

INPATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTRATION NUMBER [b)(6)-4]		2. NAME (Last, First, MI) [b)(6)-4]			3. GRADE TEN		ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE IRAQI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION No	
11. FMP 99		12. SSN [b)(6)-4]		13. ORGANIZATION		14. WARD ICU5	
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 TRANS				22. HOURS OF ADMISSION 1118	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION TRANS	26. DATE OF DISPOSITION 2 APR 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 30 MAR 03		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 86TH COMBAT SUPPORT HOSPITAL, KUWAIT				30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES Gsw to chest E 992.1 875.0							
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 2	f. TOTAL SICK DAYS 2		
36. Total Days All Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS		
SIGNATURE OF ATTENDING MEDICAL OFFICER = original signed =				SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER [b)(6)-2]			

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION												
1	2	3	4	5	6	7	8	(State or Country Code.)												
3. REGISTER NUMBER								NAME (Last, First, Middle Initial)					4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15						16	17	18						
OD#								OD#					X	X	M					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	MUSLIM							
						2 3 7			X	9										
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER												
32	33	34			35	36	37 38 39 40 41 42 43 44 45													
2						9	9	D(6)-4												
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS									
Kuwait IRAQI-CIVILIAN						46			1118		Kuwait CIV									
14. FLYING STATUS				15. BENEFICIARY CATEGORY					16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61														
			K	7	8	0 9 3 3 0 0 0 0 0														
17. UNIT LOCATION (State or Country Code)		18. MOS					19. TRAUMA			PREV. ADMISSION										
62	63	64	65	66	67	68	69	70	71	INJ			YEAR							
										X NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72	1			ICU5			NOT AVAILABLE													
							ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)													
							NOT AVAILABLE													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE														
D(3)-1						NOT AVAILABLE														
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)												
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88					
2 2						2 0 0 3 0 4 0 2														
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)												
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106			
A B A A				D(3)-1				2 0 0 3 0 3 3 0												
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)												
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122					
K U																				
FOR LOCAL USE																				
<p>GSW to chest DX: 8751</p> <p>* Note * Trauma Terrorist incident @ Px. Was turned over to Kuwaiti authorities. 450</p> <p>CODE: E 992.1, 875.0</p>																				
ADMITTING OFFICER (Signature, as required)										SIGNATURE OF ADMITTING CLERK										
D(6)-2																				

ADULT TREATMENT RECORD COVER

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

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) (b)(6)-4			3. GRADE		ADMISSION REMARKS	
4. SEX M	5. AGE	6. RACE X	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION		
11. FMP 99		12. SSN (b)(6)-4		13. ORGANIZATION IRAQI CIV		14. WARD ICU5		
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS CIV	19. UIC/ZIP	20. TYPE CASE INJ			
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION TRANS				22. HOURS OF ADMISSION 1930	23. CLINIC SERVICE ABAA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION TRANS	26. DATE OF DISPOSITION 34 APR 03				
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 3 APR 03		ADMITTING OFFICER		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1, KUWAIT				30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED			
31. SELECTED ADMINISTRATIVE DATA								
<input type="checkbox"/> Check if Continued on Reverse								
33. CAUSE OF INJURY								
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES GSW @ Thigh								
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 4	f. TOTAL SICK DAYS 4			
36. Total Days All Facilities								
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS			
SIGNATURE OF ATTENDING MEDICAL OFFICER				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2				

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/2/03	Ortho
0700	GOW to (B) LE's and s/p D;I c post-splinting
	OA of (L) LE as of 4/2/03 sent to appropriate initial surgical treatment. Please see
	GS note re: central body trauma.
	PE: Brisk cap refill
	2+ PT pulses
	FHL/EHL intact on (L)
	FHL intact on (R)
	A: (R) Distal thigh GOW c peroneal n. palsy.
	(L) open medial femoral condyle fx (Based on OP report)
	P: Post splint adequate.
	D;I done @ FOT
	Admit, abx, Tet
	(b)(6)-2 MD
	(b)(6)-2
	4/2/03
	Review of radiographs show (L) distal
	femur fracture without intercondylar
	extension.
	(b)(6)-2 MD
	(b)(6)-2

MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
4/2/03	<p>PT ARRIVES TO ICU VIA STRETCHER. PT ALCOHOL AND CALM. PT BP LOW 89/20's IN E.L. PT RECEIVED 2L OF LR IN ENT AREA, PT RATE STABILIZED AT 160 c/min AFTER NO ORDER. PT BLOOD PRESSURE DID COME UP BUT CONTINUES TO GO UP AND DOWN. PT CURRENT BP 95/42 (60)</p> <p>PT HR 141. BS MOVING GOOD AIR ON BOTH SIDES. PT HAS 2FIV: (1) L HAND (2) RT ARM.</p> <p>PT HAS NG TUBE TO (R) 22L. PT STARTED ON SIMPLE FACE MASK 2FTR PT HAS HAVING SOME PROBLEMS KEEPING S/O 2 SETS UP. PT O2 SETS CURRENTLY 100% W/ W/ 02.</p> <p>PT FOLLY DRAIN LIGHT YELLOW URINE & SOME SEDIMENT. PT DID REQUEST 50% OF HIS PAIN MEDICATION.</p> <p>PT CURRENTLY RESTING & NO PROBLEMS TO REPORT.</p>
03 APR 03	<p>0700Z PT. ISS STABLE TEMP 101.9 PT RECEIVING 1 UNIT O+ BLOOD STARTED AT 0630Z. PT COLOSTOMY ⊖ SIGNS OF INFECTION LUNG SOUNDS CLEAR. ⊖ BOWEL SOUNDS HEARD. AFO X3.</p> <p>PT READY FOR TRANSFER.</p>

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.

PROGRESS NOTES
Medical Record

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/2/04	Surgery 1 Km
2000 2000	203 Trauma male near a [redacted] (b)(3)-1
	<p>GSW x 2 to back to back wounds in upper extremities ex. lap, directly colorless, present drain. Pt also c apparent distal GSW leg c fresh wound, c highly open fracture c femoral condyle. Pt in shock, cool & diaphoretic p 144, BP 85/36 p 2L NS. Abdomen insensitized c visible colorless. Pt (D fluid resuscitation (2) Film distal LEs & pelvis (3) Ortho consult (4) Admit ICU</p>
	[redacted] (b)(6)-2
4/3/03	<p>Pt received @ 1915 hrs from Air Evac on litter. Pt attached to telemetry - found to be hypoxic. 100% O2 applied. Sat T to 95%. Pt do pain gave 10mg MSO4 per MD verbal order. 2 wounds to RLE, 2 wounds LLE - all wounds irrigated & redressed. - J. Smith, MD</p>
4/3/03	<p>2015 Anesthesia note - therapeutic intubation performed. R.O. OEST, MAC 4 block, DL X1 c Cricoid pressure. RSI c 20mg Etomidate, 100mg Anectine, 5mg Vecel. (2) BBS (2) ETCO2. Tube 22 cm @ teeth & secured c silk tape & ETT holder. 10mg Vecuronium p intubation. Vent settings Vt 800 RR 10 FiO2 30% PEEP 5cm H2O SIMV. Propofol 50ug/kg/min. [redacted] (b)(6)-2 CPT AN CRNA</p>

