @ 75 cc/hr, faint pulse to Ⓛ LE hypoactive BS, ACE bandaging to BLE, Generalized non-pitting edema, MPCBS & interpreter available if needed, full assessment DA form 4700, will continue c current POC — (b)(6)-2
28OCT03	0120		Provided pt c PO potassium, pt tolerated 30% of dosage, refused the remainder — (b)(6)-2
	0130		decreased pt O2 to 1L NC sat 99-100% — (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	23 OCT 03
POD	5

24 HOUR DATA	
24 Hour Balance	- 980
24 Hour Intake	2775
24 Hour Output	3755
Weight on Admission	
Weight Yesterday	
Weight Today	

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

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

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

Department/Service/Clinic ICU

DATE 28 OCT 03

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

Potus (b)(6)-4

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

DA FORM 4700

MEDCOM - 2572

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Cordis	(L) femoral	23OCT03	CDI / @ 0300
CT 1	(L)	23OCT03	patent, intact @ 0300
CT 3	(R)	23OCT03	patent, intact @ 0300
CT 4	(R)	23OCT03	patent, intact @ 0300
foley	Groin	23OCT03	patent @ 0300

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 28 OCT 03

TIME		03	07	12	14	18	22
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4	4	4	4	4	4
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		5	5	5	5	5	5
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6	6	6	6	6	6
GLASCOW COMA SCALE (A+B+C)		15	15	15	15	15	15
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R						
	L						
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	4	4	4	4	4	4
	LUE	4	4	4	4	4	4
	RLE	0	0	0	0	0	0
	LLE	0	0	0	0	0	0
GRIP (S) Strong (W) Weak (-) absent	R	✓	S	S	S	S	S
	L	W	S	S	S	S	S
RESPIRATIONS	REGULAR	✓	✓	✓	✓	✓	✓
	IRREGULAR						
	UNLABORED	✓	✓	✓	✓	✓	✓
	LABORED						
	SHALLOW						
	RETRACTIONS						
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5	5	5	5	5	5
	LUL	1	1	1	5	5	5
	RLL	5	5	5	1	1	5
	LLL	1	1	1	1	1	1
	BOTH BASES	✓	✓	✓	1	1	1
COUGH	NONE	✓	✓	[crossed out]			
	SPONTANEOUS			✓	✓	✓	✓
	PRODUCTIVE			✓		✓	✓
	NONPRODUCTIVE				✓		
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear (6) Bloody						6	2
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	RA	RA	RA	RA
	FM (l/min)						
ETT = ____	NRBM (l/min)						
	ETT ____ cm gums						
ETT CARE / POSITION CHANGE							
ETT / NT SUCTIONED							
INCENTIVE SPIROMETRY DONE							
COUGH / DEEP BREATH							✓
INITIALS		(b)(6)-2					

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VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	99.5	88	18	118/65	99		88										BLNC
0200		79	18	105/56	100		75										1LNC
0300	99.4	85	20	110/56	97		77										RA
0400		82	18	113/60	94		80										RA
0500		86	22	115/61	99		82										RA
0600		73	20	111/55	97		75										RA
0700	99.5	77	18	115/59	98%		80										RA
0800		90	18	118/62	100%		84										RA
0900		78	18	114/55	99%		77										RA
1000		75	16	113/57	96%		78										RA
1100		74	16	109/58	98%		78										RA
1200	99.3	74	16	117/59	95%		80										
1300		74	17	117/58	95%		80										
1400		78	20	118/59	96%		82										RA
1500	99.4	@81	20	129/66	97%		91										RA
1600		72	20	116/63	95%		82										RA
1700		71	18	114/63	95%		82										RA
1800		84	20	129/70	97%		93										RA
1900		78	20	115/60	96%		81										RA
2000	99.1	80	18	118/64	97%		85										R
2100		83	20	114/59	98%		80										RA
2200		85	18	124/60	99%		84										
2300	98.2	79	16	118/74	99%												
2400		84	18	122/66	99%		86										

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	INTAKE									OUTPUT						
	D5NS20KCl	PO	IVPB						Total	Urine		CT 1	CT 3	CT 4	Total	COMMENTS
0100	75 / 75	100 / 100								155 / 155		–	–	–		
0200	75 / 150									115 / 270						
0300	75 / 225		100 / 100							140 / 410						
0400	75 / 300									200 / 610		5 / 5	Ø / Ø	150 / 150		
0500	75 / 375	200 / 200								110 / 720						
0600	75 / 450		100 / 200							165 / 885						
0700	75 / 525									100 / 985		5 / 10		25 / 175		
0800	75 / 600	50 / 250								80 / 1065						
8 HR	600	250	200						8 HR. 1050	1065		10		175	8 HR 1250	-200
0900	75 / 75									170 / 170		25 / 25		10 / 10		
1000	75 / 150		100 / 100							170 / 340				5 / 15		
1100	75 / 225									80 / 400						
1200	75 / 300									250 / 670		15 / 40		15 / 30		
1300	75 / 375									100 / 770		45 / 85	5 / 5	15 / 45		
1400	75 / 450		100 / 200							175 / 945						
1500	75 / 525									200 / 1145						
1600	75 / 625		100 / 300							100 / 1245						
8 HR	625		300						16 HR. 1975	1245		85	5	45	16 HR. 2630	
1700	75 / 75									150 / 150						
1800	75 / 150	120 / 120								110 / 260		5 / 5	15 / 15	185 / 185		
1900	75 / 225									100 / 360						
2000	75 / 300									90 / 450						
2100	75 / 375		100 / 100							100 / 550		5 / 10	0 / 15	25 / 210		
2200	75 / 450		100 / 200							50 / 600						
2300	75 / 525									200 / 800						
2400	75 / 600								800	100 / 900					1125	
8 HR									24 HR. 2775			10	15	210	24 HR 3755	

NSN 7540-00-634-4123

MEDICAL RECORD | NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
28OCT03	0205		↓ O_2 to RA ——— (b)(6)-2
28OCT03	0530		(P) CXR conducted ——— (b)(6)-2
	0600		received pt this AM; NAD; pt resting c̄ eyes closed will cont to monitor ——— (b)(6)-2
	0830		pt. states he is in pain; MSO4 3mg IVP given; assessment complete; NAD; VSS; will cont to monitor; ——— (b)(6)-2
	1300		partial bed bath done; pt was moved into supine position from being on his (L) side dressing to back CDI; NAD; VSS ——— (b)(6)-2
	1530		Dressing to coccyx changed. Pt rolled to (R) side at his request. After roll, pt bed dropped @ HOB and pt c/o pain to chest. Medicated c̄ 5mg MSO4 which helped relieve pain. Instructed importance of continuing to deep breathe. Pt questioned about Ramadan practices. Pt reports he is not following fasting practices (b)(6)-2
		1830	Pt consumed 15% of regular diet s̄ any problems. Brushed teeth and washed face cleaned lid of (L) eye ——— (b)(6)-2
		2030	Pt reports he has more pain in back when he remains on (L) side than when he remains on right side. He is not having any difficulty breathing but is only able to raise 2 balls on Incentive Spirometer. Tires very easily. Pt Questioned about use of his legs again. Asked if it was forever that he won't be able to use them. ——— (b)(6)-2
28Oct03		2200	resting, Ø S/S of resp. distress, denied c/o pain. will continue to monitor pt ——— (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23Oct03
DOS	29 OCT03
POD	

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

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

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

PREPARED BY (Signature & Title)	Department/Service/Clinic	DATE
(b)(6)-2 CPN	ICU	29Oct03

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

Potus # (b)(6)-4

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

DA FORM 4700

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
central line	(L) Fem	03Oct03	CDI
Foley			
Mag	(L) FA	29Oct03	CDI

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

MOTOR FUNCTION

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

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

DATE: 29 OCT 03

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

VITAL SIGNS

TIME	T	P	R	BP	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	98.3	87	16	119/59	97%		81										
0200		89	16	114/58	97%		80										
0300	98.5	86	18	121/61	98%		84										
0400		86	18	119/56	98%		82										
0500	98.7	85	18	117/62	97%		83										
0600		77	16	117/64	98%	—	85										(b)(6)-2
0700	99.4	80	21	107/55	96%	—	76										
0800		80	17	119/64	98%	—	85										
0900	99.2	91	24	114/61	96%	—	81										
1000		XRAY															
1100																	
1200	99.2	89	20	113/61	96%	—	81										
1300		83	16	100/63	96%	—	71										
1400	98.1 (o)	76	18	104/56	97%		74										
1500																	
1600																	
1700																	
1800	99.4 (o)	96	22	121/64	98%		87										
1900																	
2000																	
2100																	
2200	99.6	95	20	109/57	95%		78										
2300																	
2400																	

	INTAKE									OUTPUT		Labeled				
	D5NS 20KCl	PO	FUPB						Total	Urine	CT#1	CT#3	CT#4		Total	COMMENTS
0100	75/75									160/160						CT#2 DC
0200	75/150	200								200/360						
0300	75/225		100/100							130/490						
0400	75/300									200/690						
0500	75/375									200/890						
0600	75/450		100/200							110/1000	25/25	0/0	90/90			
0700	75/525	60/60								200/1200						
0800	75/600									240/1440						
8 HR	600	60	200						8 HR. 860	1440	25		90		8 HR 1555	+695
0900	75/75	60/60	100/100							200/200						
1000	75/120	60/120								160/360						
1100	X Ray									140/500						
1200	75/195	120/240								120/620						
1300	75/270									80/700	180/180	∅/∅	70/70			
1400	75/345		100/200													
1500	75/420		100/300							200/900						
1600	75/495									200/1100						
8 HR	495	240	300						16 HR. 1035	1100	180	∅	70		16 HR. 1350	⊖315
1700	75/75									250/250	10/10	25/25	40/40			
1800	75/150									250/500						
1900	75/225															
2000	75/300									250/750	25/35	∅/25	195/235			
2100	75/375									85/935	↓	↓	↓			
2200	75		100							200	∅	∅	∅			
2300	75									200	∅	∅	∅			
2400	75									60	∅	∅	∅			
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD | NURSING NOTES (Sign all notes)

DATE	HOUR A.M. P.M.	OBSERVATIONS Include medication and treatment when indicated
29Oct03	0300	+ c/o pain to back 7/10, pain meds given (see MAR) will continue to monitor pt. (b)(6)-2
29OCT03	0630	Pt A&Ox3, cooperative, requesting to be moved on to (L) side, severe pain when logrolling pt. Lungs sounds clear (B) UL, significantly diminished in lower Lobes, pulse ox 98% on Room air. Three chest tubes; labeled (#1) Chest tube located (L) lung, (#3) labeled chest tube located anterior (R) lung, (#4) labeled Chest tube posteriorly located (R) lung; all chest tubes to water seal c̄ drainage from #1 & #4 ~~ches~~ labeled chest tubes. (L) femoral central line patent & infusing maintenance IVF s̄ difficulty. Urine catheter patent & draining into closed drainage system. (B) Ace bandages applied from calf to mid-foot in replaced of anti-embolis stockings. (L) eye socket sunken & no eyeball clearly seen. (L) ~~anterior~~ ERROR dressing CDI located in posterior chest. (L) upper chest near armpit dressing to wound CDI. (R) lateral chest dressing CDI. Pt taking po fluids s̄ difficulty. Ø acute distress noted. Will continue to monitor. (b)(6)-2
29OCT03	10:30	Pt carried to X-ray for lumbar xray series accompanied by staff. Upon returned to ICU pt medicated c̄ Tylenol #3, 2 tabs per pin pain order ~~a~~ ERROR due to severe sternum pain. Will continue to monitor. (b)(6)-2
	1400	Assumed care. Pt resting comfortably in bed. A/Ox3, Denies pain. D/C'd dsg to L thigh. Noted mod. amt dried blood, some pus-like discharge. Flushed c̄ sterile saline & expectorated wound. Covered c̄ sterile 4x4. (b)(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29Oct03 1515	Pt c/o Ⓡ hand, middle finger pain. Noted swelling around 2nd joint. Dr Eastman aware. Small scab noted. Cleaned c̄ soap + H2O, then covered c̄ bacitracin + bandaid. Will cont. to monitor —— (b)(6)-2
1700	Pt denied dinner, but encouraged to eat something. Pt stated that he would eat fruit + tolerated all of 1 orange. Will continue to monitor —— (b)(6)-2
1830	Turned pt to Ⓡ side, Δ'd dsg on mid-lower back. Noted small amt dried blood. Site c̄ some pus-like drainage + sm. amt bright red blood. —— (b)(6)-2
1830	Δ'd dsg to Ⓡ flank - sm. amt dried blood noted, left OTA —— (b)(6)-2
2100	While pt on Ⓡ side, CT # 1 put out ~ 195 cc SS fluid. Will notify Dr (b)(6)-2 —— (b)(6)-2
2200	resting comfortably will continue to monitor pt (b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

POTUS # (b)(6)-4

MEDCOM - 2584

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

DATE	NOTES
	(b)(6)-2
20Oct03	Surgery Note
0930	Pt tolerating diet, normal [illegible]
	USS Agent
	L-CTA [illegible] good
	CT = 2 [illegible]
	[illegible]
	CXR - NOD
	[illegible]
	plel - NABS, [illegible]
	[illegible]
	B/o = (-) 1000
	P/p S/p GSW to [illegible] / [illegible]
	T_2 Paraplegia
	1) Continue CT
	2) Supportive care
	(b)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS service	~~23 Oct 03~~ 30 OCT 03
POD	7

24 HOUR DATA	
24 Hour Balance	-115
24 Hour Intake	3140
24 Hour Output	3255
Weight on Admission	~~175~~
Weight Yesterday	
Weight Today	

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
	ICU	30 ~~Oct~~ Oct 03

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

Potus # (b)(6)-4

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

MEDCOM - 2586

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200		100	16	108/56	96%		73										
0300																	
0400																	
0500																	
0600	100.4	110	17	108/54	98%	—	74	—	—	—	—	—	—	—	—	—	RA
0700																	
0800																	
0900																	
1000	100.0	99	20	105/52	91%	—	72	—	—	—	—	—	—	—	—	—	RA
1100																	
1200																	
1300																	
1400	100.0	102	36	111/55	97		75										RA O2
1500																	
1600																	
1700																	
1800	99.6	102	32	121/61	98		82										RA O2
1900																	
2000																	
2100																	
2200	99.2	84	24	109/54	9690		75										
2300																	
2400																	

