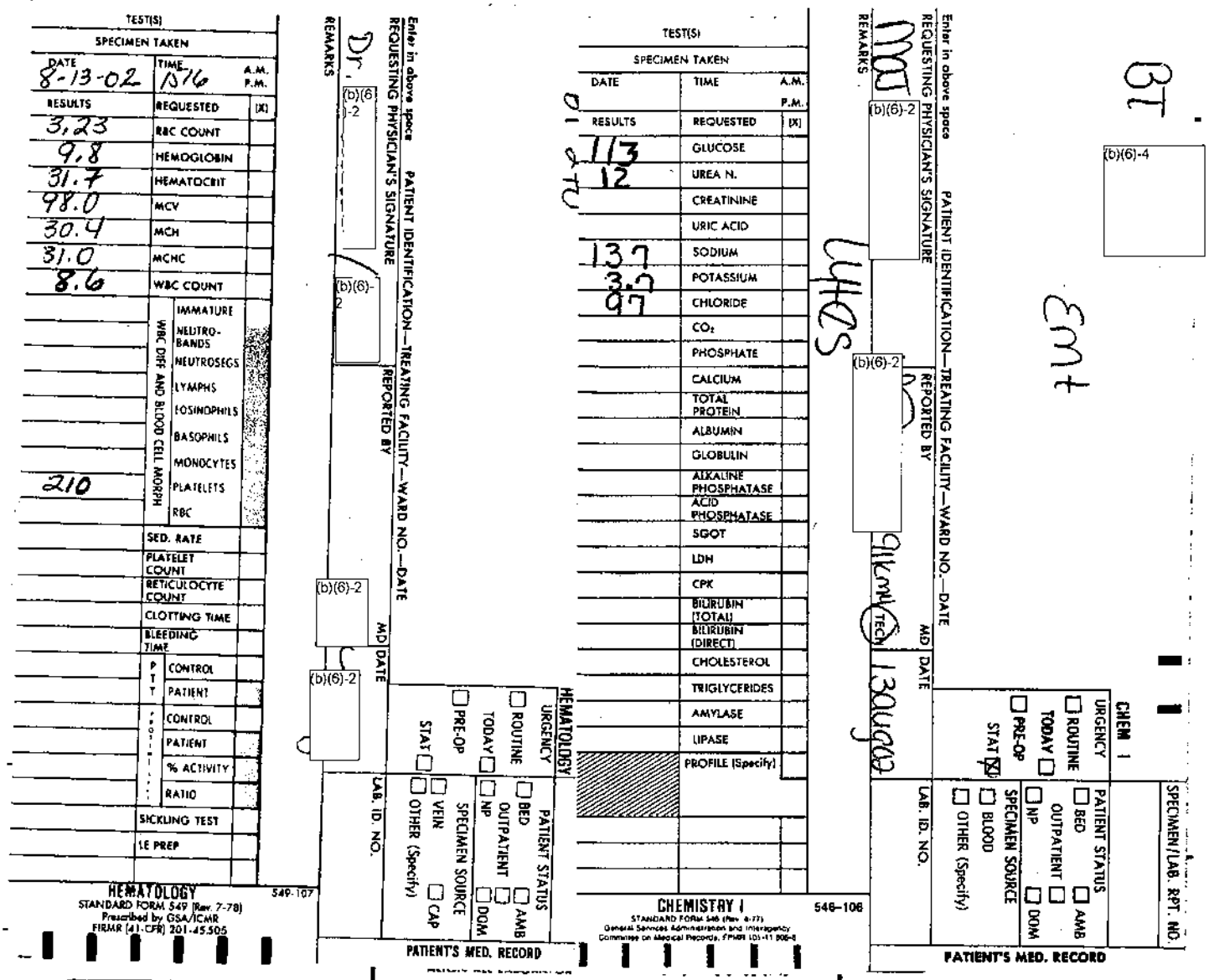
STANDARD FORM 545 Rev.
10-75 545-108

LABORATORY REPORT DISPLAY



INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7

- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☐ HEMATOLOGY (SF 549)
- ☐ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7

- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☐ OTHER (Specify)

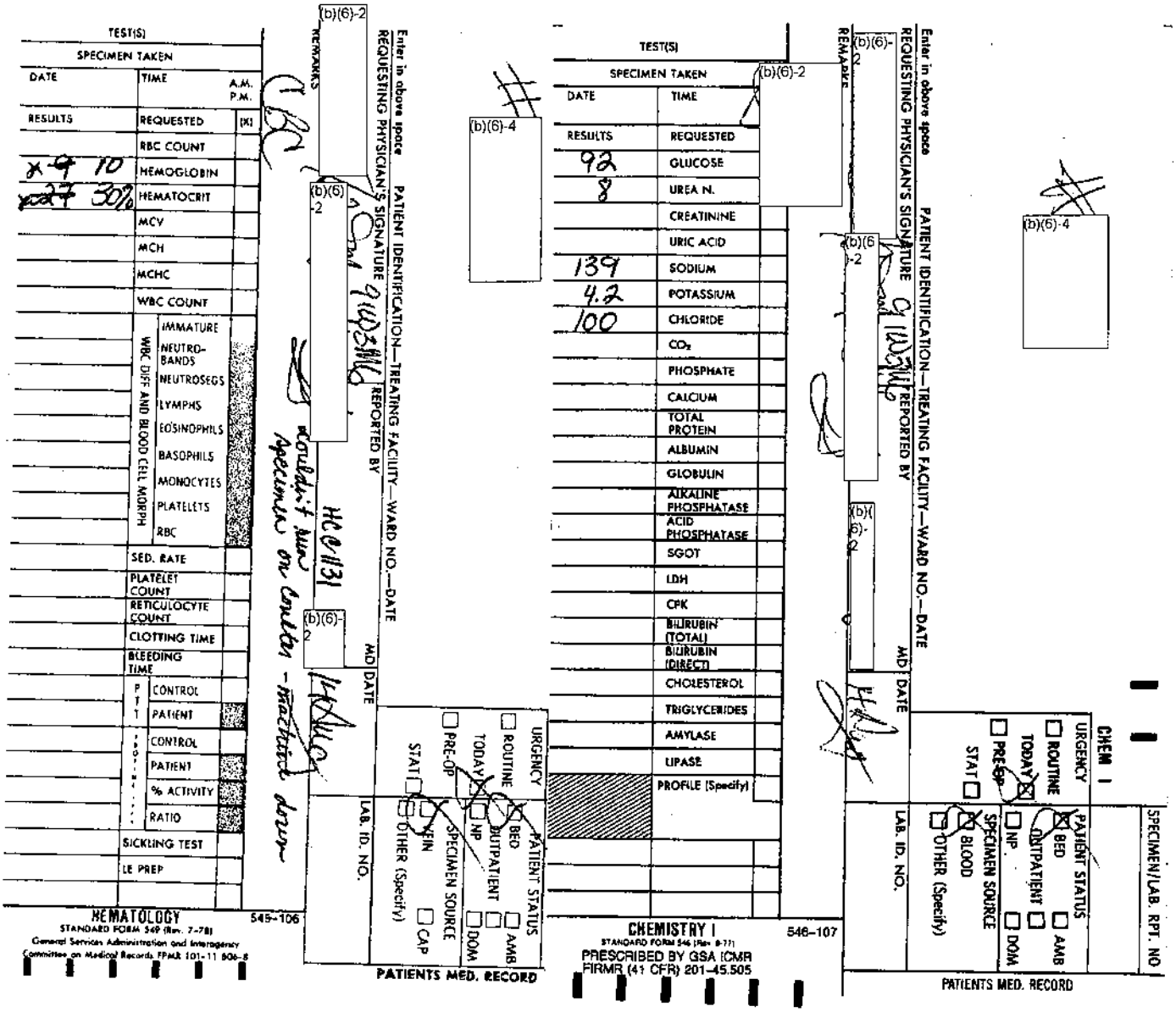
MOUNTED ON STRIPS 1, 4, AND 7

- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

General Services Administration and Interagency Committee on Medical Records
Prescribed by GSA ICMR 11-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—610


TEST(S)
SPECIMEN TAKEN
DATE
TIME
A.M. P.M.
RESULTS
REQUESTED
(X)
RBC COUNT
HEMOGLOBIN
HEMATOCRIT
MCV
MCH
MCHC
WBC COUNT
WBC DIFF AND BLOOD CELL MORPH
IMMATURE
NEUTRO-BANDS
NEUTROSEGS
LYMPHS
EOSINOPHILS
BASOPHILS
MONOCYTES
PLATELETS
RBC
SED. RATE
PLATELET COUNT
RETICULOCYTE COUNT
CLOTTING TIME
BLEEDING TIME
PTT
CONTROL
PATIENT
PT
CONTROL
PATIENT
% ACTIVITY
RATIO
SICKLING TEST
LE PREP
HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
General Services Administration and Interagency Committee on Medical Records, FPMR 101-11.806-8
549-106
REMARKS
(b)(6)-2
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD
DATE
LAB. ID. NO.
URGENCY
ROUTINE
PRE-OP
TODAY
STAT
PATIENT STATUS
BED
OUTPATIENT
NP
AMB
DOM
SPECIMEN SOURCE
VEIN
CAP
OTHER (Specify)
PATIENTS MED. RECORD
(b)(6)-4
TEST(S)
SPECIMEN TAKEN
DATE
TIME
RESULTS
REQUESTED
GLUCOSE
UREA N.
CREATININE
URIC ACID
SODIUM
POTASSIUM
CHLORIDE
CO2
PHOSPHATE
CALCIUM
TOTAL PROTEIN
ALBUMIN
GLOBULIN
ALKALINE PHOSPHATASE
ACID PHOSPHATASE
SGOT
LDH
CPK
BILIRUBIN (TOTAL)
BILIRUBIN (DIRECT)
CHOLESTEROL
TRIGLYCERIDES
AMYLASE
LIPASE
PROFILE (Specify)
92
8
139
4.2
100
CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505
546-107
CHEM I
SPECIMEN/LAB. RPT. NO.

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

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

RADIOLOGIC REPORT

Normal CT head

(b)(6)-2

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

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 3320

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.606-8

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: Hospital #

(b)(3)-1

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 13 Aug 02 — TIME OF ORDER: ______ HOURS — LIST TIME ORDER NOTED AND SIGN

Admit ICU

Dx ① R/O seizure
② Dehydration
③ S/P ORIF ⓛ h.p
④ Asthma

Condition good

Vitals q shift

Allergies unk

DATE OF ORDER — TIME OF ORDER ______ HOURS

Activity as tolerated

Nursing - Record I/O's

Diet - Regular

IVF - NS at 125cc/hr

Meds - Percocet 1 PO q 4-6 prn Pain

DATE OF ORDER — TIME OF ORDER ______ HOURS

Wound Dressing D QD

PT/OT consult

(b)(6)-2

(b)(6)-2 — RN 13AUG02 1600

13 AUG 02 — 1711

① Dilantin 400mg po now

DATE OF ORDER — TIME OF ORDER ______ HOURS

then 300mg po after 2hrs

then 300mg po after 4hrs

then 100mg po TID

(b)(6)-2

13AUG 02 2000 — (b)(6)-2 — RN 13AUG02 1400

① CBC, lytes, dilantin level in AM

②

DA FORM 4256, 1 APR 79 — REPLACES EDITION ... — MEDCOM - 3321 — SED. (b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED A... SN...

14/NOV 1. Cancel Atlantic level (b)(6)-2

#9 Bed

NURSING UNIT: ICU | ROOM NO. | BED NO.: 15 A&B (1) discharge today 1300

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER | TIME OF ...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.

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARD (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
13 Aug	(b)(6)-2	Wound Irrig Δ QD		4th
13 Aug		VS Q Shift	10	(b)(6)-2
13 Aug		Foley Cath	08	D/C'd

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

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. 07

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	Aug 2007 DATE DISPENSED 13 Aug	14	15	16	17	18	19	20
Aug 13,	(b)(6)-2	NSS @ 125cc cont.	10	(b)(6)-2							
Aug 13			20								
Aug 13		Dilaudid 4mg PO Now	08	(b)(6)-2							
Aug 13		Dilaudid 3mg PO	20		Dil. x dose						
Aug 13		Dilaudid 1mg PO TID									
Aug 13		Dilaudid 3mg PO	24	(b)(6)-2		Dil x dose					
Aug 13		Dilaudid 1mg PO TID	5	(b)(6)-2							
Aug 13		" "	13	(b)(6)-2							
Aug 13		" "	21								

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ORIF (L) hip

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.

1. REPORTING MTF | 2. LOCATION

1	2	3	4	5	6	7	8
(b)(3)-1						A	F

(State or Country Code.)

ADMISS. . AND CODING INFORMATION

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

3. REGISTER NUMBER

9	10	11	12	13	14	15
(b)(6)-4						

NAME (Last, First, Middle Initial) PUC
AFGHAN MALE

4. PAY GRADE

16	17

5. SEX

18
M

6. DATE OF BIRTH (Y Y Y Y M M D D)

19	20	21	22	23	24	25	26

7. AGE AT ADMISSION

27	28	29
1	6	y ~

8. RACE

30
X

9. ETHNIC BACKGROUND

31
9

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
(b)(6)-4								

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS

46

HOUR OF ADMISSION: 1500

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
0	9	3	5	4				

17. UNIT LOCATION (State or Country Code)

62	63
A	F

18. MOS

64	65	66	67	68	69	70

19. TRAUMA

71

PREV. ADMISSION
YEAR
☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION

72
Ø

WARD: ICW

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
339th CSH Bagram, Afghanistan

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION

73	74
Ø	1

22. MTF TRANSFERRED TO

75	76	77	78	79	80

23. DATE OF DISPOSITION (Y Y Y Y M M D D)

81	82	83	84	85	86	87	88
2	0	0	2	0	8	1	5

24. CLINIC SVC - ADMITTING

89	90	91	92
A	A	A	A

25. MTF TRANSFERRED FROM

93	94	95	96	97	98

26. DATE THIS ADMISSION (Y Y Y Y M M D D)

99	100	101	102	103	104	105	106
2	0	0	2	0	8	1	3

27. LOCATION OF OCCURRENCE (Battle Casualty Only)

107	108

28. MTF OF INITIAL ADMISSION

109	110	111	112	113	114
(b)(3)-1					

29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)

115	116	117	118	119	120	121	122
2	0	0	2	0	8	1	3

FOR LOCAL USE

Dx 7802
78039
(b)(6)-2

ADMITTING OFFICER (Signature, as required)
(b)(6)-2

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

MAR 89

USAPA V1.00

MEDCOM - 3325

INPATIENT TREATMENT RECORD COVER SHI

For use of this form, see AR 40-400; the proponent agency is O[illegible]

1. REGISTER NUMBER (b)(6)-4	2. NAME (Last, First, MI) AFGhan Adult male					3. GRADE —	ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE unk	7. RELIGION muslim	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION —	
11. FMP 99	12. SSN —		13. ORGANIZATION Local National			14. WARD ICW	
15. FLYING STATUS —	16. RATING/ DSG —	17. DEPT./ BEN —	18. BRANCH/CORPS —	19. UIC/ZIP —		20. TYPE CASE INS	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION 2321	23. CLINIC SERVICE AAAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION DS	26. DATE OF DISPOSITION 03 Jul 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 29 Jun 03		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 BAGRAM, AFGHANISTAN				30. DATE OF INTIAL ADMISSION 29 Jun 03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	
31. SELEC[illegible]							

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Burns to face
hands & legs

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 05	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 05	f. TOTAL SICK DAYS

SIGNATU (b)(6)-2 SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
29 JUN 03	ADMIT
2329	25yo ♂ ~~involved in~~ sustained flash burns 2° to Grenade attack on 25 JUN 03. Initially seen @ FST. Wound debridement done.
	PMHx / PSHx - Denies. MEDS - Ø
	ALL - NKDA
	PE/ Afeb. SaO_2 RA = 95% 115/70. R=16
	Alert, Mmm.
	~ 20-30% Facial Burns.
	RRR S1S2, Bach ↓ murmur.
	CTA (B). ABD - Soft, NT/ND, (+) BS. Grafts (B) Hands & distal LE c Burns.
	LABS (P)
	A/P - Flash Burns 2° to Grenade Attack.
	> IVF
	> Pain management
	> Dr. (b)(6)-2 to see pt. (b)(6)-2 MD.
	CPT, MC

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

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

(b)(6)-4

Bed 4

ICW

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 JUN 03	O) Pt. to and from surgery for cleansing of wounds.
1400	appeared to tolerate well. VS WNL, appears A+O.
	Ate approx 70% supper and is drinking fluids.
	NCR at 100 cc/hr running in Dorsum. Urinated in
	urinal approx 800 cc out this shift. All dressings
	intact and dry.
	A/P) Cont. to monitor (b)(6)-2 556-KB
1 July 03	O- Pt. T afeb, VS WNL, eating & I+O good. Ø (b)(6)-2 c/o pain c drsg
	(b)(6)-2 A, skin improving.
2 July 03	Surgery
	# Faces Healing nicely
	Plan dressing changes c Silvadene
	to extremities Will teach wound
	care Home when aide available.
	(b)(6)-2
3 July	Surgery
	Faces Healing Ø more dressings
	needed
	Other wounds healing well
	Plan d/c to home 7-4-03

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

NSN 7540-00-634-4178 600-108

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6-30-03	Surgery H+P CC Burns Hx Pt is 25y/o Afghan man who reportedly was injured by a grenade. He was injured 6-26-03. He was cared for @ (b)(3)-1 then transferred here for further care. PMH - unknown PE Awake + alert ī burns to face + ears Lungs clear CV RRR Abdomen flat Burns on Ⓡ thenar eminence & dorsum of Ⓛ hand - partial thickness ϕ evidence of infection Ⓔ LE ī shaped wounds + partial thickness burns RLE ī partial thickness burns A - 25y/o ♂ s/p burn injuries ~10% TBSA P - To OR for initial dressing A local wound care encourage nutrition

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b)(6)-4

(b)(6)-2

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)

Brief Op Note

6/30/03 Pre Op Dx Burns to face + all
Noon2 4 extremities

Post Op Dx - same c partial-thickness burns to face + ears, (R) thenar eminence + dorsum of (L) hand as well as bilat LE.

