*SEE PROGRESS NOTES: (b)(6)-4

Name ____________ VITAL SIGNS Date 8-2-02

°F	°C	
105	40.6	240
104	40.0	220
103	39.4	200
102	38.9	180
101	38.3	160
100	37.8	140
99	37.2	120
98.6	37.0	110
98	36.7	100
97	36.1	90
96	35.6	80
95	35.0	70
HR SBP		60
x DBP		50
TEMP •		40
		30

HEMODYNAMICS	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
HR	143		[illegible]		[illegible]	[illegible]	146	146	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				[illegible]			131		[illegible]		
Rhythm	ST		ST		ST	ST	ST	ST	ST	ST	ST	ST	ST				ST			ST				
RESP.	[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]											
CUFF BP	116/67		110/66		110/65	133/76	130/64	118/71	115/74	115/64	117/64	131/59	141/61				134/63			110/64		128/32		
MAP						[illegible]	[illegible]	87	[illegible]	[illegible]	[illegible]	[illegible]	81											
PAS/PAD																Temp	37.7							
PCW																								
CVP					0	1	1	0			5	5	5				8					[illegible]		
CO/CI																						[illegible]		
SiO2 SVRI	100%		98		99	99	[illegible]	98			97	97	99				97%			95%		93%		

DRUG UNITS 05 06 07 08 09 (b)(6)-2 11 12 01 02 03 (b)(6)-2 05 06 07 08 09 (b)(6)-2 11 12 01 02 03 04

Ancef 1 Gm IV Q6°

MISCELLANEOUS HOURLY OBSERVATIONS

MEDCOM - 3218

*SEE PROGRESS NOTES: (b)(6)-4

INTAKE CC/HR

Date 8-2-02

INTAKE	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
IR @ 125	125	125	125	125	125	700	125	125	125	125	125	125	125		+ 550 / 2950		500				500		250	
IV MEDS						90						90					50							
Propofol	12	12																						
Blood Products																								
PRBC									500															
Tube Feedings																								
NG/Meds																								
ORAL					85			25							2950		100							
Hourly Total																								
Cumulative Total																	3050				3500		3750	

Handwritten margin notes: 1212 / 250; 1500 / 200 / 2400; 3750 − 3210 = 540

OUTPUT CC/HR

OUTPUT	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Urine Hourly					75	200		160			160								500				600	
Urine Cumulative																								
NG								1000									CLAMPED							
Emesis/Gastric								350																
Stool																								
Output Hourly								1950			160								500				600	
Output Cumulative											2010								2610				3210	
Spec. Grav./U.R.																								
Gastric pH																								

TRANSFUSION THERAPY

TYPE	UNIT NO.	TYPE	UNIT NO.	TYPE	UNIT NO.
PRBC	(b)(6)-4				

TOTAL INTAKE

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
ORAL	50			
IV				
NG				
Bld				

TOTAL OUTPUT

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
URIN				
NG				

RESPIRATORY SUPPORT SYSTEM

Date 1 Avg 02

Time	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
FiO_2																	50		40			40		
Ventilator Model																	754		754			754		
PEEP/CPAP, cmH_2O																	0		0			0		
Vent Mode																	A/C		A/C			AC		
Volume set, ml•breath⁻¹																	750		750			750		
Rate set•min⁻¹																	10		12			12		
Insp. Flow Rate, l•min⁻¹																	—		—			—		
Pres. Support, cm H_2O																	—		—			—		
Spontaneous Rate																	2		0			1		
Spontaneous TV																	—		—			—		
Tot Min Vent, l•min⁻¹																	7.4		8.9			8.9		
Pres. Control cmH_2O																	—		—			—		
Peak Airway Pressure																	18		19			20		
Therapist's Initials																	TMS	TMS	TMS			TMS		

BLOOD GAS LABORATORY VALUES

	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Time Obtained																		22:02						
Source (A or V)																		A						
pH																		7.352						
PCO_2 mmHg																		33.5						
PO_2 mmHg																		208						
tO_{2c} Vol %																		20						
HCO_{3c} mmol/L																		19						
ABE_c mmol/L																		-7						
tHb g/dL																		—						
O_2Hb %																		—						
SO_2 %																		100						
Ca ++ mmol/L																		—						
Na + mmol/L																		—						
K + mmol/L																		—						
Cl- mmol/L																		—						
Tonometer PCO_2																		—						
Ton-Art PCO_2																		—						

ON-LINE PARAMETERS

	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Pulse Oximeter SaO_2																	96	100	100			100		
Oximeter SvO_2																		—	—			—		

*SEE PROGRESS NOTES:

Date 1Aug02

INTAKE CC/HR

INTAKE	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
LR @ 125																	→	125	—	—	—	—	—	125
																								750
JV MSO																			50k	50k	50k	50k		200
																								950
Propofol																	10	11	12	12	12	12	12	12
Blood Products																								
PRBC																								
Tube Feedings																								
NG/Meds																								
ORAL																								
Hourly Total																								
Cumulative Total																								750

OUTPUT CC/HR

OUTPUT	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
Urine Hourly																		30	30	130				500
Urine Cumulative																								
N/G																								
																								50
Emesis/Gastric																								
Stool																								
Output Hourly																								
Output Cumulative																								
Spec. Grav./U.R.																								
Gastric pH																								750

TRANSFUSION THERAPY

TYPE	UNIT NO.	TYPE	UNIT NO.	TYPE	UNIT NO.

TOTAL INTAKE

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
ORAL				
IV				
NG				
Bld				
TOTAL				

TOTAL OUTPUT

	5A - 1P	1P - 9P	9P - 5A	24° TOTAL
URIN				
NG				
TOTAL				

MEDCOM - 3221

PT #127

NURSING PROGRESS NOTE

20:45 - Pt admitted from OR - VSS on chart, Temp 33.5
Hypothermia Blk applied as well as BCK x 2 c towel on
head. (R) Thigh Dressing CDI. - ABD - Incision c Staples
No Drainage noted. Pt IVF LR @ 125, Propofol @ 14.3
mc/kg/min - Pearl - Sluggish - Bilateral. Temp 22:30 34.4
Small amount of Blood Drainage from NG - Breath Sounds
= Bilaterally. Endo tube 8.0 - Labs Indicated K 2.7
4 Runs of 10 meq Started ——— 1Lt (b)(6)-2 RN
22:00 - Pt given 5mg Nimbex, Pt moving Eyes open (b)(6)-2 RN
22:30 MSO4 given for ↑ in BP + HR. (b)(6)-2
23:30 - MSO4 given for ↑ in BP + HR 1Lt (b)(6)-2 RN ——
01:30 - Pt medicated c MSO4 @ 2mg - Nimbex 5mg,
Due to Pt awake Opening Eyes moving Arms +
legs VSS Resp 12 Sat 100% - Lungs Bilateral clear
(R) L Stump Saturated top Dressing And under Stump,
Dressing changed ——— LT (b)(6)-2 RN ——
03:30 - Propofol @ 28.6 mc/kg/min - VSS!
04:00 - Pt HR ↑ - 140's - O_2 Sat falling
94% low - Determined Fault c E-DOC Pt
manually Bagged - RT Notified - Pt Sat
100% - Heart Rate 120's - E-DOC - Repaired
- Vent Exchanged c Another. Pt Sat 100%.
@ 05:00 - Pt Suctioned for Scant clear
Drainage - MD. NOTIFIED During Round -
1Lt (b)(6)-2

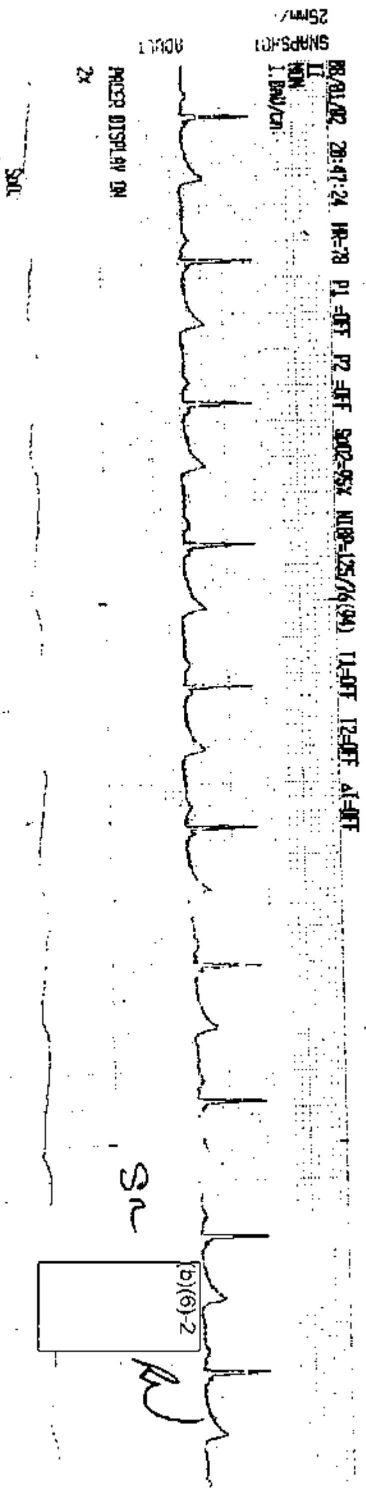
ADDRESSOGRAPH

(b)(6)-4

RESPIRATORY PROGRESS NOTE

2050 pt out of O.R. intubated ET Tube size 8.0
estimated 26 @ lip vent settings: RR 10 VT 750
FIO_2 50% A/C mode ♡R 78 RR Total 12 SAT 96% BS clear/diminished/
Bilaterally ——— (b)(6) /RT
2207 ABG per Major (b)(6)-2 pH 7.352 pCO_2 33.5 pO_2 208
HCO_3 19 BE -7 ——— (b)(6)-2 /RT
2300 As per ABG results Vent Δ RR ↑ 12 FIO_2 ↓ 40% start
weaning protocol in morning per Dr. B ——— (b)(6)- /RT
0145 pt stable on current vent settings ♡R 119 RR 13 SAT 100 BS dim (b)(6)- /RT
0430 experienced some problems w/EDOC, biomed called, vents switched
out problem resolved ——— (b)(6) /RT
0500 pt stable on vent ♡R ↑ 136 ——— (b)(6)-2 /RT

EKG RHYTHM STRIPS



MEDCOM - 3223

*SEE PROGRESS NOTES:

STAT LABORATORY DATA

Date 1 Aug 0[illegible]

Time																								
Glucose																								
BUN/CR.																								
Na+																								
K+																								
Cl-																								
HCO_3-																								
WBC																								
Hb/Hct																								
PLT																								
PT/ct																								
PTT/ct																								

ONE-TIME / PRN MEDICATIONS

TIME	DRUG/DOSE	Route	Init.		DRUG/DOSE	Route	Init.		DRUG/DOSE	Route	Init.
22:00	NIMBEX 5mg	IV	(b)(6)-2								
22:30	MSO4 2mg	IV									
23:30	MSO4 2mg	IV									
0:30	MSO4 2mg	IV									
01:30	NIMBEX 5mg	IV									
01:30	MSO4 2mg	IV									
02:20	MSO4 2mg	IV									
04:00	MSO4 2mg	IV									
05:00	MSO4 2mg	IV									

ISOENZYMES

DATE				
TIME				
CPK				
MBU				
MB%				
LDH				

HT.

WGT.

WGT. YESTERDAY

PREVIOUS DAY

INTAKE

OUTPUT

BSA

ALLERGIES

ADDRESSOGRAPH

Propofol 5-50 mcg / kg / min (titrate to effect)

Nimbex 5-15 mg (titrate to effect)

MSO4 1-2mg Q 1° PRN

LR @ 125 cc/hour.

SIGNATURE AND INITIALS NURSE/RESP. THERAPIST

(b)(6)-2	(b)(6)-2

MEDCOM - 3224

*SEE PROGRESS NOTES: Name Pt. #(b)(6)-4 (b)(6)-2 VITAL SIGNS Date 1 Aug 02

°F	°C	HR SBP x DBP TEMP
105	40.6	240
104	40.0	220
103	39.4	200
102	38.9	180
101	38.3	160
100	37.8	140
99	37.2	120
98.6	37.0	110
98	36.7	100
97	36.1	90
96	35.6	80
95	35.0	70
		60
		50
		40
		30

HEMODYNAMICS	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04
HR																78	81	94	111	125	124	122	127	144
Rhythm																SR	SR	SR	SR	ST	ST	ST	ST	ST
RESP.																12	[illegible]	12	12	12	14	14	12	12
CUFF BP																125/71	141/88	124/91	118/83	127/86	110/78	124/76	110/74	111/65
MAP																(95)	(103)	(103)	(95)	(100)				
PAS/PAD																								
PCW																335	331	341	352	30?	319			
CVP																								
CO/CI																								
SVRI																96%	100%	100%	100%	100%	100%	100%	100%	95%

DRUG UNITS 05 06 07 08 09 10 11 12 01 02 03 04 05 06 07 08 09 10 11 12 01 02 03 04

MISCELLANEOUS HOURLY OBSERVATIONS

MEDCOM - 3225

SPECIMEN/LAB RPT. NO.

MISC

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

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

SPECIMEN SOURCE (Specify): (R) AKA Stump

PATIENT'S MED. RECORD

(b)(6)-4

(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 TECH | DATE 17 Aug | LAB. ID. NO. (b)(6)-4

(b)(6)-2

TEST(S): Culture

SPECIMEN TAKEN: DATE 17 Aug 02 TIME 1315

RESULTS:

Initial Gramstain - no organisms seen
Normal skin flora
1+ Enterobacter cloachae

19 Aug 02

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

ICW

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: BLOOD / OTHER (specify)

(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 TECH | DATE 18 Aug 02 | LAB. ID. NO.

(b)(6)-2

REMARKS

	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	PHOSPHATASE ALKALINE	PHOSPHATASE ACID	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	BSP	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (specify)
AUTOMATED					X	X	X	X																		
RESULTS					137	3.8	102	32																		

CHEMISTRY I
STANDARD FORM 546 (JULY 1971)—GSA FPMR 101-11.8

SPECIMEN/LAB. RPT. NO

CHEM I

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

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

SPECIMEN SOURCE: [X] BLOOD / OTHER (Specify)

PATIENTS MED. RECORD

(b)(6)-4

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 (b)(6)-2 | REPORTED BY (b)(6)-2 | MD TECH | DATE 13Aug02 | LAB. ID. NO.

REMARKS: lytes BUN Creat.

TEST(S)	SPECIMEN TAKEN		REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
	DATE	TIME	RESULTS	110	13	1.0		129 *L	3.9	101	20										275							

548-107

CHEMISTRY I
STANDARD FORM 546 (Rev 6-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

(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 TECH | DATE 8.14.02 | LAB ID NO.

REMARKS: (R) leg AKA | Gramstain C+S

TEST(S) — SPECIMEN TAKEN: DATE 8Aug02, TIME 1418, P.M.

REQUESTED: Wound Culture

RESULTS:
Gram Stain
No Organisms Seen
Culture
1. Mixed Skin Flora
2. Enterobacter cloacae
(see lab for sensitivity report)

MISCELLANEOUS 557-107-01
STANDARD FORM 557 (Rev 3-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

(b)(6)-4

HEMATOLOGY

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: Dr (b)(6)-2 | (b)(6)-2 | REPORTED BY | MD DATE (b)(6)-2 | LAB. ID. NO.

REMARKS

TEST(S)	REQUESTED (X)	RESULTS
SPECIMEN TAKEN — DATE 8-13-02 TIME 1126 A.M.		
RBC COUNT		
HEMOGLOBIN		
HEMATOCRIT		
MCV		
MCH		
MCHC		
WBC COUNT		7800
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		
PT CONTROL		
PT PATIENT		
PTT CONTROL		
PTT PATIENT		
% ACTIVITY		
RATIO		
SICKLING TEST		
LE PREP		

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR FPMR (41-CFR) 201-45.505 549-107

(b)(6)-4

ICU 0700

CHEM I

SPECIMEN/LAB. RPT. NO

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2 (b)(6)-2 (b)(6)-2 | REPORTED BY (b)(6)-2 | MD DATE (b)(6)-2 TECH 12aug | LAB. ID. NO.