	INTAKE									OUTPUT						
	D5NS 20KCl	PO	IVPB						Total	foley	CT #1	CT #3	CT #4		Total	COMMENTS
0100	75 / 75									100 / 100						
0200	75 / 150									100 / 200						
0300	75 / 225		100 / 100							100 / 300						
0400	75 / 300									160 / 460						
0500	75 / 375															
0600	75 / 75	60 / 60	100 / 200							140 / 140	50 / 50	Ø / Ø	50 / 50			
0700	75 / 150	260 / 320								140 / 280						
0800	75 / 225								1120	100 / 380						+180
8 HR	600 (225 crossed out)	320	200						8 HR 745 (645 crossed out)	540 (380 crossed out)	50		50		8 HR 980	+265 (crossed out) +165 mg
0900	75 / 75		100 / 100							130 / 130						
1000	75 / 150	60 / 60								120 / 250						
1100	75 / 225									100 / 350						
1200	75 / 300	120 / 180								130 / 480						
1300	75 / 375									150 / 620	20 / 10	Ø / Ø	155 / 155	155		
1400	75 / 450	60 / 240	100 / 100							180 / 700	0 / 20	0 / 0	0 / 155			
1500	75 / 525		100 / 200							105 / 805						
1600																
8 HR	525	240	200					(965)	16 HR 1710 / 1510 mg	805	20		155	(980)	16 HR 1960	+30 +250
1700	75 / 75									360 / 360	Ø	Ø	Ø			
1800	75 / 150									125 / 485	10 / 10	Ø / Ø	20 / 20			
1900	75 / 225	240 / 240								130 / 615						
2000	75 / 225	90 / 330								170 / 785						
2100	75 / 300		100 / 100							170 / 955	20 / 30	Ø / Ø	20 / 40			
2200	75 / 375		100 / 200							200 / 1155	Ø	Ø	Ø			
2300	75 / 450									160 / 1315	Ø	Ø	Ø			
2400	75 / 525								3140	50 / 1365					3255	
8 HR	525	330	200					←	24 HR 1055 +2210	1365 (240 crossed out)	50	0	40	←	24 HR 280 (crossed out) 1335	-115

NSN 7540-00-634-4123

MEDICAL RECORD — **NURSING NOTES** (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
30 Oct 03	0200		resting comfortably, will continue to monitor pt [(b)(6)-2] PZ
30 Oct 03	0615		Pt cooperative. Pt Tmax 100.4 and pt c/o chills. Lungs c̄ (B) diminished lower lobes, (L) u lobe c̄ crackles, pt c/o severe substernal chest pain during use of I.S. & ~~[crossed out]~~ cough deep breathe. 3 Chest tubes labled #1, #3, #4 all intact & at waterseal 20cm. (L) femoral central line intact & infusing Maintenance IV fluid s̄ difficulty. Will continue to monitor. [(b)(6)-2] SGT/LPN
30 Oct 03	1040		(L) femoral introducer removed, manual pressure x 5 min, dsd applied. tolerated s̄ difficulty [illegible]
30 Oct 03		1430	Pt alert and appears oriented x3, cooperative. RR 36, unlabored, shallow. Lung CTA in all lobes, ↓↓ in bases. CT x3 to waterseal. ACE bandages to lower legs, small-mod pedal edema non-pitting. Cap refill brisk in all extremities. Pt denies sensation from just below umbilicus to feet. Unable to move legs. c/o mild back pain, denies need for pain med. [(b)(6)-2] MAJ AN
30 Oct 03		1500	Pt able to lift 2 balls of IS x 6, C+DB → weak cough c̄ loose secretions → swallowed, unable to expel. Pt instructed on rationale for IS and C+DB, states understanding, interpreter @ bedside. [(b)(6)-2] MAJ AN
		1700	IS and C+DB done → small amt thick, yellow blood-tinged sputum; Lifted 2 balls x 9. [(b)(6)-2] MAJ AN
		1800	No Δs in pedal edema noted since previous assessment. Mod. edema also noted to dorsal aspect of (R) hand, site of IV infiltration 4-5 days ago. (R) radial pulse 2+, brisk cap refill to (R) fingernail beds, Pt denies (R) hand pain. [(b)(6)-2] MAJ AN
			SEE NEXT PAGE - ATTACHED

66-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
30 Oct 03 1910	Pt remains Tachypneic c̄ RR 32-36, resp. appear unlabored and shallow. Pt denies SOB SpO2 97-98% on RA. Dr. (b)(6)-2 informed of RR, PCXR Taken. Pt c/o back pain, ii TC#3 given @ 1825. Will cont. to monitor. (b)(6)-2
30 Oct 03 2100	Pt continued to c/o 8/10 back pain @ 1950, received order for MSO4 2-8mg IVP q1° prn pain. 3mg MSO4 IVP given @ 2000 c̄ good relief, pain currently 2/10. (L) PIV Tubing Δ'd down to hub, IV site s̄ s/sx infection or infiltration; no pain @ IV site noted. IS done, pt able to lift 2 balls to top x10. C+DB done p̄ IS → weak, non-productive, loose cough. RR remains 32-36, unlabored. Pt refused dinner x̄ ate a pear, states he prefers fruits. Drinks fluids/water s̄ difficulty. (b)(6)-2
30Oct03	2250- c/o pain to back 5/10, pain medication given (see MAR) will continue to monitor pt (b)(6)-2
30Oct03	2330- denies c/o pain will cont. to monitor pt (b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

Potus # (b)(6)-4

PROGRESS NOTES
Medical Record

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

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 Oct 03
POD	8

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

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	31 Oct 03

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

Potus # (b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

MEDCOM - 2591

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

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20g	(L) FA	29Oct05	CDI /0900 /1400

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

MOTOR FUNCTION

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

CHART CODES

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

DATE: 31 Oct 03

TIME	02	09	14	15	22
A. BEST EYE-OPENING RESPONSE: (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open	4	4	4		4
B. BEST VERBAL RESPONSE: (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response	5	5	5		5
C. BEST MOTOR RESPONSE: (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response	6	6	6		6
GLASCOW COMA SCALE (A+B+C)	15	15	15		15
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R	2+	2+	2+		2+
L	N/A	N/A	N/A		NA
MOVEMENT (See Motor Function Scale at Top of Page) — RUE	4	4	4		4
LUE	4	4	4		4
RLE	0	0	0		0
LLE	0	0	0		0
GRIP (S) Strong (W) Weak (-) absent — R	S	S	S		S
L	—	S	S		S
RESPIRATIONS — REGULAR		✓	✓		✓
IRREGULAR					
UNLABORED	✓	✓	✓		
LABORED					✓
SHALLOW					
RETRACTIONS					
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL	5	5/1	5/1		5
LUL	5	5/1	5/1		5
RLL	1	5/1	1		1
LLL	1	5/1	1		1
BOTH BASES	1	5/1	1		1
COUGH — NONE					
SPONTANEOUS	✓	✓	✓		✓
PRODUCTIVE	✓	✓	✓		✓
NONPRODUCTIVE					
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear	2	5			2
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin	1	3			1
VENTILATOR — Vt					
FiO2					
RATE (SIMV/CMV)					
PEEP / CPAP					
PRESS. SUPPORT					
OXYGEN DELIVERY DEVICE — NC (l/min)					
FM (l/min)					
ETT = ______ — NRBM (l/min)					
ETT ______ cm gums					
ETT CARE, POSITION CHANGE					
ETT / NT SUCTIONED					
INCENTIVE SPIROMETRY DONE	✓			✓	✓
COUGH / DEEP BREATH	✓			✓	✓
INITIALS	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

VITAL SIGNS

TIME	T	P	R	BP	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	98.2	88	24	104/51	97%		68										
0300																	
0400																	
0500																	
0600																	
0700	100(A)	117	26	107/55	98												
0800																	
0900																	
1000																	
1100																	
1200																	
1300	99'	91	24	111/56	98%												
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100	99.5	105	22	116/60	97%												
2200																	
2300																	
2400																	

	INTAKE				OUTPUT					
	D5NS c 20 KCL	IVPB	PO	Total	Urine	CT #1	CT #3	CT #4	Total	COMMENTS
0100	75 / 75				100 / 100	Ø	Ø	Ø		
0200	75 / 150				100 / 200	Ø	Ø	Ø		
0300	75 / 225	100			100 / 300	Ø	Ø	Ø		
0400	75 / 300				50 / 350	Ø	Ø	Ø		
0500	75 / 375				100 / 450	Ø	Ø	Ø		
0600	75 / 450									
0700	75 / 525	100 / 100								
0800	75 / 600		300 / 300		350 / 800					
8 HR	600	100	300	8 HR 1000	800				8 HR 800	+200
0900	75 / 75		120 / 120		85 / 85					
1000	75 / 150	100 / 100	100 / 220		100 / 185					
1100	75 / 225		80 / 300		145 / 330					
1200	75 / 300				50 / 40					
1300	75 / 375		100 / 400		105 / 515	100 / 100	250 / 250			
1400	75 / 450	100 / 200			70 / 585					
1500	75 / 525	100 / 200				D/C'd				
1600	75 / 600				310 / 895			165 / 165		
8 HR	600	300	400	16 HR. 1300	895	1400 310 CT		165	16 HR 1410	-110
1700	75 / 75		60 / 60							
1800	75 / 150									
1900	75 / 225									
2000	75 / 300									
2100	75 / 375	100 / 100	60 / 120		900 / 900			40 / 40		
2200	75	100	100		160			Ø		
2300	75				120					
2400	75				50			Ø		
8 HR				24 HR.					24 HR	

NSN 7540-00-634-4177

MEDICAL RECORD — NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
31Oct03	0200		-resting comfortably will cont to monitor pt (b)(6)-2
31OCT03	0800		Turned to (R) side. NAD Temp 100[3]. Consumed 25% of Reg diet. (b)(6)-2
31OCT03		1200	Consumed approx. 40% of Regular diet for lunch. Informed DR (b)(6)-2 of Pt C/O abd pain. No New orders given. (b)(6)-2
		1400	Assumed care. DR (b)(6)-2 @ BS. Pulled CT's #1 & #3,8 covered c̄ petroleum gauze, 4X4. DRSG. CDI. Xray completed. Pt c/o moderate pain, but was pre-medicated c̄ T#3, MSO4. Will continue to monitor (b)(6)-2
31OCT03		1830	Received report, assumed care. Pt turned to (L) side, states he is not currently in pain. Independent [illegible]
31Oct03		2315	-C/O pain 7/10 to back, pain medication given (see MAR) will cont to monitor pt (b)(6)-2
31Oct03		2345	resting comfortably will continue to monitor pt (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	23 Oct 03
POD	9

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

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

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

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 CR	ICU	01 Nov 03

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

Potus (b)(6)-4

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

DA FORM 4700 MEDCOM - 2597

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2					2					2		2								2		
	RADIAL L		2					2					2		2								2		
	DORSALIS PEDIS R		2					2					2		2								2		
	DORSALIS PEDIS L		2					2					2		2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8					1 3 8					1 3 8		1 3 8								1 3 8		
EDEMA			Gen					Gen					–		X								–		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R					R					–		R								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR					NSR					–		SR								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH												✓												
	FOLEY CARE		✓					✓															✓		
	ORAL CARE																								
MOBILITY	BEDREST		✓					✓					–		✓								✓		
	BSC																								
	DANGLE																								
	CHAIR																662								
POSITIONED	RIGHT																✓								
	LEFT												✓		✓								✓		
	SUPINE							✓								N		✓							
	HOB 30 DEGREES		✓					✓					✓		✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓					*					*		Ø								✓		
	PAIN SCALE (1-10)																	+							
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2					2					2		2								2		
BOWEL SOUNDS (active all quads)			✓					x4					x4		✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓					✓					–		✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.			✓					✓					–		✓								✓		
SKIN INTEGRITY	No Breakdown																								
Sternum → Abd midline	Surgical Wounds		✓					✓					–		✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Incision OTA c staples			✓					✓					–		✓								✓		
#2 CT site - #4 CDI			✓					✓					–		✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g	Ⓛ FA	29 Oct 03	CDI

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

DATE: 01 NOV 03

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

VITAL SIGNS

TIME	T	P	R	BP	% SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500	98.4	86	16	1[illegible]8/46	99%												
0600																	
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
	993	88	16	102/49	94%		68										RA
1400																	
1430	99° (o)	83	20	108/50	95		72										RA
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	998	96	21	116/59	96%	—	79	—	—	—	—	—	—	—	—	—	RA
2300																	
2400																	

	INTAKE								OUTPUT						
	PO	0.9NS@20KVO	IVPB					Total	Urine	CT#4	BM			Total	COMMENTS
0100		75							50	∅					
0200		75							100	45					
0300		75							100	∅ 45					
0400		75							100	∅ 45					
0500		75							160 500	∅ 45					
0600		75	100 100							45					
0700	200 200	75								45					
0800		75							500 1000	15 60					
8 HR	200	600	100					8 HR. 800	1000	60				8 HR 1600	-700
0900		75 75													
1000		75 150	100 100								X1				
1100		75 225													
1200	100 100	75 300													
1300	100 200	75 375													
1400	60 260	75 450	100 200						1100 1100	10 10					
1500			100 300												
1600		150 600							600 1700						
8 HR	260	600	300				(1160)	16 HR. 2060	1700	10			(1710)	16 HR. 3310	-1250
1700		75 75													
1800	180 180	75 150													
1900		75 225													
2000	60 240	75 300													
2100		75 375	100 100							30 30					
2200		75 450	100 200						1200 1200						
2300	100 340	75 525							200 1400						
2400		175 600							150 1550						
8 HR	340	600	200				Total 8° 1140	24 HR. 3200	1550	30			Total 8hr 1580	24 HR	~~440~~