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/2/04	Sung Kyun
20 ⁰⁰ Ju	<p>20's Traumatic neck at (b)(3)-1</p> <p>GSW x 2 to back to low neck area, nondominant ex-lap, severely colorless, presacral drain. Pt also apparent inlet GSW leg to flesh wound to (1) thigh, open fracture (2) femoral condyle. Pt in shock, cool & diaphoretic p 144, BP 85/36 p 2L NS. Abdomen unremarkable to visible colorless. Pt (3) fluid resuscitation (2) Film inlet LEs & pelvis (3) Ortho consult (4) Admit ICU (b)(6)-2</p>
4/3/03	<p>Pt received @ 1915 hrs from Air Evac on litter. Pt attached to telemetry - found to be hypoxic. 100% O2 applied. Sat T to 95%. Pt do pain gave 10mg MSO4 per MD verbal order. 2 wounds to RLE, 2 wounds LLE - all wounds irrigated & redressed. - J. Smith MD.</p>
4/3/03	<p>2015 Anesthesia note - therapeutic intubation performed. F.O. OET, MAC 4 Blade, DL X1 c Cricoid pressure. RSI c 20mg Etomidate, 100mg Anectine, 5mg Vecel. (1) BBS (2) ETCO2. Tube 22 cm @ teeth & secured c silk tape + ETT holder. 10mg Vecuronium p intubation. Vent settings Vt 800 RR 10 FiO2 30% PEEP 5cm H2O SIMV. Propofol 50ug/kg/min (b)(6)-2 CPT and CRNA</p>

MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
3 Apr 03	<p>2020hrs - Pt intubated to maintain airway. Bilat breath sounds auscultated. PPR done. ETT @ 2cm @ teeth. #8.0 ETT used. Mech vent settings: FiO2 40%, titrated ↓ 30%, TV 800, PEEP 5, Rate 10 and SIMV mode. Pt sat 98-100%. Propofol drip started @ 50mcg/kg/min, 75kg. LR infusing wide open. Will start HIVE after bolus given. Tylenol Elixir given via OBT @ 2040hrs for temp of 101.8°F. CBC + Chem 7 sent to lab. Will continue to monitor closely - telemetry, VS, comfort level and wound drainage.</p>
4 April 03	<p>0645 - pt remains stable condition, VS, ETT still in place, pt sat 100% on vent Bio 30%, TV 800, PEEP 5, Rate 10 will give report to oncoming staff.</p>
4 Apr 03 0730	<p>0730 Resp. Note. Pt orally intubated @ 8.0mm ETT tube placed @ 23cm at teeth + secured @ tube holder/bite block. Auscultated coarse RBS @ ↓ in bases, &avage + SX @ 14F sterile connector. yielding small amt of LR secretions. VS 125/52, 134 SpO2 95-100% →</p>

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

PROGRESS NOTES
Medical Record

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

DATE	NOTES
	Vent settings SIMV 10, VT 800, FiO2 30, PEEP 5 Humid. Escorted via HME. Peak pressure 40-45 cm H2O TX'd \bar{c} till ALB used. SX vigorously. Attempted to Δ I:E Ratio to lengthen I time + \downarrow Insp. Flow rate. Tubing patent + drawn. Alarm set + functional. Pt not responsive. (b)(6)-2 51V30
4 Apr 03 0800	Received report + assumed care. Pt unresponsive \bar{c} #8.0 ETT ~ 23cm @ level. CRM + PAX in place. IVF N/E 150 to @ hand. Diphen @ 70mg/kg/ml (31.5cc/hr) for sedation. See assessment + vs on ICU flowsheet. Will continue to monitor. (b)(6)-2
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RR=12H PI=OFF P2=OFF RR=18 SpO2=100% NIBP=114/50(74) T1.37F C2.49F P.00F </div>
	1120. Ansetra at bedside. 100mg Rocuroium 5mg MSO4, 5mg Versed plus Ansetra. Pt sweet med.

PHYSICIAN MEDICAL RECORD - ICU FLOWSHEET

PATIENT NAME: EPW (b)(6)-(4) SECTION I - PATIENT ASSESSMENT DATA

4 APR 03

DATE: 3 APR 03

Kg: 75

TIME:	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500
BP ARTERIAL LINE												
BP CUFF	111/50	103/45	115/42	125/52	112/50	114/50	122/54	114/53				
MAP	71	69	78	79	74	74	89	76				
TEMPERATURE				99.4			100.4					
PULSE	128	129	133	132	131	129	122	135	141			
RESPIRATIONS	20	18	19	19	13	18	18	18	10			
PULSE OXIMETER	100%	99%	100%	99%	98%	100%	100%	100%	100	100		
CVP	/	/	/									
PAIN (0-10)	UTR	UTA	UTA	UTA								
	M804					oxy 2mg		5mg				
RESPIRATORY												
ONXYGEN (L%)	30% Vent	30% Vent	30% Vent	30% Vent	30% Vent	30% Vent	30% Vent	30% Vent	30% Vent			
O2 METHOD	vent	vent	vent	vent	vent	vent	vent	vent	vent			
VENT SETTINGS:	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0			
PIO2	30%	30%	30%	30%	30%	30%	30%	30%	30%			
MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV			
TV	800	800	800	800	800	800	800	800	800			
RATE	10	10	10	10	10	10	10	10	10			
PEEP	5	5	5	5	5	5	5	5	5			
PS												
Respiratory Treatments												

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar
 Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose inhaler CPT = Chest physiotherapy IS = Incentive spirometer

	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500
LR	150	150	150	150	150	150	150	150	150	150	150	150
IVPB-Zosyn			100									
IVPB-Zantac					50					50		
Diprivan				21.5	31.5	31.5	31.5	31.5	31.5			
				70								
PO												
TOTALS												
URINE - Foley			200		250		450					
NGT												
Colostomy								100				
STOOL												
TOTALS												

MEDICAL RECORD - ICU FLOWSHEET

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME: **EPW #** (b)(6)-(4) DATE: **3 Apr 03**
 DIAGNOSIS: **GSW** **colostomy** PATIENT ACUITY: HOSPITAL DAY: POST OP DAY:

	TIME:	1920	1930	2000	2030	2100	2130	2200	2300	2400	0100	0200	0300
VITAL SIGNS	BP ARTERIAL LINE	/	/	/	/	/	/	/	/	/	/	/	/
	BP CUFF	126/55	105/47	120/60	143/70	133/55	132/66	125/57	121/57	114/55	111/46	105/47	109/49
	MAP	82	68	89	96	86	94	85	79	76	73	71	73
	TEMPERATURE	101.8A					98.2A				99.5A	98.7	
	PULSE	156	144	141	140	130	133	128	125	125	128	128	129
	RESPIRATIONS	30	25	26	10	10	10	13	15	18	15	20	19
	PULSE OXIMETER	97%	97%	97%	99%	100%	100%	100%	98%	100%	100%	95%	99%
	CVP	/											
	PAIN (0-10)	UTA	UTA	UTA	UTA	UTA	UTA	UTA	UTA	UTA	UTA	UTA	UTA
	OXYGEN (L%)	100%	100%	100%	40%	30%	30%	30%	30%	30%	30%	30%	30%
O2 METHOD	NRB	NRB	NRB	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
VENT SETTINGS:	N/A	N/A	N/A	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	#8.0	
FIO2				40%	30%	30%	30%	30%	30%	30%	30%	30%	
MODE				SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
TV				900	800	800	800	800	800	800	800	800	
RATE				10	10	10	10	10	10	10	10	10	
PEEP				5	5	5	5	5	5	5	5	5	
PS													
Respiratory Treatments	/	/	/										

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar
 Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose Inhaler CPT = Chest physiotherapy IS = Incentive spirometer

	1920	1930	2000	2030	2100	2130	2200	2300	2400	0100	0200	0300	
INTAKE	LR		1000		1000	1000	150	150	150	150	150	150	
	IVPB-Zosyn						100						
	IVPO-Zosyn							50					
	PO												
	TOTALS												
	URINE - Foley			750				525					575
NGT							50					400	
Colostomy													
STOOL													
TOTALS													