Na, K, Cl

TEST(S)	REQUESTED (X)	RESULTS
SPECIMEN TAKEN — DATE 8.12.02 TIME 1350 P.M.		
GLUCOSE		88
UREA N.		13
CREATININE		
URIC ACID		
SODIUM		134
POTASSIUM		4.3
CHLORIDE		101
CO_2		
PHOSPHATE		
CALCIUM		
TOTAL PROTEIN		
ALBUMIN		
GLOBULIN		
ALKALINE PHOSPHATASE		
ACID PHOSPHATASE		
SGOT		
LDH		
CPK		
BILIRUBIN (TOTAL)		
BILIRUBIN (DIRECT)		
CHOLESTEROL		
TRIGLYCERIDES		
AMYLASE		
LIPASE		
PROFILE (Specify)		

CHEMISTRY I STANDARD FORM 546 PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201 546-107

HEMATOLOGY

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

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

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 (b)(6)-2 (b)(6)-2 (b)(6)-2 | REPORTED BY (b)(6)-2 | MD DATE (b)(6)-2 12aug02

REMARKS: CBC

(b)(6)-4

TEST(S)	REQUESTED (X)	RESULTS
SPECIMEN TAKEN — DATE TIME A.M. P.M.		
RBC COUNT		
HEMOGLOBIN		11
HEMATOCRIT		31
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		
PT CONTROL		
PT PATIENT		
PTT CONTROL		
PTT PATIENT		
% ACTIVITY		
RATIO		
SICKLING TEST		
LE PREP		

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR FPMR (41-CFR) 201-45.505 549-107

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
549-107

TEST(S)	SPECIMEN TAKEN	RESULTS
DATE / TIME	A.M. / P.M.	
REQUESTED	(X)	
RBC COUNT		
HEMOGLOBIN		14.6
HEMATOCRIT		34.0
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		
P T T: CONTROL, PATIENT, % ACTIVITY, RATIO		
SICKLING TEST		
LE PREP		

HEMATOLOGY URGENCY: ROUTINE / TODAY / PRE-OP / STAT
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)
SPECIMEN/LAB RPT. NO.
MED. RECORD
LAB. ID. NO.
MD DATE 1400
TECH
REPORTED BY (b)(6)-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
Enter in above space
(b)(6)-2
(b)(6)-2
(b)(6)-4
ICU

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41
549-107

TEST(S)	SPECIMEN TAKEN	RESULTS
DATE / TIME	A.M. / P.M.	
REQUESTED	(X)	
RBC COUNT		
HEMOGLOBIN		7.9
HEMATOCRIT		24.8
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		
P T T: CONTROL, PATIENT, % ACTIVITY, RATIO		
SICKLING TEST		
LE PREP		

HEMATOLOGY URGENCY: ROUTINE / TODAY / PRE-OP / STAT
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)
SPECIMEN/LAB RPT. NO.
LAB. ID. NO.
MD DATE
TECH
REPORTED BY (b)(6)-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
Enter in above space
REMARKS
ICU
(b)(6)-4

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
549-107

TEST(S)	SPECIMEN TAKEN		RESULTS
DATE	8.12.02		
TIME	1355	A.M. / P.M.	
REQUESTED	(X)		
RBC COUNT			
HEMOGLOBIN			11.0
HEMATOCRIT			36.1
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			
P T T: CONTROL, PATIENT, % ACTIVITY, RATIO			
SICKLING TEST			
LE PREP			

HEMATOLOGY URGENCY: ROUTINE / TODAY / PRE-OP / STAT
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)
SPECIMEN/LAB RPT. NO.
PATIENT'S MED. RECORD
LAB. ID. NO.
MD DATE 1355 (b)(6)-2
TECH
REPORTED BY (b)(6)-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
Enter in above space
(b)(6)-2

MEDCOM - 3229

CHEMISTRY I
STANDARD FORM 546

TEST(S)		
SPECIMEN TAKEN		METHOD: MANUAL / AUTOMATED
DATE	TIME 0725 A.M.	
RESULTS	(X)	REQUESTED
		GLUCOSE
		UREA N.
		CREATININE
		URIC ACID
		SODIUM
		POTASSIUM
		CHLORIDE
		CO_2
		PHOSPHATE
		CALCIUM
		TOTAL PROTEIN
		ALBUMIN
		GLOBULIN
		PHOSPHATASE ALKALINE
		PHOSPHATASE-ACID
		SGOT
		LDH
		CPK
		BILIRUBIN (TOTAL)
		BILIRUBIN (DIRECT)
		BSP
		CHOLESTEROL
		TRIGLYCERIDES
		AMYLASE
		LIPASE
		PROFILE (specify)

H&H; Mg; CL, BUN @ 0800

(b)(6)-2

Enter in above space: PATIENT IDENTIFICATION — TREATING FACILITY — WARD NO. — DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
MD | DATE 10Aug02
TECH

ICW
(b)(6)-4

CHEM I
URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB. OUTPATIENT ☐ ☐ NP ☐ DOM.
SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (specify)
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR 549-107

TEST(S)		
SPECIMEN TAKEN		
DATE 8-10-02	TIME 0725 A.M.	
RESULTS	REQUESTED	(X)
	RBC COUNT	
8.4	HEMOGLOBIN	
27.1	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
WBC DIFF AND BLOOD CELL MORPH	IMMATURE	
	NEUTRO-BANDS	
	NEUTRO-SEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
PT	CONTROL	
	PATIENT	
PTT	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS (b)(6)-2
H+H

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

ICW
(b)(6)-4

HEMATOLOGY
URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB RPT. NO.
MED. RECORD

(b)(6)-4

ICW

CHEM I
SPECIMEN/LAB. RPT. NO.
URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB. OUTPATIENT ☐ ☐ NP ☐ DOM.
SPECIMEN SOURCE: ☐ BLOOD ☐ 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 91KM TECH | DATE 11AUG02
LAB. ID. NO.

REMARKS
H + H ~~@ 24~~ (~~Due 10AUG 02~~ @ ~~2000 Hours~~)
LYTES (0700)

DATE	TIME	A.M.	P.M.	RESULTS	(X) REQUESTED
				99	GLUCOSE
					UREA N.
					CREATININE
					URIC ACID
				130	SODIUM
				4.0	POTASSIUM
				100	CHLORIDE
				27	CO_2
					PHOSPHATE
					CALCIUM
					TOTAL PROTEIN
					ALBUMIN
					GLOBULIN
					PHOSPHATASE ALKALINE
					PHOSPHATASE-ACID
					SGOT
					LDH
					CPK
					BILIRUBIN (TOTAL)
					BILIRUBIN (DIRECT)
					BSP
					CHOLESTEROL
					TRIGLYCERIDES
					AMYLASE
					LIPASE
					PROFILE (specify)

METHOD: AUTOMATED / MANUAL

CHEMISTRY I
STANDARD FORM 546 (JULY 1971)—GSA FPMR 110-11.8

HEMATOLOGY — STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR — 549-107

TEST(S) / SPECIMEN TAKEN — DATE / TIME A.M. P.M.

RESULTS	REQUESTED	(X)
	RBC COUNT	
9.1	HEMOGLOBIN	X
30.5	HEMATOCRIT	X
	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	
	PTT CONTROL	
	PTT PATIENT	
	PROTHROMBIN CONTROL	
	PROTHROMBIN PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: [handwritten]

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 8/9/02

HEMATOLOGY URGENCY: ROUTINE / TODAY / PRE-OP / STAT [X]
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE: VEIN / CAP / OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB RPT. NO. (b)(6)-4

OR

(b)(6)-4

FCW

MISCELLANEOUS — STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR — 557-107

TEST(S) / SPECIMEN TAKEN — DATE / TIME A.M. P.M.
REQUESTED: CBC
RESULTS:

WBC	6.0
RBC	2.92
Hgb	8.6
Hct	26.6
mcV	90.8
mcH	29.5
mcHC	32.5
Plt.	164

REMARKS (b)(6)-2
Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD / TECH / DATE 8/9/02
MISC URGENCY: ROUTINE [X] / TODAY / PRE-OP / STAT
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO. (b)(6)-4

FCW

CHEM I
SPECIMEN/LAB. RPT.
URGENCY: ROUTINE / TODAY [X] / PRE-OP / STAT
PATIENT STATUS: BED / OUTPATIENT / NP
SPECIMEN SOURCE: BLOOD / OTHER (specify)
LAB. ID. NO.

Enter in above space: PATIENT IDENTIFICATION — TREATING FACILITY — W (b)(6)-2
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY
TECH / DATE 9 AUG 02
REMARKS: H+H @ 2000 WITH TYPE & CROSS. IF HCT <28% TRANSFUSE 1 UNIT PRBC)

METHOD: AUTOMATED / MANUAL
SPECIMEN TAKEN: DATE 8-9-02 TIME 2003 P.M.
REQUESTED (X): GLUCOSE, UREA N, CREATININE, URIC ACID, SODIUM, POTASSIUM, CHLORIDE, CO_2, PHOSPHATE, CALCIUM, TOTAL PROTEIN, ALBUMIN, GLOBULIN, PHOSPHATASE ALKALINE, PHOSPHATASE ACID, SGOT, LDH, CPK, BILIRUBIN (TOTAL), BILIRUBIN (DIRECT), BSP, CHOLESTEROL, TRIGLYCERIDES, AMYLASE, LIPASE, PROFILE (Specify): Hgb 9.9, HCT 33.2

CHEMISTRY I

==== PICCOLO ====
08/09/02 07:47 PM
REFERENCE RANGE: MALE
PATIENT #: (b)(6)-4
METLYTE 8
DISC LOT #: 2261BA4
OPER #: (b)(6)-2 DR #: 000
SERIAL #: (b)(6)-4

GLU	93	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	1486*	39-380	U/L
NA+	121*	128-145	MMOL/L
K+	4.9*	3.3-4.7	MMOL/L
CL-	96*	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(b)(6)-4

HEMATOLOGY — 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

1835 — MO DATE: 8.3.02 — TECH

LAB. ID. NO.

REMARKS: CBC

TEST(S)	DATE	TIME	REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	PLATELET COUNT
RESULTS	3Aug02	1715		2.21	6.2	19.7	89.3	28.3	31.7	7.5	141

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

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR 549-107

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i-STAT 6+

Pt: (b)(6)-4

Pt Name:

Glu __________ 90 mg/dL

BUN __________ 17 mg/dL

Na __________ 135 mmol/L

K __________ *** mmol/L

Cl __________ 99 mmol/L

Hct __________ 20 %PCV

Hb* __________ 7 g/dL

*via Hct

Sample type:

04AUG02 01:04

Oper: (b)(6)-2

Physician:

40064

Ver: JAMS043C CLEW A64

ICU#1 #(b)(6)-4

HEMATOLOGY — 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: MAJ (b)(6)-2

REPORTED BY: (b)(6)-2

9Aug04 — MO DATE: 4Aug02 — TECH

LAB. ID. NO.

REMARKS: H+H

	HEMOGLOBIN	HEMATOCRIT
RESULTS	9.8	30.1

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR 549-107

---

i-STAT EC4+

Pt: (b)(6)-4

Pt Name:

Glu __________ g/dL

Na __________ ol/L

K __________ [illegible] ol/L

Hct __________ [illegible]

Hb* __________ 7 g/dL

*via Hct

Sample type:

04AUG02 04:53

[illegible]

Physician:

Oper: (b)(6)-2

Ver: JAMS043C CLEW A64

HEMATOLOGY

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

REMARKS

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

TECH MD DATE

HEMATOLOGY URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO. SPECIMEN/LAB RPT. NO.

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR FIRMR (41-CFR) 201-45.505 549-107

(b)(6)-4

HEMATOLOGY

TEST(S)		
SPECIMEN TAKEN		
DATE 2Aug02	TIME 1215	A.M. / P.M.
RESULTS	REQUESTED	(X)
	RBC COUNT	
8.2 (L)	HEMOGLOBIN	X
21.1 (L)	HEMATOCRIT	X
	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	
	PT CONTROL	
	PT PATIENT	
	PTT CONTROL	
	PTT PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS (b)(6)-2

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-4

REPORTED BY (b)(6)-2

TECH 1340 MD DATE 8.2.02

ICU #1

HEMATOLOGY URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO. SPECIMEN/LAB RPT. NO. PATIENT'S MED. RECORD

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR FIRMR (41-CFR) 201-45.505 549-107

ICU#1

HEMATOLOGY URGENCY ☐ ROUTINE TODAY ☐ ☐ PRE-OP STAT ☐

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

SPECIMEN SOURCE ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO. SPECIMEN/LAB RPT. NO. 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

1920 TECH MD DATE 8.2.02

TEST(S)	
SPECIMEN TAKEN	
DATE 2Aug02	TIME 1900
RESULTS	REQUESTED (X)
	RBC COUNT
7.7 (L)	HEMOGLOBIN X
20.8 (L)	HEMATOCRIT X
	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
	PT CONTROL / PATIENT
	PTT CONTROL / PATIENT
	% ACTIVITY
	RATIO
	SICKLING TEST
	LE PREP

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) Prescribed by GSA/ICMR FIRMR (41-CFR) 201-45.505 549-107

(b)(6)-4 8.2.02 0200

CBC, LYTES, CUN CREAT

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY | MD | DATE | TECH

REMARKS

CHEM I

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

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

SPECIMEN SOURCE: BLOOD / OTHER (Specify)

SPECIMEN/LAB. RPT. NO | LAB. ID. NO.

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
RESULTS	DATE			137				143	5.7	107																		

546-106 CHEMISTRY I STANDARD FORM 546

PICCOLO

08/02/02 03:34

REFERENCE RANGE: MALE

PATIENT #: (b)(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 2193AA4

OPER #: (b)(6)-2 DR #: 000

SERIAL #: (b)(6)-4

ALB	2.3*	3.3-5.5	G/DL
ALP	41	26-84	U/L
ALT	23	10-47	U/L
AMY	112*	14-97	U/L
AST	60*	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	8	7-22	MG/DL
CA++	5.6*	8.0-10.3	MG/DL
CHOL	53*	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	139*	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0, ICT 0

Pt # (b)(6)-4 — ICU-1 0800

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

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY (b)(6)-2 | MD | DATE 8.2.02 0830 | TECH 2Aug02

REMARKS

CHEM I

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

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

SPECIMEN SOURCE: BLOOD / OTHER (Specify)

SPECIMEN/LAB. RPT. | LAB. ID. NO.

TEST(S)	SPECIMEN TAKEN	TIME	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
									X																			
RESULTS	DATE								4.5 mmol																			

546-106 CHEMISTRY I STANDARD FORM 546

i-STAT 6+

Pt: (b)(6)-4

Pt Name: (b)(6)-4

Glu ________ 110 mg/dL

BUN ________ 10 mg/dL

Na ________ 141 mmol/L

K ________ 4.5 mmol/L

Cl ________ 103 mmol/L

Hct ________ 25 %PCV

Hb* ________ 8 g/dL

*via Hct

Sample Type:

02AUG02 08:14

Oper: (b)(6)-2

Physician: ________

Ser# (b)(6)-4

(b)(6)-2

HEMATOLOGY

TEST(S): CBC

SPECIMEN TAKEN — DATE | TIME A.M./P.M.

RESULTS	REQUESTED	(X)
4.42	RBC COUNT	
13.1	HEMOGLOBIN	
40.2	HEMATOCRIT	
91.0	MCV	
29.5	MCH	
32.5	MCHC	
8.8	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH — IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
24.5	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
252	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT — CONTROL	
	PTT — PATIENT	
	PROTHROMBIN — CONTROL	
	PROTHROMBIN — PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

REMARKS: Maj (b)(6)-2

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

REPORTED BY: EMT 0140 TECH — MD DATE: 01Aug02

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

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

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

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO. | SPECIMEN/LAB RPT. NO.

PATIENT'S MED. RECORD

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
549-107

(b)(6)-4

i-STAT G3+

Pt: 0
Pt Name: (b)(6)-4

TCO2________23 mmol/L

Pt 37C

pH_______7.367
PCO2______36.7 mmHg
PO2________372 mmHg
HCO3________22 mmol/L
BEecf_______-3 mmol/L
sO2*________100 %
 *calculated

Sample Type_:

01AUG02 18:42

Oper: (b)(6)-2
Physician: Major (b)(6)-2
Ser# (b)(6)-4
Ver: JAMS043C
 CLEW A84

---

i-STAT 6+

Pt: (b)(6)-4
Pt Name:___________

Glu_________182 mg/dL
BUN__________7 mg/dL
Na_________145 mmol/L
K__________2.7 mmol/L
Cl__________98 mmol/L
Hct_________28 %PCV
Hb*_________10 g/dL
 *via Hct

Sample Type_:

01AUG02 18:52

Oper: (b)(6)-2
Physician:___________
Ser# (b)(6)-4
Ver: JAMS043C
 CLEW A84

---

i-STAT G3+

Pt Name: (b)(6)-4

TCO2________20 mmol/L

Pt 37C

*calculated

Sample Type_:

01AUG02 18:02

Oper: (b)(6)-2 (b)(6)-2
Physician: Major (b)(6)-4
Ser#
Ver: JAMS043C
 CLEW A84

/RT (b)(6)-2

CHEMISTRY I (Form 1)

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS

REPORTED BY (b)(6)-2

MD DATE 8.1.02

TECH

LAB. ID. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

TEST(S)

SPECIMEN TAKEN: DATE | TIME | A.M. / P.M.