MEDCOM - 2601

66-2… CT#4 … 1… -440 Total 24 - 1690

NSN 7540-00-634-4121

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
01NOV03	0200		resting comfortably @ this time will cont. to monitor pt (b)(6)-2
	0715		pt. c/o gen. pain; ii T3 given; pt. requesting to shave his beard off; will cont to monitor (b)(6)-2
	1000		pt's beard shaved off; had a small BM of bile consistency; checked for rectum for impacted stool; there was stool → pt was disimpacted; NAD; pt. repositioned onto (L) side; will cont. to monitor (b)(6)-2
	1215		pt c/o pain gen. ii T3 given; stated he was not hungry + wanted food later; will cont. to monitor (b)(6)-2
1NOV03		1430	(L) pedal edema ↓ from 2days ago, non-pitting, cap refill brisk. (R) CT(#4) → WS c fluid fluctuation. (L) FA IV c D5NS + 20 KCl @ 75cc/h. Ø S/Sx infection or infiltration. ACE bandages to (B) LE. Pt appears alert, oriented and appropriate. (b)(6)-2
1NOV03		1500	Pt states he felt pressure in (B) feet when rolled onto back and feet propped against footboard. (b)(6)-2
1NOV03		2110	ii TC#3 given @ 1710 for c/o (R) chest pain around (R) CT site. (R) CT c 30cc serosang drainage this shift. Pt denies sensation below umbilicus on (R) side and ~ 2-3 inches below umbilicus on (L) side. Foot splints applied to prevent foot drop remove splints for 1hr. q 4hrs. to prevent pressure ulcers. Pt states relief of pain c TC#3s. Ate ~1/2 dinner. (b)(6)-2
01NOV03		2200	Pt comfortable & cooperative, Ø sign/symptoms of acute distress noted. CT#4 in (R) Anterior chest wall intact & draining into 20cm water seal. (B) LE c calf-high splints. Will continue to monitor. (b)(6)-2
01NOV03		2255	Medicated pt c Tylenol c Codeine ii po per prn order. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 OCT 03
DOS	02 NOV 03
POD	10

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

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

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

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

Department/Service/Clinic: ICU

DATE: 02 NOV 03

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

POTUS# (b)(6)-4

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

DA FORM 4700

MEDCOM - 2603

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2							2								2		
	RADIAL L							2							2								2		
	DORSALIS PEDIS R							2							2								2		
	DORSALIS PEDIS L							2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8							1 3 8								1 3 8		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								clr ✓							[illegible]										
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								[illegible]							Sb2 NSR								R NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)															θ										
ARTERIAL LINE (zeroed & calibrated)															θ										
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)							✓							PF								✓		
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended							2							2								2		
BOWEL SOUNDS (active all quads)								x4							X4										
NG / DOBHOFF PLACEMENT VERIFIED																							✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT								✓							✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.								✓															✓		
SKIN INTEGRITY	No Breakdown																						✓		
Sternum to Abd. Midline	Surgical Wounds							✓							✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Incision DTA c̄ Staples								✓							✓								✓		
#2 CT Site - #4 CDI								✓							✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20g	(L) FA	29 OCT 03	CDI

PUPIL SIZE
- 1 mm
- 2 mm
- 3 mm
- 4 mm
- 5 mm

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

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

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

DATE: 02 NOV 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								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								3+						2+								2		
PUPIL RESPONSE — L														—										
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								4						4								4		
LUE								4						4								4		
RLE								0						Ø								Ø		
LLE								0						Ø								Ø		
GRIP (S) Strong (W) Weak (-) absent — R								5						5								[illegible]		
L								5						5								[illegible]		
RESPIRATIONS — REGULAR								✓						✓								✓		
IRREGULAR																								
UNLABORED								✓						✓								✓		
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5						5								5		
LUL								5						5								5		
RLL								5						5								[illegible]		
LLL								5						5								[illegible]		
BOTH BASES																								
COUGH — NONE								✓						X bb-2								✓		
SPONTANEOUS														✓										
PRODUCTIVE														✓										
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear (6) Bloody														6										
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt								RA																
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)														RA										
FM (l/min)																								
ETT = ______ — NRBM (l/min)																								
ETT ______ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE								✓				✓										✓		
COUGH / DEEP BREATH								✓				✓		✓								✓		
INITIALS								(b)(6)-2				(b)(6)-2		(b)(6)-2								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800																	
	99^{6}	110	18	112/57	95%												
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	99^{3}	94	20	103/55	95%	RA											
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	98.9	67	16	106/59	99%	RA	76										
2300																	
2400																	

	INTAKE				OUTPUT				
	PO	Maintenance IVF	IVPB	Total	Urine	CT #4	BM	Total	COMMENTS
0100		75 / 75			150 / 150				
0200		75 / 150			150 / 300				
0300		75 / 225	100 / 100		180 / 480				
0400		75 / 300			240 / 720				
0500		75 / 375			120 / 840				
0600		75 / 450	100 / 200		180 / 1020	110 / 110			
0700	400 / 400	75 / 525							
0800		75 / 600			500 / 1520	10 / 120			
8 HR	400	600	200	8 HR. 1200	1520	120		8 HR 1640	-440
0900		75							
1000	100 / 100	75	100 / 100						
1100		75				10 / 10			
1200	300 / 400	75							
1300		75							
1400		75 / 450	100 / 200		1200 / 1200	30 / 40			
1500		75 / 525	100 / 300						
1600	120	75 / 600		1020				1240	
8 HR	120	600	300	16 HR.	1200	40		16 HR.	
1700		75 / 75							
1800	100 / 100	75 / 150							
1900		75 / 225							
2000		75 / 300							
2100	100 / 200	75 / 375			1000 / 1000	15 / 15			
2200		75 / 450	100		50	0			
2300		75			80				
2400	100	75			80				
8 HR				24 HR.				24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR AM	HOUR PM	OBSERVATIONS Include medication and treatment when indicated
02 NOV 03	0545		Pt resting quietly s̄ any c/o discomfort or pain. CT, Foley cath, & IV cath all intact & patent. Will continue to monitor. (b)(6)-2
	0955		NAD; pt c/o pain medicated c̄ T3 & repositioned; ate 1/2 apple, box of raisens + 3 hard boiled eggs without difficult assessment complete; pt now resting c̄ eyes closed (b)(6)-2
	1130		bed bath given to pt; hair washed; dressing to wound on Ⓛ side of back Δ'd; dx to Ⓛ thigh Δ'd; Ⓛ inguinal area dressing taken off → pt has a blister formed from the tape; blister left open to air; pt has slight breakdown to Ⓛ heel from splints; splints remain off until heel can dry; NAD; VSS; (b)(6)-2
	1300		pt had 1 bite of hot dog + 1/4 hamburger bun states he is not very hungry will cont to monitor (b)(6)-2
		1415	Pt rolled to Ⓛ side, at his request. Cough produced bloody sputum. Pt c/o mild pain in back but requires no pain medicine. Splints not on legs presently. Will replace splints @ 1500. Ⓡ [illegible] padding stage I pressure ulcer Ⓡ [illegible] heel (b)(6)-2 LTAN
		1700	Pt medicated c̄ 3mg MSO_4 and tylenol #3 ii tabs for pain in back. Rolled to Ⓡ side @ pts request (b)(6)-2
		2030	Pt rolled to Ⓛ side, foot braces placed on feet Ⓑ @ 1830. Pt ⊕ flatus when rolled ∅ BM. Chest tube drainage [illegible] marked @ 2030 for output. Foot of bed elevated @ pt request (b)(6)-2
		2100	Provost Marshall called about status of paralysis
	0001		C/O pain, pain med given (see MAR) will cont to monitor pt (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	23 Oct 03
DOS	
POD	

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

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

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

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

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

Potus # (b)(6)-4

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

DA FORM 4700

MEDCOM - 2609

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2				2		2																
	RADIAL L		2				2		2																
	DORSALIS PEDIS R		2				2		2																
	DORSALIS PEDIS L		2				2		2																
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8				1 3 8		1 3 8																
EDEMA			0				0		0																
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R				R		R																
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR				NSR		NSR																
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE		✓																						
	ORAL CARE																								
MOBILITY	BEDREST		✓				✓		✓																
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE						✓		✓																
	HOB 30 DEGREES		✓				✓		✓																
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓				✓		*																
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2				2		2																
BOWEL SOUNDS (active all quads)			✓				x9		x4																
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			✓				✓		✓																
VOIDING CLEAR, YELLOW URINE q.s.			✓				✓		✓																
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓				✓		✓																
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 Incision c staples ABD OTA			✓				✓		staples removed																
#2 Ⓛ chest tube site [illegible] CDI			✓				✓		DC																
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20g	Ⓛ FA	29oct03	CDI

PUPIL SIZE
- 1 mm
- 2 mm
- 3 mm
- 4 mm
- 5 mm

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

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

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

DATE:

	TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4		4																
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		[crossed out]				[crossed out]																		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4				4		4																
	LUE		4				4		4																
	RLE		1				0		0																
	LLE		1				0		0																
GRIP (S) Strong (W) Weak (-) absent	R		S				S		S																
	L		S				S		S																
RESPIRATIONS	REGULAR						✓		✓																
	IRREGULAR																								
	UNLABORED		✓				✓		✓																
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		5				5		5																
	LUL		5				5		5																
	RLL		1				1		1																
	LLL		1				1		1																
	BOTH BASES		✓				1		1																
COUGH	NONE		✓				✓		✓																
	SPONTANEOUS								✓																
	PRODUCTIVE								✓																
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear									2/3																
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin									3																
VENTILATOR	Vt						RA		RA																
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #______	NRBM (l/min)																								
	ETT ______cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE			✓																						
COUGH / DEEP BREATH			✓				✓		✓																
INITIALS			(b)(6)-2				(b)(6)-2		(b)(6)-2																

VITAL SIGNS

TIME	T	P	R	BP	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	99°	94	16	112/59	91%												
0700																	
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	PO	D5 ½ NS c 20 KCl	IVPB						Total	Urine	Chest tube				Total	COMMENTS
0100		75								100	∅					
0200		75								50	∅					
0300		75								100 / 250	∅					
0400		75								75 / 325	∅					
0500		75								25 / 350	∅					
0600	50 / 50	75	50 / 50							200 / 550	35 / 35					
0700	300 / 350	75														
0800	50 / 400	75								120 / 670	DC'd					
8 HR	400	600	50						8 HR. 1050	670	35				8 HR 705	+355
0900		75 / 75	600? / 100													
1000		75 / 150														
1100																
1200	300 / 300															
1300																
1400										1500 / 1500						
1500																
1600																
8 HR									16 HR.						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD | NURSING NOTES (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
03Nov03	0200		-sleeping @ this time. Ø c/o pain, Ø s/s of resp. distress - will continue to monitor pt (b)(6)-2
	0600		recieved pt this AM; NAD; VSS; pt resting ē eyes closed; will cont. to monitor (b)(6)-2
	0800		Dr. (b)(6)-2 DC'd chest tube #4 without difficulty follow up CXR done; awaiting results. staples removed, without difficulty from mid-line incision left OTA; lung sounds good; SpO_2 94% on RA. pt. now resting ē eyes closed; will cont to monitor (b)(6)-2
	1315		1 stitch (suture) removed from Ⓛ thigh wound. Clean, dry, sterile dressing applied (b)(6)-2
	1445		Pt clothes pt on, (b)(6)-1 signed out to MP Discharge instructions given to MP about medications drsg s&s, braces. paralysis. Extra supplies given to pt and MP. 2 Tylenol #3 given p.o. to D/C. (b)(6)-2

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: 23 Oct 03
2. ADMITTING/DIAGNOSIS: GSW to Abd, L2 Paraplegia
3. PERTINENT LAB, X-RAY, FINDINGS:
   Xray finding - fracture of L2 posterior column c̄ evidence of fragments in spinal canal
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
   Ex lap c̄ sternotomy extension for repair of GSW to (R) Lobe of liver near dome, (R) Nephrectomy, debridement, control of hemorrhage to (R) psoas/spinal area @ L2
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
   GSW to Abd - Injury to Liver (R) lobe
   (R) Nephrectomy
   L2 Paraplegia
   GSW (L) thigh
6. ACTIVITY: as tolerated
7. DIET: Regular
8. MEDICATIONS:
   - [ ] Medications have been prescribed for home use. See separate list and special instructions or see below.

   Dulcolax 10mg po QD
   Colace 100mg po TID
   T3 1-2 po q 4-6° prn
9. INSTRUCTIONS (To Home Health Providers, Patient, etc):
   Leave CT bandage in place for 48hrs (11/5)
   Change Bandage (L) thigh PRN
   Foley to gravity
10. DISCHARGING PROVIDER
    (b)(6)-2 (Signature) — LTC MC USA (b)(6)-2 (Printed or Stamped Name)

PATIENT IDENTIFICATION

POTUS (b)(6)-4

SECTION II — TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: [ ] HOME [ ] DUTY [ ] OTHER ____
   [ ] 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:
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:
   Keep braces on legs but take off occassionally to air out.
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
   ICU (b)(3)-1
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
    (b)(6)-2 1LT AN (Signature and Title) — 3Nov03 (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

MEDCOM - 2615

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 Gurney BY (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT (b)(6)-2

3. DATE 12/23/02 TIME PATIENT ARRIVED IN SUITE 0758

4. PATIENT IN ROOM TIME 0810 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Intubated

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2 SPC (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: none

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☒ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: none

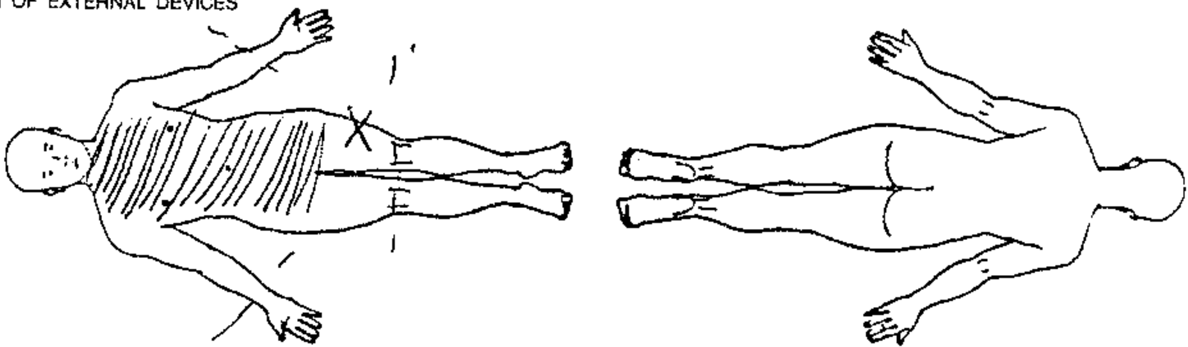
PREP SOLUTION *(Specify)* Beta [illegible]

SITE Chest + abd. BY WHOM: CPT (b)(6)-2

SITE: BY WHOM:

COMMENTS: none

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

C = Correct I = Incorrect

		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	/	C	C	SPC (b)(6)-2	CPT (b)(6)-2
Needle Sharp	☒ Yes ☐ No	/	C	C	SPC (b)(6)-2	CPT
Instrument	☐ Yes ☒ No	/				
Other	☐ Yes ☒ No	/				

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

POTUS # (b)(6)-4

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

☒ ESU NO: 00434 50/52

GROUND PAD: BRAND Valleylab

LOT NO: 65671 05/04

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

MEDCOM - 2616

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES [X] NO [ ]

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Gelfoam	1 sheet	TOP	Top		Dr. (b)(6)-2
Thrombin	20cc	TOP	Top	CPT (b)(6)-2	Dr.
Surgicel	4x8	TOP	TOP		Dr.