Operation burn scrubbing c dressing change under anesthesia

Surgeon (b)(6)-2

Anesth LMA General

Disposition to ICU → ICU Wounds on extremities dressed in Silvadene face + ear wounds dressed in Xeroform + Bacitracin

(b)(6)-2

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time	2. Discharge to: ☐ Home Other *(specify)*	4. Accompanied by:
7-3-03	3. Mode: ☒ Ambulatory Other *(specify)*	

5. Activity: ☐ Limitations *(specify)*

No restrictions

_____ 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
Benadryl	25-50 mg	po q 6°	prn itching
Bacitracin	ointment	to face + ears	
Motrin	800 mg	po tid	prn pain
Silvadene	- apply to burns as directed	q day	

_____ 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)
Silvadene dressings to open extremity wounds daily		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in _____ by local provider when you return home. clinic in _____ (time period).

✓

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

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

11. (b)(6)-2 Col AN

12. Additional Information:

13. Patient Identification:

#

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

MEDICAL RECORD — **INTRAOPERA[T]…OCUMENT**

For use of this form, see AR 40-66, the prop… …gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Gurney BY (b)(6)-2

2. PATIENT IDENTIF… RECORD REVIEWED AND PROCEDURE
VERIFIED BY (b)(6)-2

3. DATE 30 June 03 TIME PATIENT ARRIVED IN SUITE 1035

4. PATIENT … TIME 1035 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

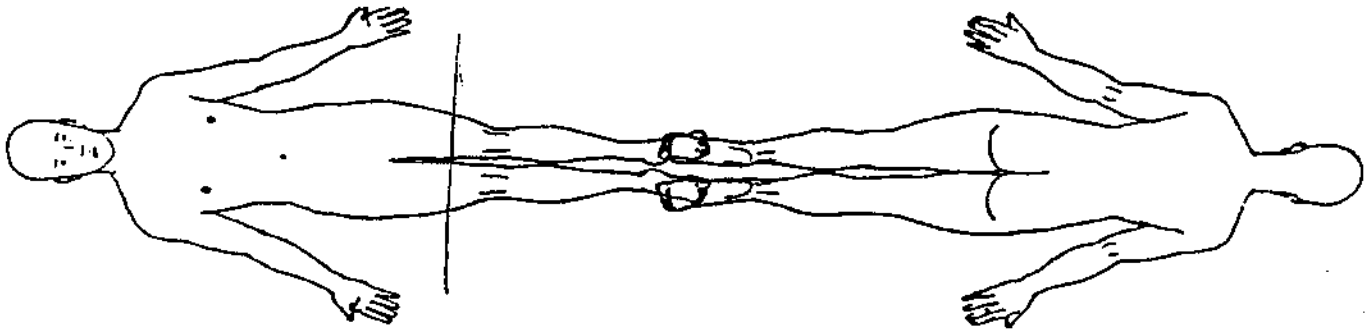
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)*
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☐ No					
Needle Sharp	☐ Yes ☐ No					
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

(b)(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ ☒ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Sil Vorlex cream			topical		MA (b)(6)-2
Bacitracin ointment					
Petroleum jelly					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): NACL 2 Debridement

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Silvadene-Topping Kerlix to legs - (R) hand

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
	1.	2.	3.

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

F & D Burn Dressing D

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1135-2	Gurney

22. REGISTERED NURSE SIGNATURE

REVERSE OF DA FORM 5179-1, OCT 87

USAPA V1.01

511-117 NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY			
POST- DAY 30			
MONTH-YEAR JUN/JUL 2003	DAY	30 JUN 03	01 JUL	02 JUL
	HOUR	0400 / 1100	0230 / 1400	0308 / 1800

HOUR	0100 / 0408 / 0802	1100 / 1500 / 0002	0230	1450 / 1400 / 2	0308	1800

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)

RESPIRATION RECORD: 16 | 16 | 16

Record special data only when so ordered							
BLOOD PRESSURE	98/52, 100/58	116/68	122/52	112/70	83/45, 108/56	92/54
HEIGHT: WEIGHT →						
1st SpO2%	95%	92%	93%	94%	95%	93%
2nd SpO2%	93%					
1st SET	(b)(6)-2					
2nd SET						

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

(b)(6)-4

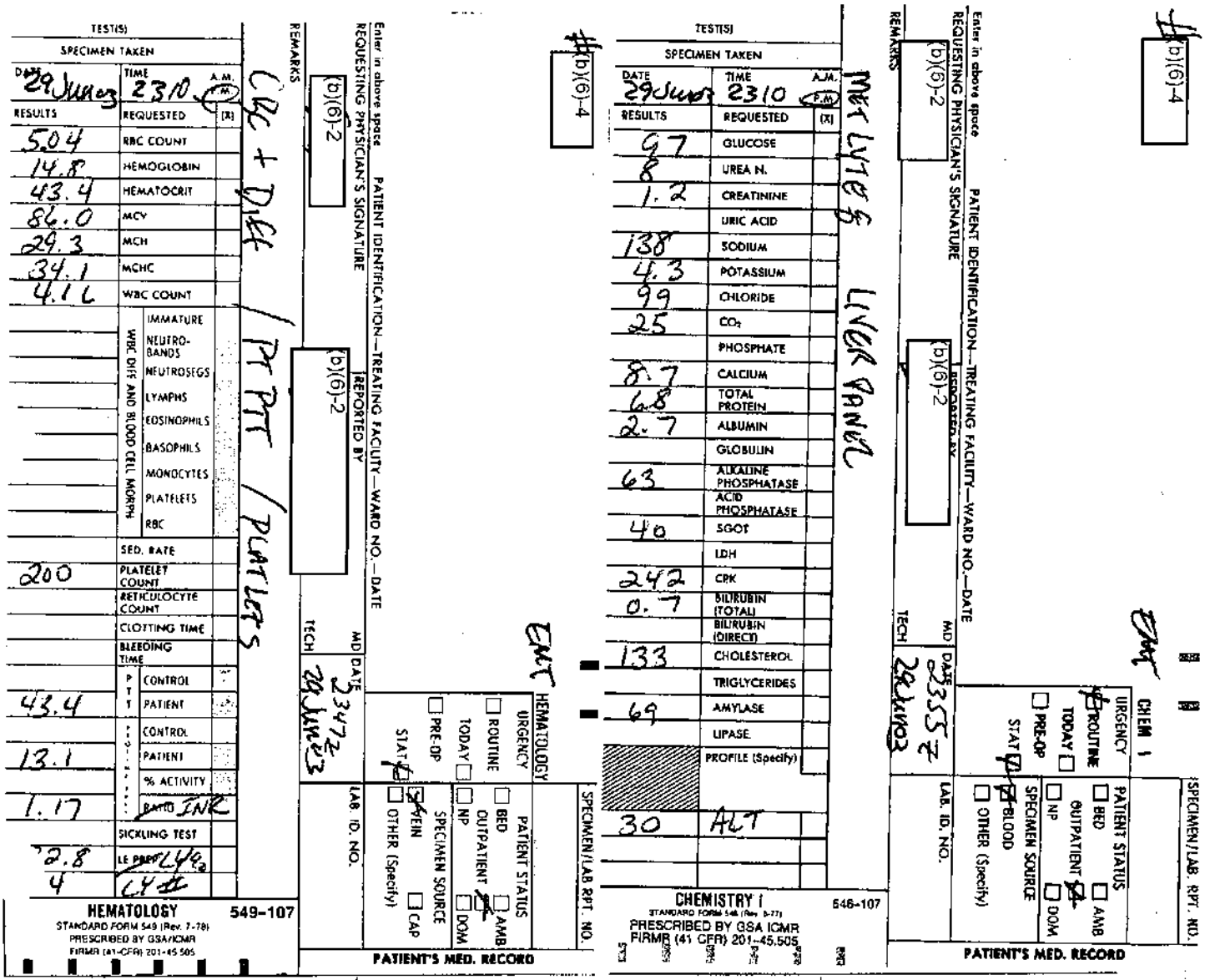
ICW
Bed 4

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM 511 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

STANDARD FORM 545 (REV 10-75)
545-

LABORATORY REPORT DISPLAY



ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER *(Specify)*
☐ URINALYSIS (SF 550)	MOUNTED ON STRIPS 1, 4, AND 7
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45, 505

LABORATORY REPORT DISPLAY

☆U.S. GOVERNMENT PRINTING OFFICE : 1991 0 288--923

MEDCOM - 3335

PREANESTHETIC SUMMARY

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

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) Unknown	BP ..... PULSE ..... ECG (IF PERTINENT) Unknown	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) unknown	(ALLERGIES) pt KDA

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

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Burns	

SI (b)(6)-2 DATE 06/30/03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1990 — 281-762/20239

Standard Form 517

CLINICAL RECORD — ANESTHESIA

ANESTHETIC(S) | 1100 | 30 | 1200 | HOUR

O2
SaO2
Versed
Fentanyl
Diprivan
Toradol

OXYGEN
CO2 ABSORP.
LEVEL OF ANAL-ANES.

CODE
● PULSE
○ RESP.
V/Λ B. P.
X ANES.
Ⓞ OPER.
T TOURN.

220
200
180
160
140
120
100
80
60
40
20

FLUIDS
B BLOOD
N SALINE
G 5% G/W
DX EXPAND.

NUMBERS FOR REMARKS

IV FLUIDS

POSITION

AGENTS AND TECHNICS

INDUCTION,
SATIS.
UNSATIS AND WHY

REMARKS

SaO2 92
124
13
904

ENDOTRACHEAL: SIZE .... BLADE .... ORO .... NASO .... CUFF .... PACK ....

REMARKS:

OPERATION PERFORMED	TOTAL FLUIDS	NAME(S)
I&D of Burn	1100	(b)(6)-2 (b)(6)-2 CPT/ Signature of Anesthetist.

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)

(b)(6)-4

(b)(3)-1

REGISTER NO.	WARD NO.	DATE
# (b)(6)-4	1C	

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

517-111

POST ANESTHESIA CARE UNIT FLOWSHEET

(b)(6)-4

Time Received From OR: ~~1140~~ 1134 **Procedure:** I&D Face, hands legs (L) arm

ASA: ~~—~~ **Allergies:** NKA **EBL:** 0

U.O. in OR: _____ **Drains:** 0

Fluids Received in OR: Type Crystal **Amount** 1200

Anesthesia: General LMA 30 Toradol 2 versed 5 fent

Time	1140	1155	1210	12							
Temp	96.9										
HR	116	98	92								
RR	10	16	18								
BP	124/100	115/65	113/63								
O2 Sat	92	92	91								
Activity	2	2	2								
Resp	2	2	2								
Circ	2	2	2								
Consc	2	2	2								
Color	2	2	2								
Total	10	10	10								

Notes:

Transferred to: ICU **Via:** litter **Report to:** SSG (b)(6)-2

Name: (b)(6)-2 CPT AN **Date:** 30 Jun 03

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.
ICW		4

DATE OF ORDER 29 JUN 03 TIME OF ORDER 2321 HOURS

LIST TIME ORDER NOTED AND SIGN

ADMIT - ICW
Dx - FPB BURNS
CONDN - Stable
✓ VITALS - Routine.
✓ ALL - NKDA
✓ NURSING - ✓ Sa O_2 Q4°
Keep Sa O_2 > 88%

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2 556 PM 30 JUN 03 0300

DATE OF ORDER TIME OF ORDER HOURS

DIET - NPO ~~- meds~~
✓ IVF - ~~D5 0.9 NS + 20K~~ LR @ 250 cc/hr.
✓ MEDS - MSO4 1-10 mg IV Q1-2° PRN
Darvocet N-100 T PO Q4-6° PRN pain
✓ ACTIVITY - OOB → chair TID
✓ LAB - CBC, Meflyte & in AM

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER (b)(6)-2 TIME OF ORDER Dr. HOURS to see pt.

(b)(6)-2 556 PM 30 JUN 03 0915

A NPO to strict NPO (b)(6)-2 CPT, MC
for OR today
+ IV fluid to KVO
@ 150 cc/hr (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER TIME OF ORDER HOURS

Admit to ICU → ICW
Dr Burns to face, ears, hands + legs
Condition Stable
✓ VS per routine
✓ Activity - ad lib

(b)(6)-2 556 PM 1730 30 JUN 03

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, 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.
ICW		4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
6-30-03	Noon E HOURS	

✓ iv LR @ 100cc/hr
Heplock when taking po well
✓ Meds Percocet 1-2 po q 4-6° prn pain
✓ MSO4 1-10mg iv q 1° prn pain not relieved by Percocet

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW	(b)(6)-2	4

DATE OF ORDER	TIME OF ORDER	(b)(6)-2
6-30-03	Noon E HOURS	

✓ Regular diet plus Ensure tid
✓ Motrin 800mg po tid c meals
✓ Please A hand and leg dressings q day c Silvadene

(b)(6)-2

550 ml NS
30 IVWO3
1350

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER	TIME OF ORDER	
6-30-03	1625 HOURS	

Wash wounds well c soap & water & reapply Silvadene.
✓ Face & ear dressings - A daily Aquaform & Bacitracin wash with soap & water then reapply

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW		4

DATE OF ORDER	TIME OF ORDER	
6-30-03	Noon E HOURS	

✓ Vaseline to lips prn to prevent cracking

(b)(6)-2

✓ Vermox 100mg po BID x 6 doses
✓ Multi vitamin 1 po q day

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4				~~OP~~ 7-3-03	0815 HOURS	
				Send sample		
				Teach wound care		
				D/C to home when a		
				aide is available		
NURSING UNIT	ROOM NO.	BED NO.				

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
RSING 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.

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.

JUN Mo. JUL Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 30 1 2 3
29 JUN	(b)(6)-2	Vital Signs Routine	D	(b)(6)-2
			E	(b)(6)-2
29 JUN	(b)(6)-2	✓ SaO2 Q 4° Keep ↑ 88%	02	95% 97% (b)(6)-2
			06	(b)(6)-2 ✓
			10	✓
			14	✓ (b)(6)-2 ✓
			18	✓ (b)(6)-2
			22	✓
29 JUN	(b)(6)-2	Activity OOB → Chair TID Ad Lib	02	(b)(6)-2
			10	(b)(6)-2
			18	(b)(6)-2
30 JUN	(b)(6)-2	Reg Diet + Ensure	B →	(b)(6)-2
			L →	(b)(6)-2
			5	(b)(6)-2
30 JUN	(b)(6)-2	Δ Hand and leg dressings Daily Wash wounds c soap and H2O re-apply silvadene	06	(b)(6)-2
30 JUN	(b)(6)-2	Δ Face and ear dressings Daily Δ Xeroform and bacitracin - Wash c soap and H2O then reapply.	06	(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: Flash Burns & Grenade Blast

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

ICW Bed 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

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. JUL Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 29 30 1 2 3
29JUN	(b)(6)-2	IV LR @ 250cc/hr	D	(b)(6)-2 D/C'd 30/JUN/03
			E	
30JUN	(b)(6)-2	IV LR @ 150 cc/hr	D	(b)(6)-2
			E	
30 JUN	(b)(6)-2	IV LR @ 100cc/hr	D	(b)(6)-2
		Heplock when po well	E	
30 JUN	(b)(6)-2	Motrin 800mg tid	02	(b)(6)-2
		c meals	0730	
			1630	(b)(6)-2
30JUN	(b)(6)-2	Vermox 100mg BID	04	(b)(6)-2
		x 6 doses	16	(b)(6)-2
30 JUN	(b)(6)-2	Multi-vitamin 1 po QD	06	(b)(6)-2
~~30 JUN~~	(b)(6)-2	Vaseline to lips ~~ERROR~~ (b)(6)-2		
29JUN	(b)(6)-2	Saline lock-flush q Shift	D	
			E	

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: Flash burns secondary to Grenade (b)(6)-2

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

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

ICW Bed 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. — USAPA V1.00

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
27JUN	(b)(6)-2	MSO4 1-10 mg IV Q1-2° PRN	
29JUN	(b)(6)-2	DARVOCET N-100 1 PO Q 4-6° PRN PAIN	
30JUN	(b)(6)-2	Percocet 1-2 PO Q 4-6° PRN pain	0600 TT; 1515 TT
30JUN	(b)(6)-2	MSO4 1-10mg IV Q 1° PRN pain not relieved by Percocet	
30JUN	(b)(6)-2	Vaseline to lips PRN to prevent cracking	0830 (b)(6)-2 30JUN; 1400 (b)(6)-2 30JUN