RESULTS	REQUESTED	(X)
182	GLUCOSE	
7	UREA N.	
	CREATININE	
	URIC ACID	
145	SODIUM	
2.7	POTASSIUM	
98	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration
Committee on Medical Records
546-106

(b)(6)-4

CHEMISTRY I (Form 2)

(b)(6)-4

PT = 14.9 SEC
INR = 1.32
PTT 34.7 SEC

(b)(6)-4

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS

REPORTED BY (b)(6)-2

MD DATE 8.01.02

TECH

LAB. ID. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

TEST(S)

SPECIMEN TAKEN: DATE | TIME | A.M. / P.M.

RESULTS	REQUESTED	(X)
	GLUCOSE	
	UREA N.	
	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records
546-106

CHEMISTRY I (Form 3)

SPECIMEN/LAB. RPT. NO.

RECORD

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LABORATORY FILE

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

1900 MD DATE 8.1.02

TECH

LAB. ID. NO.

REMARKS

TEST(S)

SPECIMEN TAKEN: DATE | TIME | A.M. / P.M.

REQUESTED	RESULTS
GLUCOSE	
UREA N.	
CREATININE	
URIC ACID	
SODIUM	
POTASSIUM	
CHLORIDE	
CO_2	
PHOSPHATE	
CALCIUM	
TOTAL PROTEIN	5.0
ALBUMIN	3.2
GLOBULIN	
ALKALINE PHOSPHATASE	123
ACID PHOSPHATASE	
SGOT	
LDH	
CPK	
BILIRUBIN (TOTAL)	1.4
BILIRUBIN (DIRECT)	
CHOLESTEROL	
TRIGLYCERIDES	
AMYLASE	104
LIPASE	
PROFILE (Specify)	
AST	31
ALT	20
GGT	13

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records
546-106

MICROBIOLOGY REPORT

Antimicrobic Susceptibility and Organism Identification

Name :
ID # : (b)(6)-4

Specimen : (b)(6)-4

Physician :
Source : Not Specified

Iso/Result: 02 Enterobacter [illegible]

Antimicrobic/Dose	[illegible]	Systemic	Urine **	CC
Amikacin	[illegible]	[illegible]		
Amox/K Clav(c)	[illegible]	[illegible]		
Amp/Sulbactam(c)	[illegible]	[illegible]		
Ampicillin	[illegible]	[illegible]		
Aztreonam	[illegible]	[illegible]		
Cefazolin	[illegible]	[illegible]		
Cefepime	[illegible]	[illegible]		
Cefotaxime(c)	[illegible]	[illegible]		
Cefotetan	[illegible]	[illegible]		
Cefoxitin	[illegible]	[illegible]		
Ceftazidime(a)	[illegible]	[illegible]		
Ceftriaxone(c)	[illegible]	[illegible]		
Cefuroxime(b)	[illegible]	[illegible]		
Cephalothin	[illegible]	[illegible]		
Chloramphenicol	[illegible]	[illegible]		
Ciprofloxacin	[illegible]	[illegible]		
ESBL-a Scrn	[illegible]	[illegible]		
ESBL-b Scrn	[illegible]	[illegible]		
Gatifloxacin	[illegible]	[illegible]		
Gentamicin	[illegible]	[illegible]		
Imipenem(c)	[illegible]	[illegible]		
Levofloxacin	[illegible]	[illegible]		
Meropenem(c)	[illegible]	[illegible]		
Moxifloxacin	[illegible]	[illegible]		
Nitrofurantoin	[illegible]	[illegible]		
Norfloxacin	[illegible]	[illegible]		
Pip/Tazo(d)	[illegible]	[illegible]		
Piperacillin(a)	[illegible]	[illegible]		
Tetracycline	[illegible]	[illegible]		
Ticar/K Clav(a)	[illegible]	[illegible]		
Tobramycin	[illegible]	[illegible]		
Trimeth/Sulfa	[illegible]	[illegible]		

[illegible] S = Susceptible [illegible] NR = Not Reported BLac = B[illegible]

I = Intermediate
R = Resistant
R* = Resistant, ESBL

CC = Cost Code
MIC = mcg/ml (mg/L)
EBL? = Suspected ESBL

TFG =
Blank =
ESBL =

For Blood and CSF Isolates, a Beta-Lactamase test is recommended for Enterococ
IB appears in place of S, +, ++, or +++ with species known to possess inducibl
resistant to all B-lactam drugs. Monitoring of patients during/after therapy i
R* Resistance due to extended-spectrum beta-lactamases (ESBL).
EBL? Suspected ESBL. Confirmatory tests needed to differentiate ESBL from oth
(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in pati
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use <8=S,
(c) For streptococci refer to penicillin interpretations.
refer to the penicillin interpretations. For amoxicillin/K c
(d) For non Beta-lactamase producing enterococci, refer to penicillin interpret

---

* Interpretations based on approx. adult attainable systemic/urine levels, exc
NCCLS. Doses are guidelines; consider weight and renal/hepatic function. U
** Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin
are based on FDA approved breakpoints.

For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isola
non-meningitis infections, use <2=S, 2=I, >2=R.

Tech : ______________________
Report Date : 08/19/02 10:50

Source : Not Specified
Collected : **/**/** **:**

Name :
ID # : (b)(6)-4

NSN 7540-00-634-4156

516-108

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS

(b)(6)-2	FIRST ASSISTANT	SECOND ASSISTANT	
(b)(6)-2	ANESTHETIC General		TIME BEGAN: 1503 TIME ENDED: 1525
(b)(6)-2 RN	(b)(6)-2	TIME OPERATION BEGAN 1510	TIME OPERATION COMPLETED 1515

DRAINS (Kind and number) Ø	SPONGE COUNT VERIFIED Ø

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION Ø

OPERATION PERFORMED

dsg Δ R stump

DESCRIPTION OF OPERATION *(Type(s) of suture used, gross findings, etc.)*	PROSTHETIC DEVICES *(Lot no.)*	DATE OF OPERATION 15aug02

Dressing changed
Wound Debrided. Hematoma
Removal
Wound Closed c̄ Kerlex No traction
on skin applied

SIGNATURE OF SURGEON (b)(6)-2 LTC MC	DATE 15Aug02

PATIENT'S IDENTIFICATION (...es give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER/I.D. NO.	WARD NO. 0
(b)(6)-4		

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

USAPPC V1.0

MEDICAL RECORD | OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Infected right AKA stump

(b)(6)-2 (b)(6)-2 SECOND ASSISTANT

(b)(6)-2 ANESTHETIC General TIME BEGAN 1530

TIME ENDED

(b)(6)-2 RN (b)(6)-2 TIME OPERATION BEGAN 1535 TIME OPERATION COMPLETED 1545

POSTOPERATIVE DIAGNOSES

Same

(b)(6)-2 SPONGE (b)(6)-2

ED TO LABORATORY FOR EXAMINATION

OPERATION PERFORMED

Dressing change / debridement.

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | PROSTHETIC DEVICES (Lot no.) | DATE OF OPERATION

Less purulent material

SIGNATURE OF SURGEON (b)(6)-2 DATE

(b)(6)-2 (b)(6)-2 MAJ MD 14 Apr 07

(For typed or written entries give: Name - last, first, middle; grade; date, hospital or medical facility) REGISTER/I.D. NO WARD NO

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 6-83)
Prescribed by GSA and ICMR, FPMR

(b)(6)-2

FIRST ASSISTANT (b)(6)-2

SECOND ASSISTANT

(b)(6)-2

ANESTHETIC

General

(b)(6)-2 RN

(b)(6)-2 91D

(b)(6)-2 91D

TIME OPERATION BEGAN 1350

TIME BEGAN 1340

TIME ENDED (b)(6)-2

TIME OPERATION COMPLETED 1400

DRAINS (Kind and number)

Foley inserted pre-tracheostomy OR.

SPONGE COUNT VERIFIED

+ sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

n/a

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 13 Aug 02

Wound Debrided
No new pus pockets found
Pulse lavage used
Wound dressed
Complications – Ø

SIGNATURE OF SURGEON (b)(6)-2

LTC MC

DATE 13 Aug 02

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

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516
Prescribed by GSA and ICMR, FPMR

(b)(6)-2

FIRST ASSISTANT

SECOND ASSISTANT

(b)(6)-2 CRNA

ANESTHETIC General

TIME BEGAN 1622

(b)(6)-2 RN / (b)(6)-2 GID

TIME OPERATION BEGAN 1630

TIME ENDED 1651

TIME COMPLETED (b)(6)-2

OPERATIVE DIAGNOSIS (b)(6)-2 GID

DRAINS (Kind and number) foley inserted prior to entering OR

SPONGE COUNT VERIFIED + Sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

(b)(6)-2

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 12aug02

Wound Debrided Pus Pockets
Opened Wound Close
Lavaged & Dressed

SIGNATURE OF SURGEON (b)(6)-2

(b)(6)-2

LTC MC

DATE 12Aug02

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

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. ...)
Prescribed by GSA and ICMR, FPMR ...

516-108

MEDICAL RECORD

OPERATION REPORT

NSN 7540-00-634-41

PREOPERATIVE DIAGNOSIS
S/P GSW

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
(b)(6)-2		

ANESTHETIST	ANESTHETIC	TIME BEGAN
(b)(6)-2 CRNA	General	110

CIRCULATING NURSE		TIME OPERATION BEGAN	TIME ENDED / TIME OPERATION COMPLETED
(b)(6)-2 RN	(b)(6)-2 aid	1115	1145

DRAINS (Kind and number)
Foley inserted prior to entering O.R

SPONGE COUNT VERIFIED
CORRECT

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
N/A

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION
11 Aug 02

a thigh D ebrided
3 pockets of pus found
Wound irrigated c̄ pulse lavage
Dressing applied

SIGNATURE OF SURGEON
(b)(6)-2
LTC MC

DATE
11 Aug 02

...ed or written entries give: Name - last, first, middle; ...date: hospital or medical facility)

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

516-108

NSN 7540-00-634-4155

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS (b)(6)-2 9 Aug 02

S/P B/K AKA

SURGEON (b)(6)-2

FIRST ASSISTANT —

SECOND ASSISTANT —

(b)(6)-2

ANESTHETIC General

TIME BEGAN 1620

TIME ENDED 1740

CIRCULATING NURSE (b)(6)-2 RN

SCRUB NURSE (b)(6)-2 91D

TIME OPERATION BEGAN 1632

TIME OPERATION COMPLETED 1730

POSTOPERATIVE DIAGNOSES (b)(6)-2 91D

DRAINS (Kind and number) foley inserted prior entering to O.R.

SPONGE COUNT VERIFIED + Sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION N/A

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION 9 Aug 02

Debridement R[illegible] thigh

Wound sharply debrided to viable non infected tissue

6 cm femur removed

Wound irrigated c̄ pulse lavage

& closed over lap pads c̄ rubber bands

SIGNATURE OF SURGEON (b)(6)-2 (b)(6)-2 LTC MC

DATE 9 Aug 02

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

REGISTER/I.D. NO.

WARD NO. [illegible]

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

USAPPC

516-108 NSN 7540-00-634-4156

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS
S/P GSW

(b)(6)-2	FIRST ASSISTANT	SECOND ASSISTANT	
ANESTHETIST (b)(6)-2 CRNA	ANESTHETIC General		TIME BEGAN: 1403 TIME ENDED:
(b)(6)-2 RN	(b)(6)-2 91D	TIME OPERATION BEGAN 1415	TIME OPERATION COMPLETED 1500

OPERATIVE DIAGNOSES

DRAINS (Kind and number) SPONGE COUNT VERIFIED
[illegible] prior to Entering OR + sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
N/A

OPERATION PERFORMED

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | PROSTHETIC DEVICES (Lot no.) | DATE OF OPERATION

Debridement Right thigh
Wound prepped c̄ Betadine
staples Removed
Pus Noted Along Fascial Planes
As well As S/C Tissue + skin
All Purulent/Necrotic tissue
excised Wound Left open
Packed c̄ Betadine Soaked
Lap Pads closed c̄ Rubber
Bands

SIGNATURE OF SURGEON (b)(6)-2 LTC MC | DATE 8 July 02

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility) | REGISTER/I.D. NO. | WARD NO.
(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

516-108 NSN 7540-00-634-4156

MEDICAL RECORD | OPERATION REPORT

PREOPERATIVE DIAGNOSIS			
S/P AKA			
SURGEON: (b)(6)-2	FIRST ASSISTANT: —	SECOND ASSISTANT: —	
ANESTHETIST: (b)(6)-2	ANESTHETIC: General		TIME BEGAN: 0955 / TIME ENDED: 1116
CIRCULATING NURSE: (b)(6)-2 RN	SCRUB NURSE: (b)(6)-2 3 91D	TIME OPERATION BEGAN: 1013	TIME OPERATION COMPLETED: 1112

OPERATIVE DIAGNOSES

DRAINS (Kind and number)	SPONGE COUNT VERIFIED
foley inserted prior to entering O.R.	+ sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

n/a

OPERATION PERFORMED

dcons/wound closure ® leg

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)	PROSTHETIC DEVICES (Lot no.)	DATE OF OPERATION
		5aug02

SIGNATURE OF SURGEON	DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER/I.D. NO.	WARD NO.
(b)(6)-4		

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

MEDCOM - 3246

518-108 NSN 7540-00-634-4156

MEDICAL RECORD — OPERATION REPORT

PREOPERATIVE DIAGNOSIS
S/P GSW / AKA (R) leg

SURGEON: (b)(6)-2
FIRST ASSISTANT: —
SECOND ASSISTANT: —

ANESTHETIST: (b)(6)-2
ANESTHETIC: General
TIME BEGAN: 1200
TIME ENDED: 1235

CIRCULATING NURSE: (b)(6)-2 RN / (b)(6)-2 910
SCRUB NURSE: (b)(6)-2 910
TIME OPERATION BEGAN: 1200
TIME OPERATION COMPLETED: 1227

OPERATIVE DIAGNOSES

DRAINS (Kind and number)
Foley inserted prior to entering O.R.

SPONGE COUNT VERIFIED
+ Sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
N/g

OPERATION PERFORMED
Modification of AKA

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION
3 Aug 02

Debridement Right thigh
Prior R AKA Amputation c coagulopathy s/p
Rev Saphenous Vein Bypass Graft Now Fr
Debridement Dead muscle All compartments Femur
Finding Dead muscle to Approx Greater Trochanter & All Dead
Shifted to Approx Greater Trochanter & All Dead clotted some
muscle Removal. The Graft HAD clotted some
Femoral artery was tied Above the Graft c
2-0 Vicryl Suture ligature + 2-0 Vicryl Free tie.
Hemostasis was Achieved & the Skin From the
Groin to the End of the Stump was closed c
2-0 Vicryl Running Fascial Suture + Skin staples
The End of the Stump HAD Traction
Applied to the Skin c Rubber Band

SIGNATURE OF SURGEON
(b)(6)-2 LTC MC

DATE
3 Aug 02

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

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

516-106 NSN 7540-00-634-4156

MEDICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS
GSW (R) leg

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
(b)(6)-2	(b)(6)-2	—	
ANESTHETIST: (b)(6)-2 CRNA	ANESTHETIC: General		TIME BEGAN: 1917 / TIME ENDED: 2040
CIRCULATING NURSE: (b)(6)-2 RN (b)(6)-2 RN	SCRUB NURSE: (b)(6)-2 91D (b)(6)-2 91B	TIME OPERATION BEGAN: 1917	TIME OPERATION COMPLETED: 2025

OPERATIVE DIAGNOSES

DRAINS (Kind and number): foley inserted prior to entering OR.

SPONGE COUNT VERIFIED: # Sharps / correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION: A. (R) leg

OPERATION PERFORMED
AKA

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

PROSTHETIC DEVICES (Lot no.)