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S):

NSS

OTHER ORDERS	TIME	CARRIED OUT BY
(b)(6)-2		

PHYSICIAN'S SIGNA...

15. X-RAY IN OPER... YES [X] NO [ ] IF YES, SITE (R) femur

16. LABORATORY SPECIMENS

SPECIMEN (S) YES [ ] NO [X]	NAME	NAME
FROZEN SECTION (FS) YES [ ] NO [X]	NAME	NAME
CULTURE (C) YES [ ] NO [X]	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

18. DRESSING/IMMOBILIZATION *(Specify)*

abd's, 4x4's, tape

17. TUBES, DRAINS/PACKING YES [X] NO [ ]	1.	2.	3.
TYPE/SIZE	36 CT	36 CT	36 CT
SITE	(L) chest	(R) chest	(R) chest

19. ADDITIONAL INFORMATION

Dr. (b)(6)-2

Dr.

Dr.

20. OPERATION(S) PERFORMED

Exp. lap & Sternotomy, (R) Nephrectomy, liver repair

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1115	Gurney

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

REVERSE OF DA FORM 5179-1, O...

*U.S. GPO: 1996-404-813/40449

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
230403	1130	A/C	700	12	100	5	25	10	100	79	143/82	1:2.1	(b)(6)-2
230403	1300	A/C	700	10	100	5	24	12	100	80	123/57	1:2.2	
230403	1500	A/C	700	10	100	5	25	13	100	85	93/54	1:2.2	
230403	1700	A/C	800	10	40	5	30	17	99	100	113/53	1:2.2	
	1900	A/C	800	10	40	5	26	12	100	100	145/52	1:2.2	
	2100	A/C	800	10	40	5	35	15	100	99	104/[illegible]	1:2.2	
	2300	A/C	800	10	40	5	27	17	100	99	90/51	1:2.2	
2403	0100	A/C	800	10	40	5	28	18	100	98	152/71	1:2.2	
2403	0300	A/C	800	10	40	5	32	17	100	98	126/55	1:2.1	
0	0500	A/C	800	10	40/50	5	27	19	100	88	151/[illegible]	1:2.1	
240403	0900	A/C	800	10	40	5	23	10	100	98	150/57	1:2.2	
240403	1100	A/C	800	10	40	5	25	11	100	72	133/59	1:2.2	(b)(6)-2
240403	1300	A/C	800	10	40	5	24	10	97	75	114/55	1:2.2	
240403	1500	A/C	800	10	40	5	23	10	99	69	115/54	1:2.2	
	1700	A/C	800	10	40	5	24	10	99	76	119/65	1:2.2	
	1900	A/C	800	10	40	5	27	12	98	76	123/58	1:2.2	
	2100	A/C	800	10	40	5	24	10	99	69	143/58	1:2.2	
	2300	A/C	800	10	40	5	35	12	98	79	63/48	1:2.2	
	2330	A/C	800	10	40	5	32	14	98	117	166/61	1:2.2	
2504	0100	A/C	800	10	40	5	27	10	100	81	159/60	1:2.2	(b)(6)-2
2504	0500	A/C	800	10	40	5	27	11	100	98	1[illegible]/42	1:2.2	
250403	0700	A/C	800	10	40	5	25	10	100	89	162/53	1:2.3	
250403	0900	A/C	800	8	40	5	26	11	98	90	148/50	1:3.2	
250403	1300	A/C	800	8	40	5	26	11	100	77	157/46	1:3.2	
250403	1500	SIMV	800	8	40	5	29	11	100	86	174/51	1:1.6	
250403	1700	SIMV	800	8	40	5	21	11	100	94	164/51	1:1.6	
	1900	SIMV	800	8	41	5	28	13	100	112	164/43	1:1.6	
	2100	SIMV	800	8	40	5	27	12	100	98	158/60	1:1.6	
	2300	SIMV	800	8	40	5	26	10	100	96	164/61	1:1.6	(b)(6)-2
	0100	SIMV	800	8	40	5	17	13	100	81	164/62	1:2	

vent ADE

POTUS (b)(6)-4

MEDCOM - 2618

Date	Time	Vt	Rate	PEEP	PIP	MAP	SPO2	HR	BP	I;E	RT int
25 Oct [illegible]	800	800	8	5	27	10	100	92	159/62	1:2	(b)(6)-2
	0855	800	8	5	33	11	100	97	162/61	1:800	
26 Oct 03	0700	800	8	5	18	6	100	93	144/58	1:2	
26 Oct 03	0900	800	8	5	21	11	100	93	153/55	1:2	
26 Oct 03	1300	800	6	5	19	7	100	106	134/77	1:2.3	
26 Oct 03	1500	800	6	5	16	10	100	93	136/75	1:2.3	
26 Oct 03	1700	800	6	5	17	7	100	100	134/78	1:2.3	

(b)(6)-4

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

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

SPECIMEN/LAB RPT. NO

MISC

Potus (b)(6)-4

URGENCY: ROUTINE, TODAY, PRE-OP, STAT [x]

PATIENT STATUS: BED [x], AMB, OUTPATIENT, NP, DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY (b)(6)-2 | MD | TECH | DATE 0858 23Oct03 | LAB ID NO.

REMARKS ABG

TEST(S) | SPECIMEN TAKEN: DATE 23Aug03, TIME 0845 A.M./P.M. | REQUESTED | RESULTS

Na 137
K 5.2
TCO2 22
iCa 0.98
pH 7.328
PCO2 40.5
PO2 390
HCO3 21
BEecf -5
SO2 100

557-107

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

SPECIMEN/LAB RPT NO

HEMATOLOGY

Potus (b)(6)-4

URGENCY: ROUTINE, TODAY, PRE-OP, STAT [x]

PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM

SPECIMEN SOURCE: VEIN [x], CAP, OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY | MD | TECH | DATE 23Oct 0949 | LAB. ID. NO.

REMARKS H+H

TEST(S) | SPECIMEN TAKEN: DATE 23Oct, TIME 0847 A.M. | REQUESTED (X) | RBC COUNT | HEMOGLOBIN | HEMATOCRIT | MCV | MCH | MCHC | WBC COUNT | WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC | SED. RATE | PLATELET COUNT | RETICULOCYTE COUNT | CLOTTING TIME | BLEEDING TIME | P.T.T.: CONTROL, PATIENT | CONTROL, PATIENT | % ACTIVITY | RATIO | SICKLING TEST | LE PREP

RESULTS: HEMOGLOBIN 5.4, HEMATOCRIT 15.1

549-107

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

HOSPITAL OR MEDICAL FACILITY ... OBTAINED AT

SPONSOR'S NAME

PATIENT'S IDENTIFICATION ... WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

MEDCOM - 2620

STANDARD FORM 600 (REV. 6-97) BACK

FPI-LEX Printed on Recycled Paper

POTUS (b)(6)-4

HEMATOLOGY

SPECIMEN/LAB RPT NO.

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

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB. ID. NO.
(b)(6)-2 CRF, CANB	(b)(6)-2	TECH	0855 23 Oct	

REMARKS

Field	Value
TEST(S)	
SPECIMEN TAKEN — DATE	23 Oct 03
SPECIMEN TAKEN — TIME	0745
REQUESTED	CBC, ABG
RBC COUNT	3.77
HEMOGLOBIN	11.9
HEMATOCRIT	34.4
MCV	91.4
MCH	31.6
MCHC	34.6
WBC COUNT	37.6
WBC DIFF AND BLOOD CELL MORPH (IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC)	
SED. RATE	
PLATELET COUNT	280
RETICULOCYTE COUNT	
CLOTTING TIME	
BLEEDING TIME	
P.T.T. CONTROL / PATIENT	
CONTROL / PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
Lymph (handwritten)	9.9
Lyte (handwritten)	2.7

549-107

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

POTUS (b)(6)-4

MISC

SPECIMEN/LAB RPT. NO

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

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO.
(b)(6)-2	(b)(6)-2	TECH	0949 23 Oct 03	

REMARKS

ABG

TEST(S)	SPECIMEN TAKEN — DATE	TIME	REQUESTED	RESULTS
	23 Oct	0942		Na 144 K 3.1 TCO2 19 iCa 1.06 pH 7.46 PCO2 44.9 PO2 353 HCO3 17 SO2 100 BEecf -11

557-107

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

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

DATE

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

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

HEMATOLOGY

POTUS (b)(6)-4

SPECIMEN/LAB RPT NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM

SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD / TECH | DATE 23Oct03 | LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT
RESULTS	DATE 23Oct	1043			8.9	25.2				

Other columns (blank): WBC DIFF AND BLOOD CELL MORPH (IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC), SED. RATE, PLATELET COUNT, RETICULOCYTE COUNT, CLOTTING TIME, BLEEDING TIME, P.T. (CONTROL, PATIENT), P.T.T. (CONTROL, PATIENT), % ACTIVITY, RATIO, SICKLING TEST, LE PREP

549-107

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

PATIENT'S MED. RECORD

MISC

Potus (b)(6)-4

ICU

SPECIMEN/LAB RPT. NO

URGENCY: ROUTINE / TODAY / PRE-OP / STAT [X]

PATIENT STATUS: BED [X] / AMB / OUTPATIENT / NP / DOM

SPECIMEN SOURCE (Specify)

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD / TECH | DATE 23Oct03 | LAB ID NO.

REMARKS: FiO2 - 100% T- 92 SaO2 100%

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	RESULTS
	DATE 23 Oct 03	1545 P.M.	ABG	Na - 143, K - 4.6, TCO2 - 17, iCa - 1.06, HCO3 - 16, BEecf - -12, SO2 - 100, PH - 7.240, PCO2 - 35.2, PO2 - 370 (@ pt temp)

557-107

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

PATIENT'S MED. RECORD

HOSPITAL OR MEDICAL FACILITY | ...ED AT

SPONSOR'S NAME

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

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

STANDARD FORM 600 (REV. 6-97) BACK

FPI LEX. Printed on Recycled Paper

MISC

Potus (b)(6)-4

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

SPECIMEN/LAB RPT. NO

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD | DATE 1053 23 Oct | TECH | LAB ID NO.

REMARKS

TEST(S)	DATE	SPECIMEN TAKEN TIME (A.M./P.M.)	REQUESTED	RESULTS
	23 Oct	1643	ABG	Na 144, K 4.0, TCO₂ 19, iCa 1.02, pH 7.186, PCO₂ 45.4, PO₂ 396, HCO₃ 17, BEecf -11, SO₂ 100

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

HEMATOLOGY

Potus (b)(6)-4

ICU

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

SPECIMEN/LAB RPT. NO.

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD | DATE 23Oct03 | TECH | LAB. ID. NO.

REMARKS CBC

Field	Value
DATE	23 Oct 03
TIME	1545
RBC COUNT	3.25
HEMOGLOBIN	10.7
HEMATOCRIT	30.2
MCV	92.9
MCH	33.0
MCHC	35.5
WBC COUNT	20.2
IMMATURE / NEUTRO-BANDS / NEUTROSEGS / LYMPHS / EOSINOPHILS / BASOPHILS / MONOCYTES / PLATELETS / RBC (WBC DIFF AND BLOOD CELL MORPH)	
SED. RATE	
PLATELET COUNT	176
RETICULOCYTE COUNT	
CLOTTING TIME	
BLEEDING TIME	
P.T.T. CONTROL / PATIENT	
CONTROL / PATIENT	
% ACTIVITY	
RATIO	
SICKLING TEST	
[illegible]	9.2
[illegible]	1.9

HEMATOLOGY 549-107 STANDARD FORM 549 (Rev. 7-76) PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45.505 PATIENT'S MED. RECORD

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

TEST(S)

SPECIMEN TAKEN

DATE 23 Oct 03 TIME 1640 A.M. P.M.

REQUESTED

ABG

RESULTS

Na	142
K	4.7
TCO_2	19
iCa	1.05
pH	7.266
PCO_2	36.7
PO_2	274
HCO_3	17
BE ecf	−10
SO_2	100%

REMARKS (b)(6)-2

T- 92.8 (R)

FiO_2 0.6

Vt - 800cc

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

TECH MD DATE 23 Oct 03 1651

Potus (b)(6)-4

ICU

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☒

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

MISCELLANEOUS 557-107

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

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE 23 Oct 03 TIME 1755 A.M. P.M.

REQUESTED

ABG

RESULTS

Na - 145

K - 4.5

TCO_2 - 19

iCA - 1.09

HCO_3 - 17

BEecf - (-10)

sO_2 - 100%

ph - 7.276

PCO_2 - 36.1

PO_2 - 237

REMARKS (b)(6)-2

FiO_2 40%

T- 93.8 (AX)

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD DATE 23 Oct 03

Potus (b)(6)-4

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO

MISCELLANEOUS 557-107

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

PATIENT'S MED. RECORD

SPECIMEN/LAB RPT. NO

Potus # (b)(6)-4

ICU

MISC

URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☒

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

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

REPORTED BY MD (b)(6)-2 DATE

LAB ID NO.

S ID NUMBER here

DEPART.. REMARKS

ABG

FiO_2 - 40% T - 96.8

PATIENT

TEST(S) SPECIMEN TAKEN TIME 23 Oct 03 2100 A.M. P.M. REQUESTED

RESULTS

- 144
- 4.8
CO_2 - 22
- 1.10
7.300
- 40.8
- 232
HCO_3 - 20
Becf (-6)
SO_2 - 100%

MEDCOM - 2624

NO.