MEDICAL RECORD - ICU FLOW

ON II - PATIENT ASSESSMENT DATA - REVIEW OF SYSTEMS		
PATIENT NAME: [initials]	DATE: 3 Apr 03	
NEUROLOGICAL Alert and Oriented to time, place and name; Responds appropriately; Communication is adequate to express needs; Pupils equal and reactive to light.	TIME: 2000 INITIAL: [initials] pt sedated on propofol drip pt unresponsive to stimuli pupils equal + sluggish @ tan	TIME: 0800 INITIAL: [initials] Pt sedated/intubated w/ propofol Diprivan 70 mg/kg/min
CARDIOVASCULAR Age appropriate Rate, Rhythm, and Pulses; Capillary refill < 3 sec; No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. Pressure monitoring	Svms back 120-150 & catop LR @ 150 cc/hr present pulses all extremities +3 edema BLE CAP Refill < 3 sec	ST 120-140's w/ catop & Ppx 4 generalized edema +3 Cap refill 2-3 sec
PULMONARY Respirations within normal limits for age; Breath sounds quiet and regular; Depth is regular; No dyspnea; No cough; Suction; Secretions; Oxygen; ETT; Trach	pt mech ventilated #8 ETT tube 23 @ left scattered, crackles scattered minimal diminished bases Bi lat. vent: SIMV, 10 bpm SpO2 94% FiO2 30% S PEEP	ETT #8 23 @ left. secured Vent: SIMV 30. 2 l0 TV 500 PEEP 5 Sats. 100% Bibas. BS. & rhonchi/rales Suctioned for mod secretion
G.I. Abdomen soft and non-distended; Bowel sounds active in all quadrants; No difficulty chewing or swallowing; No abdominal pain; Frequency and type of stool; No diarrhea; No constipation; No N/V; NG Tube placement; Type of secretions	L upper quad colostomy pocket tissue & broke down at site OG tube @ side mouth faint BS Abdom slightly firm + tender NPO	NPO diet to suction & gastric hypoactive BS L colostomy tissue pink small amt discharge lg mucus in dressing intact
G.U. Voiding; Catheters; Urine clear yellow/amber No odor, discharge, frequency, urgency, nocturia	Foley for continuity drawing light under urine & small amount of sediment	Foley to BSD & clear amber urine. QS.
MUSCULOSKELETAL: Normal muscle mass and development for age; No deformities; No assistive devices needed; Normal movement and tone; Normal active ROM without pain; No joint swelling, tenderness, weakness, or paresthesia	RAE, BUE strong BLE weak, Temp cast to LLE	Sedated. Soft cast to (L) leg. drainage marked. & pedal pulse
SKIN Color; warm; dry; intact; Turgor; No Wounds; lesions; rashes, inflammation, ulcers, breaks in skin; No redness, blanching. Irritation, over bony prominences; Mucous membranes moist; Wounds - location, condition, drainage, dressing	multiple wounds bi lat lower extremities Bilby dressing applied to ulcers in groin. & posterior chest incision	Multi wounds bi lat exte. Diag. clear wrap & splint Distal pulse (diag) right. Slightly cool. drainage marked. & thigh wound dressed and draining. Rental penicillin.
PAIN No complaints of pain/discomfort; Note Location; Duration; Intensity	pt sedated & propofol nose occluded per	Pt sedated MSO4 for pain.
PSYCHOSOCIAL: Behavior is appropriate to the situation; Anxiety is controlled or mild and appropriate to the situation; Interacts appropriately with others	Non-english speaking EPR. Sedated at this time.	Sedated, unable to assess

Operative

S = 2 April

Pre Op Dx: 1) Acute abdomen 2° GSW to back x2 over (B) iliac crests
2) Hematochezia on DRE
3) (B) LE GSW

Post Op Dx: 1) Extraperitoneal rectal injury (low)
2) Fracture of (R) medial femoral condyle (No X-Ray)
(unstable knee)

Surgery: 1) Exploratory laparotomy
2) Mobilization of ascending/descending colon ± end sigmoidostomy + pre-sacral drain
3) Wash-out of (B) LE GSW's

Surgeons: Primary = MAJ (b)(6)-2 / 1st Assist = LTC (b)(6)-2 / 2nd Assist = LTC (b)(6)-2

Anesthetists: MAJ's (b)(6)-2 / (b)(6)-2 / (b)(6)-2

EBL = 300 cc Crystalloids = 5000 cc crystalloid UOP = 800 cc

Findings = Extraperitoneal + retroperitoneal staining around rectum + extending along (B) lateral gutters of colon. No intraperitoneal injuries noted. (B) ureters identified. No evidence of iliac vessel injury. Due to gross blood on DRE, retro + extraperitoneal staining from GSW's, an end sigmoidostomy was performed. Pre-sacral drain placed as well from below. Exploration of GSW's of (B) LE's revealed bone fragments off of (R) medial femoral epicondyle. No instability of joints + vascularly intact.

Drains = Pre-sacral penrose drains (On entering pre-sacral space, rectal hole noted on posterior midline above anal canal.)

Disposition = Medevac to EPH/med treatment (b)(3)-1 slice (b)(6)-2 LTC MC

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		VITAL SIGNS RECORD																				
POST-	DAY																					
MONTH-YEAR	DAY																					
19	HOUR	03	APR	03	08	05	06	08	10	30	04	45										
PULSE (O)	TEMP. F (*)													TEMP. C								
	105°													40.6°								
180	104°													40.0°								
170	103°													39.4°								
160	102°													38.9°								
150	101°													38.3°								
140	100°													37.8°								
130	99°													37.2°								
120	98.5°													37.0°								
110	98°													36.7°								
100	97°													36.1°								
90	96°													35.6°								
80	95°													35.0°								
70																						
60																						
50																						
40																						

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE		103	118	111	107
	Pulse		53	53	54	55
	HEIGHT:	WEIGHT →	137	136	137	135
	Resp		32	34	32	32
	Temp		101.7		100.2	100.3
	Sat ₂		92%	90%	90%	94%
	SaO ₂		100%	100%	100%	100%

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

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
120	GLUCOSE	
21	UREA N.	
	CREATININE	
	URIC ACID	
141	SODIUM	
4.0	POTASSIUM	
107	CHLORIDE	
21	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)	
21	Hct	
7	Hb (Est.)	
7.34	ph	

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

AD. DATE

TECH 2 APR 03

(b)(6)-2

Arterial

ph 7.325

PCO2 38.2

PO2 53

HCO3 20

BE_{act} -6

02# . .

CHEM URGENT

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

AMB

OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
105	GLUCOSE	
19	UREA N.	
1.5	CREATININE	
	URIC ACID	
137 ↓	SODIUM	
45	POTASSIUM	
106	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)	
26	Hct	
9	Hgb	

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

AD. DATE

TECH 3 APR 03

3146

(b)(6)-2

CHEM 1

URGENT

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

AMB

OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
3.24 x 10 ³	WBC COUNT	
9.8	HEMOGLOBIN	
30.3	HEMATOCRIT	
93.4	MCV	
50.1	MCH	
32.2	MCHC	
9.0 x 10 ³	WBC COUNT	
24	IMMATURE NEUTROPHILS	
64	NEUTROPHILS	
8	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
152 x 10 ³	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	P. CONTROL	
	T. CONTROL	
	T. CONTROL	
	PATIENT	
	% ACTIVITY	
	RA:10	
8.5	SICKLING TEST	
0.8 x 10 ³	LEUKO. #	
64	PL. #	

REMARKS

Enter in above space

REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

AD. DATE

TECH 03 APR 03

2250

(b)(6)-2

CBC

ICUS

ERN

(b)(6)-4

HEMATOLOGY

URGENT

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

AMB

OTHER (Specify)

SPECIMEN SOURCE

VEIN

CAP

OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

HEMATOLOGY

URGENT

ROUTINE

TODAY

PRE-OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOM

AMB

OTHER (Specify)

SPECIMEN SOURCE

VEIN

CAP

OTHER (Specify)

SPECIMEN/LAB. RPT. NO.