DATE OF OPERATION: 1 aug 02

Patient c̄ uncontrolled bleeding from wound (R) thigh. Tourniquet applied @ 400mmHg & Guillotine Amputation RLE at mid thigh Accomplished. Vessels tied c̄ 2-0 vicryl suture ligature. Tourniquet removed thigh prepped & irrigated c̄ pulse lavage. Packed c̄ Cops gauze ties off c̄ #1 Nylon. Patient transferred to ICU in stable condition.

SIGNATURE OF SURGEON: (b)(6)-2 LTC MC

DATE: 1 aug 02

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

REGISTER/I.D. NO.

WARD NO.

(b)(6)-4

OPERATION REPORT
Medical Record

MEDCOM - 3248

STANDARD FORM 516 (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

15 R

POSITION / EVENTS | TIME
l/min. O2 3
l/min N2O / Air
% Sevoflurane / Desflurane
mg FENT / PROPOF (Lido)
mg DTC / SUCC / MIVACR / ROC/RAP
mg MSO4 / mcg ml FENT
mg MIDAZ

200
180
160
140
120
100
80
60
40
20

EBL
Urine
IV #1
Incision
☐ BP R L — EKG
ETCO2
☐ Tourniq — SpO2 99 99
Temp
Resp

Procedure: Dressing change under Anesthesia

Anesthesiologist (b)(6)-2

Surgeon (b)(6)-2

Anesth. Start	Anesth. End	Date
1500	1529	15AUG02

ASA 1 (2) 3

Totals

Premeds: None | Wt | Allergies: NKDA

(b)(6)-2

PT ID ☐ Verbal ☐ Armband Sig

ATBX: Time:

☐ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block
☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula
Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA
☐ Stylette ☐ Cuff Tube Size: 8.0
Blade: MAC 3 ☐ Cricoid Pres. (Easy)/Difficult (b)(6)-2 at 21 cm

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect
Arms Board (L) (R) Tucked L R Padded (L) (R)

Pt suctioned breathing well extubated awake good x-r ready to ICW

Crystalloids	Colloids	Total EBL
150	Ø	None

Urine: Ø

Diagnosis: S/P AKA

Phase I: 128/59 127 20 97 — Other — Temp
Phase II

Patient Identification

(b)(6)-4

ANESTHESIA RECORD

MEDCOM - 3249

PREANESTHETIC SUMMARY

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

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

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

Pt known to use multiple anesthetics

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

PREOPERATIVE DIAGNOSIS	PREMEDICATION	
	SIGNATURE OF EVALUATING PHYSICIAN	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-994/83312

1530 16 X

POSITION / EVENTS — TIME

l / min. O2	6 — 6 —
l / min N2O / Air	
% Sevoflurane / Desflurane	2 — X
mg PENT / PROPOF / (Lido)	160
mg DTC / SUCC / MIVACR / ROC/RAP	100
mg MSO4 / mcg ml FENT	25
mg MIDAZ	

200, 180, 160, 140, 120, 100, 80, 60, 40, 20

EBL

Urine

IV #1

Incision

☐ BP R L — EKG: SR SR SR

ETCO2: 33

☐ Tourniq — SpO2: 99 99 99

↑ Temp: 99

↓ Resp

Procedure: Dressing Change

Totals

Premeds: None

Wt

Allergies: NKDA

PT ID (b)(6)-2

☐ Verbal ☐ Armband Signature

ATBX: ______ TIME: ______

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____

☐ Stylette ☐ Cuff Tube Size: 8.0

Blade: MAC 3 x1 ☐ Cricoid Pres (Easy)/Difficult

Smooth uneventful IV induction

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board (L) (R) Tucked L R Padded (L) (R)

A suctioned breathing well extubated awake good Airway

Crystalloids	Colloids	Total EBL
200	None	min
		Urine Ø

Diagnosis: S/P AKA

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2	1535		14AUG

ASA 1 (2) 3

Surgeon (b)(6)-2 (b)(6)-2

	BP	P	R	O2Sat	Temp
Phase I	138/68	79	20	100	
Phase II					

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3251

PREANESTHETIC SUMMARY

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

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

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

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-894/83312

ANESTHESIA RECORD

POSITION / EVENTS	TIME 13^30	14	15	16
l/min. O₂	6 — 1 — 2			
l/min N₂O / Air	2			
% Sevoflurane / Desflurane	2			
mg PENT / PROPOF (Lido)	160			
mg DTC / SUCC / MIVACR / ROC/RAP	100			
mg MSO₄ / mcg FENT				
mg MIDAZ	1			
Ketamine	10			
Morphine	5			
Reglan	10			

Totals

Premeds: None | Wt | Allergies: NKDA

PT ID: (b)(6)-2 — ☐ Verbal ☑ Armband Signa...

ATBX: ______ TIME: ______

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block
☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula
Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____
☐ Stylette ☐ Cuff Tube Size: 8.0
Blade: MAC 4 ☐ Cricoid Pres. Easy/Difficult

smooth uneventful IV induct

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect
Arms Board L R Tucked L R Padded

Pt suctioned breathing well extubated awake good air exch to PACU

EBL				
Urine				
IV #1	LR 1000 —			
Incision				
☒ BP R (L) EKG	SR	SR	SR	SR
ETCO₂	32	33	33	
☐ Tourniq SpO₂	99	99	99	99
↑ Temp		98	98	99
↓ Resp	0	0	0	0

Procedure: Irrigation Debridement (R) AKA

Crystalloids	Colloids	Total EBL
400	0	0 Urine

Diagnosis: S/P Amputation (R) AKA

Anesthesiologist (b)(6)-2

Anesth. Start	Anesth. End	Date
1335	1420	13AUG02

ASA 1 (2) 3

	BP	P	R	O₂Sat	Temp
Phase I	124/71	113		96	
Phase II					

Surgeon (b)(6)-2 (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3253

PREANESTHETIC SUMMARY

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

URINALYSIS NORMAL .... ABNORMAL AND WHY?	HEMATOLOGY HGB .... RBC .... HCT .... OTHER	BLOOD CHEMISTRY
pt	Known to us	

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

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

PREOPERATIVE DIAGNOSIS	PREMEDICATION	
	SIGNATURE OF EVALUATING PHYSICIAN	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1996 - 716-994/83313

POSITION / EVENTS 1630, 1700

TIME

l/min. O_2	6 – 1.5	(b)(6)-2
l/min N_2O/Air	1.5	
% Sevoflurane/Desflurane	2	
mg PENT/PROPOF (Lido)	100	
mg DTC/SUCC/MIVACR/ROC/RAP		
mg MSO_4 / mcg·ml FENT		
mg MIDAZ		
Ketamine mg	50	

Totals

Premeds | Wt | Allergies NKA

PT ID (b)(6)-2

☐ Verbal ☐ Armband

ATBX: see chart TIME:

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____

☐ Stylette ☐ Cuff Tube Size: ____

Blade: ____ ☐ Cricoid Pres. Easy/Difficult

LMA #5 c 25cc Air + $ETCO_2$ BS↑ =

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded L R

1630 / NIMs on, pre-O_2, IV induction, LMA #5 + good seal, Trendel. 8.5 fr CVC R IJ P betadine prep × 3, inadvertent carotid stick, R IJ found, transduced, seldinger tech, sutured in place, old R SC CVC D/C'd s̄ problem

1705 ICW 2 p̄ VSS

200, 180, 160, 140, 120, 100, 80, 60, 40, 20

	SV	SV	SV
V/S L/min	5	11	6
EBL			
Urine			
IV #1	LR		
Incision			
☒ BP R L			
EKG	ST	ST	ST
$ETCO_2$		36	42
☐ Tourniq SpO_2	98	98	99
↑ Temp			
↓ Resp	SV	SV	SV

Procedure: I+D dressing Δ

Crystalloids	Colloids	Total EBL
600		Ø
		Urine Ø

Diagnosis: Ⓡ AKA s/p GSW

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2 CPT/NC	1630	1705	12 Aug 02
	ASA 1 2 ③		

Phase I: BP 126/75 P 115 R 22 O_2Sat 98 Temp

Phase II

Surgeon (b)(6)-2 LTC MC

(b)(3)-1

(b)(3)-1

Afganistan

(b)(6)-4

Patient Identification (b)(6)-2 / A+O

ANESTHESIA RECORD

MEDCOM - 3255

POSITION EVENTS

TIME 1100 · 30 · 1200

O2		6 — 1 — 6
N2O / Air		2 — 1
Sevoflurane / Desflurane		2 — 2
mg FENT / PROPOF (Lido)		150
mg DTC / SUCC / MIVACR / ROC/RAP		100
mg MSO4 / mcg ml FENT		4+1
mg MIDAZ		

Totals

Premeds: No

NKA

PT ID (b)(6)-2

☐ Verbal ☐ Armband

ATBX ______ TIME ______

☒ GA, INHA ☐ GA, IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask

Intubation ☒ Oral ☐ Nasal BAE

☐ Stylette ☒ Cuff Tube Size 8

Blade MAC 4 ☐ Cricoid Pres Easy/Difficult

Eyes ☐ Lube/Tearisol Taped

Arms Board R Padded L R <90°

1107 NIMs on, pre-O2, IV induction, easy intubation + ET CO2 BBS A11 P.A.P. (b)(6)-4 PRBC ↑ in ICW No problems.

1152 SV, returned reflexes ⊕ Extubated to ICW.

5 mg MSO4 left ī ICW RN — O. (b)(6)-2 CPT/NC

200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

SV / SV / SV / SV / SV

N2 — O2

540/36 — 400/18

EBL

Urine

NSS — 400

PRBC — 250

EKG	SR SR SR SR SR
ETCO2	36 25 29 36
SpO2	99 100 99 98 100
Temp	101
Resp	SV SV SV SV SV

Procedure: Debridement Right leg stump

Crystalloid 400 | Colloid 250

Diagnosis: Ⓡ AKA

Anesthesiologist (b)(6)-2 CPT NC CRNA | Anesth. Start 1107 | Anesth. End 1158 | Date 11 Aug 02

ASA 1 ② 3

Phase I: BP 117/76 P 110 R 19 O2Sat 97 — RA

Phase II

Surgeon Dr. (b)(6)-2 LTC MC

(b)(3)-1

(b)(3)-1

Patient Identification (b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3256

POSITION / EVENTS — TIME: 16¹⁵ X 17⁴⁵ X 18 X

l/min. O₂	3 — 1.5 — 1.5 — 8	
l/min N₂O / Air	3 — 1.5 — 1.5 — X	
% Sevoflurane / Desflurane ISO	2 — 1.5 — .8 — X	
mg PENT / PROPOF (Lido)	180	
mg DTC / SUCC / MIVACR / ROC/RAP	140	
mg MSO₄ / mcg FENT	2	
mg MIDAZ		
Lasix	5	
Morphine	////	

Totals

Premeds: None — Wt — Allergies: NKDA

PT ID (b)(6)-2 ☐ Verbal ☐ Armband

ATBX: ____ TIME: ____

☐ GA INHA ☒ GA IV ☐ MAC ☐ Bier Block ☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____

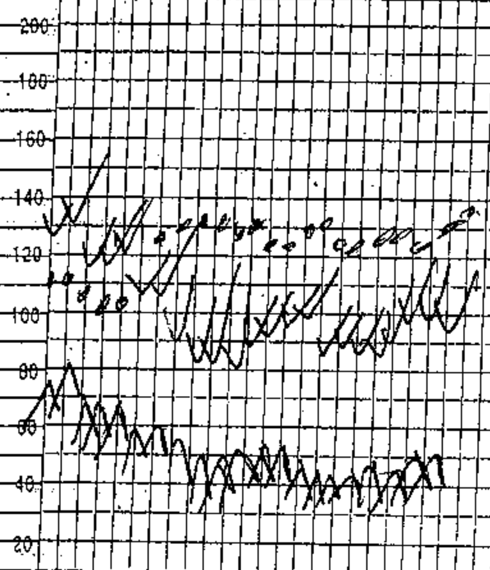
☒ Stylette ☒ Cuff Tube Size: 8.0 BSE at 21cm

Blade: ____ ☐ Cricoid Pres Easy/Difficult

Smooth uneventful IV induction

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R Tucked L R Padded



Acute Blood loss T&C sent for PRBCs.

B/L rales given lasix

Pt suctioned breathing well extubated awake good Air exchng to ICW.

EBL

Urine

IV #1 LR 600 — NS 1000 — LR 1000

Incision

☒ BP (R) L

EKG	SR	SR	SR	SR	SR	SR	SR
ETCO₂		32	36	37	37	38	30
SpO₂	98	99	99	99	99	99	99
Temp		99	102	102	102	102	102
Resp	○	⊗	⊗	⊗	⊘	⊘	○

☐ Tourniq

Procedure: Irrigation Debridement Revision of Stump.

Crystalloids	Colloids	Total
1700	Ø	400 / 100

Diagnosis: S/P Amputation (R) AKA Infection.

Anesthesiologist (b)(6)-2 — Anesth. Start 1615 — Anesth. End 1750 — Date 9AUG02

ASA 1 2 3

Phase I BP 101/52 P 140 R 20 Sat 99 Temp

Phase II

Surgeon (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification (b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3257

Time: 14^00 15 30 45 15^00 15 30 45

POSITION / EVENTS

Item	Values
l/min O2	6
l/min N2O / Air	1
% Sevoflurane / Desflurane	2 2 2 1
mg PENT / PROPOF / Lido	150
mg DTC / SUCC / MIVACR / ROC/RAP	100
mg MSO4 / mcg/ml FENT	1 1.5 1.5
mg MIDAZ	
Phenyleph mg	40

Totals

Premeds: Valium 7.5mg IV, Ketamine 20mg IV

Wt: 160 lbs

Allergies: NKA

PT ID: (b)(6)-2

☐ Verbal ☐ Armband Sig

ATBX: See chart TIME:

☒ GA. INHA ☐ GA. IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☒ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal

Intubation ☒ Oral ☐ Nasal RAE R L ☐ LMA

☐ Stylette ☒ Cuff Tube Size: 7

Blade: #4 Mac ☒ Cricoid Pres. Easy/Difficult

+ETCO2 BLBS

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board L R / Tucked L R / Padded L R

<90°

1402 - NIMS on, Pre-O2 mask smooth IV induction, easy intubation, All P.P.P.