MISCELLANEOUS 557-107 STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45-505

(b)(6)(b)(10)

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
Potus#(b)(6)-4	FRW			

Physician: (b)(6)-2	Ward: EMT	X STAT / Routine	Specimen Date and Time: 23oct e 0740 hr	Reported by: (b)(6)-2	Date and Time: 23 oct e 0815

Chemistry (i-STAT) — (6+) 7+ 8+ Glu (Crea)

X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L
	K	4.3	3.3-4.7 mmol/L
	Cl	100	98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN	16	7-22 mg/dL
	Glu	318	73-118 mg/dL
	Creat	1.1	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer) — (Chem 12) MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	3.5	3.3-5.5 g/dL
	ALP	65	26-84 U/L
	ALT	126	10-47 U/L
	AMY	55	14-97 U/L
	AST	108	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	13	7-22 mg/dL
	Ca	8.5	8.0-10.3 mg/dL
	Chol	131	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	6.7	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology — CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	15.2	4.8-10.8 x10(3)/uL
	RBC	4.56	4.2-6.1 x10(6)/uL
	Hgb	13.8	12.0-18.0 g/dL
	Hct	40.1	35.0-60.0%
	MCV	88.1	80.0-99.0 fl
	MCH	30.3	27.0-31.0 pg
	MCHC	34.4	33.0-37.0 g/dL
	Plt	414	130-400 x10(3)/uL
	LY%	10.7	15.0-55.0%
	LY#	1.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Urinalysis

TEST	RESULT	REF. RANGE
Color	yellow-cloudy	Straw/Yellow
Clarity	Cloudy	Clear
Glucose	Neg	Negative
Bilirubin	Neg	Negative
Ketone	Neg	Negative
SG	1.030	1.010-1.025
Blood	Large	Negative
pH	6.0	5.0-8.0
Protein	30+	Negative-Trace
Urobili	0.2	Negative
Nitrite	Neg	Negative
Leuko	Neg	Negative

Urine Microscopic

WBC	0-5	Epi	RARE Squamous
RBC	TNTC	Mucus	Moderate
Bacteria	(PD) Moderate	Yeast	Neg
Casts:	none	Spermatozoa	Neg
Crystals:	none	Amorph Sed	Neg
Other:			

Misc. Chemistry

TEST	RESULT	REF. RANGE
Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

TEST	RESULT	REF. RANGE
Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

TEST	RESULT	REF. RANGE
Urine		Negative
Serum		Negative

Malaria Smear

TEST	RESULT	REF. RANGE
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

TEST	RESULT	REF. RANGE
Sed Rate		1hr = 0-20 mm

Coagulation

TEST	RESULT	REF. RANGE
PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

TEST	RESULT	
ABO/Rh	A	Positive
T&C		
T&S		

Other: I Stat 6/Cr/CBC, [illegible]

MEDCOM - 2625

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X Routine	10/23 1140	(b)(6)-2	1235 230ct

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na	143	128-145 mmol/L
	K	4.8	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.396	7.35-7.45
	PCO2	30.7	35-45 mmHg
	PO2	315	80-90 mmHg
	TCO2	21	18-33 mmol/L
	HCO3	20	22-28 mmol/L
	sO2	100	95-99%
	BEecf	-6	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.00	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB	1.9	3.3-5.5 g/dL
	ALP	29	26-84 U/L
	ALT	159	10-47 U/L
	AMY	45	14-97 U/L
	AST	160	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	12	7-22 mg/dL
	Ca	6.3	8.0-10.3 mg/dL
	Chol	57	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.2	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	271	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	2.8	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	15.7	4.8-10.8 x10(3)/uL
	RBC	2.77	4.2-6.1 x10(6)/uL
	Hgb	9.3	12.0-18.0 g/dL
	Hct	26.0	35.0-60.0%
	MCV	93.7	80.0-99.0 fl
	MCH	33.6	27.0-31.0 pg
	MCHC	35.8	33.0-37.0 g/dL
	Plt	127	130-400 x10(3)/uL
	LY%	11.8	15.0-55.0%
	LY#	1.9	0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Imm	

RBC Morph:		
Plt verify:		
Spun Crit		35-60%

Urinalysis

TEST	RESULT	REF. RANGE
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:			
Crystals:			
Other:			
Other:	ABG		

Microbiology

TEST	RESULT	REF. RANGE
Source:		
FecLeuk		Negative
Gram St		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

Blood Bank

TEST	RESULT	
ABO/Rh		
T&C	A	POS
T&S		

HCG

TEST	RESULT	REF. RANGE
Urine		Negative
Serum		Negative

Malaria Smear

TEST	RESULT	REF. RANGE
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

TEST	RESULT	REF. RANGE
Sed Rate		1hr = 0-20 mm

Coagulation

TEST	RESULT	REF. RANGE
PT	22.9	10-13 seconds
APTT	47.2	22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

TEST	RESULT	REF. RANGE
Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

FIO2 100% T 33°C. CBC. Chem 12, PT/PTT

FORM BEARLAB 20 31 May 2003 MEDCOM - 2626

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
Potus (b)(6)-4	ICU			

Physician:	Ward:	X STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
Dr. (b)(6)-2		X STAT	24oct 0455 HP	(b)(6)-2	24oct03e 0320

Chemistry (i-STAT)

6+ | (7+) | 8+ | Glu | Crea

X	TEST	RESULT	REF. RANGE
	Na	140	128-145 mmol/L
	K	4.7	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.404	7.35-7.45
	PCO2	39.0	35-45 mmHg
	PO2	227	80-90 mmHg
	TCO2	25	18-33 mmol/L
	HCO3	24	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	0	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.10	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer)

(Chem 12) | MetLyte8 | BMP | Liver

X	TEST	RESULT	REF. RANGE
	ALB	2.5↓	3.3-5.5 g/dL
	ALP	40	26-84 U/L
	ALT	243↑	10-47 U/L
	AMY	81	14-97 U/L
	AST	242↑	11-38 U/L
	Tbil	3.3↑	0.2-1.6 mg/dL
	BUN	15	7-22 mg/dL
	Ca	8.0	8.0-10.3 mg/dL
	Chol	44↓	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.3↑	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	149↑	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.1↓	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

(CBC) | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	16.9	4.8-10.8 x10(3)/uL
	RBC	4.27	4.2-6.1 x10(6)/uL
	Hgb	13.3	12.0-18.0 g/dL
	Hct	38.6	35.0-60.0%
	MCV	90.6	80.0-99.0 fl
	MCH	31.2	27.0-31.0 pg
	MCHC	34.5	33.0-37.0 g/dL
	Plt	102	130-400 x10(3)/uL
	LY%	8.4	15.0-55.0%
	LY#	1.4	0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Immature cells	

RBC Morph:

Plt verify:

Spun Crit		35-60%

Urinalysis

X	TEST	RESULT	REF. RANGE
	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Misc. Chemistry

X	TEST	RESULT	REF. RANGE
	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

X	TEST	RESULT	REF. RANGE
	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

HCG

X	TEST	RESULT	REF. RANGE
	Urine		Negative
	Serum		Negative

Malaria Smear

X	TEST	RESULT	REF. RANGE
	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate

X	TEST	RESULT	REF. RANGE
	Sed Rate		1hr = 0-20 mm

Coagulation

X	TEST	RESULT	REF. RANGE
	PT		10-13 seconds
	APTT		22.1-33.7 seconds
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

X	TEST	RESULT	REF. RANGE
	ABO/Rh		
	T&C		
	T&S		

ABG, CBC, Chem 12, PT, PTT

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
POTHS (b)(6)-4		24..		

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	✓ STAT / Routine	25 Oct 03	(b)(6)-2	25 Oct 0532 H

Chemistry (I-STAT)

6+ | (7+) | 8+ | Glu | Crea

X	TEST	RESULT	REF. RANGE
	Na	138	128-145 mmol/L
	K	3.6	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.521	7.35-7.45
	PCO2	35.2	35-45 mmHg
	PO2	245	80-90 mmHg
	TCO2	30	18-33 mmol/L
	HCO3	29	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	6	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.08	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer)

(Chem 12) | MetLyte8 | BMP | Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.8	3.3-5.5 g/dL
	ALP	42	26-84 U/L
	ALT	151	10-47 U/L
	AMY	46	14-97 U/L
	AST	122	11-38 U/L
	Tbil	1.0	0.2-1.6 mg/dL
	BUN	19	7-22 mg/dL
	Ca	7.5	8.0-10.3 mg/dL
	Chol	64	100-200 mg/dL
	CK	[illegible]	30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.3	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	103	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	3.8	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

(CBC) | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	12.3	4.8-10.8 x10(3)/uL
	RBC	3.01	4.2-6.1 x10(6)/uL
	Hgb	9.5	12.0-18.0 g/dL
	Hct	27.0	35.0-60.0%
	MCV	89.5	80.0-99.0 fl
	MCH	31.6	27.0-31.0 pg
	MCHC	35.4	33.0-37.0 g/dL
	Plt	96	130-400 x10(3)/uL
	LY%	10.9	15.0-55.0%
	LY#	1.3	0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Immature cells	
RBC Morph:			
Plt verify:			
Spun Crit			35-60%

Urinalysis

	TEST	RESULT	REF. RANGE
	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Misc. Chemistry

	TEST	RESULT	REF. RANGE
	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL

Microbiology

	TEST	RESULT	REF. RANGE
	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

HCG

	TEST	RESULT	REF. RANGE
	Urine		Negative
	Serum		Negative

Malaria Smear

	TEST	RESULT	REF. RANGE
	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate

	TEST	RESULT	REF. RANGE
	Sed Rate		1hr = 0-20 mm

Coagulation

	TEST	RESULT	REF. RANGE
	(PT)	13.4	10-13 seconds
	(APTT)	33.4	22.1-33.7 seconds
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

	TEST	RESULT
	ABO/Rh	
	T&C	
	T&S	

MEDCOM - 2628

POTUS (b)(6)-4

99²
O_2 40%

SPECIMEN/LAB RPT. NO

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN SOURCE (Specify): ARTERIAL

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2 MD ECH DATE 0633 25Oct

LAB ID NO.

557-107

TEST(S) / SPECIMEN TAKEN: DATE 10/25/03 TIME 0610 A.M.

REQUESTED (b)(6)-2

RESULTS:

Na 138
K 3.6
TCO_2 29
iCa 1.08
Hct 29
Hb 6
pH 7.491
PCO_2 37.0
PO_2 201
HCO_3 28
BEecf 5
SO_2 100

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)

SPECIMEN/LAB RPT. NO

MISC

POTUS # (b)(6)-4

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

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

REPORTED BY (b)(6)-2 MD ECH DATE 1604 25Oct03

LAB ID NO.

REMARKS (b)(6)-2 FiO_2-40% T-97⁸

557-107

TEST(S) / SPECIMEN TAKEN: DATE 25Oct03 TIME 1553

REQUESTED

RESULTS:

Na-137
K-3.3
TCO_2 31
iCa 1.09
pH 7.459
PCO_2 41.1
PO_2 195
HCO_3 29
BEecf 5
100

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

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

SPECIMEN/LAB RPT. NO

Critical value for Hg reported to SGT [redacted] b6-2

POTUS # (b)(6)-4

FCU

MISC
URGENCY: ROUTINE / TODAY / PRE-OP / STAT [X]
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD | DATE 26Oct03 | LAB ID NO.

REMARKS ABG T-99° FiO2-40% 1905 HR

TEST(S) | SPECIMEN TAKEN DATE 26Oct03 TIME 1857 | REQUESTED | RESULTS

Na 142, K 3.7, TCO2 34, iCa 1.10, Hct 22%, Hb 7 (CV), HCO3 33, BEecf 10, SO2 100%, PH 7.500, PCO2 46.9, PO2 204, FiO2 40%, Patient Temp 99.0

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

SPECIMEN/LAB RPT. NO

ICU

POTUS (b)(6)-4

Critical value on Hg reported to LT (b)(6)-2

MISC
URGENCY: ROUTINE / TODAY / PRE-OP / STAT [X]
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD | DATE 26Oct03 | LAB ID NO.

REMARKS ABG 2004 HR T-99.7 FiO2- 24/NC ~~30%~~

TEST(S) | SPECIMEN TAKEN DATE 26Oct03 TIME 2000 | REQUESTED | RESULTS

↑ Extubation

Na 141, K 3.6, TCO2 33, iCa 1.10, Hct 20%, Hb 7 (C.V.), HCO3 32, BEecf 9, SO2 100%, PH 7.450, PCO2 41.3, PO2 192, Patient Temp 99.7, FiO2 25

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

HOSPITAL OR MEDICAL FACILITY ... OBTAINED AT

SPONSOR'S NAME

PATIENT'S IDENTIFICATION ... Date of Birth; Rank/Grade.) ... WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

STANDARD FORM 600 (REV. 6-97) BACK

FPI LEX Printed on Recycled Paper

Potus # (b)(6)-4

TEMP ~~99.4~~ 100.4
O_2 40%

ICU

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN/LAB RPT.

SPECIMEN SOURCE (Specify): ARTERIAL

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

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO.
Dr (b)(6)-2	(b)(6)-2		26Oct03	

REMARKS

TEST(S) REQUESTED	SPECIMEN TAKEN DATE	TIME	A.M./P.M.	RESULTS
ABG	10/26/03	1100	A.M.	Na-138, K-3.6, iCa-1.09, TCO2-33, HCO3-31, BEecf-7, SO2-100, @ Ptemp, PH-7.409, PCO2-49.7, PO2-186

557-107

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

PATIENT'S MED. RECORD

Potus (b)(6)-4 ICU

26Oct03

SPECIMEN/LAB RPT. NO

MISC

URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify): Blood

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

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO.
Dr (b)(6)-2	(b)(6)-2		26Oct03	

REMARKS: SaO_2-100%, FiO_2-40%, T-99°

TEST(S) REQUESTED	SPECIMEN TAKEN DATE	TIME	A.M./P.M.	RESULTS
ABG	26Oct03	1720	P.M.	Na-140, K-3.6, TCO2-33, HCO3-32, BEecf-8, SO2-100%, @ Ptemp, PH-7.455, PCO2-45.6, PO2-174

557-107

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

PATIENT'S MED. RECORD

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

ABG, CBC, Chem 12, PT/PTT

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. Potus (b)(6)-4 | UNIT | DOB | RANK | SSN

Physician: (b)(6)-2 | Ward: ICU | [X] STAT [ ] Routine | Specimen Date and Time: 260CT03 0425 | Reported by: (b)(6)-2 | Date and Time: 26 Oct 03

Chemistry (i-STAT)

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	138	128-145 mmol/L
	K	3.5	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.503	7.35-7.45
	PCO2	40.9	35-45 mmHg
	PO2	253	80-90 mmHg
	TCO2	33	18-33 mmol/L
	HCO3	32	22-28 mmol/L
	sO2	100%	95-99%
	BEecf	9	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.07	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.8 *	3.3-5.5 g/dL
	ALP	47	26-84 U/L
	ALT	135 *	10-47 U/L
	AMY	45	14-97 U/L
	AST	157 *	11-38 U/L
	Tbil	0.9	0.2-1.6 mg/dL
	BUN	14	7-22 mg/dL
	Ca	7.9 *	8.0-10.3 mg/dL
	Chol	75 *	100-200 mg/dL
	CK	✓	30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.4 *	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	122 *	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.3 *	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	8.8	4.8-10.8 x10(3)
	RBC	2.76	4.2-6.1 x10(6)
	Hgb	8.7	12.0-18.0 g/
	Hct	24.8	35.0-60.0%
	MCV	90.0	80.0-99.0 fl
	MCH	31.4	27.0-31.0 pg
	MCHC	34.9	33.0-37.0 g/c
	Plt	96	130-400 x10(3)
	LY%	66	15.0-55.0%
	LY#	0.6	0.7-4.3 x10(3)/