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one): <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH DATE REQUESTED <p style="text-align: center; font-size: 1.2em;">3 Apr 03</p> DATE AND HOUR REQUIRED <p style="text-align: center; font-size: 1.2em;">3 Apr 03 0710</p>	REQUESTING PHYSICIAN (Print) (b)(6)-2 <p style="text-align: center; font-size: 1.5em;">Dr. [Signature]</p> DIAGNOSIS OR OPERATIVE PROCEDURE I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE OF VERIFIER (b)(6)-2 <p style="text-align: center; font-size: 1.2em;">[Signature]</p>
VOLUME REQUESTED (if applicable) <p style="text-align: center; font-size: 1.5em;">450</p> ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	DATE VERIFIED <p style="text-align: center; font-size: 1.2em;">03 APR 03</p> TIME VERIFIED <p style="text-align: center; font-size: 1.2em;">0745 Z</p>
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
	PATIENT NO.	ANTIBODY SCREEN	CROSSMATCH	<input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
		NA	NA	SIGNATURE OF PERSON PERFORMING TEST
DONOR ABO Rh	RECIPIENT ABO Rh	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 3 Apr 03
O POS		REMARKS:		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA			POST-TRANSFUSION DATA		
INSPECTED AND	(b)(6)-2	AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED		
		450 ML	0845 03 APR 03		
AT (Hour)	ON (Date)	REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
0745	3 Apr 03	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	100.3	135	107/55
IDENTIFICATION			If reaction is suspected—IMMEDIATELY:		
I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.			1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
			DESCRIPTION OF REACTION		
1st VERIFIER (Signature) (b)(6)-2 [Signature]			<input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) (b)(6)-2 [Signature]			OTHER DIFFICULTIES (Equipment, clots, etc.)		
PRE-TRANSFUSION			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
TEMP. 100.6	PULSE 136	BP 102/60	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 [Signature]		
DATE OF TRANSFUSION 03 APR 03		TIME STARTED 0745 Z			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)			SEX	WARD	
			Male	ICU I	

CD # (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH DATE REQUESTED <p style="text-align: center;">3 Apr 03</p> DATE AND HOUR REQUIRED <p style="text-align: center;">3 Apr 03 0615</p>	REQUESTING PHYSICIAN (Print) <p style="text-align: center;">Dr (b)(6)-2</p> DIAGNOSIS OR OPERATIVE PROCEDURE I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE OF VERIFIER (b)(6)-2
VOLUME REQUESTED (if applicable) <p style="text-align: center;">450 ML</p>	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	DATE VERIFIED <p style="text-align: center;">03 APR 03</p> TIME VERIFIED <p style="text-align: center;">0615Z</p>
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
	PATIENT NO.	ANTIBODY SCREEN NA	CROSSMATCH NA	<input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO O Rh pos	RECIPIENT ABO Rh	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST
		REMARKS:		DATE 3 Apr 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature) (b)(6)-2		AMOUNT GIVEN 450 ML	TIME/DATE COMPLETED/INTERRUPTED 0740Z 03APR03	
AT (Hour) 10615	ON (Date) 3 Apr 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 100.6	PULSE 136
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		BLOOD PRESSURE 102/60 If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature) (b)(6)-2 <i>[Signature]</i>		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) (b)(6)-2 <i>MAS AN</i>		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION TEMP. 101.9	PULSE 122	BP 93/48	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 <i>[Signature]</i>	
DATE OF TRANSFUSION 03 APR 03	TIME STARTED 0630Z	PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		
OD # (b)(6)-4		SEX Male	WARD Icu I	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED CXR	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		M		ICU5	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR				DATE REQUESTED 3 APR 03	

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)
	3 Apr 03	

RADIOLOGIC REPORT

ETT tip approx 3cm from carina - recommend ~1cm withdrawal → approaching
 (R) mainstem intubation. There is diffuse opacification of (L) hemithorax but symmetric lung volumes. ? aeration of (L) lung
 Prominence of pulm. vasc + ↑ heart size likely 2nd technique.
 Enteric tube tip in region of gastric fundus.
 Patchy atelectasis

(b)(6)-2

Rad (b)(3)-1

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

(b)(6)-4

Foreign National

LOCATION OF MEDICAL RECORDS
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN	
412103 20 ⁴⁵ 2016							
NURSING UNIT	ROOM NO.	BED NO.	Admit to Surgery Dr. (DGSW) + 2 back & neck (B) (P) spinal brace Position corrected VS per protocol NKDA				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS		
			Bedient Fish to count Penicillin 2000 units per Wet to Dry dress on (B) per which wound daily A midline splint over Bilat back drains @ 200 cc daily				
NURSING UNIT	ROOM NO.	BED NO.	NPO LR @ 160cc/hr 1750 4g IV O ₁₀ per Phenytoin 125mg IV Q4h Gonal 1g IV Q8h Gent 300mg IV Q4h D ₂ 2L NC				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS		
			ABC-E-H-H, Clon-7 start Bilat LE x-ray now Pelvic x-ray now				
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2				

DA FORM 4256
1 APR 79

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

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
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
4/3/02 0430 ZUL			↓ Use 70 probes now NG to suction		
					(b)(6)-2
					(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
			3 April 2003	0530	
			Claustrum		
			(1) transfuse = 2 units O ₂ blood		
			(2) Suction to low intermittent ✓		
			(b)(6)-2		(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
DA (b)(6)-4					

Verify by Initialing

PHARMACEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo Apr yr 2003

Order Date

Clerk Nurse

SINGLE ACTIONS

Date to be Done

Time to be Done

Time Done

Initials

(b)(6)-2

(b)(6)-2

admit ICU 5

3 April 03

20:50

2050

dx sp GSW injury, Colostomy
Foley

3 April 03

2030

2030

NG to LES

3 April 03

20:50

2050

Call MD for abnormal vitals

7 April 03

2030

2030

O₂ to keep SO₂ > 94%

3 April 03

2030

2030

NPO

3 April 03

2030

2030

CBC

3 April 03

2030

2030

Vent settings: V: 800 A10 PEEP 5 SIMV

3 April 03

2100

2110

FiO₂ 30%

3 April 03

2030

2030

Order/ Expir Date

Clerk/ Nurse

PRN ACTION, FREQUENCY

INITIAL PROPER COLUMN FOLLOWING COMPLETION
TIME/DATE COMPLETED

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. Apr. 03

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION						
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	3	4	5	6	7
3 Apr. 03	(b)(6)-2	LR @ 150 cc/hr	D	/				
			E	/				
			N	/				
3 Apr. 03	(b)(6)-2	Urasyn 111 gm IVPB q 6 hrs	06	/				
			12	/				
			18	/				
			24	/				
3 Apr. 03	(b)(6)-2	Zantac 50 mg IVPB q 8 hrs	08	/				
			16	/				
			24	/				
3 Apr. 03	(b)(6)-2	Heparin 5000 U BID	06	/				
			18	/				
3 Apr. 03	(b)(6)-2	Propofol 50mg/kg/min titrate to keep SBP > 100	D	/				
			E	/				
			N	/				
3 Apr. 03	(b)(6)-2	Zosyn 3.315 gm IVPB Q 6 hrs	06	/				
			12	/				
			18	/				
			24	/				
3 Apr. 03	(b)(6)-2	Albuterol 4 puffs MDI Q 4 hrs	06	/				
			10	/				
			14	/				
			18	/				
			22	/				
			02	/				