Hgb 9.1

Pt suctioned breathing well extubated awake alert good Air exchange to ICU

(graph scale: 200, 180, 160, 140, 120, 100, 80, 60, 40, 20)

TV RR PIP 760/9/23

ESL
Urine
IV #1
Incision

	14:00						
EKG	SR	SR	SR	SR	SR	SR	SR
ETCO2		30	34	40	35	35	
SpO2	98	97	97	98	98	99	99
Temp							
Resp	16	9	9	19	9	SV	

☐ BP R L
☐ Tourniq

Procedure

LL

Crystalloids: 300 | Colloids: Ø | Urine

Diagnosis: Right leg amputation traumatic

Anesthesiologist (b)(6)-2 CPT/NC

Surgeon (b)(6)-2 MD

Anesth. Start	Anesth. End	Date
1402	1520	8 Aug 02

ASA 1 (2) 3

Phase I BP 110/80 P 140 R 20 O2 Sat 96 Temp

Phase II

(b)(3)-1

(b)(3)-1

Afganistan

Patient Identification

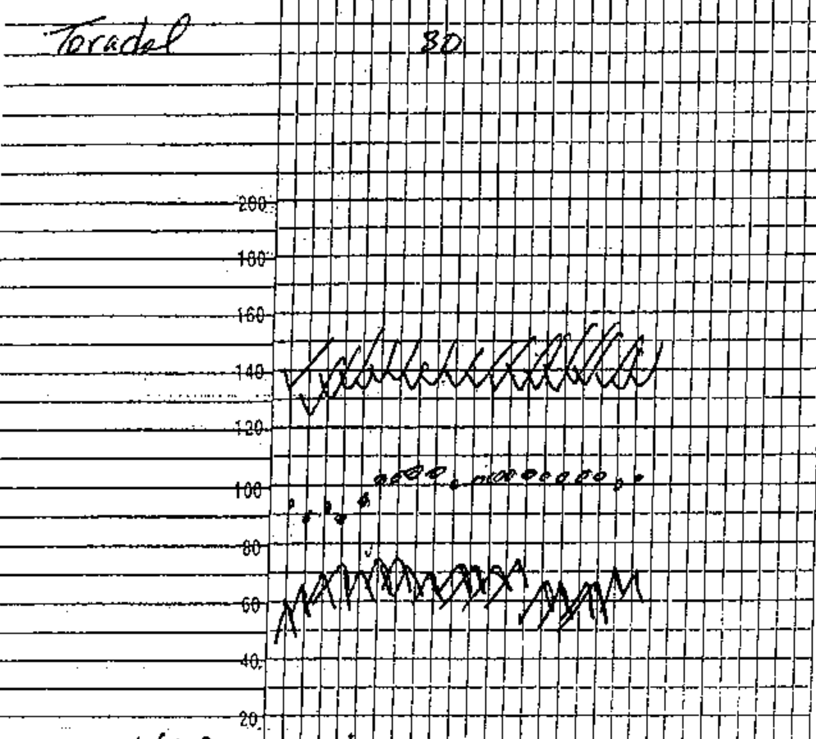
(b)(6)-4

ANESTHESIA RECORD

MEDCOM - 3258

0930

POSITION / EVENTS	TIME	10	x	11	x	12	Totals
l/min O2	3 — 2 — 2						
l/min N2O / Air							
% Sevoflurane / Desflurane ISO	3.7 — 1.5 — 1.0 — .8						
mg PENT / PROPOF (Lido)	180						
mg DTC / SUCC / MIVACR / ROC/RAP	120						
mg MSO4 / mcg FENT	2						
mg MIDAZ							
Toradol		30					



IV/PIP 20/21

EBL

Urine

IV #1 LR1000

Incision

BP (R) L	EKG	SR	SR	SR	SR	SR	SR	SR
	$ETCO_2$		20	31	33	37	38	35
Tourniq	SpO_2	100	100	100	100	100	100	100
	Temp		98	98	99	99	99	99
	Resp	SV	8	8	SV	SV	SV	SV

Premeds: None

Wt:

Allergies: NKDA

PT ID: (b)(6)-2

☒ Verbal ☐ Armband Signature

ATBX: TIME:

☒ GA, INHA ☐ GA, IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____

☐ Stylette ☐ Cuff Tube Size: 8.0 BS Eat 21 cm

Blade: MAC 4 ☐ Cricoid Pres. Easy/Difficult

Smooth uneventful IV induction

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board (L) (R) Tucked L R Padded (L) (R)

Pt suctioned breathing well extubated awake good Air exchg to ICW

Procedure: Irrigation Debridement Closure Revision of Stump

Crystalloids	Colloids	Total
1200	Ø	150
		Urine

Diagnosis: S/P Amputation (R) leg

Anesthesiologist	(b)(6)-2	Anesth. Start	Anesth. End	Date
		0935	1120	5AUG02
		ASA 1 (2) 3		
Surgeon	(b)(6)-2			

	BP	P	R	O2 Sat	Temp
Phase I	130/80	100	20	99	
Phase II					

(b)(3)-1

(b)(3)-1

Patient Identification

(b)(6)-4

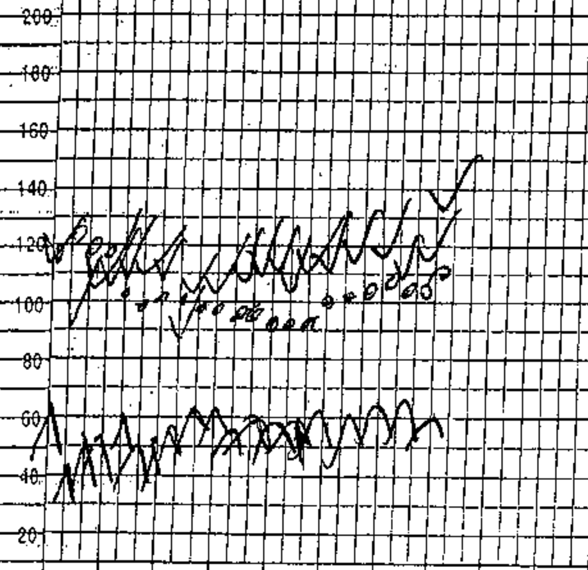
Afganistan

ANESTHESIA RECORD

MEDCOM - 3259

POSITION / EVENTS | TIME 12 x 13 x 14

l/min. O₂	4 — 4
l/min N₂O / Air	
% Sevoflurane / Desflurane Iso	1 — 1.5 — .8 — .6
mg PENT / PROPOF / (Lido)	180
mg DTC / SUCC / MIVACR / ROC / RAP	40
mg MSO₄ / mcg/ml FENT	
mg MIDAZ	
Morphine	5 ... 5



EBL	300 100
Urine	
IV #1	LR1000
Incision	
BP (R) L — EKG	SR SR SR SR SL SR
ETCO₂	37 36 30 32 32
Tourniq — SpO₂	99 98 99 98 96 97 97
Temp	99 99 97 101
Resp	

Procedure: Revision Debridement of Stump.

Premeds	Wt	Allergies
None		NKDA

PT ID (b)(6)-2 ☐ Verbal ☐ Armband Sign

ATBX: Ancef I TIME: 1150

☒ GA. INHA ☐ GA IV ☐ MAC ☐ Bier Block
☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☒ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula
Intubation ☒ Oral ☐ Nasal RAE R L ☐ LMA ____
☐ Stylette ☐ Cuff Tube Size: MAC3 x 1 8.0
Blade: ____ ☐ Cricoid Pres. Easy/Difficult
BSE at 21cm

Eyes ☐ Lube/Tearisol ☐ Taped ☐ Laser Protect
Arms Board (L) (R) Tucked L R Padded (L) (R)

Pt suctioned Breathing well extubated awake good Air c Rx to PACU

Crystalloids	Colloids	EBL / Urine
2200	∅	400 / 400

Diagnosis: S/P Amputation (R) leg AKA

	BP	P	R	O₂ Sat	Temp
Phase I	132/82	102	20	94	
Phase II					

Anesthesiologist	Anesth. Start	Anesth. End	Date
(b)(6)-2	1155	1345	3AUG02

ASA 1 (2) 3

Surgeon (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification (b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3260

POSITION / EVENTS — TIME: 1930 | 2000 | 2030 | 2100

	1930	2000	2030	2100
l/min O₂	2	2	2	
l/min N₂O (Air)	1		1	
% Sevoflurane / Desflurane (ISO)	1.6	1.5	.9	.8
mg PENT / PROPOF (Lido)			50	
mg DTC / SUCC / MIVACR / ROC			10	
mg MSO₄ / mcg ml FENT	150	100		
mg MIDAZ				
KCl 20 mEq				

Totals	Premeds	Wt	Allergies
			(b)(6)-2

PT ID (b)(6)-2

☐ Verbal ☐ Armband Signature

ATBX: ______ TIME: ______

☒ GA, INHA ☐ GA, IV ☐ MAC ☐ Bier Block

☐ Spinal ☐ Epidural ☐ Nerve Block

Airway ☐ Oral ☐ Nasal ☐ Bite Block ☐ Mask ☐ Nasal Cannula

Intubation ☐ Oral ☐ Nasal RAE R L ☐ LMA ____

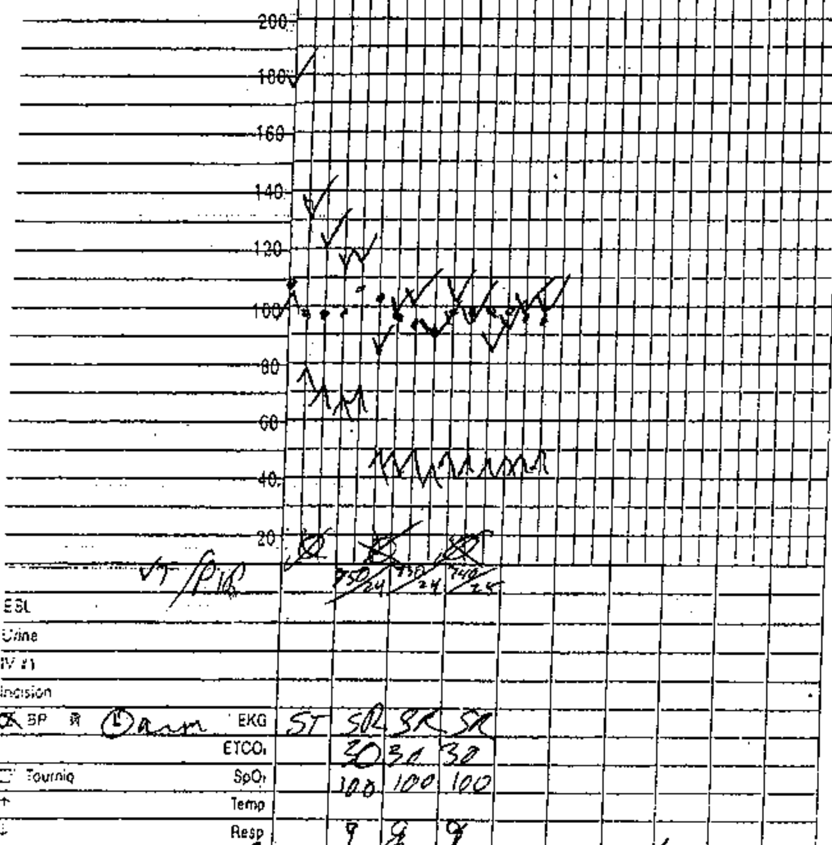
☐ Stylette ☐ Cuff Tube Size: ______

Blade: ______ ☐ Cricoid Pres Easy/Difficult

Pre intubated

Eyes ☐ Lube/Tearisol ☒ Taped ☐ Laser Protect

Arms Board (L) (R) Tucked L R Padded L R



1930 FFP #5228331 250 cc

K 2.7 Hct 40

2030 PRBC 1175009

VT/RR	750/24	750/24	740/25	
EBL				
Urine				
IV #1				
Incision				
☒ BP R (L) arm — EKG	ST	SR	SR	SR
ETCO₂	30	31	30	
☐ Tourniq — SpO₂	100	100	100	
Temp				
Resp	9	9	9	

incision 1927

300 PRBC

Procedure: Guillotine (R) AK amputation (R) leg exploration of stump wounds ligature of bleeders

Crystalloids	Colloids	Total EBL
2000	250	
		Urine

Diagnosis: GSW Multiple [illegible] uncontrolled bleeding (R) Leg

Anesthesiologist (b)(6)-2 (b)(6)-2 (b)(6)-2

Anesth. Start	Anesth. End	Date
1915	2040	01Aug02

ASA 1 2 (3) E

	BP	P	R	O₂Sat	Temp
Phase I					
Phase II					

Surgeon (b)(6)-2

(b)(3)-1

(b)(3)-1

Patient Identification

Pt (b)(6)-4

Afganistan

ANESTHESIA RECORD

MEDCOM - 3261

Standard Form 517

CLINICAL RECORD — ANESTHESIA

1215 X 13 X 14 X X 15 X

ANESTHETIC(S) — HOUR

Forane
Etomidate 20
Sux 100
Norcuron 4 2 3 1 2
Fentanyl

Neosyn 100mg
OXYGEN
ETCO2 / CO2 ABSORP.: 32 26 30 30 29 28 28 29 27 28 28 28 29 29
EKG: S
SAT: 100 100 100 100 100 100 100 100 100 100 100 100 100 100
Ancef 2 IVPB 1225-1235

INDUCTION
SATIS ______
UNSATIS AND WHY ______

REMARKS
1310 Clamp
Heparin 5K
IVP @ 1358
1515 H+H
9/12

CODE: PULSE, RESP., B.P., ANES., OPER., TOURN.

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

FLUIDS: BLOOD, SALINE, 5% D/W, PLASMA EXPAND

S/C

NUMBERS FOR REMARKS

Alb 5% 500ml
Whole Blood #1 #2 #3 #4 #5
IV FLUIDS 1000 / 2000 / 3000 / 4000 / 5000 ... 7200

POSITION: Supine

(b)(6)-2

RS

ENDOTRACHEAL: SIZE 8.0 BLADE 4 MAC ORO NASO CUFF PACK

REMARKS: RS / Cricoid, Cords visible, ETT [illegible] = 385 [illegible]
Dentition intact, [illegible]

OPERATION PERFORMED
Exploratory Laparotomy / Celiotomy / Fasciotomy (R) / Saphenous vein graft (R) / Femoral Artery, Dorsal (L) / Femoral [illegible]

TOTAL FLUIDS
Whole Blood 2 units
Crystalloid [illegible] ml
Hespan 500 ml
Alb 5% 100ml
EBL

NAME(S) OF SURGEON(S)
(b)(6)-2
(b)(6)-2
(b)(6)-2
(b)(6)-2

RECOVERY
REFLEX IN O.R. ______
EMESIS ______
ASPIR. ______
EXCITEMENT ______
HYPOTENSION ______
OTHERS ______

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

Trauma Male #6

REGISTER NO. | WARD NO. | DATE
01 Aug 2002

Pg 1 of 2

ANESTHESIA

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

MEDCOM - 3262

[illegible]

(b)(6)-4

Standard Form 517

1545 18 **CLINICAL RECORD** 17 · X · 18 · X · 19 · **ANESTHESIA**

ANESTHETIC(S) — HOUR

Fentanyl
Neosyn 100mg/ml
Nor...
Fyx ...
Versed
morphine

L/min OXYGEN
ETCO2 CO2 ABSORP. 30 30 30 30
EKG SR SR SR SR
SaO2 100 100 100 100

INDUCTION
SATIS. ______
UNSATIS AND WHY ______

REMARKS

1620 H/H 7/22

1645 Report to Medi ... ETT secure. controlled ... VSS ...

CODE: PULSE, RESP., B.P., ANES., OPER., TOURN.

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

FLUIDS: BLOOD, SALINE, ... , DX. EXPAND

PRBCs
Whole Blood #6 #7 #8
Albumin
Crystalloids

NUMBERS FOR REMARKS
I.V. FLUIDS

POSITION

AGENTS AND TECHNICS

Totals:
Albumin 100ml
Whole Bld 8 units
PRBCs 1 unit
Crystalloids 10,...ml
Hespan 500ml
Versed 10mg
Fentanyl 5ml
Morphine 10mg
EBL 6000ml
U/O 900ml

ENDOTRACHEAL: SIZE ______ BLADE ______ ORO ______ NASO ______ CUFF ______ PACK ______
REMARKS:

OPERATION PERFORMED: See Page 1 of 2

TOTAL FLUIDS

NAME(S) OF SURGEON(S)

RECOVERY
REFLEX IN O.R. ______
EMESIS ______
RESP. ______
EXCITEMENT ______
HYPOTENSION ______
OTHERS ______

Signature of Anesthetist.

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

Trauma Male #6

REGISTER NO. | WARD NO. | DATE

Page 2 of 2

ANESTHESIA

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

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) 1 Unit ML

REMARKS:

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

DATE REQUESTED 8-9-02

DATE AND HOUR REQUIRED 1652

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 AKA Revision

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

DATE VERIFIED 9 Aug 02

TIME VERIFIED 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 91kmy

DATE

SECTION III – RECORD OF TRANSFUSION

(b)(6)-4

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 / (b)(6)-2 91KMY

AT (Hour) 8-11-02 ON (Date) 1035

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 91W3M6

TEMP. 99.6 PULSE 110 BP 140/72

DATE OF TRANSFUSION

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED 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 (b)(6)-2

(b)(6)-2

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

WARD

(b)(6)-4

pt #

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

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* ~~1000~~ 450 ML

REMARKS:

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

- [✓] ~~TYPE AND SCREEN~~ (b)(6)-2
- [✓] CROSSMATCH

DATE REQUESTED 9 Aug 02

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF: (b)(6)-2

RhIG TREATMENT? DATE

HEMOLYTIC DISEASE OF NEWBORN?

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

DATE VERIFIED 8-9-02

TIME VERIFIED 2100

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp.