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Immature cells	

RBC Morph:

Plt verify:

Spun Crit		35-60%

Urinalysis

TEST	RESULT	REF. RANGE
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			
Other:			

Misc. Chemistry

TEST	RESULT	REF. RANGE
Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

TEST	RESULT	REF. RANGE
Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

TEST	RESULT	REF. RANGE
Urine		Negative
Serum		Negative

Malaria Smear

TEST	RESULT	REF. RANGE
Thin		No Plasmodium S
Thick		No Plasmodium S

Sed Rate

TEST	RESULT	REF. RANGE
Sed Rate		1hr = 0-20 mm

Coagulation

TEST	RESULT	REF. RANGE
PT	12.3	10-13 seconds
APTT	31.0	22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

TEST	RESULT	
ABO/Rh		
T&C		
T&S		

critical value reported to (b)(6)-2 ILT, RN

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
Potus (b)(6)-4				

Physician:	Ward:	STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X STAT	27OCT03 0545	(b)(6)-2	27Oct03

Chemistry (i-STAT)

6+ | 7+ (circled) | 8+ | Glu | Crea

X	TEST	RESULT	REF. RANGE
	Na	142	128-145 mmol/L
	K	3.1	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.450	7.35-7.45
	PCO2	44.9	35-45 mmHg
	PO2	201	80-90 mmHg
	TCO2	32	18-33 mmol/L
	HCO3	31	22-28 mmol/L
	sO2	100	95-99%
	BEecf	7	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.09	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer)

Chem 12 | MetLyte8 | BMP | Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.8*	3.3-5.5 g/dL
	ALP	52	26-84 U/L
	ALT	108*	10-47 U/L
	AMY	119*	14-97 U/L
	AST	179*	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.7*	8.0-10.3 mg/dL
	Chol	88*	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.2	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	189*	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.6*	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology

CBC (circled) | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	6.7	4.8-10.8 x10(3)/uL
	RBC	2.56	4.2-6.1 x10(6)/uL
	Hgb	8.4	12.0-18.0 g/dL
	Hct	23.4	35.0-60.0%
	MCV	91.2	80.0-99.0 fl
	MCH	32.9	27.0-31.0 pg
	MCHC	36.0	33.0-37.0 g/dL
	Plt	134	130-400 x10(3)/uL
	LY%	13.1	15.0-55.0%
	LY#	0.9	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells

RBC Morph:

Plt verify:

Spun Crit		35-60%

Urinalysis

TEST	RESULT	REF. RANGE
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Misc. Chemistry

TEST	RESULT	REF. RANGE
Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

TEST	RESULT	REF. RANGE
Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

TEST	RESULT	REF. RANGE
Urine		Negative
Serum		Negative

Malaria Smear

TEST	RESULT	REF. RANGE
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

TEST	RESULT	REF. RANGE
PT	13.3 *	10-13 seconds
APTT	20.9 *	22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh	
T&C	
T&S	

Other: ABG ARC .50° 7.82

MEDCOM - 2633

Critical value Hgb reported (b)(6)-2

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	DOB	RANK	SSN
Potus (b)(6)-4				

Physician:	Ward:	STAT / Routine	Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X STAT	28OCT03 0420	(b)(6)-2	28oct0450

Chemistry (I-STAT)
6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	139	128-145 mmol/L
	K	4.5	3.3-4.7 mmol/L
	Cl	27	98-108 mmol/L
	pH	7.456	7.35-7.45
	PCO2	37.2	35-45 mmHg
	PO2	107	80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3	26	22-28 mmol/L
	sO2	98%	95-99%
	BEecf	2	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.04	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Chemistry (Piccolo Analyzer)
Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	1.7	3.3-5.5 g/dL
	ALP	54	26-84 U/L
	ALT	112	10-47 U/L
	AMY	127	14-97 U/L
	AST	152	11-38 U/L
	Tbil	0.9	0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	7.5	8.0-10.3 mg/dL
	Chol	120	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	1.4	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	281	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	4.8	6.4-8.1 g/dL
	Na		128-145 mmol/L

Hematology
CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	5.9	4.8-10.8 x10(3)/uL
	RBC	2.65	4.2-6.1 x10(6)/uL
	Hgb	8.3	12.0-18.0 g/dL
	Hct	24.2	35.0-60.0%
	MCV	91.5	80.0-99.0 fl
	MCH	31.2	27.0-31.0 pg
	MCHC	34.1	33.0-37.0 g/dL
	Plt	174	130-400 x10(3)/uL
	LY%	20.0	15.0-55.0%
	LY#	1.2	0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Immature cells	
RBC Morph:			
Plt verify:			
Spun Crit		35-60%	

Urinalysis

TEST	RESULT	REF. RANGE
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Misc. Chemistry

TEST	RESULT	REF. RANGE
Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

TEST	RESULT	REF. RANGE
Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

TEST	RESULT	REF. RANGE
Urine		Negative
Serum		Negative

Malaria Smear

TEST	RESULT	REF. RANGE
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

TEST	RESULT	REF. RANGE
Sed Rate		1hr = 0-20 mm

Coagulation

TEST	RESULT	REF. RANGE
PT	12.3	10-13 seconds
APTT	27.0	22.1-33.7 seconds
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

TEST	RESULT
ABO/Rh	
T&C	
T&S	

Other: ABG, CBC, Chem 12, PT PTT

FORM READY AR 20-23 July 2002 MEDCOM - 2634

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES

SPECIMEN/LAB RPT. NO

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN SOURCE (Specify): Blood

Potus # (b)(6)-4

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 | REPORTED BY (b)(6)-2 | MD (b)(6)-2 | DATE 0458 28 Oct 03 | LAB ID NO.

PATIENT'S MED. RECORD

REMARKS: CBC, Chem 12, PT PTT

TEST(S) | SPECIMEN TAKEN: DATE 28Oct03, TIME 0448 A.M. / P.M. | REQUESTED | RESULTS

ALB 1.8*
ALP 75
ALT 107*
AMY 114*
AST 136*
TBIL 1.1
BUN 10
Ca 7.8*
Chol 127
CRE 1.1
GLU 141*
TP 5.1*
WBC - 6.5
RBC - 2.99
Hgb - 9.0
Hct - 27.1
MCV - 90.8
MCH - 30.0
MCHC - 33.1
PLT - 250
PT - 11.8
APTT - 25.9
Ly% - 18.4
Mono# - 1.2

MISCELLANEOUS

557-107

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

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.	WARD NO.

Potus # (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/199

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1

USAPA V1.0

MEDCOM - 2635

MEDICAL RECORD - ANESTHESIA

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

0845 HH 11.9/34.4
ABG PCO2 40.5 PO2 390
HCO3 21 BE -5
Na 137 K 5.2
ICA 0.34 pH 7.328

[illegible]	H	H	Na	K	ICA	pH	PCO2	PO2		
0942	5.4	19.1	144	3.1	1.08	7.196	4	393	17	-11
43	2.9	25.2	144	4.0	1.02	7.186		396	17	-11

Unasyn @ 0910

NGT 100 ml

DRUG (Units)													
Vasopressin GT U/min						0.3	0.3	0.3	0.3	0.2	0.2		
Vasopressin U					2	Fentanyl µg 50/50							
EPI 1/2 mg/min					3	3	[illegible]						
EPI mg (10)				0.5/0	1/0.3								
Dopamine µg/kg/min			15	20	20	20	10	5	5	5	3	3	
NEO 40 µg			80										
VOLAT. AGENT Iso % dial	1.0	0.4	0.3	0	0	0	0.2	0.3	0.4	0.4	0.4	0.4	
% e.t. VECURONIUM mg							5			5			
UNASYN L/Min 1 UPD													
Versed Mg						1							
O2 L/Min	2	2	2	2	2	2	2	2	2	2	2		

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTALS — TOTAL EBL: 1000 — TOTAL URINE: 200

FLUIDS SUMMARY
CRYSTALLOID: 8500
COLLOID: 100 (25% Albumin)
BLOOD: 20 PRBCs

FLUIDS
LINE site
Crystalloid ☐ Warmed — 1000 — 5000/6500 — 8000 — 8500
☐ Warmed
Fentanyl µg ☐ Warmed — 150 — 250 µg

LOSSES
EST BLOOD LOSS — 1000
URINE — 50 — 100/150 — 50/200

REMARKS
Code drugs with numbers, events with letters
0830 KCl → LES
Ⓐ Radial A-line placed
915 .5 mg Epi
916 Bicarb
917 Ca
931 1 mg Epi
Albumin 25% (100cc)
1005 1g IV placed
Ⓑ hand

PHYS STATUS: 1 ②345 Ⓔ
BODY WEIGHT: 70 KG
HEMATOCRIT:
INITIAL DATA: BP 97/45, HR 95
EQUIP CHECK OK? Ⓨ N
PATIENT RECHECK OK for PROCEDURE? TIME

TIME: 08 — 30 — 09 — 30 — 10 — 30 — 11
SYMBOLS: PRBC (UNITS) ⑪ ⑫ ⑩

BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—⊼; ANES X-X; PROC ⊙-Ø
(Grid 20–200)

VENTIL												
VT - ml	670	690	730	660	680	670	700	690	680	690	710	690
f - breaths/min	10	8	7	7	7	8	7	7	7	7	6	6
Peak insp pres / PEEP	20	19	19	18	18	19	19	19	19	19	21	21
MODE - S(pon), A(ssist), C(on)	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV

MONITORS/ACCESSORIES													
BP/Auto Cuff	ET CO2 (torr)	42	36	35	30	31	32	30	30	30	29	29	30
BP/oth	FiO2 (Frac or %)	.94	.94	.93	.94	.94	.94	.93	.93	.93	.93	.94	.94
ART line Ⓛ RAD	SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	ST	ST	ST	ST	ST	ST	SR	SR	SR	SR
Gas analyzer	TEMP-site F/H (Skin)							33	33	33	33	33	33
	N-M Block (T/4)												
Warming blkt	Level 1					Air —							
Conv warmer													

Mark with letters & symbols, explain under REMARKS — EVENTS Position: Arms < 90° / Head Padded / Eyes Taped from ETT

RECOVERY AT: PACU (ICU) ___ (Specify)
OTHER
CONDITION:
RESP- SpO2-
BP- HR-

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0800	0800	1130

	Ready	Begin	End
PROC	0805	0815	1105

PROCEDURES and CPT Codes: EXP. LAPAROTOMY / THORACOTOMY

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — INTUBATED IN EMT; DL x 1, ATRAUMATIC

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

SURGEONS:

PROCEDURE LOCATION:
DATE:

MEDCOM - 2636

Cont'd. from pg 1

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS, SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)		TOTALS	TOTAL EBL
Vasopressin CI (u/min)	0.2		
Dopamine µg/kg/min	3		
( )			TOTAL URINE
Bicarb 8.4% (Amp)			
( )			
( )			
VOLAT AGENT: [illegible] % del			FLUIDS - SUMMARY
% e.t.			CRYSTALLOID-
AIR L/Min			
N2O L/Min			COLLOID-
O2 L/Min	2		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS			BLOOD-

FLUIDS

LINE site	
	☐ Warmed
	☐ Warmed
	☐ Warmed
	☐ Warmed

LOSSES: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

TIME: [illegible] • 30

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- / HR-

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Grid scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VENTIL

VT - ml	690
f - breaths/min	9
Peak Inf pres / PEEP	20
MODE - S(pon), A(ssist), C(on)	CV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	35
BP/oth	FIO2 (Frac or %)	.54
ART line	SpO2 (%)	100
Steth- PC/ES	ECG	SR
Gas analyzer	TEMP- [illegible] °F	33
	N-M Block (T/4)	
Warming blkt		
Conv warmer		

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

REMARKS

[illegible] started
1111 To ICU
via [illegible]
VSS 172/66
82
100%
Report given [illegible] LaPointe
1121 Vasopressin D/C'd
placed on vent
rate
VT 700
Peep 5
100% O2

RECOVERY AT: PACU ICU ____ (Specify) OTHER ____

CONDITION: RESP- SpO2- BP- HR-

ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
PROC	Ready	Begin	End

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* — See Pg #1

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

POTUS (b)(6)-4

SURGEONS:

PROCEDURE LOCATION:

DATE:

MEDCOM - 2637

518-124 NSN 7540-00-634-4159

MEDICAL RECORD — BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [ ] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ______ units)
- [ ] CRYOPRECIPITATE (Pool of ______ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ______

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P GSW Kidney/Liver

DATE REQUESTED: 23 Oct 03

DATE AND HOUR REQUIRED: ASAP

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

VOLUME REQUESTED (If applicable) ______ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER: on file

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: ______
HEMOLYTIC DISEASE OF NEWBORN? ______

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/P	~~N/P~~ Comp

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

	DONOR	RECIPIENT
ABO	A	A
Rh	POS	POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS: Due to the critical condition of the below named patient the above named physician requests the immediate release of this blood product w/o complete testing and is accepting full responsibility for the administration of this transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED (b)(6)-2

AT (Hour) 2022 H ON (Date) 23 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2 MAJ AN

2nd VERIFIER (Signature) (b)(6)-2 LT AN

PRE

TEMP. 96.3 (AX) PULSE 91 BP 142/50

DATE OF TRANSFUSION: 23 Oct 03 TIME STARTED: 2030

POST-TRANSFUSION DATA

AMOUNT GIVEN: 417 ML

TIME/DATE (COMPLETED)/INTERRUPTED: 23 Oct 03 2055

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 96.6 (AX) PULSE 98 BLOOD PRESSURE 109/77

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER (Specify) N/A

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [X] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAJ AN

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

SEX: M WARD: ICU

NAME/RANK:
SS #:
DOB:
INIT:

Potus (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2638

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD — BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [ ] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _______ units)
- [ ] CRYOPRECIPITATE (Pool of _______ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _______