USAPA V1.00

(b)(6)-4

DUTY

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE (U / P / R)	5. GRADE
(b)(6)-4	(b)(6)-4		AMC	X	—

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
30	X Male / Female	70 Kg		AMBULATORY / X LITTER — 2A	(b)(6)-2	(b)(3)-1

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS	
	KAF	BAF	16a. MEDICAL	16b. NON MED
	14b. ORIGINATING FACILITY PHONE NUMBER: (b)(3)-1	15b. DESTINATION FACILITY PHONE NUMBER: (b)(3)-1		

17. DIAGNOSIS

30 Y/O SUSTAINED FLASH BURN
& PUNCTURE WOUNDS LE FOLLOWING
GRENADE ATTACK

18. X BATTLE CASUALTY | DISEASE | NON-BATTLE INJURY

19. CLINICAL ISSUES *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		/	HYPERTENSION	f.		/	MOTION SICKNESS	k.		/	AMBULATORY
b.		/	CARDIAC HX	g.		/	VISION IMPAIRED	l.		/	AMBULATORY AID
c.		/	DIABETES	h.		/	VOIDING PROBLEMS	m.		/	SELF-MEDS
d.		/	RESPIRATORY	i.		/	BOWEL PROBLEMS	n.			ADEQUATE SUPPLY OF MEDS
e.			EARS/SINUS	j.			SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
25-JUN-03		Ø

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC ____ CALS

____ IAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4

____ E ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

____ PEDIATRIC: AGE ____ | ____ OTHER (Specify) ____

____ TPN: Change to D10 at ____ cc/hr for max of ____ days

____ TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

	SUCTION		IV PUMP		CHEST TUBE/HEIMLICH
	NG TUBE		TRACH		RESTRAINTS
	STRYKER FRAME		MONITOR		OTHER (Explain in 23)
	INCUBATOR		FOLEY		

O2: NONE | LITERS: | ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		X-RAYS		FINANCIAL
X	INPATIENT RECORDS		OB RECORDS		OTHER (Specify)
	NARRATIVE SUMMARY		DENTAL RECORDS		

MEDICATIONS/TREATMENTS

- BACITRACIN BID TO FACE
- SILVADENE DRESS BID TO EXT WOUNDS
- ~~PROTONIX~~
- PERCOCET 1-2 PO q 6° PRN
- MS 2-4 mg IVP q 3° PRN PAIN
- AMP
- IV's HEP LOCK
- NO VENT
- HCT 40%

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
27-JUN-03	100	90	16	106/60

22. BRIEF NARRATIVE

30 Y/O ♂ 10% BSA 2° BURN
FACE, BILAT HANDS & BILAT LE.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	T=96.7 P=83 BP=123/67.
	CONJ PINK
	BACK: 50% 2° PIECE
	LUNGS CTA
	COLD RLE
	ABD BS (+) SOFT NT
	EAT 100% REGULAR TRAY
	BURNS ALL 4 EXT.
	SHRAPNEL WOUNDS BILAT ANKLES
	NO FOREIGN BODIES NO FX
	PT INITIALLY TAKEN TO OR FOR WOUND DEBRIDEMENT. PT TRANSFERRED OVERNIGHT FOR OBSERVATION FOR CONCERN FOR POSSIBLE INHALATION INJURY. RETURNED STABLE & GOOD OXYGENATION & ONLY MILD FACIAL BURNS. EXTUBATED IN OR
	PLAN TXF FOR WOUND CARE.

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FO...

BED 8

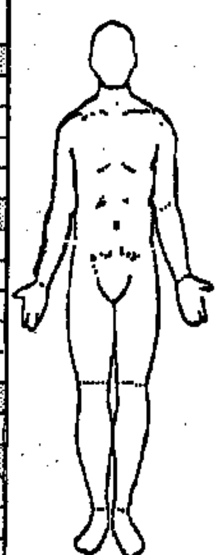
23. ASSESSMENT/PROGRESS *(Continued)*

DATE/TIME	NOTES	DATE/TIME	NOTES
29 June @ 0430 - VSS, T-97.7, P-80, R-20, O2 95%			
RA, BP-110/56, U/O - 500 cc LYC, — (b)(6)-2			
@ 0830 - Δ dressings to O/L lower legs,			
(R) hand, Xeroform over Silvadene,			
kerlex, Keep (R) leg elevated — (b)(6)-2			
@ ~~1000~~ 0920 - Ancef 1g, Zantac 50 mg — (b)(6)-2			
@ 0930 - VSS, T-99.9, P-87, R-16, O2-94%			
RA, BP-109/58 — (b)(6)-2			
29 June 03 Kandahar ⇒ Bagram AF Afghanistan			
— (b)(6)-2 [illegible]			
1600 - T 97.7°F (oral) P 79, R 20, BP 103/50			
SaO2 95% RA, ZANTAC 50mg GIVEN — (b)(6)-2		1E/AN	
2015z/0040L pt in plane w/o [illegible] [illegible] [illegible]			
Ø [illegible] [illegible] - [illegible] - pt Ø English			
speaking but [illegible] [illegible] - pt [illegible]			
[illegible] [illegible] - [illegible] to [illegible] — (b)(6)-2			
2120z/0850L pt [illegible] quietly - [illegible] flight			
[illegible] - Ø S/S of distress — (b)(6)-2			

GLASCOW COMA SCALE	SCORE	PREFLIGHT	INFLIGHT					POSTFLIGHT
1. EYE OPENING	**SCORE**							
SPONTANEOUS	4							
TO SOUND	3							
TO PAIN	2							
NO RESPONSE	1							
2. BEST VERBAL RESPONSE	**SCORE**							
ORIENTED	5							
DISORIENTED	4							
INAPPROPRIATE WORDS	3							
INCOMPREHENSIBLE SOUNDS	2							
NONE	1							
2. BEST VERBAL RESPONSE	**SCORE**							
OBEYS COMMANDS	6							
RESPONSE TO PAIN								
LOCALIZES	5							
WITHDRAWS	4							
DECORTICATE	3							
DECEREBRATE	2							
NO RESPONSE	1							
TOTAL = 1 + 2 + 3								

(DATE/TIME)

[X] IDENTIFY FINDING BY NUMBER



1 - BURN
2 - CAST/SPLINT
3 - DRESSING
4 - DRAINAGE
5 - ECCHYMOSIS
6 - HEMATOMA
7 - PAIN
8 - PRESSURE AREA
9 - RASH
10 - OTHER

WRITE # FOR FINDING ON DRAWING

Rt Lt — Lt Rt

AF FORM 3899, MAR 95 *(REVERSE)*

☆U.S. GOVERNMENT PRINTING OFFICE:1995—393-369

MEDICAL RECORD — INTRAOPERA[T]IVE [DOC]UMENT

For use of this form, see AR 40-66; the propo[nent] agency is the Office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY EMT

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

3. DATE 05 JUNE 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1800 NUMBER # (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [ ] OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

[X] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [ ] RIGHT SIDE UP

COMMENTS:

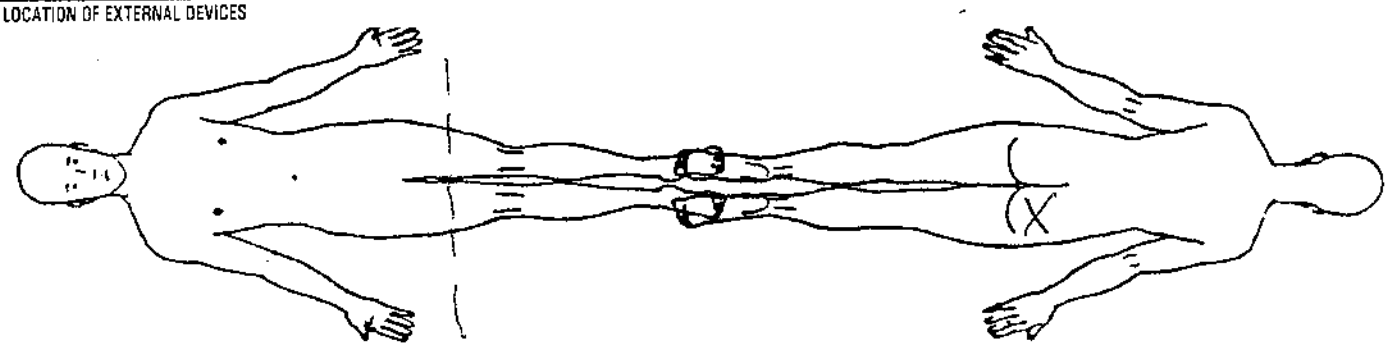
8. SKIN PREPARATION

HAIR REMOVAL [ ] YES [X] NO
DONE BY: [ ] OR [ ] NURSING UNIT
METHOD: [ ] DEPILATORY [ ] RAZOR [ ] CLIP

PREP SOLUTION *(Specify)* NO PREP
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	[ ] Yes	[X] No					
Needle Sharp	[ ] Yes	[X] No					
Instrument	[ ] Yes	[X] No					
Other	[ ] Yes	[X] No					

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

(b)(6)-4 (b)(6)-4

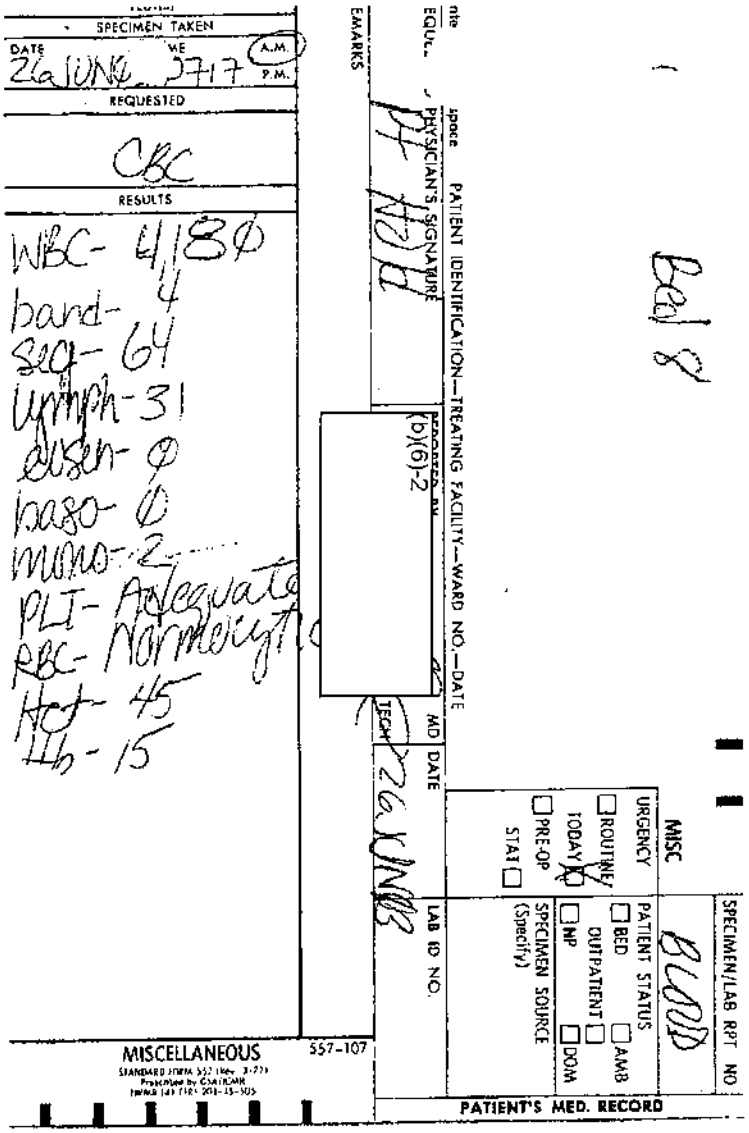
AMF C-7

12. ELECTROSURGERY DEVICE(S) (ESU) [ ] YES [X] NO

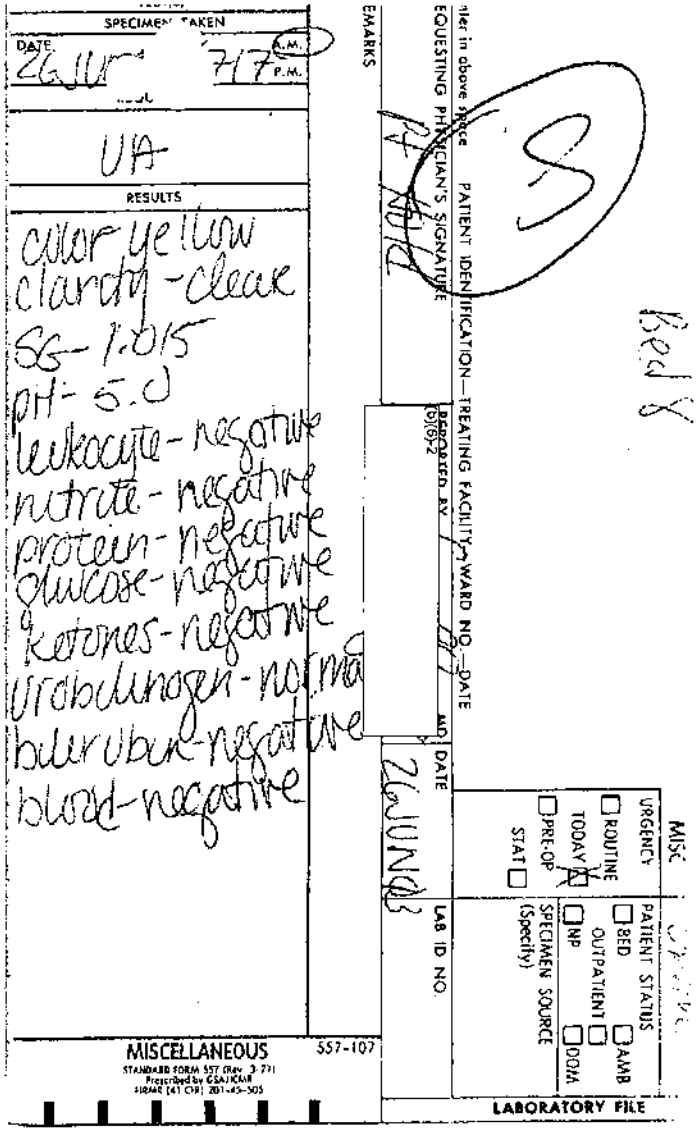
[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO:



SPECIMEN TAKEN
DATE 26 JUNE 2017 A.M. P.M.
REQUESTED
CBC
RESULTS
WBC- 4.180
band- 4
Seg- 64
Lymph- 31
Mono- 2
Eosin- 0
Baso- 0
PLT- Adequate
RBC- Normocytic
Hct- 45
Hb- 15
EMARKS
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
PHYSICIAN'S SIGNATURE
PREPARED BY
(b)(6)-2
TECH
MD
DATE 26 JUNE
MISC
URGENCY
ROUTINE
TODAY
PRE-OP
STAT
PATIENT STATUS
BED
AMB
OUTPATIENT
INP
DOM
SPECIMEN SOURCE (Specify)
BLOOD
LAB ID NO.
SPECIMEN/LAB RPT NO
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR [41 CFR] 201-45-505
557-107
PATIENT'S MED. RECORD
Bed 8



SPECIMEN TAKEN
DATE 26 JUNE 2017 A.M. P.M.
REQUESTED
UA
RESULTS
color yellow
clarity - clear
SG - 1.015
pH - 5.0
leukocyte - negative
nitrite - negative
protein - negative
glucose - negative
ketones - negative
urobilinogen - normal
bilirubin - negative
blood - negative
EMARKS
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
PHYSICIAN'S SIGNATURE
PREPARED BY
(b)(6)-2
MD
DATE 26 JUNE
MISC
URGENCY
ROUTINE
TODAY
PRE-OP
STAT
PATIENT STATUS
BED
AMB
OUTPATIENT
INP
DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR [41 CFR] 201-45-505
557-107
LABORATORY FILE
Bed 8
S

MEDCOM - 3348

iSTAT EG7+
Pt: 8
Pt Name:

Glucose - 110 mg/dL

Na	140 mmol/L
K	3.3 mmol/L
TCO2	24 mmol/L
iCa	1.06 mmol/L
Hct	45 %PCV
Hb*	15 g/dL
*via Hct	
At 37C	
pH	7.487
PCO2	30.3 mmHg
PO2	76 mmHg
HCO3	23 mmol/L
BEecf	0 mmol/L
sO2*	96 %

MEDICAL RECORD - ANESTHE

F ;his form, see AR 40-66; the proponent a ; OTSG

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

DRUG (Units)						TOTALS
VERSED ( )	1		1 1/2			2 1/2 mg
FENTANYL ( )	2		1			3 cc
PROPOFOL ( )	200					200 mg
ANECTINE ( )	100					100 mg
( )						
( )						

TOTAL EBL: 150

TOTAL URINE: 200

ANESTHETIC AGENT

VOLAT AGENT		
Forane % del	1.0 — 1.5 — Ø	
% e.t.		
AIR L/Min		
N2O L/Min		
O2 5 L/Min	~~~	

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

FLUIDS - SUMMARY

CRYSTALLOID- 3500 cc

COLLOID- 35

BLOOD- Ø

FLUIDS

LINE site		
	☐ Warmed	
® 1000 cc NS	☐ Warmed	~~~ Ⓐ 1000 cc NS
Ⓛ 500 cc	☐ Warmed	~~~ 1000 cc NS
	☐ Warmed	

LOSSES

EST BLOOD LOSS

URINE -

PHYS STATUS 1 ② 3 4 5 Ⓔ

TIME ➔ 1815 1900

BODY WEIGHT 80 KG

HEMATOCRIT

INITIAL DATA

BP- 119 HR 133 / 77

HR- 119

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE? TIME-

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

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

REMARKS — Code drugs with numbers, events with letters

① TO OR #1
MANITOUS
PLACED -
PREOXYGENATE
TO O2 SAT
RAPID
SEQUENCE c̄
CRICOID
PRESSURE,
ORALLY
INTUBATED
c̄ 8.0 ETT
CUFF ↑
TUBE SECURE.
⊕ ETCO2.