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

(b)(6)-4

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 91kmy

AT *(Hour)* 0900 ON *(Date)* 8-11-02

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 91113M6

TEMP. 100.4 PULSE 115 BP 147/84

DATE OF TRANSFUSION 11 Aug 02

TIME STARTED 0915

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED 1030 11 Aug 02

INTERRUPTED

REACTION

- [✓] 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.)*

- [✓] NO
- [ ] YES *(Specify)*

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

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

(b)(6)-4

SEX MALE

WARD ICU

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

MEDICAL RECORD 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)* 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH (x3)

DATE REQUESTED 9AUG02

DATE AND HOUR REQUIRED 1652

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 AKA Revision

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 (b)(6)-2

DATE (b)(6)-2 9AUG02

TIME VERIFIED 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1832 ON *(Date)* 8-9-02

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 (b)(6)-2

PRE-TRANSFUSION

TEMP. 120 PULSE 150 BP 80/40

DATE OF TRANSFUSION 9AUG02 TIME STARTED 1850

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME DATE COMPLETED / INTERRUPTED: 1900 on 9AUG02 (COMPLETED)

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 CPT, AN

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

(b)(6)-4

WARD

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

MEDICAL RECORD 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*) 1 Unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 8-9-02

DATE AND HOUR REQUIRED 1652

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 AKA Revision

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

DATE VERIFIED 9 Aug 02

TIME VERIFIED 1700

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO.
(b)(6)-4	PATIENT NO. (b)(6)-4
DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (*Hour*) 1832 ON (*Date*) 8-9-02

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

PRE-TRANSFUSION

TEMP. 102 PULSE 150 BP 80/40

DATE OF TRANSFUSION 9AUG02 TIME STARTED 1840

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME DATE COMPLETED INTERRUPTED 1830 @ 9 AUG 02

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.*)

[ ] NO [ ] YES (*Specify*) ____

SIGNATURE OF PERSON NOTING ABOVE

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

Pt # (b)(6)-4

SEX | WARD

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

MEDICAL RECORD 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) 1 Unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 8-3-02

DATE AND HOUR REQUIRED 8-3-02

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) MAJ (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

DONOR

ABO O

Rh POS

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp.

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 91km4

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 91km4

AT (Hour) 8-4-02 ON (Date) 0500

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 1LT ANC

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

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION 8-4-02

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION [ ] 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.)

[ ] NO [ ] YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE

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

(b)(6)-4

SEX M

WARD ICU#1

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

MEDICAL RECORD COPY

MEDCOM - 3269

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) 1 Unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 8-3-02

DATE AND HOUR REQUIRED 8-3-02

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) Maj. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

(R) leg amputation

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
n/A	Comp.

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 91KM4

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 91KM4

AT (Hour) 0130 ON (Date) 8/4/02

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 1LT ANC

2nd VERIFIER (Signature) (b)(6)-2 RN, ICT

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION 8-4-02

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME DATE COMPLETED INTERRUPTED

REACTION

- [ ] 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.)

- [ ] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE

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

(b)(6)-4

SEX M

WARD ICU #1

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-96)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

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) 1unit ML

REMARKS:

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

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 8-1-02

DATE AND HOUR REQUIRED 8-1-02

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) MAJ (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Gunshot Wound LO BKA

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

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

DATE 91Km4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 91Km4

AT (Hour) ON (Date)

IDENTIFICATION

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

(b)(6)-2 91C340

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

PRE-TRANSFUSION

TEMP. 100⁴ PULSE 112 BP 140/58

DATE OF TRANSFUSION 03 Aug 02

TIME STARTED 1830

POST-TRANSFUSION DATA

AMOUNT GIVEN 500 ML

TIME 2100 DATE 3 Aug 02 COMPLETED (circled) 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

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

(b)(6)-4

M

WARD OR/EMT

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

MEDICAL RECORD 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) 1Unit ML

REMARKS:

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

[X] TYPE AND SCREEN
[✓] CROSSMATCH

DATE REQUESTED 8-1-02

DATE AND HOUR REQUIRED 8-1-02

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) MAJ. (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Gunshot wound (R) leg BKA

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 91km4

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) (b)(6)-2 91km4

AT (Hour) 1255pm ON (Date) 8-2-02

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 91C4D

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

PRE-TRANSFUSION

TEMP. 101 PULSE 147 BP 118/72

DATE OF TRANSFUSION 2 Aug 02

TIME STARTED 1505

POST-TRANSFUSION DATA

AMOUNT GIVEN 500 ML

TIME 1500 DATE 2 Aug 02 (COMPLETED) 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 (b)(6)-2 (b)(6)-2 CPT Aa

PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility) (b)(6)-2

(b)(6)-4

SEX M

WARD OR/EMT

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

MEDICAL RECORD 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) ______

VOLUME REQUESTED (If applicable) 1 unit ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 2 Aug 02

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 MAJ MC

DIAGNOSIS OR OPERATIVE PROCEDURE
Multiple GSW

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4
5
(b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

	DONOR	RECIPIENT
ABO	B	B
Rh	POS	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
n/a	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

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

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)-2 91km4

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)
(b)(6)-2 91km4

AT (Hour) 12:10 pm ON (Date) 8-2-02

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 ILT AN C

(b)(6)-2

(b)(6)-2 CPT AN

PRE-TRANSFUSION

TEMP. 100² PULSE 104 BP 126/73

DATE OF TRANSFUSION 2 Aug 02

TIME STARTED 1215

(b)(6)-2 CPT AN

POST-TRANSFUSION DATA

AMOUNT GIVEN 500 ML

TIME/DATE COMPLETED/INTERRUPTED 02Aug02 1900

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

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

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

OTHER DIFFICULTIES (Equipment, clots, etc.)
(b)(6)-2

SIG...

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name ... rank; rate; hospital or medical facility)

(b)(6)-2

SEX M

WARD ICU#1

2 OC (b)(6)-4 ICU #1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

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)* 1 Unit ML

REMARKS:

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

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 8-1-02

DATE AND HOUR REQUIRED 8-1-02

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)* Maj (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Gunshot wound (R) leg BKA

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. # (b)(6)-4

DONOR	RECIPIENT
ABO O1	ABO O
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [ ] NO RECORD

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

DATE 911cm4

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 2016 ON *(Date)* 8-1-02

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

PRE-TRANSFUSION

TEMP. PULSE ~~101/73~~ BP 101/49

DATE OF TRANSFUSION 01 aug 02

TIME STARTED 2020

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME DATE (COMPLETED) INTERRUPTED 2040 01 aug 02

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 (b)(6)-2

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

(b)(6)-4

M EmT/OR

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 9-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

MEDICAL RECORD | BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [X] 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
- [ ] CROSSMATCH

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

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

DATE REQUESTED: 8-1-02

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

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR — ABO: AB — Rh: Neg

RECIPIENT — ABO: unknown — Rh:

TEST INTERPRETATION — ANTIBODY SCREEN | CROSSMATCH

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1940 ON *(Date)* 8-1-02

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 RN (b)(6)-2

2nd VERIFIER *(Signature)* (b)(6)-2

(b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE 78 BP 120/80

DATE OF TRANSFUSION: 01 aug 02

TIME STARTED: 1950

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME DATE COMPLETED (circled) INTERRUPTED: 1940 01aug02

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)* (b)(6)-2

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

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

SEX | WARD

(b)(6)-4

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

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)* 450 ML

REMARKS:

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

- [x] ~~TYPE AND SCREEN~~ (b)(6)-2
- [x] CROSSMATCH

DATE REQUESTED 9 Aug 02

DATE AND HOUR REQUIRED

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)* DR (b)(6)-2 LTC

DIAGNOSIS OR OPERATIVE PROCEDURE

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

DATE VERIFIED 8-9-02

TIME VERIFIED 2100

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

	DONOR	RECIPIENT
ABO	O	O
Rh	POS	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0815 ON *(Date)* 10 Aug 02

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.

(b)(6)-2

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION

TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME DATE COMPLETED INTERRUPTED 10Aug02 @ 0945

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.)*

[ ] NO [x] YES *(Specify)* 2 clotting in Bag

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

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)* (b)(6)-2

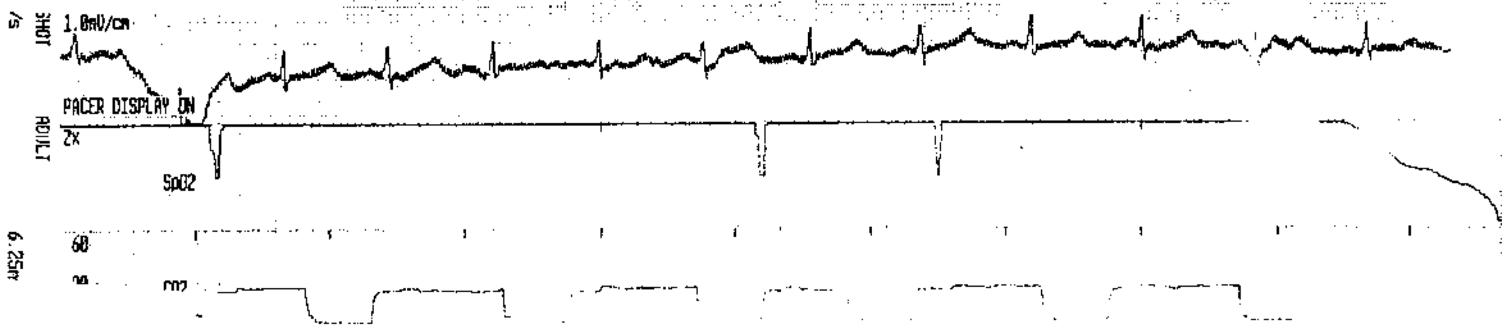
(b)(6)-4

SEX MALE

WARD ICW

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

MEDICAL RECORD COPY


P2 =OFF CO2=28/8mmHg BR=15 SpO2=SRCH NIBP=144/101(119) T1=OFF T2=OFF ΔT=OFF
1.0mV/cm
PACER DISPLAY ON
2X
SpO2
60
CO2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS — LIST TIME ORDER NOTED AND SIGN

19Aug02 0930
1. D/C Elavil ✓
2. Haldol 1 mg PO Q12 hrs Regularly ✓
3. D/C Percocet ✓
4. Tylenol #3 1 PO Q4 hrs Pain Prn ✓

(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 0945 — TIME OF ORDER — HOURS

19Aug02 1. D/C IV.

(b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

20Aug02 0930
1. Transfer to Detainee Center today
2. Continue Daily Dressing Changes

(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 0930 — TIME OF ORDER — HOURS

20Aug02
1. Haldol 2 mg daily in PM
2. Motrin 800 mg TID PRN

(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

(b)(6)-4

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED SIGN

17Aug02 ① D/C Demerol
0930 ② Percocet † PO
q 4hrs PRN pain
(b)(6)-2 LT
(b)(6)-2

NURSING UNIT: 1CW | ROOM NO. | BED NO. 8

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

17Aug02 ① Moisten Dressings
1235 c̄ ½ strength Dakin's
Solution (Dilute 50/50
c̄ Sterile Saline or
Water). Keep
Dressings Moist
(b)(6)-2 LTC M
(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | HOURS

18AUG03 ① [illegible] AM 0810
(b)(6)-2
(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

A IV NS → LR (b)(6)-2

(b)(6)-4

17Aug02 ① Once a Day
0930 Dressings
② Order more ½ strength
Dakin's Solution
③ [illegible] Transfer tomorrow
(b)(6)-2
(b)(6)-2

NURSING UNIT: 1CW | ROOM NO. | BED NO. 8

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 ... SED

MEDCOM - 3279

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER — TIME OF ORDER — HOURS — LIST TIME ORDER NOTED AND SIGN

15Aug02 Post op Orders
1530 (1) Resume High Protein Diet
(2) Do not make NPO @ 2400hrs
(3) Will change c̄ Ketamine @ Bed side

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS (b)(6)-2

(4) NPO p̄ 0300 Tomorrow
(5) Resume Prev Pre op Orders

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 16AUG02 — TIME OF ORDER 1700 HOURS

Dressing Change with Dry gauze at Bedside Daily

(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

17Aug02 (1) BID Dressing change
0920 Irrigate c̄ Saline
Put Kerlex/ABD in wound
Wrap c̄ Kerlex & Use Stockinette
(2) Culture Wound c̄ Next Dressing change

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

FORM 1 APR 79 **4256** REPLACES EDITION OF 1 ... USED.

MEDCOM - 3280

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER TIME OF ORDER HOURS LIST TIME ORDER NOTED AND SIGN

13Aug02 Post op Orders
1415 ① High Protein Diet
② NPO p 2400 hrs
③ Foley Removed 1400
St CATH if unable to
To void By 2200 hrs
④ Haldol T... PoTID PRN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

⑤ Phenergan 25 mg IV Q4hrs
PRN
⑥ Elavil 50 mg PO qhs PRN
⑦ Colace PO QD RS
⑧ IV N/S @ 125 cc/hr
⑨ Dulcolax Suppos
Today

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS (b)(6)-2

⑩ Demerol 25 mg IV Q 3hrs
PRN Pain
⑪ Toradol 30 mg IV Q 4hrs
PRN x 3 Doses total
⑫ Finish LR then
Switch to N/S run @
125 cc/hr

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME (b)(6)-2

14Aug 02
Resume pre op orders
NPO p 2AM

(b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256, 1 APR 79 REPLACES EDITION OF ...

MEDCOM - 3281

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 12Aug02 TIME OF ORDER 1700 HOURS — LIST TIME ORDER NOTED AND SIGN

Post op Orders
1. High Protein Diet
2. NPO p 2400 hrs From 13Aug
3. [illegible] T [illegible] PO TID PRN
4. Demerol 25 mg IV Q 3-4hrs PRN Pain
5. Phenergan 25 mg IV Q 4hr PRN N/V
6. Elavil 50 mg po qhs PRN
7. Colace T po QD
8. IV NS @ 125 cc/hr
9. Change/Reinforce Dressing as Needed

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 LTC [illegible] (b)(6)-2 9/1/03 [illegible]

PATIENT IDENTIFICATION

DATE OF ORDER 12AUG02 TIME OF ORDER 1210 HOURS

Chest X-ray today R/O [illegible]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 12AUG TIME OF ORDER HOURS

Toradol 30 mg IV Q 4 H PRN

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

13AUG02 0815
1. CBC [illegible] PRN [illegible] this AM
3. [illegible] - [illegible] labs

(b)(6)-2 (b)(6)-2 (b)(6)-2 9/1/03 [illegible]

A FORM 1 APR 79 4256 REPLACES EDITION OF

MEDCOM - 3282

CLINICAL RECORD - DOCTOR'S ORD[illegible]

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

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

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS LIST TI[illegible] ORDE[illegible] NOTED SIG[illegible]

11Aug02 0845 ① Transfuse 2 units Packed Cell Now

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER 1200 HOURS

11Aug02 Post op Orders

① ICW

② Diet as tolerated High Protein

③ NPO p 2400 hrs For OR 12 Aug

④ Ancef 1000 mg IV q 8 hr
Gentamycin 500 mg IV q 24

⑤ Haldol 1 mg PO TID PRN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS

⑥ Demerol 25 mg IV q 3 hrs prn pain

⑦ Phenergan 25 mg IV q 4 hrs prn Nausea

⑧ Remove all staples

⑨ Benadryl 50 mg PO qhs PRN

⑩ Colace 1 PO QD

⑪ IV NS @ 200 cc/hr

⑫ H&H 1400 & 0700 12 Aug

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER TIME OF ORDER ______ HOURS

⑬ Na, K, Cl 0700 12 Aug

⑭ If Hct < 28% Transfuse 1 Unit Packed Cell

(b)(6)-2

(b)(6)-2

11Aug02 1520 ① D/C Ancef
② D/C Gentamycin

(b)(6)-2

LTC[illegible]

NURSING UNIT | ROOM NO. | BED NO.