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

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

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P GSW Kidney/Liver

DATE REQUESTED: 23 Oct 03

DATE AND HOUR REQUIRED: ASAP

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

VOLUME REQUESTED (If applicable) _______ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _______
HEMOLYTIC DISEASE OF NEWBORN? _______

DATE VERIFIED: On file

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION
ANTIBODY SCREEN: N/P
CROSSMATCH: Comp (N/A crossed out)

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

DONOR
ABO: A
Rh: POS

RECIPIENT
ABO: A
Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS: Due to the critical condition of the below named patient the above named physician requests the immediate release of this blood product w/o complete testing and is accepting full responsibility for the administration of this transfusion

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS... (b)(6)-2

AT (Hour) 1945 HR ON (Date) 23 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature): (b)(6)-2 MAJ AN

2nd VERIFIER (Signature): (b)(6)-2 LTC AN

PRE-TRANSFUSION
TEMP. 96° (AX) PULSE 92 BP 104/65

DATE OF TRANSFUSION: 23 Oct 03
TIME STARTED: 1950

POST-TRANSFUSION DATA

AMOUNT GIVEN: 414 ML

TIME/DATE COMPLETED/INTERRUPTED: 2015

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE: 96.3 (A)
PULSE: 91
BLOOD PRESSURE: 134/73

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER (Specify) N/A

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [X] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 MAJ AN

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

SEX: M

WARD: ICU

NAME/RANK: Potus (b)(6)-4
SS #:
DOB:
UNIT:

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2639

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD — BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ______ units)
- [ ] CRYOPRECIPITATE (Pool of ______ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ______

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

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

DIAGNOSIS OR OPERATIVE PROCEDURE: Post Operative

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

VOLUME REQUESTED (If applicable): 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER: Previous Clot

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: ______
HEMOLYTIC DISEASE OF NEWBORN? ______

DATE VERIFIED: 23 Oct 03

TIME VERIFIED: 1155

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION
- ANTIBODY SCREEN: Not Performed
- CROSSMATCH: Ok

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2

DONOR: ABO A, Rh Pos

RECIPIENT: ABO A, Rh Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS: Due to the critical condition of the below named patient the requesting physician named above is requesting immediate release of this blood product w/out complete testing, and is accepting full responsibility of the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

(b)(6)-2

AT (Hour) 1330 ON (Date) 23 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature) (b)(6)-2 PC 91WMU

2nd VERIFIER (Signature)

PRE-TRANSFUSION
TEMP. 33° C PULSE 88 BP 123/59

DATE OF TRANSFUSION: 23 Oct 03 TIME STARTED: 1336

POST-TRANSFUSION DATA

AMOUNT GIVEN: 401 ML

TIME/DATE (COMPLETED)/INTERRUPTED: 1455 23 Oct 03

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE: 91.3 (A) PULSE: 81 BLOOD PRESSURE: 100/64

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

DESCRIPTION OF REACTION
[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
[ ] OTHER (Specify) N/A

OTHER DIFFICULTIES (Equipment, clots, etc.)
[X] NO [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAJ AN

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

Name/Rank: Potus (b)(6)-4
SSN#:
DOB:
Unit:

SEX: M WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2640

Medical Record Copy

MEDICAL RECORD | **BLOOD OR BLOOD COMPONENT TRANSFUSION**

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)* ____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 23OCT03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Ex Lap

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

SIGNATURE OF VERIFIER: (b)(6)-2 Previous Clot

DATE: 23 Oct 03

TIME VERIFIED: (b)(6)-2 0740

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

	DONOR	RECIPIENT
ABO	A	A
Rh	Pos	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Not performed	OK

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE 23 Oct 03

REMARKS: Due to the critical condition of the below named patient the requesting physician named above is requesting immediate release of this blood product w/out complete testing and is accepting full respo[nsibility] of the administration of this transfusion.

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

AT *(Hour)* 1225 ON *(Date)* 23 Oct 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: (b)(6)-2

2nd VERIFIER *(Signature)*: (b)(6)-2 SGT/LPN

PRE-TRANSFUSION

TEMP. 33°C PULSE 78 BP 141/61

DATE OF TRANSFUSION: 23 OCT 2003

TIME STARTED: 12:30

POST-TRANSFUSION DATA

AMOUNT GIVEN: 473 ML

TIME DATE COMPLETED: 1334 23 Oct 03 INTERRUPTED

REACTION: [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*: [X] NO [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 WMLU SPC

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

Porus (b)(6)-4

SEX: M

WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 6-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

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

Potus # (b)(6)-4

DATE OF ORDER: 23OCT03 TIME OF ORDER: 1120 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU (b)(6)-2
2. Dx; S/p GSW to (R) Kidney/liver
3. Condition critical
4. Vitals, I/O's q1°
5. Bedrest
6. Log Roll
7. CT to suction @ 20cm

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

8. Diet NPO
9. IV LR @ 150cc/h
10. Unasyn 3gm IVPB q6° 03-09-15-21
11. Zantac 50mg IV q8° 06-14-22
12. Morphine 2-8mg IV q1° prn
13. Vasopressin 0.2units/min
14. Foley to gravity

NURSING UNIT | ROOM NO. | BED NO.

noted 23Oct03 1335 (b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

15. ABG, CBC Chem-12 NOW PT/PTT (b)(6)-2
16. CXR Portable ASAP
17. Titrate Vasopressin to maintain SBP > 100
18. Versed 1-2mg IV q1° prn

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23OCT03 TIME: 112[illegible]

1. Dopamine 3mcg/kg/min, titrate to effect
2. Vent orders: TV 700, rate 12/m, 100% O_2, 5 PEEP

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24 Charted 220 24Oct03 (b)(6)-2 [illegible] AN

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

MEDCOM - 2642

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: Porus (b)(6)-4

DATE OF ORDER: 10/23/03 — TIME OF ORDER: 1240 HOURS — LIST TIME ORDER NOTED AND SIGN

1) ↓ Rate on Vent to 10
2) Transfuse 2 units PRBC
each over 1 hr (b)(6)-2

Noted 23 Oct 03 1335 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/23/03 — TIME OF ORDER: 1515 HOURS

1) Wean FIO2 to keep Sat > 92
2) ABG now
3) CBC now
4) NG to LIS (b)(6)-2

23 Oct 03 1530 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23 Oct 03 — TIME OF ORDER: 1543 HOURS

1) Bolus 1 Liter LR (b)(6)-2

23 Oct 03 1550 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23 Oct 03 — TIME OF ORDER: 1559 HOURS

1) Bolus 2nd Liter of LR (b)(6)-2

23 Oct 03 1600 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4	10/23/03	1600 HOURS	
23 Oct 03 1610 (b)(6)-2	① Hold [illegible] LR		
	② Na Bicarb 2 Amps - [illegible]		
	③ ABG @ 1630		
	④ D Vent (b)(6)-2		
	TV 800		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
23 Oct 03 1700 (b)(6)-2	10/23/03	1700 HOURS	
	① LR 1 liter [illegible]		
	② ABG @ 1800		
	③ ↓ FiO_2 to 40 (b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
23 Oct 03 1815 (b)(6)-2	10/23/03	1830 HOURS	
done 1845 (b)(6)-2	① Transfuse 2 units PRBC		
	② 2 Amps Na Bicarb IVP		
	③ Calcium Chloride 1 amp [illegible]		
	(b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	10/23/03	2300 HOURS	
	① ABG CBC Chem-12 in AM		(b)(6)-2
	② CXR Portable @ AM		(b)(6)-2
	(b)(6)-2		23 Oct 03 2315
NURSING UNIT / ROOM NO. / BED NO.			

24° chart ✓ 2200 24 Oct 03 (b)(6)-2 [illegible] AN

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4	10/24/03	0508 HOURS	
	① Bolus 1 liter LR now		Done 0510 (b)(6)-2
	(b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4	10/24/03	0900 HOURS	
noted 24 Oct 03 (b)(6)-2	① Bolus 1 l LR now		
	② Dopamine @ 5 mcg/kg/min		
	(b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4	10/24/03	1530 HOURS	
24 Oct 03 1600 (b)(6)-2	① Daily ABG CBC Chem-7, Pt/PTT Each AM		
	② Daily Portable CXR R/o effusion		
	(b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

24° chart ✓ 24 Oct 03 2200 (b)(6)-2 0014N (b)(6)-2

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
Potus (b)(6)-4	10/25/03	0800 HOURS	
noted 10/25/03 0810 (b)(6)-2	① ↓ Rate to 8 on Vent		Done 0805
	(b)(6)-2		
NURSING UNIT / ROOM NO. / BED NO.			

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

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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: POTUS # (b)(6)-4

DATE OF ORDER: 25Oct03 | TIME OF ORDER: 1415 HOURS | LIST TIME ORDER NOTED AND SIGN

1) May sit HOB up to 45 degrees
2) Δ Vent to SIMV (b)(6)-2 RR 8 (E/A/LA)
3) ABG @ 1600
4) May turn side (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO.

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

DATE OF ORDER: 25Oct03 | TIME OF ORDER: 1420 HOURS

1) Wean dopamine to off
Keep (b)(6)-2 >100 (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

DATE OF ORDER: 25Oct03 | TIME OF ORDER: 1430 HOURS

VO Dr (b)(6)-2 / (b)(6)-2
1) Δ fluids to D5NS + 20K @ 125

(b)(6)-2

(b)(6)-2 1430 25Oct03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: POTUS #310

DATE OF ORDER: 26Oct03 | TIME OF ORDER: 0910 HOURS

1) SIMV to 6
2) ABG @ 1100

(b)(6)-2

Noted 10/26/03 1030

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24° chart ✓ 28Oct03 2226 (b)(6)-2

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

MEDCOM - 2646

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	10/26/03	1715 HOURS	
	ABG NOW		
	(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
POTUS # (b)(6)-4	10/26/03	1901 HOURS	
	VO (b)(6)-2		
	① ABG now.		
	(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
POTUS # (b)(6)-4	10/26/03	1920 HOURS	
	① ABG @ 2000		
	② Wean FIO2, keep sat > 98%		
	③ D/c Versed		
	④ IV to 75cc/hr		
	⑤ D/C NGT (b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER		
POTUS # (b)(6)-2	10/26/03	2250 HOURS	
	CT to water seal		
	(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.			
ICU 24° chart ✓ (b)(6)-2	CPT [illegible] 29 Oct 03 @ 2215		

Margin notes: 10/26/03 1715; 26 Oct 03 1910; 26 Oct 03 1925; noted (b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 10/27/03 TIME OF ORDER: 0900 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Clear liquids
2) Heparin 5000 units SQ q12°
3) Incentive Spirometry q2° while awake
4) [illegible] DPE

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER: 10/27/03 HOURS

1) Potassium liquid 20 meq q8° x 3

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/28/03 TIME OF ORDER: 1110 HOURS

1) Reg diet

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/29/03 TIME OF ORDER: 0930 HOURS

1) Peripheral IV - Hep lock
2) Tylenol #3 1-2 po q4-6° prn
3) Dulcolax 10mg po QD 1st dose ASAP
4) Colace 100mg po TID
5) D/c Daily labwork

(b)(6)-2 10/29/03 0945

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

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

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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		29Oct03	1430 HOURS	
	①	Vit q4°		
(b)(6)-2 1500 29Oct03		(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.				

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
POTUS# (b)(6)-4		29Oct03	2200 HOURS	
	VO	(b)(6)-2		
	①	D/C Heparin		
		(b)(6)-2		noted 10/29/03 @ 2200
NURSING UNIT: ICU; ROOM NO.; BED NO.				

Chart Ved (b)(6)-2 cotn 29/Oct03 @ 2200

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
POTUS # (b)(6)-4	30Oct03 2000 (b)(6)-2	30Oct03	2000 HOURS	
	①	Morphine 2-8mg IVP q 1° prn pain		
		(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.				

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
POTUS # (b)(6)-4		10/31/03	1400 HOURS	
	①	Portable CXR - ASAP S/p CT Removal		
	①	Dulcolax 10mg Supp 1 PR now		
(b)(6)-2		(b)(6)-2		
NURSING UNIT: ICU; ROOM NO.; BED NO.				

24° Chart (b)(6)-2 2000 03 2030

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MA[Y BE USED]

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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

Potus # (b)(6)-4

DATE OF ORDER: 31Oct03 TIME OF ORDER: 1410 HOURS

LIST TIME ORDER NOTED AND SIGN

VO Dr (b)(6)-2 / (b)(6)-2

1) Vitals Q8°

(b)(6)-2

(b)(6)-2

NURSING UNIT: ICU ROOM NO.: 24° chart BED NO.

2Nov03 @ 0020 (b)(6)-2

PATIENT IDENTIFICATION

Potus # (b)(6)-4

DATE OF ORDER: 3Nov03 TIME OF ORDER: 0830 HOURS

1) D/c Unasyn
2) Heplock IV
3) D/c Lendee
4) D/c 8/05

done

(b)(6)-2

(b)(6)-2

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIF...

FOR: DCCS

022100 NOV03

MSG (b)(6)-2 - 581- (b)(3)-1

Called to let the DCCS know that the paperwork for the patient that got hit in the back and is paralysed will be ready tomorrow. He should also be EVAC out of here tomorrow. (they are working on a C-130).

NURSING ICU

PATIENT

NURSING ICU

ILT (b)(6)-2

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

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CLINICAL RECORD — THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

MO 10 YR 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED: 23 24 25 26 27 28 29 30 31 1 2 3 4
23oct	(b)(6)	IV LR @ 150cc/hr	D	(b)(6)-2
		D5NS + 20K @ 75	E	
		125	N	(b)(6)-2
23oct	(b)(6)-2	Unasyn 3gms IVPB	03	
		q6°	09	
			15	(b)(6)-2
			21	
23oct	(b)(6)-2	Zantac 50mg IVPB	06	
			14	
			22	
23oct	(b)(6)-2	Vasopressin ℞ titrate	D	(b)(6)-2
		to maintain SBP>100	E	D/c'd
			N	(b)(6)-2
23oct	(b)(6)-2	Dopamine 3mcg/kg/min	D	(b)(6)-2
		titrate to effect	E	(b)(6)-2 D/c'd 10/24/03
		wt	N	(b)(6)-2
24oct03	(b)(6)-2	Dopamine @ 5mcg/kg/min	D	(b)(6)-2
		Wean to off, keep	E	D/c'd
		SBP>100	N	(b)(6)-2
10/27/03	(b)(6)-2	Heparin 5000 units	10	(b)(6)-2 D/c'd 29 Oct 03 @ 2300
		SQ Q 12°	22	(b)(6)-2 (b)(6)-2
10/29/03	(b)(6)-2	Dulcolax 10mg PO	10	(b)(6)-2
		QD		
10/29/03	(b)(6)-2	Colace 100mg PO	06	(b)(6)-2
		TID	14	(b)(6)-2
			22	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p GSW to ® kidney/liver

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ______

PATIENT IDENTIFICATION:

Potus (b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23

1 2 3 4 5 6 7

EDITION OF 1 DEC 77 MAY BE USED.