② TO
PACU.
INTUBATED.

VENTIL

VT - ml				
f - breaths/min	12	24	20	24
Peak Inf pres / PEEP				
MODE - S(pon), A(ssist), C(on)	S C	~	C	~

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	48	50	45	45
BP/oth	FIO2 (Frac or %)	.70	.76	.70	.56
ART line	SpO2 (%)				
Steth- PC/ES	ECG	NSR	ST	SR	R
Gas analyzer	TEMP-site				
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

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

RECOVERY AT (PACU) ICU ____ (Spec

OTHER ____

CONDITION: @1900

RESP. 14 SpO2- 9?

BP. 98/45 HR- 89

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1730	1805	19?
	Ready	Begin	End
PROC	1810	1810	18?

PROCEDURES and CPT Codes: FALE
I&D Ⓑ LEG F B WOUND

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GENERAL ANESTHESIA.

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
8.0 ORAL ETT.

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

DMC
MALE

(b)(6)-4

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

ANESTHETISTS: (b)(6)-2 CRNA.

PROCEDURE LOCATION: OR #

DATE: 25 JUNE

PAGE 1 OF 1

ROUTINE

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial): (b)(6)-4
2. SSN: (b)(6)-4
3a. STATUS:
3b. SERVICE:
4. PRECEDENCE: U | P | R
5. GRADE:

6. AGE: 30
7. SEX: X Male | Female
8. WEIGHT: 70 KG
9. BLOOD TYPE:
10. CLASSIFICATION (1A-5F): AMBULATORY | X LITTER
11. ACCEPTING PHYSICIAN: (b)(6)-2
12. CITE/AUTHORITY NO.: (b)(3)-1

13. APPT/SURG DATE:
14a. ORIGINATING FACILITY: KAF
14b. ORIGINATING FACILITY PHONE NUMBER: (b)(3)-1
15a. DESTINATION FACILITY: BAF
15b. DESTINATION FACILITY PHONE NUMBER: (b)(3)-1
16. NUMBER OF ATTENDANTS: 16a. MEDICAL | 16b. NON MED

17. DIAGNOSIS
30 y/o sustained flash burn & puncture wounds following grenade attack

18. X BATTLE CASUALTY | DISEASE | NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		/	HYPERTENSION	f.		/	MOTION SICKNESS	k.		/	AMBULATORY
b.			CARDIAC HX	g.			VISION IMPAIRED	l.			AMBULATORY AID
c.			DIABETES	h.			VOIDING PROBLEMS	m.			SELF-MEDS
d.			RESPIRATORY	i.			BOWEL PROBLEMS	n.			ADEQUATE SUPPLY OF MEDS
e.			EARS/SINUS	j.			SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS
20a. DATE: 25-Jun-03
20b. TIME:
20c. ALLERGIES: Ø

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
27-Jun-03	100	90	16	106/6

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC ____ CALS
RENAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4
TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ____ | OTHER (Specify) ____
TPN: Change to D10 at ____ cc/hr for max of ____ days
TUBE FEEDING ____ at ____ strength at ____ cc/hr

22. BRIEF NARRATIVE
30 y/o c 10% BSA 2° burn face, bilat hands & bilat LE

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

SUCTION	TRACTION	ORTHOPEDIC BRACES
NG TUBE	IV PUMP	CHEST TUBE/HEIMLICH
STRYKER FRAME	TRACH	RESTRAINTS
INCUBATOR	MONITOR	OTHER (Explain in 23)
	FOLEY	

O2: None | LITERS: | ROUTE:
VENTILATOR SETTINGS
20g. ALTITUDE RESTRICTION:
20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	X-RAYS	FINANCIAL
X INPATIENT RECORDS	OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY	DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS
- Bacitracin BID to face
- Silvadene dress BID to ext wounds
~~Ancef~~
Percocet 1-2 tabs po q6° prn
MS 2-4 mg IVP q3° prn dressing chg

23. ASSESSMENT/PROGRESS

DATE/TIME | NOTES
T = 96.7 P = 83 BP = 123/67
Conj pink
Face: 50% 2° peeling
Lungs CTA
Card RRR
Abd BS ⊕ soft NT
Ext 100% ... ...
Burns all 4 ext.
- Shrapnel wounds bilat ankles
no foreign bodies no fx

Pt initially taken to OR for wound debridement, pt intubated overnight for observation for concern for possible inhalation injury. Remained stable c good oxygenation & only mild facial swelling. Extubated ...

D/C TXF for wound care.

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN
(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM ...

MEDCOM - 3350

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

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	25 JUN 03	20:00 HOURS	
✓	① ADMIT PACU SIP BURN DEBRIDEMENT		
✓	② VITALS Q 2°		
✓	③ ALLERGIES: NKA		
✓	④ DIET: NPO		
✓	⑤ IVF: NL @ 150 ml/hr		
✓	⑥ CXR: ② 01:00		
✓	⑦ VENT SETTINGS: VT 650 ml P5 FIO2 50% SIMV RATE 14		

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER HOURS	
✓	⑧ ABG @ 01:00		
✓	⑨ WEAN FIO2 TO 24% MAINTAIN SaO2 >92%		
✓	⑩ SILVADENE TO HANDS / LOW EXTR		
	⚠ DRESSING BID		
✓	⑪ BACITRACIN TO FACE WOUNDS BID		
✓	⑫ ANCEF 1000 mg IV q 8°		
✓	⑬ CBC/LYTES @ 01:00		

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER HOURS
✓	⑭ FOLEY CATH TO GRAVITY	
	⑮ FENTANYL 100 mcg q 2° PRN	
✓	⑯ VERSED 2 mg IV q 4° PRN	
	⑰ MSO4 4-6 mg IV q 2-4° PRN	
✓	⑱ ZANTAC 50 mg q 8°	
✓	⑲ VECURONIUM 10 mg IV PRN	(b)(6)-2
	24 JUN DC	(b)(6)-2 FIAD 1930 25

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

NURSING UNIT | ROOM NO.

	DATE OF ORDER	TIME OF ORDER HOURS
	26 JUN 03	0155Z
	① LOVENOX 30 mg SC B.D	
		(b)(6)-2
	26 JUN 03	
	① PROTEIN SHAKES QID	
	THANK-YOU	

(b)(6)-2

(b)(6)-2

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, 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

Transcribed (b)(6)-2 [illegible]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27 JUN 03 — TIME OF ORDER: 05125 HOURS — LIST TIME ORDER NOTED AND SIGN

1. PLEASE Δ IV SITE
2. RL @ KVO RATE ✓
3. D/C ~~[illegible]~~ ANCEF ✓
4. D/C MSO4 ✓
5. PERCOCET 1-2 q 3° PRN PAIN ✓
6. MSO4 2-4 mg PRN DRESSING Δ ✓ OR PAIN REFRACTORY TO PERCOCET

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER ______ HOURS

7. D/C FOLEY ✓
8. CXR
9. BACITRACIN TO FACE BID ✓ NO SILVADENE NO HYDROCORTISONE
10. AMBULATE - TID ✓
11. UP IN CHAIR - TID ✓ THANK YOU (b)(6)-2

PATIENT IDENTIFICATION

Noted (b)(6)-2

(b)(6)-2 ✓ DONE (b)(6)-2 LT/AN 27 JUN 2200Z

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER

V.O. 27 June @ 1100 HOURS MAJ, MC

D/C O2 (b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

2400 done (b)(6)-2

DATE OF ORDER: 28 JUN 03 — TIME OF ORDER ______ HOURS

1) Regular diet ✓
2) Up in chair TID ✓
3) Ambulate BID c assistance ✓
4) Elevate B foot ✓
5) Xeroform gauze over debridement dressing Δ BID ✓

(b)(6)-2

LT/AN 2200Z (b)(6)-2 JUN03

DA FORM 4256, 1 APR 79 — [illegible]ACES EDITION OF 1 JUL 77, WHICH MAY [illegible] USED.

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: (b)(3)-1 | 2. LOCATION (State or Country Code.): AF
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4 AF/19th Aeromedical Evac Sqdn
(b)(6)-4
4. PAY GRADE:
5. SEX: M
6. DATE OF BIRTH (YYYYMMDD): 19730101
7. AGE AT ADMISSION: 30 Y
8. RACE: X
9. ETHNIC BACK-GROUND: 9
RELIGION: MUSLIM
10. LENGTH OF SERVICE:
ETS:
11. FMP: 00
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: S
HOUR OF ADMISSION: 2321
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: ~~K4~~ K78
16. ZIP CODE OF RESIDENCE: 093540000
UNIT LOCATION (State or Country Code): AF
18. MOS:
19. TRAUMA:
PREV. ADMISSION: YEAR: NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1
WARD:
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 05
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (YYYYMMDD): 20030703
24. CLINIC SVC - ADMITTING: AAAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (YYYYMMDD): 20030602
LOCATION OF OCCURRENCE (Battle Casualty Only): AF
28. MTF OF INITIAL ADMISSION: (b)(3)-1
29. DATE INITIAL ADMISSION (YYYYMMDD): 20030602

FOR LOCAL USE

1090 BSA 2° burns Grenade

Trauma Injury
1

448

Dx
94811
E993

PR
9357

(b)(6)-2

ADMITTING OFFICER (Signature): (b)(6)-2

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

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS OBSOLETE USAPA V1.00

‹TIENT TREATMENT RECORD COVE‌ ‌ET

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

1. REGISTER NUMBER	2.	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	35	X	muslim			

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
99			ICU

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
					BC

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
Ø	1430	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	05	030918

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030917	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 AFGHANISTAN	030917	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

1. IED (L) fingers 18 Sep 03

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
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				1	1

SIGNATURE OF	(b)(6)-2	SIGNATURE OF	(b)(6)-2
X			

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
	CVRS Op Note
10/8/03	
	Pre/Post Op Dx: Fx tib fib injuries
	Oper: I+D : revision amputation
	Myoplasty
	Local Anesthesia.
	No complications.

(b)(6)-2

(b)(6)-2

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

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.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
12SepT03	ⓢ 35 y/o local national ♂ tractor inj to (R) hand x 3 days
Allergies	Hand got caught in fan blade of tractor injuring 3 fingers
NKDA	Initial visit treated ♂ irrigation, Abx and sutured avulsed flap
Meds	of ring finger. Pt denied wanting to fly to BAF for surgical tx.
Keflex	Now ↑ pain has decided he wants to get it fixed. Denies any
Motrin	F/C No redness/streaking noted.
Ampicillin 1gm Inj x2	ⓞ A+O x3 NAD WD WN RHD VSS
P - 83	HE → (R) hand Pinkie/Ring/middle finger (+) avulsion ♂ tuft exposed
O_2 - 95%	(+) necrotic skin to middle finger distal tip.
BP - 130/90	ϕ streaking ϕ lymphadenopathy (+) edema (+) erythema
	NVS - @TTP distal ~~DIP~~ P/M/4 intact
	A/P s/p (R) hand open fx ♂ avulsion to middle/ring/pinkie finger
	- Rocephin 1gm IM inj
	- Bulk dressing
	- Removed fingernails s/p 3 days
	- Sutured Ring finger avulsion s/p 3 days ♂ 4,0 vicryl
	- Placed on Motrin ♂ Keflex
	- Would like to be evaced for further tx.
	(b)(6)-2
	1LT [redacted] PA-C
	B6-2

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

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

(b)(6)-4

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

558-103 *(See Instructions on Back of this Sheet)* NSN 7540-01-075-378

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY *(Stamp)*

LOG NUMBER

ARRIVAL — DATE: DAY 17 MONTH 09 YR. 03 — TIME 1430

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

CURRENT MEDS. *(tetanus immunization and other data)*: Keflex (Rocephin today) Motrin Ampicillin 1gm x2 IV

HISTORY OBTAINED FROM ☐ PATIENT ☐ OTHER *(Specify)*

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION *(City, State and ZIP Code)*: (b)(3)-1

HOME TELE. NO. *(Inc. area code)*

CHIEF COMPLAINT(S) *(Include symptom(s), duration)*: 3d old traumatic injury 3-4-5th digits (R)

SEX: M AGE: 35

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS

TIME	1435		
BP	132/85		
PULSE	68		
RESP.	16		
TEMP.	98.1(O)		
WT. (Child)			

CATEGORY *(See reverse)*: EMERGENT / URGENT / NON-URGENT

ORDERS

ORDERS	INITS.	TIME
Ancef 2gm } IV	[illegible]	1445
Gent 70 } IV		
(R) multiple	[illegible]	1440
XRays 3-4-5 (R)	[illegible]	1440

ASSESSMENT/DIAGNOSIS

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

35 yo LN saw caught in fan blade of tractor 3 days ago. Initial visit to local physician – irrigated, Rx'd c antibiotics as above – pt seen today by a PA, given Rocephin, placed on Keflex, sent because pt now decided he wants it all fixed.

PE exposed bone (R) middle finger – also sutures noted pad of (R) ring finger – superficial avulsion lac to volar aspect little finger – no sutures noted. Nails taken on little/ring fingers prior to arrival

X-Ray = Distal tuft amputation middle finger
Distal tuft fracture of ring finger.

Wounds cleaned, dressed. Alumafoam
Splint placed to protect finger.

7.7 > 13.6 / 40.4 < 185

140 | 103 | 9
4.5 | 25 | 1.3 > 106

DISPOSITION *(Check all that apply)*: HOME / FULL DUTY

QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO *(Indicate clinic)*: EMERGENCY / TODAY / 72 HOURS / ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE: IMPROVED / UNCHANGED / DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

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

(b)(6)-4

(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MAJ MC

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

~~Boarde~~ Boarded tonight
F/U Ortho Clinic in Am for revision
Continue Keflex as prescribed

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time	2. Discharge to: ☒ Home Other (specify)	4. Accompanied by:
18SEP03	3. Mode: ☒ Ambulatory Other (specify)	WD

5. Activity: ☐ Limitations (specify)

no restrictions

(b)(6)-2 Patient and/or Significant Other (S.O.) communicates knowledge and understanding of activity limitations.

6. Diet: ☐ No Dietary Restrictions If special, identify ↑ fruit/veg

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

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Tylenol #3			

(b)(6)-2 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)
Keep dressing on (R) arm for one week, Keep clean + dry		

Equipment/Supplies (Specify)

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

c own MD

(b)(6)-2 Patient/S.O. communicates understanding of follow-up instructions.