A FORM 1 APR 79 4256 REPLACES EDITION OF [illegible]

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION
(b)(6)-4

DATE OF ORDER 8Aug02 TIME OF ORDER 0900 HOURS | LIST TIME ORDER NOTED AND SIGN

① Pt NPO for OR ~~today~~
VO (b)(6)-2
(b)(6)-2 (b)(6)-2 9TW Y2M6
Noted (b)(6)-2 9IW Y2M6

NURSING UNIT ICW | ROOM NO. | BED NO. 8

PATIENT IDENTIFICATION

DATE OF ORDER 10Aug02 TIME OF ORDER 0830 HOURS

① Switch IV to NS @ 150cc/hr
② Repeat H/H Lytes CK 11 Aug 0700
(b)(6)-2 CPT, AN (b)(6)-2 LTC, MC

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER 1030 HOURS

~~10Aug02 ① NPO for OR Today~~
(b)(6)-2 CPT, AN (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 10Aug02 1220 TIME OF ORDER HOURS

① Cancel Above order
② NPO p 2400 hrs
③ High Protein Diet
(b)(6)-2 CPT, AN (b)(6)-2 LTC, MC
(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS | LIST TIME ORDER NOTED AND SIGN

9Aug02 Post op Orders
1740 ① Return to ICW
② NPO until alert then Diet as tolerated
③ IV LR @ 150cc/hr ✓
④ I/O q 2 hrs
⑤ Ancef 1000 mg IV q 8 hrs ✓

DATE OF ORDER | TIME OF ORDER ______ HOURS

⑥ Gentamycin 500 mg IV q 24 hrs ✓
⑦ Haldol 1 mg PO TID PRN ✓
⑧ Demerol 25 mg IV q 3 hrs PRN pain ✓
⑨ Phenergan 25 mg IV

DATE OF ORDER | TIME OF ORDER ______ HOURS

q 4 hrs PRN Nausea ✓
⑩ Give 2 units Packed Cells Now — done by 1900
⑪ H+H @ 2400 hrs if Hct <28% Transfuse 1 unit Packed Cells ✓

DATE OF ORDER | TIME OF ORDER ______ HOURS

⑫ H+H, NA, K BUN @ 0800 10 Aug 02 ✓

(b)(6)-2 LTC MC

⑬ H/H at 2000 & following orders above concerning transfusion ✓ V.O. T+CM

(b)(6)-2 (b)(6)-2 (b)(6)-2 DR. (b)(6)-2

DA FORM 4256, 1 APR 79 REPLACES E... 77, WHICH MAY ... OBSOLETE

MEDCOM - 3285

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 8Aug 82 | TIME OF ORDER: 1515 HOURS | LIST TIME ORDER NOTED AND SIGN

Post op Orders
1. Return to ICW
2. NPO until alert Then Diet as tolerated
3. IV LR @ 200cc/h
4. VS Q 2 hrs
5. Ancef 1000 mg IV Q 8 hrs

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS

6. Gentamycin 500 mg IV Q 24 hrs
7. Haldol I mg PO TID PRN
8. ~~Morphine~~
9. Demerol 25 mg IV Q 3 hrs PRN Pain

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS

10. Phenergan 25 mg IV Q 4 hrs PRN Nausea
11. H+H NA, K, Cl (b)(6)-2 Tomorrow morning Before
12. NPO P 2400 [illegible] hrs (b)(6)-2 LTCM

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

13. Fx on 9 Aug 82

(b)(6)-2 (b)(6)-2 LTCM

RN 08Aug02

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

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

6AUG02 CT abd, thorax

(b)(6)-2 (b)(6)-2

Noted

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

6AUG02 D/C Fent
② Colace daily

(b)(6)-2

CT, AO

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 0930 | TIME OF ORDER | HOURS

7AUG02 make colace daily PRN

(b)(6)-2

(b)(6)-2 RN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

7 AUG02 Phenergan 12.5 IV Q4h PRN

1035 7 Aug

(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN

4Aug02 ① NPO p̄ 2400 hrs
2020 ② For OR 5Aug02
(b)(6)-2
(b)(6)-2
Aug 4. 2240

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 5Aug02 TIME OF ORDER 2010 (L) HOURS (b)(6)-2

CXR now
V.O. Dr. (b)(6)-2 / (b)(6)-2
(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 5 AUG 02 TIME OF ORDER 2050 HOURS (b)(6)-2

D/C IV Fluids
(b)(6)-2 DIS (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER 6AUG02 TIME OF ORDER

① no chest x-ray this AM (b)(6)-2
② CBC in AM
③ Haldol 1 mg PO TID
q1 AM
(b)(6)-2 (b)(6)-2

FCW

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 3288

Page #6

CLINICAL RECORD - DOCTOR'S ORDERS

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

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PATIENT IDENTIFICATION

(b)(6)-4

↓	DATE OF ORDER / TIME OF ORDER ____ HOURS	LIST TIME ORDER NOTED AND SIGN
3 Aug 09'10	D/C [illegible] (done) (b)(6)-2	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS — LIST TIME ORDER NOTED AND SIGN

3 Aug
1345

Post op Orders
1. ICU
2. NPO ̄c sips water when alert
3. IV LR @ 200 cc/hr x 4 hrs then 125 cc/hr if u/o > 30 cc/hr

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

4. CBC 1700 hrs & Tomorrow AM
5. Ancef 1000 mg IV Q 8 hrs
6. Gentamycin 500 mg IV Q 24 hrs

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

7. Tylenol 650 mg PO Q 6 hrs PRN fever
8. Fentanyl 50 micrograms IV Q 2 hrs PRN pain
9. Demerol 25 mg IV Q 4 hrs PRN severe pain

(b)(6)-2 CTC [signature]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

3 Aug
1330

Clamp NG - 6 hrs & reaspirate if vomits then w/dr

(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.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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PATIENT IDENTIFICATION

(b)(6)-4

ICU #1

DATE OF ORDER — TIME OF ORDER 0500 HOURS — LIST TIME ORDER NOTED AND SIGN

8202 - DRAW K+ @ 08:00 (b)(6)-2
Send to lab - V/O DR (b)(6)-2
(b)(6)-2

2Aug02 0838 — Ancef 1gm IV q 6 hrs
Gentamycin 500 mg IV qd
H+H @ 12N (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

2 Aug 0830 — MSO4 2mg IV q 1 hr prn
Bolus 500ml NS ch/dose
+ [illegible]
(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

02 Aug 02 — 1909
① Post transfusion H/H
② Tylenol 325mg 1 to III q 4-6° down NG tube PRN
or 650mg PR q 4-6° PRN
(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 3 Aug 02 — TIME OF ORDER 821 L HOURS
Fentanyl 50 mg IV Q2° PRN
Elavil 50 mg PO QHS PRN
(b)(6)-2

(b)(6)-2 (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.

MEDCOM - 3291

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 01AUG02 TIME OF ORDER ______ HOURS

LIST TIME ORDER NOTED AND SIGN

Transfuse 2 units PRBC
Trauma Panel
CXR
TT L LR w/ol
[illegible]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER [illegible] TIME OF ORDER 1047 ______ HOURS

(b)(6)-2

To OR

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 3292

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

Pt. # (b)(6)-4

DATE OF ORDER   TIME OF ORDER ____ HOURS   LIST TIME ORDER NOTED AND SIGN

1Aug02 2030 Post op Orders
1. admit ICU
2. measure u/o q 1hr
3. Has 2 units Packed cells
4. 2300 hr CBC + Lytes Baw creat
5. Vent settings

(b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER   TIME OF ORDER ____ HOURS

750cc TV
50% FIO2
10 B/m
Assist Control
6. Morphine 4mg IV q 4h prn pain
7. NG to Continuous Suction

(b)(6)-2 RT

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER   TIME OF ORDER ____ HOURS

8. Paralysis As per [illegible]

(b)(6)-2

(b)(6)-2

01Aug02 2100
1. Propofol 5-50 mcg/kg/min (titrate to effect)
2. Nimbex 5-15mg per hr (titrate to effect)
3. ABG in 30 min

(b)(6)-2

4. LR at 125 cc/hr
5. Morphine 1-2mg q 1hr PRN

(b)(6)-2 (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

01Aug02 2130
KCL 40 MEQ over 4hr

(b)(6)-2

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

page 3

MEDCOM - 3293

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

PATIENT #6

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS | LIST TIME ORDER NOTED AND SIGN

TRANSFER BAGRAM
Dx: s/p MULTIPLE GSW RLE.
CONDITION: CRITICAL
VITALS: Q1°
ALLERGIES: UNKNOWN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS

ACTIVITY: BEDREST
NURSING:
I&O
FOLEY → GRAVITY
NGT TO SUCTION
PULSE ✓ Q1°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS

DIET: NPO
VENT: F_iO_2 100%
TV 700
RR 12
PEEP 5
WEAN AS TOLERATED

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ______ HOURS

MED: LR @ 200cc/HR
ANCEF 1g IV Q8
MSO4 2-5mg IV Q1
VERSED 1-2 mg Q1° PRN
ZANTAC 50mg IV Q8

(b)(6)-2

(b)(6)-2

DA FORM 4256, 1 APR 79 REPLACES EDITION OF ...

MEDCOM - 3294

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. Yr.

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: [handwritten signature]

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: 1

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USAPA V1.00

THE. .PEUTIC DOCUMENTATION CARE PLAN

(NON-MEDICATION)

Mo 8 *Yr* 02

Verify by Initialing: Order Date	Verify by Initialing: Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
13AuG02	(b)(6)-2 --	Straight Cath Ø void by 2200°	13AuG	2200	(b)(6)-2	(b)(6)-2
	-----		14Aug	0001	✓	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED
12Aug02 19Aug02	(b)(6)-2 9114RN	Δ/Reinforce Drsgs (b)(6)-2	
13Aug02 20Aug02	(b)(6)-2 9114RN	foley removed @ 1400 (b)(6)-2 if unable to void by 2000	
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USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. Aug Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED
11 Aug 02	(b)(6)-2	IV NS @ 200cc/°	08	Order d/c
	-----	"	20	
11 Aug 02	(b)(6)-2	Ancef 1000 gm IV q8°	05	
	-----		13	
	-----		21	
11 Aug 02	(b)(6)-2	Gentamycin 500 mg IV q24°	20	
11 Aug 02 (d/c 12 Aug)	(b)(6)-2	Colace PO Q8	20	
13 Aug 02 (reordered 13 Aug 02)	(b)(6)-2	IV NS @ 125cc/°	08	D/c order (b)(6)-2
	-----		20	
	-----			
16 Aug	[illegible]	DRSG Δ @ Bedside	09	Order d/c 17 Aug (b)(6)-2
	-----	Dry Gauze Daily		
	-----			
17 Aug	(b)(6)-2	Irrigate c NS drops	10	Order d/c
	-----	6 D's Kerlex then ABD	22	
	-----	Cover c Stockinette		
	-----	Moisten Dressing c		
	-----	½ strength Dakin		
	-----	Solution (Dilute		
	-----	50/50 c sterile Saline		
	-----	or H2O) Keep dressing		
	-----	moist		
18 Aug 02	(b)(6)-2	IV LR @ 125 cc/°	08	(b)(6)-2
	-----		20	
19 Aug	(b)(6)-2	Haldol 1 mg PO Q12	08	(b)(6)-2
	-----		20	(b)(6)-2
19 Aug	(b)(6)-2	Dakins drsg	09	(b)(6)-2

Date columns: 11 Aug, 12 Aug, 13 Aug, 14 Aug, 15 Aug, 16, 17, 18, 19, 20

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P amputee

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION: (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. Aug Yr. 02

Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
11 Aug	(b)(6)-2	Infuse 1 u Packed Cells if Hct<28%	16 Aug	TODAY [illegible] results		
13 Aug	(b)(6)-2	Dulcolax Suppository today	13 Aug		13 Aug 1030	(b)(6)-2
		Dressing [illegible]				

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
16 Aug / 18 Aug	(b)(6)-2	Haldol 1 mg PO TID prn	12 Aug 2000; Reordered 13 Aug; 13 Aug 2100; 19 Aug 2100; 8/15; 8/16 2130; 8/17 1325; 8/18; 18 Aug; D/C'd (b)(6)-2
11 Aug / 18 Aug		Demerol 25 mg IV q3° prn pain	11 Aug; 12 Aug 0330; 8/12 2105; 8/13; 8/13; 13 Aug; Reordered; 13 Aug 1830; 8/14; 8/14; 15 Aug 0300; (b)(6)-2
11 Aug / 15 Aug		Phenergan 25 mg IV q4 nausea prn	12 Aug 0635; 9 Aug; 8/12 2100; 8/13 0100; 8/13; 8/13; 13 Aug Reordered; 14 Aug; 8/14; 8/14; 8/14; 15 Aug; (b)(6)-2
12 Aug / 18 Aug		Elavil 50 mg PO q HS prn	12 Aug 2100; Reordered 13 Aug; 2100; 8/17; 8/18 2030; D/C'd (b)(6)-2
8 Aug / 15 Aug		Tylenol 650 mg PO q6° prn fever	14 Aug 2100; 8/15 2000; (b)(6)
12 Aug / 13 Aug		Toradol 30 mg IV q6° prn	13 Aug 1800; Reordered 13 Aug; 13 Aug 2030; 14 Aug 1245; 14 Aug 2130; 15 Aug 0400; D/C'd (b)(6)-2
13 Aug / 20		Demerol 25 mg IV q3 PRN pain	13 Aug; 14 Aug; 8/15; 8/15; 8/16; 8/16 0600; 8/16 2100; 8/17; 8/18; D/C'd [illegible]
15 Aug / 20 Aug		Phenergan 25 mg IV q4 PRN Nausea	8/15 2300; 8/16 0700; 8/16 0600; 8/16; 8/17 0100; 8/17 2330; (b)(6)-2
18 Aug / 21 Aug		Percocet 1 PO q4 prn pain	[illegible]; 8/18 0600; 8/18; 8/18; 18 Aug 2115; 19 Aug 0530; D/C'd (b)(6)-2
19 Aug / 21 Aug		Tylenol #3 1 PO q4 pain PRN	19 Aug 0950; 19 Aug 1700; 8/19; 8/19 2335; (b)(6)-2

*U.S. GPO: 1996-454-110/85216

MEDCOM - 3298

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (*MEDICATIONS*) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo.____ Yr. ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED
9Aug02	(b)(6)-2	IF H+H ON		D/C'ed
	-----	10 AUG 02 →		
	-----	HCT < 28%		
	-----	TRANSFUSE T		
	-----	UNIT PACKED CELLS.		
9Aug02	(b)(6)-2	H+H, Na, Cl, BUN		done
	-----	@0800 ON 10Aug02		
9Aug02	(b)(6)-2	H+H, Type + X		
	-----	@ 2000 TODAY.		done
	-----	If HCT < 28%		
	-----	TRANSFUSE T UNIT		
	-----	PRBC.		

ALLERGIES: ☐ YES ☐ NO PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ______

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo Aug Yr. 02

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	AUG DATE DISPENSED 8	9	10	11	12	13	14	15	16	17	18	19	20	21
8Aug02	(b)(6)-2	IV LR @ 200cc cont.	15	(b)(6)-2		Re... D/C						(b)(6)-2					
8Aug02		[redacted]		/	(b)(6)-2												
	-----		15														
	-----		2?	(b)(6)-2													
8	(b)(6)-2	[redacted]	20														
8A		[redacted]	08														
	-----		20														
9Aug02	(b)(6)-2	[redacted]	08			D/C 8/10/2											
	-----		20														
9Aug02	(b)(6)-2	ANCEF 1000 MG IV	05	/			(b)(6)-2										
	-----	Q8°	13	(b)(6)-2		(b)(6)-2											
	-----		21														
9Aug02	(b)(6)-2	Gentamycin 500mg IV															
		Q24°	20														
10Aug02		NSS IV @ 150cc/HR	08	/	/												
	-----		20	/	/												

8Aug02	(b)(6)-2	I/O Q2°	08	/	(b)(6)-2												
8Aug02	(b)(6)-2	I/O Q 2°	20	(b)(6)-2													
[redacted]		[redacted]															

XRECOPY

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Amputation

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 3300

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
8Aug02	(b)(6)-2	Haldol i gm PO TID PRN	8/8 1630													
8Aug02		Demerol 25mg IV Q3° PRN	8/8 1530	8/8 1830	9Aug 0200 (b)(6)-2	9Aug 1530	8/9 2130									
8Aug02		Phenergan 25mg IV Q4° PRN Nausea	8/8 1800													
		Tylenol 650mg PO Q6° PRN fever	8Aug 2105	10Aug 1515 (b)(6)-2	10Aug 2200		Transcribed									
3Aug 10Aug		Elavil 50mg PO qHS PRN														
7Aug 14Aug		Colace i qd prn														
7Aug (b)(6)-2																
		HALDOL i gm PO TID PRN.	8/11													
9Aug02		DEMEROL 25mg IV Q3° PRN PAIN.	8/10 1230 (b)(6)-2	8/10 0945	10Aug 1517 (b)(6)-2	10Aug 2200	8/11 1020									
9Aug02		PHENERGAN 25MG IV Q4° PRN NAUSEA														

*U.S. GPO: 1998-454-110/95216

MEDCOM - 3301

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. 8 *Yr.* 02

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 4	5	6	7	8
	(b)(6)-2	Ancef 1 gm IV	5		(b)(6)-2			
	-----	q8°	13	100	(b)(6)-2			
	-----		21	(b)(6)-2	(b)(6)-2			
	-----	Gentamycin 500mg	23					
	-----	IV D/Cd						
3Aug	(b)(6)-2	Chil 50mg PO	2100	(b)(6)-2				