MEDCOM - 2651

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo ____ Yr ____

Order Date	Initials Clerk / Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23 Oct	(b)(6)-2	Transfuse ii U PRBC @ over 1° #2	23 Oct	1230	(b)(6)-4	#2
		#1	23 Oct	1335		#1
23 Oct	(b)(6)-2	Bolus i Liter LR	23 Oct	STAT	1545	(b)(6)-2
23 Oct		Bolus 2nd liter LR	23 Oct	STAT	1600 HOLD	
23 Oct		Na Bicarb 2 amps - done	23 Oct	done	1600	
23 Oct		LR 1 liter bolus	23 Oct	now	1700	
23 Oct		Transfuse 2 units PRBCs #1	23 Oct		1950	
		#2	23 Oct		2030	
23 Oct	(b)(6)-2	2 amps bicarb (Na) IVP	23 Oct	now	1825	
23 Oct		Calcium Chloride, 1 amp - done	23 Oct		1800	
24 Oct		Bolus i liter of LR	24 Oct	0850	0850	
27 Oct		Potassium Liquid 20 mEq Q8° x 3	27 Oct		0900	(b)(6)-2
			27 Oct		1700	
			28 Oct		0100	
31 Oct	(b)(6)-2	Dulcolax supp 10 mg PR	31 Oct	1500	1540	

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED
23 Oct	(b)(6)-	Morphine 2-8 mg IV q 1° prn	23 Oct 1515 4mg; 10/23 1720 4mg; 10/24 0700 2mg IV; 10/24 0920 2mg IV; 10/24 1025 [illegible]; 10/24 1130 2mg; 10/24 1250 [illegible]; 10/24 1715 2mg; 10/24 1915 3mg; 10/24 2110 3mg; 10/25 0130 4mg; 10/25 0800 [illegible]; 10/25 0925 [illegible]; 10/25 1205 [illegible]; (b)(6)-2
23 Oct		Versed 1-2 mg IV q 1° prn	10/23 1525 2mg; 10/23 1620 2mg; 10/23 1720 2mg; 10/25 0935 1mg; 10/25 1340 1mg; 10/25 1500 1mg; 10/25 1645 1mg; 10/25 1915 1mg; 10/26 0635 2mg; 10/26 1035 1mg; 10/26 1227 1mg; (b)(6)-2; D/C @ 1915 26 Oct
23 Oct	Recopied (b)(6)-2	Morphine 2-8 mg IV Q 1° PRN	1925 1500; 1050 1635; 1445 [illegible]; 0930 1mg; 1440 3mg; 1640 [illegible]; 1335 3mg; 27 Oct 1025 3mg; [illegible]; 28 Oct 2100 [illegible]; 28 Oct 1515 5mg; 29 Oct 0315 2mg; 29 Oct [illegible]; (b)(6)-2
24 Oct	(b)(6)-2	TYLENOL #3 1-2 po Q 4-6° prn	[illegible] 1130; [illegible] ii; 30 Oct 0640 ii 1100; 10/30 1825 ii; 30 Oct 2250 ii; 10/31 0735 ii; 10/31 1905 ii; 31 Oct 2105 ii; 1 Nov ii 0750; 1 Nov ii 1225; 1 Nov 1710 ii; 1 Nov ii 2255; 2 Nov ii 0755; 2 Nov ii 1600; (b)(6)-2

See back of Procedures sheet for more orders! [illegible]

CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)
For use of this form, see AR 40-457; the proponent agency is the Office of The Surgeon General.

10 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED: 23 24 25 26 27 28 29 30 31 01 02 03
23 oct / 24 oct 03 / 31 Oct	(b)(6)-2	Vitals I+O q4°	D	(b)(6)-2
		Q8°	E	
			N	
23 oct / 25 Oct 03	(b)(6)-2	Bedrest - log roll	D	
		May turn side to side,	E	
		↑ HOB to 45°	N	
23 oct	(b)(6)-2	CT to 20cm suction -	D	
26 oct 03	(b)(6)-2	Water seal	E	
			N	
23 oct	(b)(6)-2	Diet NPO	D	(b)(6)-2 D/C'd 10/27/03
			E	
			N	
23 oct	(b)(6)-2	Vent settings Mode SIMV	D	(b)(6)-2 D/C'd 26 Oct 03
		FiO2 0.4 Vt 800	E	1915 (b)(6)-2
		Peep 5 Rate [illegible]	N	(b)(6)-2
23 oct	(b)(6)-2	Foley to gravity	D	(b)(6)-2
			E	
			N	
23 oct	(b)(6)-2	Wean FiO2 to keep	D	(b)(6)-2
		sats > 92% 96%	E	(b)(6)-2
			N	
23 oct	(b)(6)-2	NG to LIS	D	
			E	(b)(6)-2 D/C'd 1915 26 Oct 03 (b)(6)-2
			N	
23 oct	(b)(6)-2	CXR Portable QAM (to effective)	05	(b)(6)-2
24 oct		Daily ABG, CBC, Chem 12,	05	(b)(6)-2 D/C'd
		PT/PTT	X	10/29

ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: S/P GSW Ⓡ Kidney/liver | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO 2 | PAGE NO:

PATIENT IDENTIFICATION:

Potus (b)(6)-4

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23 oct	(b)(6)-2	Admit ICU - Dr (b)(6)-2	23oct	1140		(b)(6)-2
23 oct	(b)(6)-2	Condition - critical	23oct	1140		
23 oct	(b)(6)-2	CXR portable ASAP	23oct	1230		
23 oct	(b)(6)-2	ABG, CBC, Chem 12 PT/PTT now	23oct	1200		
23 Oct	(b)(6)-2	ABG, CBC now	23 Oct	now	1545	
23 Oct	(b)(6)-2	Δ vent TV 800	23 Oct		1600	
23 Oct	(b)(6)-2	ABG @ 1630	23 Oct	1630	1640	
23 Oct	(b)(6)-2	↓ FiO_2 to .40	23 Oct		1650	
23 Oct	(b)(6)-2	ABG @ 1800	23 Oct	1800	1755	
23 Oct	(b)(6)-2	ABG	23 Oct		2100	(b)(6)-2
23 Oct	(b)(6)-2	ABG, CBC, Chem12 in AM	24 Oct	Am	0445	
25 Oct	(b)(6)-2	ABG @ 1600	25 Oct	1600	1550	
26 OCT	(b)(6)-2	↓ RATE TO 6	26 OCT 03	now	0910	(b)(6)-2
26 Oct	(b)(6)-2	ABG @ 1100	26 OCT	1100	1100	
26 Oct	(b)(6)-2	ABG @ 1715	26 Oct	1715	1715	(b)(6)-2
26 Oct	(b)(6)-2	ABG now	26 Oct	1900		
26 Oct	(b)(6)-2	ABG @ 2000	26 Oct	2000	2000	

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

CLINICAL RECORD — THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

MO. 10 YR. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED: 25	26	27	28	29	30	31	1	2	3	4
25Oct03	(b)(6)-2	N/O: Ace bandages to	D	✓ (b)(6)-2										
		BLE	E	(b)(6)-2										
			N											
25Oct03	(b)(6)-2	N/O: PROM to BLE	D	✓ (b)(6)-2										
			E	(b)(6)-2										
			N											
25Oct03	(b)(6)-2	N/O: Maintain flexion of	D	✓ (b)(6)-2										
		feet to prevent foot	E	(b)(6)-2										
		drop	N	(b)(6)-2										
27Oct03	(b)(6)-2	Clear Liquids D/C	D	✓	✓	(b)(6)-2								
28Oct03		Reg. Diet	E	✓	✓									
			N	✓	✓	(b)(6)-2								
27Oct03	(b)(6)-2	Incentive Spirometer	D	✓	✓									
		@2° while awake	E	✓	✓									
			N	✓	✓	(b)(6)-2								
29Oct03	(b)(6)-2	PIV: HEPLOCK, flush	D	✓	✓	✓	✓	✓	(b)(6)-2					
		@ shift c 3-5cc NS	E	✓	✓	✓	✓	✓	(b)(6)-2					
			N	✓	✓	✓	✓	✓						
1NOV03	(b)(6)-2	N/O: Foot splints to	02								(b)(6)-2			
		prevent foot drop. Remove	06											
		@4° for 1h	10											
			14											
			18											
			22											

D/C'd 1 Nov 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to ® kidney/liver

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ____

PATIENT IDENTIFICATION:

Potus # (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 2655

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 10 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
31 Oct	(b)(6)-2	PCXR ASAP "s/p CT removal"	31 Oct	1500	1500	(b)(6)-2

Order/Expir Date	Clerk/Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED						
30 Oct	(b)(6)-2	Morphine 2-8mg q1° prn pain	30 Oct 2000 3mg	31 Oct 2003 0835	31 Oct 0945 3mg	31 Oct 1305 2mg	31 Oct 3mg IV	31 Oct 2mg 2315	31 Oct 3mg 1645
		(b)(6)-2							
2 Nov	(b)(6)-2	Tylenol #3 1-2 po q 4-6° PRN	2 Nov 0001	3 Nov II	3 Nov II 1420				
		(b)(6)-2							

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: Ex lap/ [illegible]

PHYSICIAN:

ANESTHESIA BY:

(Gen) Spinal MAC Axillary Local Bier Epidural Other

ALLERGIES:

AIRWAYS: Time DC'D ETT Nasal Oral Trach

OXYGEN: Mask Nasal Prongs Face Tent Blow-By Liter/min. %

ASA ___ History ___

Cardiac Rhythm ___

IV#1 ___ Patent Infiltrated Site ___ Rate ___ Gauge ___

IV#2 ___ Patent Infiltrated Site ___ Rate ___ Gauge ___

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower Pulse DP PT RAD
PRE-OP	95/45	95	vent/intub		33								Blanche Pulse Warm Moves Y N
1140	91/46	71	"	"	33	0	0						Blanche Pulse Warm Moves Y N
1144	108/43	63	"	"									Blanche Pulse Warm Moves Y N
1150	112/46	81	"	"	33								Blanche Pulse Warm Moves Y N
1200	97/41	80	"	"									Blanche Pulse Warm Moves Y N
1215	156/54	88	"	"									Blanche Pulse Warm Moves Y N
1230	157/55	83	"	"	33								Blanche Pulse Warm Moves Y N
	see ICU flowsheet												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

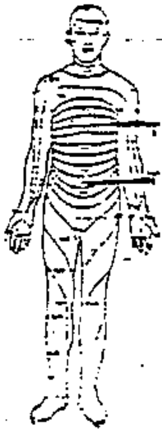
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

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:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 [signature]

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 23 OCT 03

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

Potus (b)(6)-4

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

DA FORM 4700, 1 MAY 78

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

- Unasyn 0900

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	Crystal	8500	OR	EBL	1000
	25%	100	OR	Urine	200
	2u PRBC	600		NGT	100
TOTAL			TOTAL		

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

1140 hrs. Pt received from OR via litter, accompanied by anesthesia, surgeons. Unresponsive, (R) pupil 6mm(+) brisk (L) enucleation. Orally intubated #8.5 22cm @ lip. A/C Rate 12 / FiO2 100% / Vt 700/+5. Bilat breath sounds. CT x 4 to placed to suction. #4 c̄ immediate return of ≈ 250cc sanguinous liquid, then ↓ rate. IV gtts titrated for BP. BP/HR labile. Relatively stable profoundly hypothermic. Extremities flaccid (-) Babinski bilat. [illegible] 1300 → see flowsheet for further details (b)(6)-2

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 Strap________
Report given to________. Patient released by Anesthesia________
Time out________ Nursing Signature

ADMISSION AND CODING INFORMATION

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

Field	Value
1. REPORTING MTF (1–6)	A (b)(3)-1
2. MTF LOCATION (7–8) (State or Country Code.)	IZ
3. REGISTER NUMBER (9–15)	(b)(6)-4
NAME (Last, First, Middle Initial)	Potustt (b)(6)-4 (Detainee)
4. PAY GRADE (16–17)	
5. SEX (18)	M
6. DATE OF BIRTH (YYYYMMDD) (19–26)	
7. AGE AT ADMISSION (27–29)	
8. RACE (30)	
9. ETHNIC BACKGROUND (31)	
RELIGION	
10. LENGTH OF SERVICE (32–34)	
ETS	
11. FMP (35–36)	9 8
12. SOCIAL SECURITY NUMBER (37–45)	(b)(6)-4
ORGANIZATION (Active Duty Only)	
13. MARITAL STATUS (46)	
HOUR OF ADMISSION	0810
BRANCH / CORPS	
14. FLYING STATUS (47–49)	N—
15. BENEFICIARY CATEGORY (50–52)	
16. ZIP CODE OF RESIDENCE (53–61)	
17. UNIT LOCATION (State or Country Code) (62–63)	
18. MOS (64–70)	
19. TRAUMA (71)	
PREV. ADMISSION YEAR / NO	
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72)	0
WARD	
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	(b)(3)-1 (b)(3)-1 Combat Support Hospital
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE	
21. TYPE OF DISPOSITION (73–74)	0 5
22. MTF TRANSFERRED TO (75–80)	
23. DATE OF DISPOSITION (YYYYMMDD) (81–88)	2 0 0 3 1 1 0 3
24. CLINIC SVC - ADMITTING (89–92)	A B A A
25. MTF TRANSFERRED FROM (93–98)	(b)(3)-1
26. DATE THIS ADMISSION (YYYYMMDD) (99–106)	2 0 0 3 1 0 2 3
27. LOCATION OF OCCURRENCE (Battle Casualty Only) (107–108)	
28. MTF OF INITIAL ADMISSION (109–114)	(b)(3)-1
29. DATE INITIAL ADMISSION (YYYYMMDD) (115–122)	

FOR LOCAL USE

DX: 86614, 86612, 8901, 80630, 8065, 9222, 3441, 9584, 82110, E9912

PX: 5261, 8622, 543, 5551, 8622X4, 3409, 9670

Trauma 9

Injury 569

ADMITTING O (b)(6)-2 (b)(6)-2

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SIGNATURE OF ADMITTING CLERK