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

Stable

11. (b)(6)-2 MAS

12. Additional Information:

13. Patient Identification:

(b)(6)-4

(b)(6)-4

COPY 1 - INPATIENT RECORD COPY

MEDICAL RECORD — INTRAOPERAT[illegible] 'OCUMENT

For use of this form, see AR 40-66, the propo[illegible] ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Amb BY [illegible] (b)(6)-2

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

3. DATE 18 Sept 07 TIME PATIENT ARRIVED IN SUITE 0340

4. PATIENT IN ROOM TIME 0340 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	[illegible] (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

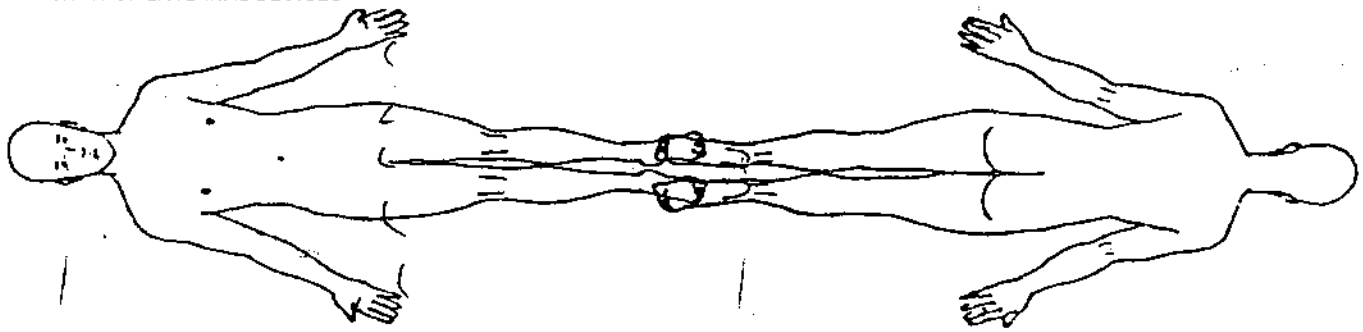
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub + Sol
SITE: (R) Hand BY WHOM: [illegible] (b)(6)-2
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☐ No					
Needle Sharp	☐ Yes ☐ No					
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

(b)(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME; ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
0.5% marcaine		0345	Local	(b)(6)-2	(b)(6)-2

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
Normal

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)*

4X4 Xeroform
Splint (R) hand
(b)(6)-2

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

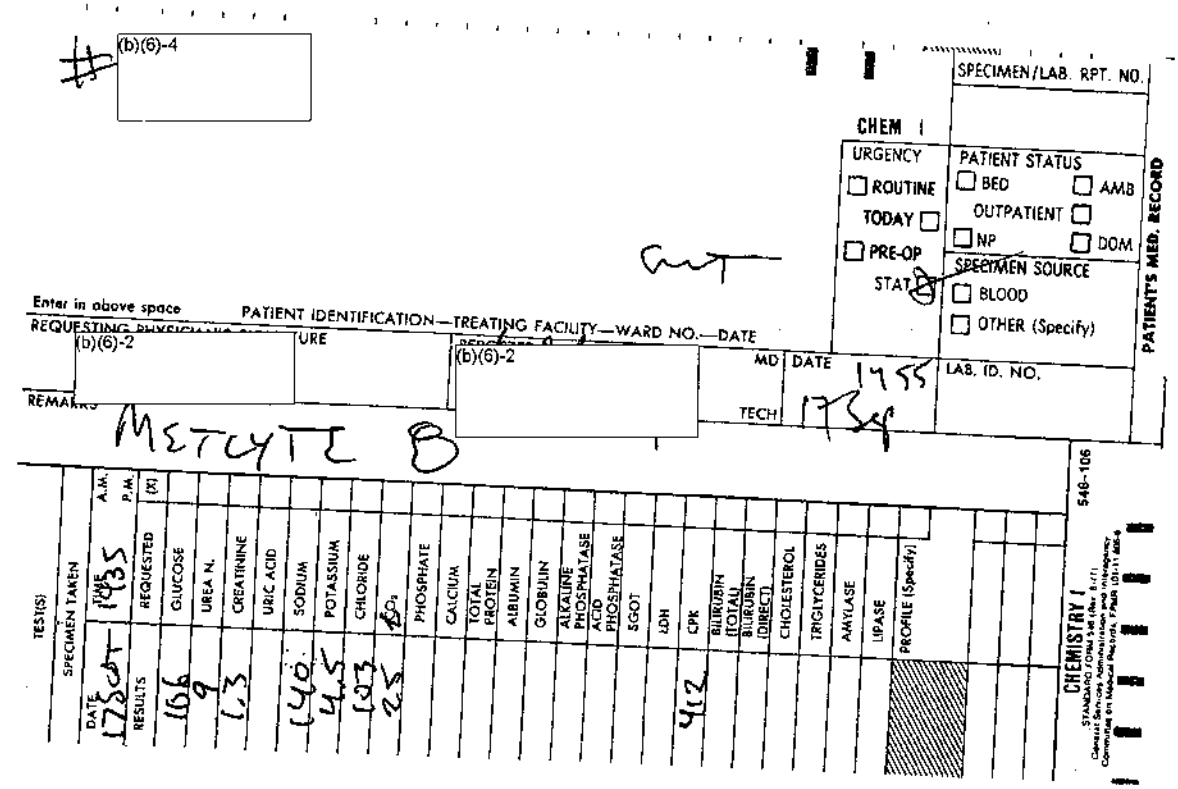
TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
I+D (R) finger

21. PATIENT TRANSFERRED TO	TIME	METHOD
WARD		AMB

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



(b)(6)-4

SPECIMEN/LAB. RPT. NO.

CHEM I

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP STAT

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2 | REPORTED BY: (b)(6)-2 | MD | DATE 17 Sept 1455 | TECH 1754

LAB. ID. NO.

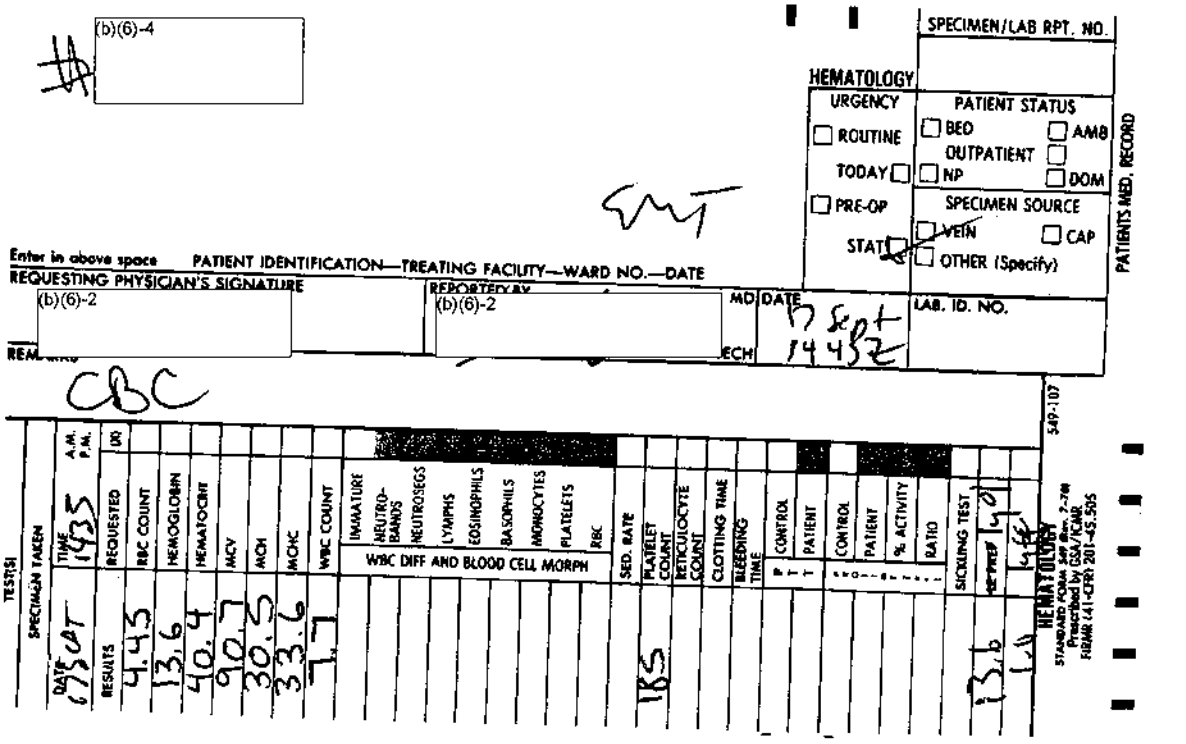
METYTE B

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	(X) REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)
	17 Sept	1435																									
RESULTS				166	9	1.3		140	4.5	103	2.5									412							

546-106

CHEMISTRY I

STANDARD FORM 545 (Rev. 8-81) Veterans Administration and Interagency Committee on Medical Records, FPMR (01-11.805-6)



(b)(6)-4

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP STAT

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

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

PATIENTS MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2 | REPORTED BY: (b)(6)-2 | MD | DATE 17 Sept 1452 | TECH

LAB. ID. NO.

CBC

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	(X) REQUESTED	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PROTIME: CONTROL	PROTIME: PATIENT	PTT: CONTROL	PTT: PATIENT	PTT: % ACTIVITY	PTT: RATIO	SICKLING TEST
	17 Sept	1435																												
RESULTS				4.45	13.6	40.4	90.7	30.5	33.6	7.7										185										13.6

549-107

HEMATOLOGY

STANDARD FORM 545 (Rev. 8-81) Prescribed by GSA/ICMR FIRMR (41-CFR) 201-45.505

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examina

EXAMINATION(S) REQUESTED

(R) hand

AGE 35 SEX M SSN (Sponsor) (b)(6)-2

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print) (b)(6)-2

TELEPHONE/PAGE NO.

SIGNATURE (b)(6)-2

DATE REQUESTED 17 Sept 03

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

3rd old injury to 3rd - 4th - 5th digits (R)

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
17 Sept 03		

RADIOLOGIC REPORT

Distal tuft amputation middle finger
Distal turf fracture of ring finger

(b)(6)-2

1915 hrs
17 Sep 03

(b)(6)-2

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

354.0. LN

(b)(6)-4

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 3362 TATION IT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	A F	(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19680101	359	X	9	muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		99 20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1430	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	~~K70~~ K78	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0	ICW	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1 Bagram Afghanistan	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
05		030918	

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
		030917

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
	(b)(3)-1	030917

FOR LOCAL USE

Dx 8860
81612
E9190

Pr 843
7964
9659
9354

Inj Trauma
989 9

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

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

Field	Entry
1. REGISTER NUMBER	(b)(6)-4
2. NAME (Last, First, MI)	(b)(6)-4
3. GRADE	
4. SEX	M
5. AGE	37
6. RACE	
7. RELIGION	Muslim
8. LENGTH OF SVC	
9. ETS	
10. PREVIOUS ADMISSION	
11. FMP	99
12. SSN	
13. ORGANIZATION	
14. WARD	ICW
15. FLYING STATUS	
16. RATING/DSG	
17. DEPT./GEN	
18. BRANCH/CORPS	
19. UIC/ZIP	
20. TYPE CASE	BC
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	
22. HOURS OF ADMISSION	1020Z
23. CLINIC SERVICE	AABA
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	
25. TYPE DISPOSITION	05
26. DATE OF DISPOSITION	03 Sept 27
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	
27b. TELEPHONE NO.	
28. DATE OF THIS ADMISSION	03 Sept 26
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	
30. DATE OF INITIAL ADMISSION	03 Sept 26
31. SELECTED ADMINISTRATIVE DATA	
32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED	
ADMISSION REMARKS	
ADMITTING OFFICER	

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

GSW (R) buttocks c̄ retained bullet

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

retained bullet (R) posterior medial deep upper thigh-buttocks

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
				2	

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				2	

(b)(6)-2 LTC WEUGAR

SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER (b)(6)-2 Syke

DA FORM 3647, EDITION OF 1 AU... USAPPC V1.10

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
	Admit Note / Surg consult
9/26/03	SP Klotishikoff rifle GSW (R) buttock yesterday
11:25	debrided in Ghazni local hospital presents for
	consideration of removal. No other injuries
	comfortable c peripheral nerve anesthesia
	Exam (R) cleaned/debrided entry wnd (R) lat buttock
	full pedal pulses LT/motor intact distally
	R-Chr C-neg
	FSNT c HSM/masses
	11.6) 16.8 / 48.5 (242 147/103 / 4.5/23 13 (1.6) 98
	UA ⊖
	ST Xray - shows deep bullet posterior medial
	high thigh-buttock adj pelvis
	Asses - well lodged deep bullet c good
	myocutaneous coverage, removal would be very
	extensive debridement of clean areas
	risks > benefit
	Plan - Admit/observe overnight Dc in am.
	(b)(6)-2 LTC MC USAR
9/27/03	0400 Surg
	comfortable NBS
	Fris clean/dry looks pretty good expulsion
	leg well Dc today - SD Rx Percocet/Ancef

(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. (b)(6)-2

WARD NO. 42 MC USAR

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

EMERGENCY CARE AND TRE[...]ENT *(Medical Record)*

TREATMENT FACILITY: BAF (b)(3)-1

LOG NUMBER

ARRIVAL				TRANSPORTATION TO HOSPITAL *(Attach care enroute sheet)*	CURRENT MEDS. *(tetanus immunization and other data)*	HISTORY OBTAINED FROM
DATE			TIME	☐ PRIVATE VEHICLE		☒ PATIENT ☐ OTHER *(Specify)*
DAY	MONTH	YR.		☒ AMBULANCE		ALLERGIES
26	SEPT	03	1020Z	☐ OTHER *(Specify)*		NKDA

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

HOME TELE. NO. *(Inc. area code)*

CHIEF COMPLAINT(S) *(Include symptom(s), duration)*: GSW to Ⓡ thigh to buttock

SEX: M AGE: 37

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS			
TIME	1024		
BP	148/88		
PULSE	87		
RESP.	16		
TEMP.	98.6/0		
WT. (Child)			

CATEGORY *(See reverse)*
- EMERGENT
- URGENT
- NON-URGENT

ORDERS	INITS.	TIME
[illegible] (b)(6)-2		
[illegible]		
Xray Ⓡ thigh, pelvis		
[illegible]		
[illegible] (b)(6)-2		
[illegible] (b)(6)-2		

ASSESSMENT/DIAGNOSIS

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

Shot in Ⓡ buttock/upper thigh yesterday. Treated by local hospital in Ghazni then by U.S. medics.
Ø numbness Ø weakness ⊕ pain
Ø blood in stool Ø blood in urine

Heent: NCAT PERRL EOMI [illegible]
TMs ⊖ [illegible]
Chest: CTA
Car: RRR Ø [illegible]
Lungs: CTA
Abd: soft NT ND ⊕ BS
Ext: MAE, Ⓡ upper lateral thigh
⊕ pain [illegible] 3 cm [illegible] GSW thigh ⊖ bleeding
Spine ⊖ [illegible]
⊖ testes/scrotum swelling
Neuro: [illegible] 2+ [illegible]

A/P: GSW to Ⓡ lateral thigh

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

CONDITION UPON RELEASE	
IMPROVED	☒ UNCHANGED
DETERIORATED	

TIME OF RELEASE: 1140

(b)(6)-2 (CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION *(Mechanical imprint)* (b)(6)-2 (FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[...]ND ID ST (b)(6)-2

INSTRUCTIONS TO PATIENT *(Include [...] ns and follow-up plans)*

(b)(6)-2

General Surg

Admit General Surg

(b)(6)-4 LN Male

374.0

EMERGENCY CARE AND TREATMENT

Medical Record Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time	2. Discharge to: ☒ Home Other (specify)	4. Accompanied by: (b)(6)-2
3 Nov 03	3. Mode: ☐ Ambulatory Other (specify) (b)(6)-2	

5. Activity: ☐ Limitations (specify)

unrestricted

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

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

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

7. Medications: ☐ No Medication Required

Name of Medication	Dosage	Frequency of Medication	Special Instructions
Keflex	take 2 capsules	three times per day	until all are gone. (Antibiotic)
Percocet	one tablet	every 4 hours	as needed for pain.

X 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)
Change dressing once a day morning		
instructed		

Equipment/Supplies (Specify)

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

follow up in 5days (03 Oct 03)

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

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

stable

11. Signature (Registered Nurse) (b)(6)-2 RN

12. Additional Information:

13. Patient Identification:

(b)(6)-4

(b)(6)-2

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.

Civil affairs

318. (b)(3)-1

231- (b)(3)-1 medops

(b)(3)-1

SM (b)(6)-2 Surg. cell

(b)(3)-1 (b)(6)-2 ops G3

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: 26 SEP 03 pt # (b)(6)-4

PATIENT'S NAME		TEMP	PULSE	RESP	B/P	POX%	~~BM~~ Neuro V's	INITIAL
date 26 SEP	time 1200	96.8	96		134/73	90%		(b)(6)-2
26 Sept	1440	100.1	94	24	131/79			
27	0300	98.1	88		131/88	93%		

DA FORM 3950, JUN 91 — Previous editions are obsolete. — USAPA V1.01

HEMATOLOGY

TEST(S)

SPECIMEN TAKEN

DATE 26 Sept 03 TIME 1042 A.M./P.M.

RESULTS	REQUESTED	(X)
5.75	RBC COUNT	
16.8	HEMOGLOBIN	
48.5	HEMATOCRIT	
84.3	MCV	
29.3	MCH	
34.8	MCHC	
11.6	WBC COUNT	
11	WBC DIFF AND BLOOD CELL MORPH — IMMATURE	
24	NEUTRO-BANDS	
31	NEUTROSEGS	
34	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
240	PLATELETS	
normal	RBC	
	SED. RATE	
242	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PT — CONTROL	
	PT — PATIENT	
	PTT — CONTROL	
	PTT — PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
33.8	LY/PREP	
3.9	LYM	

REMARKS CBC 7 WBC & diff, Plts

(b)(6)-2

- In above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

DATE 26 Sept 03 1042

EMT

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.

PATIENTS MED. RECORD

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

(b)(6)-4 374.0 LW Male

URINALYSIS

TEST(S)

SPECIMEN TAKEN

DATE 26 Sept 03 TIME A.M./P.M.

RESULTS	REQUESTED	(X)
	ROUTINE	
yellow	COLOR	
1.010	SPECIFIC GRAVITY	
6.2	UROBILINOGEN	
trace	OCCULT BLOOD	
neg	BILE	
neg	KETONES	
neg	GLUCOSE	
trace	PROTEIN	
7.5	pH	
	MICROSCOPIC	X
NSN	WBC	
NSN	RBC	
NSN	EPITH CELLS	
NSN	CASTS — WBC	
NSN	CASTS — RBC	
NSN	CASTS — HYALINE	
NSN	CASTS — GRANULAR	
NSN	BACTERIA	
NSN	CRYSTALS	
NSN	MUCUS	
neg	NITRITE	
neg	Leuko	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

REMARKS UA c micro

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

TECH MD DATE 26 Sept 03

EMT

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

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

SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)

LAB. ID NO.