D/C

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW 5'q exlap, colostomy
 ADDITIONAL PAGES IN USE: YES NO
 PATIENT IDENTIFICATION: # (b)(6)-4 PAGE NO. _____

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

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				2	3	4	5											
2/11/15	(b)(6)-2	Dext NPD	05	/	(b)(6)-2													
2/11/15	(b)(6)-2		09	/														
2/11/15	(b)(6)-2		13	/														
2/11/15	(b)(6)-2	VS @ Shift	08	/	(b)(6)-2													
2/11/15	(b)(6)-2		11	/														
2/11/15	(b)(6)-2		17	/	(b)(6)-2													
2/11/15	(b)(6)-2	Wet to Dry Dressing	09	/	(b)(6)-2													
2/11/15	(b)(6)-2	A Midline ABD Dressing	09	/														
2/11/15	(b)(6)-2	2x 6/2x back q2x2e QD		/														
2/11/15	(b)(6)-2			/														
2/11/15	(b)(6)-2	Bed Rest @ Shift	05	/	(b)(6)-2													
2/11/15	(b)(6)-2		12	/														
2/11/15	(b)(6)-2		18	/	(b)(6)-2													
03/01/03	(b)(6)-2			/														
03/01/03	(b)(6)-2	Suction to low-int.	04	/	(b)(6)-2													
			16	/														
			14	/														
			04	/														

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW x2 BACK T
NILDA Refer to fracture
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION: _____ 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

OTSG APPROVED (Date)

REPORT TITLE **TRAUMA FLOWSHEET**

(b)(6)-2 **INITIAL ASSESSMENT** IMMEDIATE DELAYED MINIMAL

at: (b)(6)-4 2:40 PM Arrival Time: 1918 Sex: M F Agc: _____ Wt: _____

Urticaria: _____ Telanus Status: UTD Unknown

VP: _____ Last Meal: _____

Chief Complaint: BSW to abd, BLE injury

Medications: _____

Medications PTA: _____

VITAL SIGNS: BP: 78/24 P: 153 RR: 28 TEMP: _____ SAO₂: 91

HEENT
 TRAUMA YES NO
 ATIN YES NO
 SOB YES NO
 LUNG SOUNDS
 R L
 CLEAR
 WHEEZES
 DECREASED
 ABSENT

SKIN
 WARM
 DRY
 PALE
 DUSKY
 MOIST

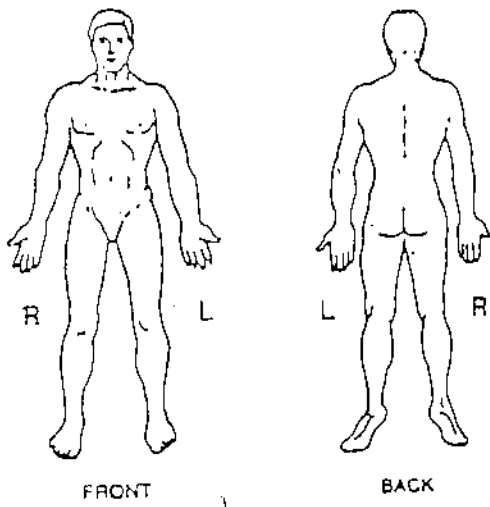
ABDOMEN
 SOFT
 DISTENDED
 TENDER
 BOWEL SOUNDS
 YES NO
 GUTAC TEST
 POS NEG

NEURO
 PERRL YES NO R _____ mm L _____ mm
 GLASCOW SCORE: _____

GLASCOW COMA SCALE	PUPIL SIZES		
	2 ●	3 ●	4 ●
GLASCOW COMA SCALE	1. EYE OPENING		
	Spontaneous - 4	To Voice - 3	To Pain - 2
GLASCOW COMA SCALE	2. VERBAL RESPONSE		
	Oriented - 5	Confused - 4	Inappropriate - 3
GLASCOW COMA SCALE	3. MOTOR RESPONSE		
	Obedient - 6	Purposeful - 5	Withdrawal - 4

EXTREMITIES
 DISTAL PULSES
 RT X 2 LT X 2
 MOVES EXTREMITIES X 4
 NO EDEMA
 NO DEFORMITIES
EXCEPTIONS TO ABOVE
PARAMETERS:
TREATMENTS:
 2: LPM NC MASK
 TT # MM
 MONITOR Y N EKG Y
 SIG TUBE #
 OLEY: #
 CHEST TUBE R L

SPLINTS:
 ORAL AIRWAY
 NASAL AIRWAY N
 DPL POS NEG
 CM H2O



- A = Abrasion
- AP = Amputation
- AV = Avulsion
- B = Burn
- C = Contusion
- D = Deformity
- E = Evisceration
- OF = Open Fracture
- CF = Closed Fracture
- G = GSW - (H Stab)
- L = Laceration
- PW = Puncture Wound
- S = Slab Wound
- O = Other

(Continue on reverse)

REPAIRED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC (b)(3)-1 _____ DATE _____

ATTENT'S IDENTIFICATION (For typed or written entries give: Name - last; first; middle; grade; date; hospital or medical facility)
 (b)(6)-4

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

IV FLUID/BLOOD	AMOUNT INFUSED	OUTPUT
		CHEST TUBE:
		EMESIS:
		NG TUBE:
		URINE:
		EBL:
		OTHER:

NURSING NOTES

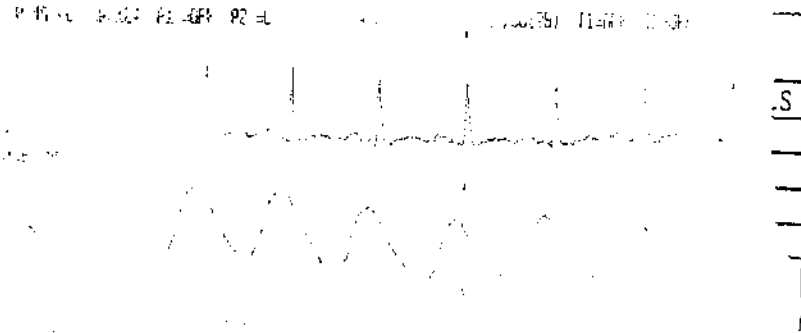
TOTAL IN: _____ OUTPUT: _____

TIME	B/P	P	RR	O2 SAT	NURSING ASSESSMENT
1930	76/37	14/4	32		O ₂ Sat ↓ 87%. Placed on 10L O ₂ via NRB.
1941	92/51				O ₂ Sat ↑ to 100%. 400cc UOP from foley. Clear, light tea-colored urine.
2000	87/23				