	-----							
5 Aug	(b)(6)-2	DC IVF						
5 Aug		Regular Diet						
6AUG		HALDOL 1 mg PO TID	05			(b)(6)-2		
			13					
			21					
8/6/02		COLACE 1 PO QD.	09					

DC Aug 7 (b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: s/p Amputation

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

Pt # (b)(6)-4

Bed #8

Recopied see Sheet #2 (b)(6)-2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 3302

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (*MEDICATIONS*)	Mo. 8 Yr. 02

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED													
	(b)(6)-2	Tylenol 650mg PO Q6° PRN fever	8/4 2000	2005	2000	1045	0300	2000								
		~~Fentanyl 50mcg IV q2° PRN Pain~~	8/4 1500	8/4 1900	8/4 2100	8/5 0230	8/5 1153	8/5 1353	8/5 [illegible]	[illegible]	6 Aug 0120	[illegible]	8/6 [illegible]	8/6 1210	8/6 1910	DC 8/6
		Demerol 25mg IV q6° PRN Pain	8/4 1600	8/5 0050	8/5 0645	8/5 1150	8/5 1320	6 Aug [illegible]	6 Aug 0515	8/6 1610	8/7 [illegible]	8/7 0830	8/7 1635	8/[illegible]	[illegible]	8/11 0246
3 Aug 02 / 10 Aug 02		Elavil 50mg PO q HS PRN	8/4 2200	[illegible]												
~~6 Aug~~		HT														
7 AUG		Colace i QD PRN														
7 AUG		Phenergan 12.5 Q4° Nausea PRN	8/7 1035	8/7 1435	7 Aug [illegible]											

8/12 0332

*U.S. GPO: 1996-454-110/95216

MEDCOM - 3303

TWENTY-FOUR HOUR PATIENT [redacted] AND OUTPUT WORKSHEET

FROM 0730 HOURS TO [redacted] | TOTAL HOURS COVERED 24 | DATE 9 Aug 02

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0730	NPO	Ø	

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0730		LR @ 200cc/HR	1200		1200
1330	50	Ancef	50		1350
2100	50	Ancef	50		1400
2000	50	Gentamycin	50		1450
0800	50	Ancef	50		1500
1930	2400	LR @ 200/HR	2400	0730	3900

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, Alb, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

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

(b)(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz) .30	HALF PINT MILK 240
SMALL FRUIT CUP 120	LARGE SOUP BOWL.....240
COFFEE CUP..............160	LARGE WATER GLASS..240
LARGE COFFEE MUG...180	PLASTIC OR PAPER JUICE CONTAINER...180

DD FORM 1 JAN 74 792

EDITION OF 1 SEP 64 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

*U.S. Government Printing Office: 1994 — 300-727

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0730	50	50	0630	250	1100
0930	100	150			
1130	300				
1330	320				
1530	OR				
1730	OR				
1930					
2130					
2230	300	300			
2430	350	650			
0230	100	750			
0430	100	850			

N

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL
GRAND TOTAL OUTPUT			

REMARKS

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

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS *(1 oz)* .30
SMALL FRUIT CUP 120
COFFEE CUP..............160
LARGE COFFEE MUG...180
HALF PINT MILK 240
LARGE SOUP BOWL.....240
LARGE WATER GLASS..240
PLASTIC OR PAPER JUICE CONTAINER...180

MEDCOM - 3305

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 1030 HOURS TO [redacted]

TOTAL HOURS COVERED: 12

DATE: 8Aug - 9Aug

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
(b)(6)-2	1000	LR			1000
2000	100	Gentamycin	100	2128	100
2130	50	Ancef	2130	2230	50
0500	50	Ancef			50

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. Bl, Alb, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

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

(b)(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz) .30	HALF PINT MILK 240
SMALL FRUIT CUP 120	LARGE SOUP BOWL.....240
COFFEE CUP..............160	LARGE WATER GLASS..240
LARGE COFFEE MUG...180	PLASTIC OR PAPER JUICE CONTAINER...180

DD FORM 792, 1 JAN 74

EDITION OF 1 SEP 64 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

*U.S. Government Printing Office: 1994 — 300-727/10

OUTPUT

URINE Foley

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
1930	200	200	0730	100	
2030	175	375	0930	570	
2130	325	700	1030	100	
2230	40	740	1130	300	
2330	135	875			
2430	200	1075			
0130	200	1275			
0230	200	1475			
0330	120	1595			
0430	280	1875			
0530	150	2025			
0630	100	2125			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

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

(b)(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS *(1 oz)* .30
SMALL FRUIT CUP 120
COFFEE CUP..............160
LARGE COFFEE MUG...180
HALF PINT MILK 240
LARGE SOUP BOWL.....240
LARGE WATER GLASS..240
PLASTIC OR PAPER JUICE CONTAINER...180

DD FORM 1 JAN 74 792

EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

*U.S. Government Printing Office: 1994 — 300-727/10

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: 1 2 3 4 5 6 7 8 — (b)(3)-1
2. MTF LOCATION (State or Country Code.)

3. REGISTER NUMBER: 9 10 11 12 13 14 15 — (b)(6)-4

NAME (Last, First, Middle Initial): Afsha Male Detainee

4. PAY GRADE: 16 17

5. SEX: 18 — M

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

7. AGE AT ADMISSION: 27 28 29 — 30 y

8. RACE: 30 — Z

9. ETHNIC BACKGROUND: 31 — Z

RELIGION: Muslim

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36 — 9 9

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46 — Z

HOUR OF ADMISSION: 2114

BRANCH / CORPS

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52 — K 7 8

16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code): 62 63

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71 — 9

PREV. ADMISSION: YEAR — [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 — Ø

WARD: ICU

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 Bagram

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: 73 74 — Ø 5

22. MTF TRANSFERRED TO: 75 76 77 78 79 80

23. DATE OF DISPOSITION (YYYYMMDD): 81–88 — 2 0 0 2 0 8 2 0

24. CLINIC SVC - ADMITTING: 89 90 91 92 — A B A A

25. MTF TRANSFERRED FROM: 93 94 95 96 97 98

26. DATE THIS ADMISSION (YYYYMMDD): 99–106 — 2 0 0 2 0 8 0 1

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 107 108

28. MTF OF INITIAL ADMISSION: 109–114 — A 1 1 I 1

29. DATE INITIAL ADMISSION (YYYYMMDD): 115–122 — 2 0 0 2 0 8 0 1

FOR LOCAL USE

Multi GSW (R) LE

T: 9
Inj: 569
Dx: 8972
8940
E9912
PR: 8417
8628
9357
9904x11
9907
Blood: Y

(b)(6)-2

SIGNATURE OF ADMITTING CLERK
(b)(6)-2

MEDCOM ..., MAR 2000 — EDITION OF MAR 89 IS OBSOLETE — (b)(6)-2 — USAPA V1.00

MEDCOM - 3308

TREATMENT RECORD COVER SH... (Plate Imprinting)

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

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

(b)(6)-4

Afghan Male (POC)

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

ADMISSION REMARKS

ADMITTING OFFICER

25. TYPE DISPOSITION: RTD

26. DATE OF DISPOSITION: 15AUG02

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Syncope
post ORIF (L) hip fx from GSW
H/O seizure disorder

CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FACILITY

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				3	

(b)(6)-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-2

DA FORM 3647-1, 1 MAY 1979 EDITION OF ...

MEDICAL RECORD | ABBREVIATED MEDICAL RECORD

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

Afghani male c̄ ? seizure earlier today pt c̄ po intake of 2 bottle of water yesterday (?) today Received 1 L NS IVF just prior to presentation
100.3 – 18 – 98 – 118/58
98% on R/A

ALLERGIES: —

MEDICATIONS: —

PAST ILLNESS/PREGNANCY: Seizure Disorder

LAST MEAL:

Pt c̄ (R) hip GSW c̄ resultant femoral neck fracture unable to ambulate at present

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL
HEENT	✓	
NECK	✓	
CHEST	✓	
LUNGS	✓	
HEART	✓	
ABDOMEN	Soft BL c ø tenderness	
RECTAL		
EXTREMETIES	✓	
NEURO	✓	
BACK	⊖ CVA Tender	

U/A

137 | 97 | 1[illegible]
3.7 | | 11[illegible]

8.6 > 9.8 / 31.7 <

CT head NL

PROGRESS (Enter date of discharge and final diagnosis)

IMPRESSION:
1. Dehydration
2. Femoral neck fx s/p GSW
3. R/O seizure.
4. Anemia

⊖ urine output p̄ 1 L NS IVF

TREATMENT:
- Admit
- Ceftriaxone 1 GRAM IV. — Done
- CT Abd/Pelvis.
- Tylenol 1 gram IV — Done

MSO4 4mg total 6mg

(b)(6)-2

DATE 3 Aug 02 | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

B+ (b)(6)-4

pt # (b)(6)-4

MEDCOM - 3310

MEDICAL RECORD | PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
	DETAINEE CONSULT
13 AUG 02	PMH: / PSH / All / FH
1500	Siezures x 2 yrs / (L) ORIF femoral neck / NKDA / ø52
	on 2 meds in past
Meds	name of meds unkn
Motrin PRN	6-7 episodes in past 2 yrs
	Pt claims to be 16 y/o. He was recently hospitalized for GSW to (L) hip/buttock. He is s/p ORIF (L) femoral neck. He was d/c to IDF today. While at IDF, pt went to use bathroom with assistance of 2 people. Pt broke out into cold sweat and felt chilled. He also felt dizzy, nauseated, and he vomitted. Apparently he collapsed on the tiolet, urinated on himself, and was shaking uncontrollably. Initially he was evaluated by the medic at IDF. Medic noted pt had urinated on himself. Interpreter was not available at that time. Initial VS → P98 T 100.3 118/58. An IV was started and pt given IVF → NS. Then pt transported via ambulance to CSH. In EMT pt c/o (L) lower ext pain, and not being able to think properly. CT of the head was negative. Pt admitted for observation and to initiate Dilantin.

CONT (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.

PROGRESS NOTES
Medical Record

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

BT (b)(6)-4

T 100.4 P 91 118/64

Gen: NAD

Neck: supple

Heart: RRR

Lung: CTA (B)

Abd: soft, mild tenderness to palpation

137	97	12	113
3.7			

8.6 > 9.8 / 31.7 <

Head CT: nl

A/P (1) Poss siezure, in pt. c̄ h/o sizures
(-) head CT
Start Dilantin

(2) S/P (L) ORIF femoral head
cont pain control
P.T.

(b)(6)-2

14 AUG 02
1000

Pt. resting quietly [illegible] clear at present. No seizure activity noted - will cont dilantin. ↑ activity c̄ crutches. cap-IV [illegible] lab pending

(b)(6)-2

15 AUG 02
~~[illegible]~~
Pt readmitted to ICW after having a ~~[illegible]~~ episode at FDF. Pt. was d/c that pm when he had it. CT neg. Pt. has H/O seizure disorder - started on dilantin c̄ readmission. Pt. still refuses to attempt to ambulate c̄ crutches. Pt. will not bear weight on good leg. Pt. will be d/c to FDF. No crutches until pat. cooperative. reg diet, dilantin 100g daily, motrin 800g TID PRN.
[illegible] PRN

(b)(6)-2

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

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

1. Date/Time: 15AUG02 1330

2. Discharge to: ☐ Home (Other) *(specify)* IDF

3. Mode: ☐ Ambulatory Other *(specify)*

4. Accompanied by:

5. Activity: ☐ ~~Limitations~~ *(specify)*
DO cooperative

______ Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☒ No Dietary Restrictions If special, identify

______ Patient/S.O. communicates understanding of dietary restrictions.

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
dilantin	100	daily	
motrin	800	TID PRN	

______ Patient and/or S.O. communicates knowledge and understanding of name, dosage, frequency and special instructions.

8. Treatments/Care:

Instructions Given:	Patient/S.O. observed Demonstrations (Date)	Patient/S.O. Returned Demonstration (Date)
Ø		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in ______ clinic in ______ (time period).

PRN

______ Patient/S.O. communicates understanding of follow-up instructions.

10. Patient's Condition (Health Status relative to Nursing Care Plan):

11. Signature (Registered Nurse)

12. Additional Information:

13. Patient Identification:

COPY 3 - HEALTH RECORD / OUTPATIENT TREATMENT RECORD COPY

DA FORM 3888-3, JUN 91 REPLACES DA FORM 3888-5 (TEST), AUG 85 WHICH IS OBSOLETE. USAPPC V1.00

510-112 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
13 AUG 02		1600	100.4 - 91 - 118/64 POx 95% RA admitted from EMT
			c/o Error (b)(6)-2 hip (L) hip pain & dehydration.
			IV (L) antecub NSS @ 125cc. Lungs Clr, abd
			soft nontender bowel sounds (+) all 4 quads.
			Pulses (+). Ø NVD. Made comfortable in bed. MP
			present. Shackles on leg and R wrist (b)(6)-2 RN
13 AUG 02		1630	urine output 800cc clear yellow liquid
			Foley Cath draining to gravity. (b)(6)-2 RN
13 AUG 02		1830	Foley cath output 600cc. Pt ate 80% dinner
			tolerated well. Percocet given for pain
			IV NSS @ 125cc cont. Resting comfortably [illegible]
13 AUG 02		2000	99.2 - 134/78 - 80 - 20 NSS @ 125cc. Resting No s/s discomfort
			Foley d/c'd (b)(6)-2 RN
14 Aug 02	0022		Pt voided 550cc of clear yellow urine -
			Ø % burning or pain on urination
			(b)(6)-2 Sgt Gilmore
14 Aug 02	13 10		AxO. IV NS @ 125cc/hr via (L) Anticub. Ø S/S of infiltration.
			Vdg (urinal) VSS. Sleeping for short intervals. No distress
			voiced c/o pain. Drsg. d/d. (b)(6)-2 91WSL
14 AUG 02	2110		Pt resting in bed VS 72 - 100.8 - 136/80 - 20
			percocet given for (L) hip pain. IV NSS infusing
			(L) AC s̄ difficulty. (b)(6)-2 RN
15 Aug 02	1102		OT/PT Attempted crutch training s̄ success. Demonstrated
			pt watched. Once on his feet stood leaning

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

BT (b)(6)-4

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-

MEDCOM - 3314

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
			ORTHO
	1102		(cont) on bed. Assisted to stand x1 c̄ crutches.
			on attempts to ambulate Pt. stated "Allah"
			began swaying his self side to side &
			swinging his head back & forth & round in
			circle. c̄ MAX Ⓐ to stand would not use
			crutches. Began to fall I had to hold him
			up & put in bed max Ⓐ x2. No more
			statements of pain. Fell asleep. Removed
			crutches. Spoke to Dr. (b)(6)-2 → Pt is
			safer s̄ crutches to return to Detainee Center.
			No more crutch training (b)(6)-2

*U.S. Government Printing Office: 1995 - 404-763/20

STANDARD FORM 510 (REV. 7-91) BACK

CLINICAL RECORD | **NURSING NOTES** (Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
13 Aug 02		X	1500 TO EMT via stretcher, eval by DR (b)(6)-2, 18g (L) F/A LA w/o c/o pain & (L) quad, staples intact on (L) side, wound well approximated, belly tender to touch BS (+) all (4) quads. Lungs clear bilaterally, 16 French foley inserted s̄ problem, 30 mg Toradol IVP 18 g placed (L) A/C, INT removed from (L) F/A 2° obstruction by hand cuffs. TO CT scan via stretcher 1530. Back from CT scan, labs drawn and sent, MSO4 2mg IVP for pain (b)(6)-2
			1545 2mg MSO4 IVP for pain —— (b)(6)-2
			1610 Report to ICU pt ↓ c/o of pain, 70-18-144/62 —— (b)(6)-2

Continue on reverse side

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

REGISTER NO | WARD NO

BT (b)(6)-4

pt # (b)(6)-4

NURSING NOTES
Standard Form 510
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8—October 1975
510-109

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		
POST- DAY		
MONTH-YEAR / DAY	13AUG02	14Aug02
19 / HOUR	1600	0800

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

	13AUG02	14Aug02
RESPIRATION RECORD	24	
BLOOD PRESSURE	118/64	0800 128/70

Record special data only when so ordered

HEIGHT: | WEIGHT →

95% PO

(b)(6)-2 95/RA

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

REGISTER NO.

WARD NO.

BT# (b)(6)-4

STANDARD FORM 511 (REV. 7-91) BACK

*U.S. Government Printing Office: 1992 — 312-071/60030