SPECIMEN/LAB RPT. NO.

PATIENTS MED. RECORD

URINALYSIS Standard Form 550 (Rev. 4-77) General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505 550-107

(b)(6)-4 374.0 LW Male

(b)(6)-4 374.0 LW Male

CHEM 1

SPECIMEN/LAB. RPT. NO.

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

EMT

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

REQ (b)(6)-2 REPORTED BY MD (b)(6)-2 DATE 26 SEPT 03 1054 LAB. ID. NO.

REMARKS Met lyte 8

TEST(S) SPECIMEN TAKEN DATE 26 Sept 03 TIME 1042

REQUESTED	RESULTS
GLUCOSE	98
UREA N.	13
CREATININE	1.6
URIC ACID	
SODIUM	147
POTASSIUM	4.5
CHLORIDE	103
CO_2	23
PHOSPHATE	
CALCIUM	
TOTAL PROTEIN	
ALBUMIN	
GLOBULIN	
ALKALINE PHOSPHATASE	
ACID PHOSPHATASE	
SGOT	
LDH	
CPK	246
BILIRUBIN (TOTAL)	
BILIRUBIN (DIRECT)	
CHOLESTEROL	
TRIGLYCERIDES	
AMYLASE	
LIPASE	
PROFILE (Specify)	

CHEMISTRY I STANDARD FORM 546 (Rev. 4-77) PRESCRIBED BY GSA ICMR FIRMR (41 CFR) 201-45.505 546-107

MEDCOM - 3370

PO[illegible]ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 1150 **Procedure:**

ASA: 2 **Allergies:** NKDA **EBL:**

U.O. in OR: Foley **Drains:** Y2 penrose (R) upper ext

Fluids Received in OR: Type LR/0,9 **Amount** 700

Anesthesia: General LMA

Time	1150	1200	1215								
Temp	96.1										
HR	100	100	102								
RR	26	27	23								
BP	120/64	127/76	100/78								
O2 Sat	88	90	95								
Activity	0	0	2								
Resp	1	1	1								
Circ	2	2	2								
Consc	0	0	1								
Color	2	2	2								
Total	5	5	8								

Notes:

MSO4 10 Zofran 6 mg
Fentanyl 5 cc Zantac 50 mg
Versed 5 mg Reglan 10 mg

Transferred to: **Via:** **Report to:**

Name: #(b)(6)-4 **Date:**

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED: PA/Lateral (R) Thigh/hip

AGE | SEX | SSN (Sponsor) | WARD/CLINIC: EMT | REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print): (b)(6)-2

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

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

SIP GSW Entry but no exit

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
26 Sep 03		

RADIOLOGIC REPORT

Bullet lodging (in thigh) → ~~just inf~~ at location corresponding to end of entry site & track. On AP view just inferior to level of int pubic ramus and on lat view posterior to femur.

Discussed c Dr. (b)(6)-2

(b)(6)-2

1600L

26 Sep 03

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 3372

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED: iliac crest thru Mid Femur CT Scan proximal (R) Thigh/Buttock

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	M		outpt	(b)(6)-4

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print): (b)(6)-2

TELEPHONE/PAGE NO.

(b)(6)-2

DATE REQUESTED: 10/2/03

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

GSW'd retained schrapnel - bullet
define location / proximity to vessels / bone

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
10/2/03		

RADIOLOGIC REPORT

Bullet lodged approx 4cm below symphysis pubis in region of gracilis and Adducter Longus/Brevis muscles.

loss of homeplanes (bullet track in Iliopsoas & sartorius muscle groups

(b)(6)-2 RVOL 20ct03

TS

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 3373 RT ORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-00-634-4165

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

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Exploration debridement / removal of bullet

B. STATEMENT OF REQUEST

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

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

Exploration - removal of bullet - debridement

Risks - bleeding, infection, need for additional surgery

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

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

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

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

(If "none", so state)

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

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

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

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

(b)(6)-2 MD

(Signature of Counseling Physician/Dentist)

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

(b)(6)-2 (b)(6)-2 10/02/03 11:30 am.

(Signature of Witness, excluding members of operating team) *(Signature of Patient)* *(Date and Time)*

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

(Signature of Witness, excluding members of operating team) *(Signature of Sponsor/Legal Guardian)* *(Date and Time)*

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

REGISTER NO.	WARD NO.

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

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

USAPPC V2.00

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# (b)(6)-4 [redacted] 9/26/03 1200 (b)(6)-2 [redacted]		DATE OF ORDER 9/26/03 TIME OF ORDER 11:30 HOURS Admit ICW to return home tomorrow VS per routine c per... vascular/neuro ... ... walk c crutches assist ... prn Percocet ... po (b)(6)-2 [redacted]	
NURSING UNIT: ICW / ROOM NO.: / BED NO.: 10			
PATIENT IDENTIFICATION # (b)(6)-4 [redacted]		DATE OF ORDER / TIME OF ORDER / HOURS Cefazolin ... ... Diet as tolerated ... ... in am. ... ... c problems ... in clinic ... wound in 1-2 wks saline damp to dry dressing Δ ... (b)(6)-2 [redacted] LTC MC USAR	
NURSING UNIT: ICW / ROOM NO.: / BED NO.: 10			
PATIENT IDENTIFICATION		DATE OF ORDER / TIME (b)(6)-2 [redacted] HOURS 9/27/03 0600 D/c to home f/u ... in clinic (b)(6)-2 [redacted] LTC MC USAR	(b)(6)-2 [redacted] 27SEP03
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.

CLINICAL RECORD

THER... EUTIC DOCUMENTATION CARE PLA... ...ON-MEDICATION)

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

Mo. Sept Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30
9/26		VS Routine	D	(b)(6)-2			
			N				
9/26		CMS √ RLE	D				
			N				
9/26		Tw/crutches	D				
			N				
9/26		DAT (dietastol.)	D				
			N				
9/26		Saline damp/dry dressing Δ q dRLE	06	X			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	-----	Admit 1Cw				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
-----	-----	Motrin (adult) 200-800mg po Q4H PRN for pain	
9/26	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	
-----	-----	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain	
-----	-----	Ambien (Zolpidem) 10mg po at HS PRN for sleep	
-----	-----	Benadryl (Diphenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1	
-----	-----	Maalox 1-2 tabs po Q2H PRN for GI upset	
-----	-----	Milk of Magnesia 30cc po QD PRN for constipation	
-----	-----	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN	
-----	-----	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation	
-----	-----	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea	

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.

Sept 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 26 27
9/26	(b)(6)-2	Ancef 1gm q8°	02	X (b)(6)-2
			10	(b)(6)-2
			18	
9/26	(b)(6)-2	SL IV	D	(b)(6)-2
			N	

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 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

Verify by Initialing		THE...PEUTIC DOCUMENTATION CARE PLA... (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	- - - - -					
	- - - - -					
	- - - - -					
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	- - - - -					
	- - - - -					
	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
- - - - -	- - - - -	Motrin (adult) 200-800mg po Q4H PRN for pain														
9/26	(b)(6)-2	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	26 Sep 2002 (b)(6)-2	0500 27 Sept (b)(6)-2												
- - - - -	- - - - -	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain														
- - - - -	- - - - -	Ambien (Zolpidem) 10mg po at HS PRN for sleep														
- - - - -	- - - - -	Benadryl (Dipenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1														
- - - - -	- - - - -	Maalox 1-2 tabs po Q2H PRN for GI upset														
- - - - -	- - - - -	Milk of Magnesia 30cc po QD PRN for constipation														
- - - - -	- - - - -	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN														
- - - - -	- - - - -	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation														
- - - - -	- - - - -	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea														

USAPA V1.00

ADMISSION AND CODING INFORMATION

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

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

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15 / (b)(6)-4	(b)(6)-4	16 17	18 / M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26 / 1 9 6 6 0 1 0 1	27 28 29 / 0 3 7	30	31	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 / ~~09~~ 20	37 38 39 40 41 42 43 44 45 / (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1020Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 / ~~K 7 6~~ K790	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	ICU	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
73 74 / 0 5	75 76 77 78 79 80	81 82 83 84 85 86 / 0 3 0 9 2 7

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
87 88 89 90 / A ~~A~~ B A	91 92 93 94 95 96	97 98 99 100 101 102 / 0 3 0 9 2 6

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
103 104	105 106 107 108 109 110	111 112 113 114 115 116 / 0 3 0 9 2 6

FOR LOCAL USE

Inj Trauma
450 1

Dx: 8901
E9912

Pr: 8302

ADMITTING OFFICER (Signature as required) (b)(6)-2 — LTC MC USAR

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

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE — USAPPC V1.00

.TIENT TREATMENT RECORD COVER .ET

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

1.	2. NAME (Last First MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	23		muslim			

11. EMP	12. SSN	13. ORGANIZATION	14. WARD
28			ICU

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
					DIS

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
E	1700Z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	Home	07 Oct 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		01 Oct 03	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 BAGRAM AFGHANISTAN	01 Oct 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

1. Revision Ex-Fix (Lt) c I+D
2. STSG (Rt) 8 Oct 03

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
				7	7

36. Total Days All Facilites

a. ABSENT (b)(6)-2	CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
			7	7

SIGNATURE OF

SIGNATURE OF PAD OF MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM

EDITION OF 1 AUG 75 IS OBSOLETE

USAPPC V1.10

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	CRS
10 Oct 03	23 yo afghan male suffered GSW to (L) LE on 26 Sept 03
	Init Rx: ex fix + I+D: subsequent I+D
	PE: NVI (L) LE Ex fix in good position Decr clean X-ray: Ex dist-l tib fib: bone loss in good alignment
	A/P Admit Cat Abx Repeat I+D / skin grft in AM

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
452ND CSH			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

#(b)(6)-4

Local Atg Law

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

Kandahar

MEDICAL RECORD - NURSING DISCHARGE SUMMARY

For use of this form, see AR 40-407; the proponent agency is OTSG

1. Date/Time	2. Discharge to: ☒ Home Other (specify)	4. Accompanied by:
7 OCT 03	3. Mode: ☒ Ambulatory Other (specify)	Air Force

5. Activity: ☐ Limitations (specify)

Up c crutches

_____ 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
Percocet	1-2	every 4-6 hours as needed for pain.	

_____ 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)
Clean pin sites as instructed		
Change LE dressing in 4-5 days as instructed		

Equipment/Supplies (Specify)

9. Follow-up: You should be seen in PST Kandahar clinic in ~~1 week~~ (time period).

return to Bagram ER in one month 11-7-03

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

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

Stable

11. Signature/Designation of Nurse (b)(6)-2 WHAT

12. Additional information:

13. Patient Identification

(b)(6)-4

F

COPY 1 - INPATIENT RECORD COPY

MEDICAL RECORD	PROGRESS NOTES
DATE	
01OCT03 1800	1) 23 y/o Afghan to ICW from EMT. GSW to LLE on 26SEP03. Appears A+O x 3. No other apparent injuries. External fixator in place. Given PRN pain meds per request as well as IV antibiotic. NPO p midnight for OR in AM. A/P) Continue to monitor — (b)(6)-2 556 AW
02OCT03 0830Z	Returned from recovery S/P I&D & dressing Δ in OR. Alert, responsive. (L) leg c external fixator and dressing C/D/I. Scheduled for another dressing Δ 05 October. Drinking sips of H2O3 difficulty. (L) leg ↑ on pillow. Appears comfortable at this time. Will monitor — SPC (b)(6)-2
4 OCT 03 1430	Pt spent a lot of time outside. Wanted to get away from Pt next to him b/c of odor giving him a headache. c/o pain in the Leg. Receive Morphine first, Percocet 2nd time. Requests the injection. (L) leg ↑ on pillow. Resting quietly at this time. Will cont. to monitor. — (b)(6)-2 N.S.
7OCT	D/C Note: S/S: Written instructions/medical supplies provided. A/P: Pt for home D/C, f/u c Kandahar PST at 111 in 1 month. — (b)(6)-2 MAT

(Continue on reverse side)

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

(b)(3)-1

REGISTER NO.

WARD NO. ICW

(b)(6)-4

ICW
Bed #2

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

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

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL

DATE (DAY / MONTH / YR.)	TIME
01 Oct 03	1700

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): [ ] PRIVATE VEHICLE [X] AMBULANCE [ ] OTHER (Specify)

CURRENT MEDS. (Include immunization and other data): Ancef, gent

HISTORY OBTAINED FROM: [ ] PATIENT [X] OTHER (Specify)

ALLERGIES:

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

HOME TELE. NO. (Inc. area code):

CHIEF COMPLAINT(S) (Include symptom(s), duration): Tib / Fib Fracture

SEX: M

AGE:

POSSIBLE THIRD PARTY PAYER? [ ] YES [ ] NO

TIME SEEN BY PROVIDER:

VITAL SIGNS

TIME	1700		
BP	134/70		
PULSE	84		
RESP.	16		
TEMP.	98		
WT. (Child)			

CATEGORY (See reverse)

- EMERGENT
- URGENT
- X NON-URGENT

ORDERS	INITS.	TIME
MS 4mg	(b)(6)-2	1705

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

GSW to (L) lower leg on 26 Sept - surg. c ext. fixator. Hx large soft tissue loss sent from Kandahar "needs skin graft" 2340 07 AMF. currently on Ancef + Gent. - Pt had operation 29 Sep - ex fix, sharp debridement + copious irrigation < Dose Gent @ 1405 Z

PE A+Ox3

Wzgs occas. rhonchi that clears c deep inspiration

Cor: nml

ABD soft ∅ distention

Ext: good DP pulse (L). ExFix in place dressings not removed.

X-Ray

135 | 98 | 8 / 4.8 | 24 | 0.9 > 98

(0.4) 9.0 / 26.6 < 492k

ASSESSMENT/DIAGNOSIS

(L) Tib Fib Fx S/P GSW

DISPOSITION (Check all that apply)

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

CONDITION UPON RELEASE

- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

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

#(b)(6)-4

Local Afghan

SIGNATURE OF PROVIDER AND ID STAMP

(b)(6)-2 MAJ MC

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

MEDICAL RECORD

INTRAOPERATIV[illegible]CUMENT

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING RO[illegible] (b)(6)-2
VIA Gurney BY

2. PATIENT IDENTIFIED [illegible]ORD REVIEWED AND PROCEDURE
VERIFIED BY (b)(6)-2

3. DATE 20 Oct 03 TIME PATIENT ARRIVED IN SUITE (b)(6)-4

4. PATIENT IN ROOM
TIME 0625 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Sgt (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Maj (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

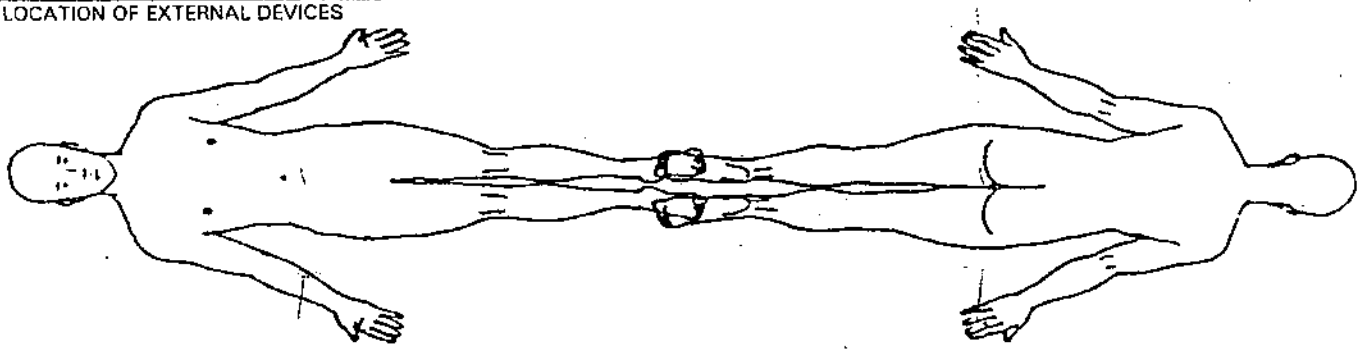
COMMENTS:

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)* Betadine Scrub & Sol
SITE Mid thigh to foot BY WHOM:
SITE Circumferential BY WHOM:
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☒ No					
Needle Sharp	☐ Yes ☒ No					
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical (b)(6)-4*

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____
☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____
☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Kerlix Coban

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

Reposition Ex-fix - I & D

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	0720	Gurney

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

REVERSE OF DD FORM 3173-1, OCT 87

USAPA V1.01

MEDICAL RECORD

INTRAOPERATIV[illegible]CUMENT

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA WIC BY (b)(6)-2

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

3. DATE 5 Oct 03 TIME PATIENT ARRIVED IN SUITE 0325

4. PATIENT IN ROOM TIME 0325 NUMBER 11 (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

NURSING PERSONNEL	(b)(6)-2		
ASSIGNED SCRUB	Sgt	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MSg (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