LABS: CBC T&S T&C # UNITS _____ PT/PTT LYTES UA
 OTHER: _____
 XRAYS: _____

TIME	MED

PROCEDURES/PROGR



1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION												
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG												
(b)(3)-1						K	U	(State or Country Code.)												
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE			5. SEX					
9	10	11	12	13	14	15	K P W						16	17	18					
(b)(6)-4						OD# (b)(6)-4						X	X	M						
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION		8. RACE	9. ETHNIC	RELIGION										
19	20	21	22	23	24	25	26	20	21	30	31	MUSLIM								
								X	9											
10. LENGTH OF SERVICE			ETS			11. FMP		12. SOCIAL SECURITY NUMBER												
32	33	34				35	36	(b)(6)-4												
						2 → 20														
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		14. HOUR OF ADMISSION			15. BRANCH / CORPS									
IRAQI CIVILIAN						46		1930			IRAQI CIV									
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	K 9 L K 7 B						53	54	55	56	57	58	59	60	61
									0 9 3 3 0 0 0 0 0											
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			20. PREVIOUS ADMISSION										
62	63	64				65	66	67	68	69	70	71	1930			IRACI CIV				
							INJ			YEAR										
										<input checked="" type="checkbox"/> NO										
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION			WARD			NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE														
72	1			ICUS			NOT AVAILABLE													
						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)														
						NOT AVAILABLE														
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)													
73	74	75				76	77	78	79	80	81	82	83	84	85	86	87	88		
2 2		Trans				(b)(3)-1				2 0 0 3 0 4 0 4										
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)												
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106			
A B A A								2 0 0 3 0 4 0 3												
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)												
107	108	109				110	111	112	113	114	115	116	117	118	119	120	121	122		
K U																				
FOR LOCAL USE																				
GSW @ thigh																				
JX: 86355																				
82131																				
580																				
E9912																				
RX: 4575																				
5411																				
7965																				
Trauma																				
Injury																				
450																				
CODE: _____																				
ADMITTING OFFICER (Signature, as required)												SIGNATURE OF ADMITTING CLERK								
												(b)(6)-2								

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

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) EPW # (b)(6)-4 # (b)(6)-4			3. GRADE EPW		ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE IRACI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICU5	
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE TINJ		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Trans.			22. HOURS OF ADMISSION 1930	23. CLINIC SERVICE AEAA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION USSCOM.	25. DATE OF DISPOSITION 4 APR 03		ADMITTING OFFICER	
27a. ADDRESS OF EMERGENCY ADDRESSEE (include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 3 APR 03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 KUWAIT				30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

open Tib/fib fx

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	1

36. Total Days All Facilities

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

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER
----------------------------------------	---------------------------------------------

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/2/03	Ortho
0240	HPI: 25yo Iraqi ♂ S/O P Ex Fix (L)
	open tibia today & transferred
	to our facility.
	xray: Mid-diaphyseal tibia fx 2°
	to frag/CSW.
	Also had ICD to soft tissue wound
	(L) distal thigh.
	PMH: ⌀ (BHT): ⌀
	All: ⌀ Meds: ⌀
	Isolated injuries as noted.
	PE: Old low Howmedica unilateral
	fixator in place.
	FHL/EHL intact. Brisk cap refill
	& pulses.
	A: (L) open tibia fx
	P: Admit
	Anest/Bent
	Rebook 4-10 days

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.

OD # (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

DATE	NOTES															
	ORTLE															
3) 4/10/03 1930	<p>OLC. EXAMINED pt mounp all toes Sens. approx intact + CT 2 sec. cl. pp 1p DP Anxiety, transfer to cot for</p>															
	(b)(6)-2 [redacted] MSW															
3 APR 03	<p>2000 - started IVFNS @ 100, 5mg IV morph given for pain, start 1 on Ancef / IVPB. 300 cc urine voided x1. Pt resting</p>															
	(b)(6)-2 [redacted] UCRN															
3 APR 03	<p>2000 - Pt resting, HRR, lungs CTA, +BS, Pt tried bedpan but had only flatus. +BS x all quadrants t/circ & pulse checks x all extremities, warm. External Axature to Q11b/Ab open fx. Dressing E marked serious drainage.</p>															
	(b)(6)-2 [redacted] UCRN															
	<p style="text-align: center;">Med Sheets</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Ancef</td> <td>04</td> <td>03</td> <td>04</td> <td>05</td> </tr> <tr> <td>Gent</td> <td>12</td> <td>11</td> <td></td> <td></td> </tr> <tr> <td>Gent</td> <td>11</td> <td>11</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">see green/white sheets</p>	Ancef	04	03	04	05	Gent	12	11			Gent	11	11		
Ancef	04	03	04	05												
Gent	12	11														
Gent	11	11														
3 APR 03 2000	<p>MS 5mg IV given for pain</p>															
	(b)(6)-2 [redacted] MSW															
4 APR 03	<p>@ 0310 - Pt voided 325 cc amber urine in urinal. Nothing follows</p>															
	(b)(6)-2 [redacted] UCRN															

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
3 APR 03	1925 Admission VS: 115/64 HR 100, RR 26, 98% Pex RA. Adult male alert, external fixator to LLE, + pulses x all extremities. 2 ID bracelets #J #0098 gp room 19,
02 APR 03	0098 mid 20-30 yo fx on Ancef/Gent since 02 APR 03 / X-FIX
	02 APR 03 PE NYAT
	N/S CTA/BIL
	RRR
	ABO SPT non O E 2+ radial pulses
	2+ of pulse / X-FIX appears stable/in- APC - ORTx Tib/Fib fx slip X-FIX yesterday
	- continue antibiotics - start IVF - NPO antibiotics
	- Analgesics / IV c/msol
	PR. (b)(6)-2 (b)(6)-2 SAW PT

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: If or typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade			REGISTER NO.	WARD NO.

0098 # (b)(6)-4

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3 Apr 03 450z	Pt alert, eating MRE - vitals - Spo ² - 98%, 87 pulse, 98.3 temp, 120/50 BP, 20rr
3 Apr 03 0509z	PE lungs CTA, heart RRR BS present x4. Pt has external fistula on (L) leg - Dsg min amount drainage. Pt 5/6 pain @ present time. Will continue to monitor.

(b)(6)-2

107AW

Medication Sheet

	03	04	05
Ancef 03 11	(b)(6)-2		
19	(b)(6)-2		
Gentamicin 11	(b)(6)-2		

3 APR 03	Vicodin 7-11	(b)(6)-2
3 APR 03	Vicodin Ti tube PO given for pain	
4/3/03 1230z	(L) open TIBIA FX s/p ex - for (4/2/03) Ancef/GGNT PR2 BANDAGE to soakage @ mid shaft and @ fx sites Recheck on 4/6/03 - 4/12/03 Pain Control BUAC Priority	(b)(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2 APR 03 0905	pt denies any pain. IV flushed out and 1GM Keoph IV given. Moderate drainage from bandage - no additional bleeding. Traction pins intact. (+) pedal pulse. (+) cap refill. Pt refused water and food. (b)(6)-2 CPT
0926	BP 97/61 PR 65 R 20 SpO2 99 voided 350cc
1740	pt's deny pain. (+) pedal pulse. Pt voided 250cc. Pt denies any pain. Pt t-tachis regular diet well. ↑ 1000cc NS (b)(6)-2
2 APR 03 2015 Z	B6-4 Pt temp 99.3 BP 137/73 % SpO2: 86 PR/SC 73 25 yo Iraqi EPW # [REDACTED] admitted to IAW #1 via wheeled litter, to bed @ A3. Alert, % pain, external fixator in place on (L)LE, dressing soiled w/ sanguineous drainage. Cooperative to care, lungs clear, abd soft, nontender BS (+) x 4 quads, IV placed in (L) wrist, S1 + S2 clear, peripheral pulses palpable and correspond @ heart sounds. Operative extremity warm, elevated, distal pulses palpable CRT < 3 sec. Pt writhing in pain. MSO4 3mg IV given. Vicodin 2 tabs P.O. given Pt resting @ eyes closed. BP 137/87 HR 92 RR 22 T 99.3. (b)(6)-2 CPT

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.
EPW # (b)(6)-4 (b)(6)-2			WARD NO.
# (b)(6)-4			

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-87)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

4 Apr 03
0700

Assume pt care; VS; temp 99.5; NPO p MN; IV of NS @ 100 in
① forearm; site is safe of complications; able to communicate
w/ hand gestures; CSW to r/c extremity w/ ext fixation; pulse
present & capillary refill < 3 sec; able to wiggle toes; extremity
on blanket; pain med given @ 0815 by RN; voided 3
assist x 1; N/A; _____

(b)(6)-2

9/2/03

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: <small>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)</small>			REGISTER NO.	WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

CLINICAL RECORD - ICU FLOWS

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME: Elw (b)(6)-4 DATE: 3/12/03 / 4 AM 03

DIAGNOSIS: SP ext. fracture to @ rib/R6 open fx PATIENT ACUITY: HOSPITAL DAY: POST OP DAY:

V I T A L S I G N S	TIME:	1925	2000	2100	0700						
	BP ARTERIAL LINE	/	/	/	/						
	BP CUFF	115/64	/	/	120/72						
	MAP										
	TEMPERATURE				99.5						
	PULSE	100	70	/	64						
	RESPIRATIONS	26	18	/	16						
	PULSE OXIMETER	98%	/	/	99%						
	CVP										
	PAIN (0-10)	yes	yes	sleeping							
R E S P I R A T O R Y	OXYGEN (L/min)	2A	2A	/	2A						
	O2 METHOD	↑			↑						
	VENT SETTINGS:										
	FIO2										
	MODE										
	TV										
	RATE										
	PEEP										
	PS										
	Respiratory Treatments										

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar
 Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose Inhaler CPT = Chest physiotherapy IS = Incentive spirometer

I N T A K E	TIME:										
	PO										
	TOTALS										
	O U T P U T	URINE									
STOOL											
TOTALS											

CAL RECORD - ICU FLOWSE

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME:

DATE:

IV SITE ASSESSMENT:

LEGEND: WNL = NO REDNESS/SWELLING/OTHER S/S INFILTRATION/INFECTION
R = REDDENED P = PUFFY I = INFILTRATED CL = CENTRAL LINE

LOCATION	CONDITION
IV SITE # 1 <u>QAC</u>	<u>OK</u>
IV SITE # 2 _____	_____
IV SITE # 3 _____	_____

LOCATION	CONDITION
IV SITE # 1 _____	_____
IV SITE # 2 _____	_____
IV SITE # 3 _____	_____

	TIME	INITIALS
IV PATENCY CHECKED _____	_____	_____
IV SITE CARE PROVIDED _____	_____	_____
IV TUBING CHANGED _____	_____	_____
COMMENTS: <u>NS @ 100</u>	_____	_____

	TIME	INITIALS
IV PATENCY CHECKED _____	_____	_____
IV SITE CARE PROVIDED _____	_____	_____
IV TUBING CHANGED _____	_____	_____
COMMENTS: _____	_____	_____

AM STRIP

PM STRIP

SECTION III - SHIFT NOTES

See Progress notes.

(b)(6)-2

CRW

MEDICAL RECORD - ICU FLOW SHEET

PATIENT ASSESSMENT DATA - REVIEW

PATIENT NAME: SE	DATE:		
NEUROLOGICAL Alert and Oriented to time, place and name; Responds appropriately; Communication is adequate to express needs; Pupils equal and reactive to light.	TIME:	INITIALS:	TIME: 1925 wml (b)(6)
CARDIOVASCULAR Age appropriate Rate, Rhythm, and Pulses; Capillary refill < 3 sec; No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. Pressure monitoring			edema to extremities x 4, brisk cap. refill HR, 110-120
PULMONARY Respirations within normal limits for age; Breath sounds quiet and regular; Depth is regular; No dyspnea; No cough; Suction; Secretions; Oxygen; ETT; Trach			CTA, Pox 98% RA, @ough
G.I. Abdomen soft and non-distended; Bowel sounds active in all quadrants; No difficulty chewing or swallowing; No abdominal pain; Frequency and type of stool; No diarrhea; No constipation; No N/V; NG Tube placement; Type of secretions			+BS, +flatus, abn tonight Bad pan/BS commode (NPO p 2 LICO per order)
G.U. Voiding; Catheters; Urine clear yellow/amber; No odor, discharge, frequency, urgency, nocturia			voiding well wml
MUSCULOSKELETAL: Normal muscle mass and development for age; No deformities; No assistive devices needed; Normal movement and tone; Normal active ROM without pain; No joint swelling, tenderness, weakness, or paresthesia			NWB to LLE, fixation to @ tib/fib fx, dress intact, sensu sensory change noted, marked. Graded mot + strength to LLE. (b)(6)-2
SKIN Color; warm; dry; Intact; Turgor; No Wounds; lesions; rashes, inflammation, ulcers, breaks in skin; No redness, blanching, irritation, over bony prominences; Mucous membranes moist; Wounds - location, condition, drainage, dressing			skin dry & intact. Brisk cap. refill, all extremities (b)(6)-2
PAIN No complaints of pain/discomfort; Note Location; Duration; Intensity			Pain controlled & msoc. Able to report pain & location. Pt able to sleep
PSYCHOSOCIAL: Behavior is appropriate to the situation; Anxiety is controlled or mild and appropriate to the situation; Interacts appropriately with others			Responds appropriately, verbalizes to interpreters. Tries to tell staff of his needs. Able to laugh & joke & follow pt & interpreters.

T

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY		
METHYLENE BLUE 1:20 INNS	100cc	1505	INT	(b)(6)-2	(b)(6)-2		
/	/	/	/	/	/		

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

OTHER ORDERS	TIME	CARRIED OUT BY
/	/	/

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

15. X-RAY IN OPERATING ROOM
YES NO

16. LABORATORY SPECIMENS

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

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

18. DRESSING/IMMOBILIZATION (Specify)
XEROFORM
FLUFFS
KELLIK
ACE W RAP

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
1 1/2 D, EX FIX (L)

21. PATIENT TRANSFERRED TO ICU TIME 1540 METHOD Gummy O2 MASK

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

FOR EACH SET OF ORDERS, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

FOR EACH SET OF ORDERS, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

IDENTIFICATION

0 # (b)(6)-1

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
	19:25		
Admit ICU S			
Dx open @ Tib/Fib Fr			
slp Ext. Fixation			
Nursing vs shift			
Bed rest - bedside			
urinal/commode			
NON-WT BEARING			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
Diet NPO - midn 6 HT			
IV D5LR @ 100cc/hr			
Ancef 1gm IV q 8h			
until 05 APR 03			
Gentamycin 400mg IV q 24h			
until 05 APR 03			
MSO4 5mg IV q 3-4 PRN			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
Consult orthopedics			
for eval of Tib/Fib Fr			
(b)(6)-2			
(b)(6)-2			
(b)(6)-2			

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

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

NURSING UNIT ROOM NO. BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
OO # (b)(6)-4			4/2/03	0745 HOURS	
			Admit to minimal care ward		
			Do: Dopen Fibria Px		
			Cond: Stable		
			Do routine		
			Activity: NPO on 2 LE		
			Nursing: have dressing in place. Reinforce as needed		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			Diet: Reg		
			to help lock		
			Meds: Ancef Tg EVPB Q8 ^h x 72 ^h		
			Gentamicin 400mg IV Q24 ^h x 72 ^h		
			Vicodin T-TI PO Q4 ^h 6 ^h prn pain		
			Evac Priority Litter		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
				(b)(6)-2	(b)(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
1 APR 79