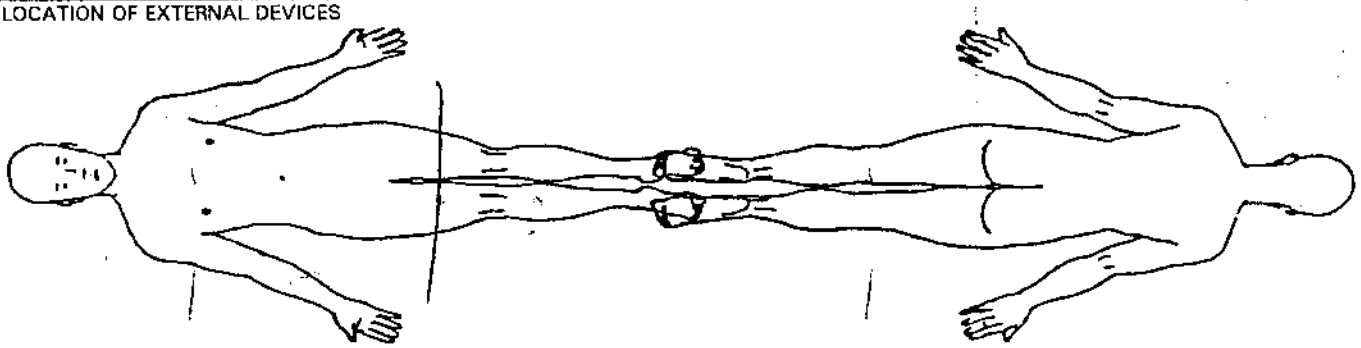
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub / Sol
SITE: Abd - Toes BY WHOM: (b)(6)-2
SITE: Groin, Circumference BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap = = = Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No		✓		Sgt (b)(6)-2	MSg (b)(6)-2
Needle Sharp	☒ Yes ☐ No		✓		Sgt (b)(6)-2	MSg (b)(6)-2
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

11 (b)(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Mupirocin					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): Normal

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S (b)(6)-2

15. X-RAY IN YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
Kerlix
Cotton Balls
Coban

19. ADDITIONAL INFORMATION
Start -0345

20. OPERATION(S) PERFORMED
I+D STSG (2) lower leg

21. PATIENT TRANSFERRED TO ICU TIME 0450 METHOD Gurney

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

REVERSE (b)(6)-4

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

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

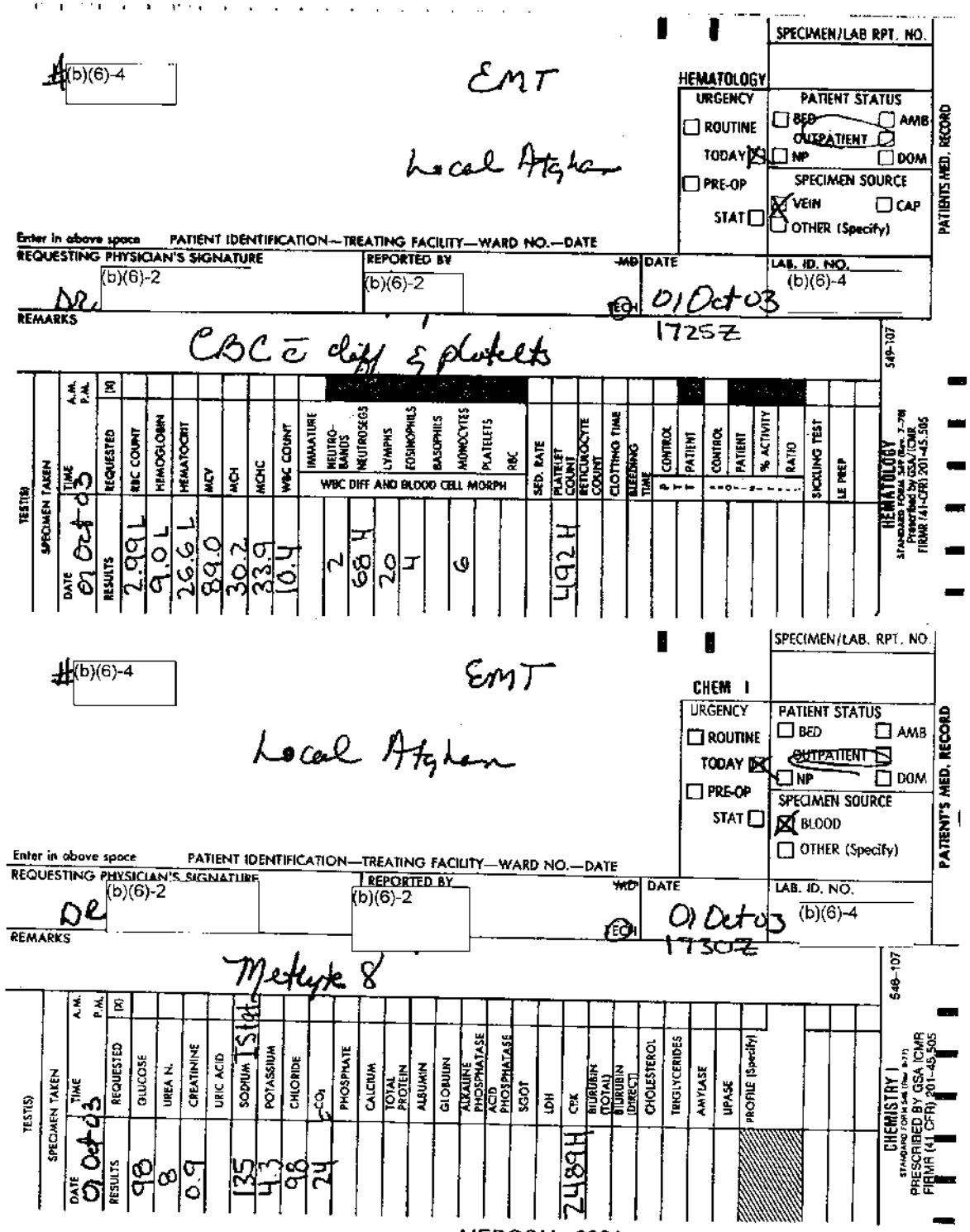
WARD: ICW

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: OCT pt # 424

PATIENT'S NAME: (b)(6)-4

date	time	TEMP	PULSE	RESP	B/P	POX%	BM	INITIAL
1	1700	98'	84	16	134/70	98%		(b)(6)-2
2	0295	99.5	92	20	138/55	96%		
	1400	98.3	96	16	116/46	92%		
10/3	0230	99.2	95	16	98/57	95%		
3	1500Z	97.8	108	20	122/68	94%	—	
10/4	~~1500~~ 0300	97.4	89	16	115/64	97%		
		99.0	98 mw	20	105/43	98		
10/5	0255	98.1	89		120/58	97%		
10/5	1745Z	99.1	62	18	118/60	98%		
10/6	0300Z	98.6	97	20	125/57	99%		



#(b)(6)-4

EMT

Local Afghan

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

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: DR (b)(6)-2

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

DATE: 01 Oct 03 1725Z

LAB. ID. NO.: (b)(6)-4

REMARKS: CBC c diff & platelets

TEST(S)	SPECIMEN TAKEN DATE	TIME	A.M. P.M.	[X]	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED. RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PTT: CONTROL	PTT: PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
	01 Oct 03																																
REQUESTED																																	
RESULTS					2.99 L	9.0 L	26.6 L	89.0	30.2	33.9	10.4		2	68 H	20	4		6			492 H												

549-107

HEMATOLOGY
STANDARD FORM 548 (Rev. 3-79)
Prescribed by GSA/ICMR
FIRMR 741-CFR) 201-45.505

#(b)(6)-4

EMT

Local Afghan

CHEM 1

SPECIMEN/LAB. RPT. NO.

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

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

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

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

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

DATE: 01 Oct 03 1730Z

LAB. ID. NO.: (b)(6)-4

REMARKS: Metsyte 8

TEST(S)	SPECIMEN TAKEN DATE	TIME	A.M. P.M.	[X]	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM TSH	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)
	01 Oct 03																												
REQUESTED																													
RESULTS					98	8	0.9		135	4.3	98	24									2489 H								

549-107

CHEMISTRY 1
STANDARD FORM 548 (Rev. 3-79)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I+D/Revise ExFix (L) Lower ext

(b)(6)-2

ITEM	START	STOP
Anesthesia	0625	
Procedure	0645	0910

DATE: 020CT03 | OR NO.: 8 | PAGE 1 OF | SURGEON(S): (b)(6)-2

PRE-PROCEDURE
☐ Identified ☐ ID Band ☐ Questioning ☐ Chart Review ☐ Permit Signed ☐ NPO Since 2MN
Pre-anesthetic State: ☐ Awake ☐ Calm ☐ Apprehensive ☐ Asleep ☐ Uncooperative ☐ Confused ☐ Unresponsive

PATIENT SAFETY
☐ Anes. Machine # 11 Checked ☐ Safety Belt On ☐ Axillary Roll ☐ Arm Restraints ☐ Arms Tucked ☐ Pressure points checked and padded ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
☐ Steth ☐ Esoph ☐ Precord ☐ Other ☐ Non-Invasive B/P ☐ Nerve Stimulator ☐ Continuous EKG ☐ V Lead EKG ☐ Pulse Oximeter ☐ Oxygen Analyzer ☐ End Tidal CO_2 ☐ Resp Gas Anlyzr ☐ Temp ☐ EEG ☐ Warming Blanket ☐ Fluid Warmer ☐ Airway Humidifier ☐ ☐ NG/OG Tube ☐ Foley Catheter ☐ Art Line ☐ CVP ☐ PA Line ☐ IV(s) 18 L AC ☐

ANESTHETIC TECHNIQUES
Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
General: ☐ Pre-O_2 ☐ LMA ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
Regional: ☐ Position ☐ Prep ☐ Local ☐ Needle ☐ Drug(s) ☐ Dose ☐ Attempts x ☐ Site ☐ Level ☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT
☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Dif. see Rmks ☐ Fiber Op ☐ Stylet ☐ Attempts x ☐ Blade ☐ Tube size ☐ Endobronchial ☐ Regular ☐ RAE ☐ Armored ☐ Laser ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS ☐ Uncuffed, leaks at ___ cm H_2O ☐ Secured at ___ ☐ $ETCO_2$ Present ☐ Breath Sounds Bilat ☐ Circuit: ☐ Circle ☐ Non-rebreathing ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural ☐ Mask Case ☐ Via Tracheostomy ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM
Time 0916 | B/P 120/56 | O_2 Sat 94
☐ PACU ☐ ICU ☐ L&D | P 71 | R 16 | T 97.6
☐ Awake ☐ Spont Resp ☐ Oral Airway ☐ Asleep ☐ Ventilator ☐ Nasal Airway ☐ Stable ☐ Extubated ☐ Face Shield O_2 ☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider | Witness

TIME: 0600 · 0630 · 0700 · 0730 · 0800 · 0830 · 0900

Item						TOTALS
☐ Hal ☐ Enf ☐ Iso ☐ Sevo (%)	6.5 4	3.5	3.5	1.5 / off		
☐ N_2O ☐ Air (L/min)						
Oxygen (L/min)	2					
Zofran (mg)						
Fentanyl (cc)	2	2	6	1		
Versed (mg)	5					
Lido (mg)	50					
Propofol (mg)	200					
LR				600		
Urine (ml)	Ø Foley					
EBL (ml)	50	50	100			
EKG	SR SR	SR	SR	SR		
% O_2 Inspired (FiO_2)	80 77	76	76	76		
O_2 Saturation (SaO_2)	100 99	99	99	99		
End Tidal CO_2	40 56	58	62	62		
Temp: ☐ °C ☐ °F						

Baseline Values: B/P 120/76 · P 90 · R 22

VITAL SIGNS (grid 20–200): B/P plotted ~120/60; SV recorded in resp row.

Tidal Vol. (ml)	
Resp. Rate	
Peak Pres. (cm H_2O)	
PEEP (cm H_2O)	
Symbols for Remarks	①
Position	Supine

SYMBOLS: × ANESTHESIA · ⊙ OPERATION · V Λ B/P CUFF PRESSURE · ARTERIAL LINE PRESSURE · Δ MEAN ARTERIAL PRESSURE · ● PULSE · O SPONTANEOUS RESP · Ø ASSISTED RESP · ⊗ CONTROLLED RESP · T TOURNIQUET

ANESTHESIA PROVIDER(S): (b)(6)-2 CRNA

REMARKS: 0625 pt → OR, monitors, O_2, smooth IV induction LMA #4 x1 atraumatic ⊕BBS ⊕ETCO2

0916 to PACU/ICU VSSS Report to RN.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility.)

(b)(6)-4

(b)(3)-1

(b)(3)-1

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7-95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101-11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
23	☒ M ☐ F	in./cm.	150 lb./kg.	B/P 116/72 P 86 R 16 T 99.4

PROPOSED PROCEDURE
L+O Laparoscopic Repair Ex Fix

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*
?

CURRENT MEDICATIONS *(If none, check here ☐)*
MSO4
ANCef

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*
?

ALLERGIES *(If NKDA, check here ☒)*
?

AIRWAY/TEETH/HEAD AND NECK
MP II

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☒ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma Pneumonia Bronchitis Productive cough COPD Recent cold Dyspnea SOB Orthopnea Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years	Chest X-ray Pulmonary Studies
CARDIOVASCULAR Angina MI Arrhythmia Murmur CHF MVP Exercise Tolerance Pacemaker Hypertension Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction Jaundice Cirrhosis N&V Hepatitis Reflux/heartburn Hiatal hernia Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency	
NEURO/MUSCULOSKELETAL Arthritis Paresthesia Back problems Syncope CVA/stroke Seizures DJD TIAs Headaches Weakness Loss of consciousness Neuromuscular disease Paralysis	☐		
RENAL/ENDOCRINE Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain	☐		
OTHER Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history			

Ok for Laparoscopic Procedure

PROBLEM LIST/DIAGNOSES
SP GSW (L) flank exploration

ASA PS: 1, 2, (3), 4, 5, E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS
General LMA

PRE-ANESTHESIA MEDICATIONS ORDERED
None

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)
(b)(6)-2
CRNA

Signed Date Time

OPTIONAL FORM 517 BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I+D @ lower ext / STSG

ITEM	START	STOP
Anesthesia	0325	
Procedure	0345	0440

DATE: 5 Feb 03 | OR NO.: A | PAGE: 1 OF | SURGEON: (b)(6)-2

PRE–PROCEDURE
- ☐ Identified ☐ ID Band ☐ Questioning
- ☐ Chart Review ☐ Permit Signed
- ☐ NPO Since
- Pre-anesthetic State: ☐ Calm ☐ Asleep ☐ Awake ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☐ Anes. Machine # A Checked
- ☐ Safety Belt On ☐ Axillary Roll
- ☐ Arm Restraints ☐ Arms Tucked
- ☐ Pressure points checked and padded
- ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☐ Steth ☐ Esoph ☐ Precord ☐ Other
- ☐ Non-invasive B/P ☐ Nerve Stimulator
- ☐ Continuous EKG ☐ V Lead EKG
- ☐ Pulse Oximeter ☐ Oxygen Analyzer
- ☐ End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ _____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line _____
- ☐ CVP _____
- ☐ PA Line _____
- ☐ IV(s) 20 L4C
- ☐ _____

ANESTHETIC TECHNIQUES
- Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Pre-O_2 ☐ LMA
- ☐ Rapid Sequence ☐ Cricoid Pressure
- ☐ Intravenous ☐ Inhalation
- ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position _____
- ☐ Prep _____ ☐ Local _____
- ☐ Needle _____
- ☐ Drug(s) _____
- ☐ Dose _____ ☐ Attempts x _____
- ☐ Site _____ ☐ Level _____
- ☐ Catheter _____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☐ Oral ☐ Nasal
- ☐ Direct Vision ☐ Magill's ☐ Blind
- ☐ Dbl. see Rmks ☐ Fiber Op ☐ Stylet
- ☐ Attempts x ☐ Blade
- ☐ Tube size ☐ Endobronchial
- ☐ Regular ☐ RAE(O) Armored ☐ Laser
- ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS
- ☐ Uncuffed, leaks at _____ cm H_2O
- ☐ Secured at _____ ☐ ET CO_2 Present
- ☐ Breath Sounds
- ☐ Circuit: ☐ Circle ☐ Non-rebreathing
- ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	B/P	O_2 Sat %	T
0445	125/62	98	
PACU			
ICU O L&D	99	98	T

- ☐ Awake ☐ Spont Resp ☐ Oral Airway
- ☐ Sleep ☐ Ventilator ☐ Nasal Airway
- ☐ Stable ☐ Extubated ☐ Face Shield O_2
- ☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Provider		Witness	

TIME: 0300 : 0330 : 0400 : 0430 : 0500

AGENTS
- ☐ H_2 ☐ Enf ☐ Iso (%): 1.5 1.5 1.5 1.5 1
- ☐ N_2O ☐ Air (L/min): 6 2 2 2 4
- Oxygen (L/min)
- Propofol (mg): 200
- Lidocaine (mg): 50
- Versed (mg): 5
- Fentanyl (mcg): 3 1

FLUIDS
- LR
- Urine (ml): 0 100
- EBL (ml): <50 <50 100

MONITORS
- EKG: SR SR SR SR SR SR
- % O_2 Inspired (FIO_2): 83 83 83 83 83
- O_2 Saturation (SaO_2): 99 99 99 98 98 98
- End Tidal CO_2: 40 40 42 40 40 40
- Temp: ☐ °C ☐ °F

VITAL SIGNS
- Baseline Values: 139/69 B/P; 89 P; 17 R
- 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20
- SV SV SV SV SV SV

VENT
- Tidal Vol. (ml)
- Resp. Rate
- Peak Pres. (cm H_2O)
- PEEP (cm H_2O)

Symbols for Remarks: ⊙

Position: Supine

ANESTHESIA PROVIDED: (b)(6)-2 LMA

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V / Λ B/PCUFF PRESSURE
- ‡ ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- Ø ASSISTED RESP
- ⊗ CONTROLLED RESP
- T TOURNIQUET

REMARKS
0325 pt to OR A monitors O_2 LMA x 1 @ Trachea
@ 0335 @ ET CO_2
0345 procedure start
0440 procedure end SV, VSS LMA removed
0445 to ICU/PACU VSS SV
Report to RN

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name–last, first, middle; ID No. (SSN or other); hospital or medical facility.)*

(b)(6)-4 (b)(3)-1 (b)(3)-1

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
23	☒ M ☐ F	in./cm.	lb./kg.	B/P 132/63 P 100 R 18 T

PROPOSED PROCEDURE
I+D Lower ext STSG

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*
No problems

CURRENT MEDICATIONS *(If none, check here ☐)*
MSIR

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK
MP 2

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma Pneumonia Bronchitis Productive cough COPD Recent cold Dyspnea SOB Orthopnea Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray Pulmonary Studies
CARDIOVASCULAR Angina MI Arrhythmia Murmur CHF MVP Exercise Tolerance Pacemaker Hypertension Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction Jaundice Cirrhosis N&V Hepatitis Reflux/heartburn Hiatal hernia Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency ____	
NEURO/MUSCULOSKELETAL Arthritis Paresthesia Back problems Syncope CVA/stroke Seizures DJD TIAs Headaches Weakness Lose of consciousness Neuromuscular disease Paralysis	☐		
RENAL/ENDOCRINE Diabetes Renal failure/Dialysis Thyroid disease Urinary retention Urinary tract infection Weight loss/gain	☐		
OTHER Anemia Bleeding tendencies Hemophilia Pregnancy Sickle cell trait Transfusion history			

OK to proceed with procedure
(b)(6)-2
CRNA

PROBLEM LIST/DIAGNOSES
SPGSW ⓛ lower ext

ASA PS: 1 (2) 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis
Other

PLANNED ANESTHESIA/SPECIAL MONITORS
General LMA

PRE-ANESTHESIA MEDICATIONS ORDERED

(b)(6)-2
CRNA

POST-ANESTHESIA NOTE

Signed Date Time

OPTIONAL FORM 517 BACK

POST ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0722 **Procedure:** I&D of TLB fx right not entire

ASA: _____ **Allergies:** _____ **EBL:** 100 ml

U.O. in OR: _____ **Drains:** _____

Fluids Received in OR: Type _____ **Amount** 500cc LR

Anesthesia: 5 cc 1% lidocaine 5 mg Versed 6 mg Morphine

Time	0720	0735	0750	0810							
Temp	94.5										
HR	96	94	91	107							
RR	25	9	15	12							
BP	206/66	137/68	149/75	132/80							
O2 Sat	91	94	93	95							
Activity	1	1	2	2							
Resp	1	2	2	2							
Circ	2	2	2	2							
Consc	1	1	1	2							
Color	2	2	2	2							
Total	7	8	9	10			1				1

Notes:

Transferred to: ICU **Via:** cutter **Report to:** _____

Name: (b)(6)-4 **Date:** 2 Oct 03

PO_ ANESTHESIA CARE UNIT FLOWSHEET

Time Received From OR: 0450 **Procedure:** I&D

ASA: _____ **Allergies:** _____ **EBL:** 100

U.O. In OR: Ø **Drains:** Ø

Fluids Received in OR: Type LR **Amount** 100

Anesthesia: _____

Time	0450	0500									
Temp	96.8										
HR	100	127									
RR	19	14									
BP	123/62	118/82									
O2 Sat	96	96									
Activity	0	2									
Resp	2	2									
Circ	1	2									
Consc	1	2									
Color	1	2									
Total	4	10				1					1

Notes:

100 mcg fentanyl 0520

Transferred to: ICU **Via:** Litter **Report to:** SGT (b)(6)-2

Name: (b)(6)-4 **Date:** 05 OCT 03

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(L) Tib / Fib		M		EMT	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) DR (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR Cpt (b)(6)-2				DATE REQUESTED 01 Oct 03

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

tib / fib FRACTURE hx GSW

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
1 Oct 03		

RADIOLOGIC REPORT

Comminuted fracture of
distal tibia
No definite fibula fx
Ankle mortise intact grossly
External Fixator hindfoot / Proximal tibia

(b)(6)-2

0620
20 Oct 03

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

(b)(6)-4

Local Atglen

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 3398

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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

Local Attached

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
1 Oct 03	____ HOURS	
- Admit ICW		
- Dx: GSW (L) Tibia		
Vitals per routine		(b)(6)-2 SSG PA 1800 01 OCT 03

PATIENT IDENTIFICATION

(b)(6)-4

Local Attached

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER	TIME OF ORDER
NPO @ MN (OR in AM)	____ HOURS
Use pain mgt pt. tool.	
Admit to ICU q 8°	

PATIENT IDENTIFICATION

(b)(6)-4

Local Attached

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER	TIME OF ORDER
	1 HOURS
Thank You.	
(b)(6)-2	

PATIENT IDENTIFICATION

(b)(6)-4

Local Attached

NURSING UNIT	ROOM NO.	BED NO.
ICW		2

DATE OF ORDER	TIME OF ORDER	
2 Oct 03	____ HOURS	
- Please prep wdes		(b)(6)-2 Noted 10/2 RN 0800
- Advance Diet as tolerated		
(b)(6)-2		

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

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

NURSING UNIT | ROOM NO. | BED NO.

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

NPO p MN 4 OCT 03

5 OCT Surgery

(b)(6)-2

(b)(6)-2

4 OCT 03

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

5 OCT 03

Restore Prep orders

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

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

Verify by Initialing		THE[illegible]PEUTIC DOCUMENTATION CARE PLA[illegible] *(NON-MEDICATION)*			Mo OCT Yr 03	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
01 OCT	(b)(6)-2	NPO p̄ MN	01 OCT	MN	0001	(b)(6)-2
10/3		800mg motrin	10/3	A	0400	
10/3		MOM	10/3	[illegible]	1030	
10/4		NPO p̄ MN	10/4	MN	0021	
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					
	- - - - -					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED													
- - - - -	- - - - -	Motrin (adult) 200-800mg po Q4H PRN for pain														
- - - - -	- - - - -	Percocet 5/325mg 1-2 tabs po Q4H PRN for pain	01 OCT 1800	01 OCT 2240	02 OCT 0300	02 OCT 1830	10/2 2230	10/3 1830	10/4 0006	10/4 1055	10/4 1500	10/4 2230	10/5 1500	10/5 2200	10/5 2350	10/5 1450
			(b)(6)-2													10/5 1455
- - - - -	- - - - -	Morphine Sulfate (MSO4) 1-10mg IV or IM Q2H-Q4H PRN for pain	10/2 0400 5mg	10/2 1150 5mg	10/2 1230 10mg	10/2 2220	10/2 1350	10/3 5mg	10/4 5mg 0710	(b)(6)-2					(b)(6)-2	
- - - - -	- - - - -	Ambien (Zolpidem) 10mg po at HS PRN for sleep	(b)(6)-2													
- - - - -	- - - - -	Benadryl (Dipenhydramine) 12.5 - 25mg po at HS for sleep. MR x 1						10/03 II	10/04 I							
								(b)(6)-2								
- - - - -	- - - - -	Maalox 1-2 tabs po Q2H PRN for GI upset														
- - - - -	- - - - -	Milk of Magnesia 30cc po QD PRN for constipation														
- - - - -	- - - - -	Bisacodyl (Dulcolax) suppository (adult) 1 rectally QD PRN														
- - - - -	- - - - -	Glycerin suppository (pediatric) 1 rectally QD PRN for constipation														
- - - - -	- - - - -	Phenergan 12.5-25mg IV or IM Q6H PRN for nausea														

USAPA V1.00

MEDCOM - 3401

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. 10 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED						
			Z	1	2	3	4	5	6	7
01 OCT	(b)(6)-2	Ancef ī gm IV	02	>	(b)(6)-2				☐	
		q 8°	10	>						
			18	(b)(6)-2						
01 OCT	(b)(6)-2	Vital Signs q shift	D	>	(b)(6)-2					
			N	(b)(6)-2						
		Percocet MS 30mg 1-2 TAB po q 4° PRN PAIN		1015 0956 ② (b)(6)-2						

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW Lower Leg Ⓛ

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ______

PATIENT IDENTIFICATION:

(b)(6)-4

ICW
Bed 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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
(b)(3)-1	A F

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19801001	23Y			muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		00	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1700Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	~~E-6~~ K-78	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
A F			YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0	1CW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1 NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: BAGRAM, AFGHANISTAN		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
05		031007

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
		031001

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
	J5048	031001

FOR LOCAL USE

Dx: V5416 Pri: 7966 (2)
V537 E849

ADMITT (b)(6)-2

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

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

AMBULANCE RUN DATA SHEET

TIME 0816 Z DATE 20 OCT 03

FLA NUMBER _____

1. PATIENT AGE ____

- ✓ ADULT
- JUVENILE
- PEDIATRIC
- INFANT

2. SEX (M) / F

3. CONDITION (STABLE) / UNSTABLE

4. TYPE OF INJURY:
HEAD INJURY - LN
HR 119 GCS- 5
BP 122/90
O^2 96%
Resp. 21 per minute

5. INTERVENTIONS PERFORMED:
2 IV NORMAL SALINE

15 MINUTES OUT

PASS THIS INFORMATION TO EMT

PATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER	2. NAME		3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4			

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	25		Muslim			

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20			ICU

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
					Inj

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
O	0850Z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	05	11 Oct 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		02Oct03	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 BAGRAM AFGHANISTAN	02Oct03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

Fall

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

CHI, Resolving (R) Hemiparesis
S/p Feeding Jejunostomy 10/6/03

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
				9	9

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
				9	9

SIGNATURE OF ATTENDING OFFICER (b)(6)-2

SIGNATURE OF RMO OR MEDICAL RECORDS OFFICER (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

(b)(6)-4

02 OCT 2003

Approx 20-25 y/o Afghani male involved in MVC possible ejection c̄ ? LOC

PMH Unknown

Airway intact c̄ spontaneous respirations

Primary initial VS P 105 BP 120/90 RR 24 GCS 8
Equal rise of chest c̄ good breath sounds
peripheral pulses equal bilateral

Secondary VS remain Stable BP 110/70 P 107 RR 32
O2 Sat 100% GCS 8
Airway / Breathing ∅ Change
Facial / Forehead lacerations, Ⓡ facial swelling
PERRL @ 6mm
lungs clear
heart steady
∅ obvious long bone injury
nl prostate, ∅ scrotal hematoma
c̄ anarac ⊖

GCS Eyes 1
Verbal 1
Motor 6
) 8

Pt given versed then propofol then RSI (we had ∅ paralytic or etomidate)

NGT + Foley placed

Wds →

Vitals

	1015 L	1039 L	1100 L	1403
BP	120/80	110/70	110/70	110/60
P	105	107	109	109
RR	24	32	36	18 ↓
O2Sat	99%	100%	99%	97%

Nothing else known, 3 others were treated for minor injuries. Pt remained ↓ LOC & nonverbal, responding to sternal rub & turns but drpd at times, withdraw to pain prior to sedation

Re-eval @ 0726 Z, Pt remained stable
& VSS - (L) pupil @ 4mm
(R) pupil @ 6mm
Lungs clear, heart tones, O2Sats 98%
Ces & sedated

MEDICAL RECORD	PROGRESS NOTES

DATE	
10/2/03	Admit note
1020	~25 y/o AM [illegible] MVA? thrown from
	vehicle c LOC [illegible] from [illegible]
	stable en-route
	HEENT [illegible] blood (R) pupil 8mm (L) 2mm
	[illegible] facial lacs closed/contusions forehead
	(R) cheek abrasions
	Resp - clear = bilat Cor reg
	Abd - soft/flat few BS [illegible] Rectal
	[illegible] well perfused Ø spine deformities (b)(6)-2 [redacted]
	pulses x 4
	Neuro - intub Ø responsive, did move [illegible]
	9.7) 14.3 / 42.2 155 139 / 4.3 105 / 17 10 / 0.8 116 Alk - 113 SGOT - 44
	7.38/37/337/22 UA - M RBC Ø MB TBili - 0.7 CPK 1020 LH - 73 (Amyl 271)
	[illegible] - CAI c ventricle blood Ø shift [illegible] subdural
	Plan - CT Abd/pelvis R/O visceral injury w/o pneumothorax
	vs hollow viscus given [illegible] watch closely
	maintain vent/ sedation
	(b)(6)-2 [redacted] LTC [illegible]
10/3/03	CT [illegible] Ø
	Abd Ø
	Head stable [illegible]
	(b)(6)-2 [redacted] LTC [illegible]

(Continue [redacted]

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

(b)(3)-1 [redacted]

WARD NO.

PROGRESS NOTES

Medical Record

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Prescribed by GSA/ICMR, FIRMR (41 CFR)
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(b)(6)-4 [redacted]

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
10/4/03 0700	sleeping & [illegible] (R) side [illegible]
	T-101 VSS, [illegible] NOT [illegible]
	[illegible]
	Abd - Soft [illegible] NT
	Ext - [illegible]
	[illegible]
	Plan - NGT to gravity [illegible] tonight or
	tomorrow am. discuss transfer of
	care c̄ Medicine → D/C W foley
07:55	Discussed c̄ Dr (b)(6)-2 (b)(6)-2 LTC MC USAR
	will transfer to them —
call pm —	thanks —
10 Oct 03	T → 103 VSS on
	[illegible] via Nasal trumpet
	coughing → [illegible]
	Assess - infection likely since on lungs
	Plan - [illegible], cultures, ↓ glucose
	Begin TPS
	(b)(6)-2 LTC MC USAR

DATE	NOTES
6 OCT 03	(S) MBT 2° Auto Accident with Intraventricular hemorrhage. Surgical evaluation and treatment performed and placed on NG tube feedings to follow nutrition.
	(O) Ph Exam - Responds to tactile stimuli but not to verbal. Chest / Abd essentially negative to auscultation / palpation. Face abrasions and abundant secretions.
	A. Stroke (hemorrhagic) c MBT on tube feeds
	P - Recommend PEG/jejunal tube?
	(b)(6)-2 [redacted] MAJ MC
7 OCT 03	In surgery (gastrostomy)
08 OCT 03	Tolerated surgery well, wound looks clean c clips. Tube feedings onset today (saline → feedings). Abd - not distended.
	Plan: Tube feedings (tolerance)
	Transfer next Tuesday
	(b)(6)-2 [redacted]
	(b)(6)-2 [redacted] MAJ MC

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
10/5/03	G-Surg
	Ø response actively [illegible] ② [illegible] on upper
	AVSS [illegible] good TF 5 diff [illegible] residual
	R-coarse [illegible]
	[illegible]
	[illegible] soft NT good BS [illegible]
	[illegible]
	[illegible] stable [illegible] severe [illegible]
	[illegible] consult [illegible]
	of [illegible] will ↑TF to goal
	(b)(6)-2 [illegible]
10/6/03	General Surg
0445②	CHI ̄c Ⓡ hemiparesis ↓ LOC, Pt has pulled naso intestinal
	feeding tube & po Intake Need Intake, Albumin 2.9
	AF/VSS ØO2
	Lungs CTA Abd soft NT/ND ⊕BS
	Plan – OR tomorrow for feeding Jejunostomy
	– NPO p̄ MN
	– Preop labs (b)(6)-2
10/6/03	Preop Note
1452	CXR RLL opacity Clear
	224 ⟩ 13.5 / 37.7 ⟨ 8.0 139 | 97 | 10 / 4.4 | 26 | 0.7 ⟨ 114 CPK 1735
	OK for OR tomorrow, Feeding J tube (b)(6)-2
	cpt

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(b)(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
07OCT03	General Surgery op Note prop Dx CHI poor nutrition postop Dx Same Procedure Feeding Jejunostomy tube - 16 Fr Red Rubber Robinson cath Surgeon (b)(6)-2 Anes (b)(6)-2 EBL Min Complic ø (b)(6)-2 (b)(6)-2 cpt
08OCT03	Gen Surg PN POD#1 s/p Feeding Jejunostomy Doing well ① op ② a hemodynamically AF/VSS U/O 1300/shift. J Tube NSC 20 c/o good flow Lungs CTA CV RRR Dx Abd Sm amount of Drainage in drsng J Tube Site Clean Ⓐ Ⓑ Doing well ō op day 1 Advance TFs to ½ Strength (b)(6)-2 (b)(6)-2 Cpt.

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