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

... THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo 04 yr 03

Verify by Initialing

Order Date Clerk Nurse

SINGLE ACTIONS

Date to be Done

Time to be Done

Time Done

Initials

3 APR 03

(b)(6)-2

Admit to ICWS

3 APR 03

now

19:25h

(b)(6)-2

3 APR 03

Consult orthopedics for eval of rt/lt fx

3 APR 03

now

2:00h

Order/ Expir Date

Clerk/ Nurse

PRN ACTION, FREQUENCY

INITIAL PROPER COLUMN FOLLOWING COMPLETION

TIME/DATE COMPLETED

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)** *Mo 04 yr. 03*

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

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION	
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	DATE DISPENSED
3 APR 03	(b)(6)-2	NF DZR @ 100cc/hr or whatever fluids available	03 04 05 07 19 04 12 20 11
3 APR 03	(b)(6)-2	Ancef 1gm IVPB q 8 ^o until 05 APR 03.	X X X X X X X X
3 APR 03	(b)(6)-2	Gentamycin 400mg IVPB q 24 ^o until 05 APR 03	X X X X X X X X

ALLERGIES: YES NO PRIMARY DIAGNOSIS: *slp Ext. fixation of @ fib/fib &*

PATIENT IDENTIFICATION: *ERW* ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

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

1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Reaction										
Brisk										
Sluggish										
Fixed										
Responsiveness										
A-Alert										
O-Oriented										
D-Disoriented										
L-Lethargic										
P-To pain only										
PR-Paralyzed										
S-Sedated										
U-Unresponsive										
SL-Sleeping										
Best Eye Opening										
4-Spontaneous										
3-To speech										
2-To pain										
1-None										
Best Verbal Response										
5-Oriented										
4-Confused										
3-Inappropriate										
2-Incomprehensible										
1-None, ETT, Trach										
Best Motor Response										
6-Obeys commands										
5-Localized to pain										
4-Withdrawl to pain										
3-Flexion to pain										
2-Extension to pain										
1-None										
Circulation										
1+Faint										
2+Weak										
3+Normal										
4+Bounding										
A-Absent										
D-Doppler										
Cardiac Rhythm										
SR-Sinus Rhythm										
SA-Sinus Arrhythmia										
SB-Sinus Bradycardia										
ST-Sinus Tachycardia										
SVT-Supra Ventricular Tachycardia										
VT-Ventricular Tachycardia										
VF-Ventricular Fibrillation										
AF-Atrial Fibrillation										
AFL-Atrial Flutter										
1HB-First Degree Heart Block										
2HB-Second Degree Heart Block Type I										
2HB2-Second Degree Heart Block Type II										
3HB-Third Degree Heart Block										
JUN-Junctional										
BI-Bigeminy										
TRI-Trigeminy										
Admission Wt										
Ventilator Day										
Today's Wt										
Central Line Day										
Site:										
Yesterday's Wt										
Arterial Line Day										
Site:										
Difference +/-										
PIV Day										
Site:										
Total Input										
PIV Day										
Site:										
Total Output										
Foley Day										
Site:										
Difference +/-										

96% O₂
 88 88
 126/69 124/81
 20 20
 97% 99%
 N/A N/A
 SR
 13/13
 12/13
 5
 3
 5
 Dose of
 Stock Crap
 3B 3B

Sedated D
 Patent Patent
 20 20
 RA RA

1200^{OR} 125 125 125
 100
 1300^{OR} 125 125 125
 125 145 135
 1200 125 125 125
 125 145 135

575
 30^{OR}
 30 30
 575
 605

Tiaoma
(b)(6)-4

Post Procedure/Operative/Post Operative Anesthesia Notes

Received from: OK By: MAJ (b)(6)-2 Time in: 1550 ASA: 2E Anemic

Procedure: Washout GSW @ Tib/Fib Complications:

Physician: Dr. (b)(6)-2 Anesthesia Provider: Dr. (b)(6)-2

Medical/Birth History

Anesthetic Agents Used: General

Narcotics Reversed NA/Yes/No Time ___ Muscle Relaxant Reversed NA/Yes/No Time ___ Epidural catheter Yes/No

Medications given via epidural catheter: N/A

Pre Proc/Op Vital Signs: P100 R ___ B/P 113/72 T ___ Pre Proc/Op Medications: 97% SaO2

Post Procedure/Operative Intake and Output, Miscellaneous Information

Intake	Amount	Output	Amount	Airway Support	Invasive lines	Site	Fluid	Rate
Crystalloids	1200	EBL	30	PATENT X ORAL ETT	Cordis/Swan		N/A	
Colloids		Urine	0	NT TRACH	Arterial line			
PRBC		NG/Emesis		Oxygen Delivery:	PIV	LAK	LR	
Hespan				NC SM VM NRB TM VENT	PIV			
				O2% (lpm or FiO2)				

Medications Given During Recovery Period:

Total IN	Amount	Total Out	Amount	Time	Medication	Effect	Initials
1200		30					
Net Fluid	+/-						
Medications given during procedure/operation: 10mg Morphine 1gm Ancef 150 Fentanyl				<i>None given</i>			

Frequent Vital Signs and Post Procedure/Operative Documentation

Vital Signs							Post Anesthesia Recovery						Pain	Dermatome	Pulse	Comments	Initials	
Time	BP	P	R	SpO2	O2	T	Act	Resp	Cir	Loc	Skin	PAR	(0-10)	Level	L/R Ped			
1550	129/89	94	20	100%	RA	96.6	D	1	2	1	2	6	Sleeping		3+	2+	Pt doesn't speak English	(b)(6)-2
1555	136	92	20	100%	RA										3+	2+		
1600	129/89	88	20	97%	RA										3+	2+		
1615	129/89	79	20	98%	RA										3+	3+		
1630	126/81	80	20	100%	RA										3+	3+		
1645	123/74	75	20	100%	RA										3+	3+		
1700	125/71	88	20	98%	RA		?	2	2	2	2	8?			3+	3+		

PAR Activity 2-moves 4 extremities Resp 2-cough & deep breathe Cir 2-20% +/- preop BP LOC 2-Fully awake Skin 2-pink
 1-moves 2 extremities 1-dyspnea, airway 1-20-50% +/- preop BP 1-Verbally aroused 1-pale, dusky
 0-moves 0 extremities 0-apnea 0-50% +/- preop BP 0-No response 0-cyanotic

OTSG APPROVED (Date)
 2 APR 03

REPORT TITLE

TRAUMA FLOWSHEET

INITIAL ASSESSMENT

IMMEDIATE DELAYED MINIMAL

Site: 02 APR 03 Arrival Time: 1918 Zulu Sex: (M) F Age: 25 Wt: 140 lbs

Allergies: NKA Tetanus Status: UTD Unknown

VP: Last Meal:

Chief Complaint: Leg injury (Post Op)

VH:

Medications:

Examinations PTA:

VITAL SIGNS: BP: 126/67 P: 95 RR: 18 TEMP: SAO₂: 99%

HEENT
 TRAUMA YES NO
 AN YES NO
 OB YES NO
 LUNG SOUNDS
 R L
 CLEAR
 WHEEZES
 DECREASED
 ABSENT

SKIN
 WARM
 DRY
 PALE
 DUSKY
 MOIST

ABDOMEN
 SOFT
 DISTENDED
 TENDER
 BOWEL SOUNDS
 YES NO
 GUSAC TEST
 POS NEG

NEURO
 PERRL YES NO R ___ mm L ___ mm
 GLASCOW SCORE: _____

GLASCOW COMA SCALE	PUPIL SIZES								
	2	3	4	5	6	7	8	9	
1. EYE OPENING	2. VERBAL RESPONSE			3. MOTOR RESPONSE					
	Spontaneous - 4	Oriented - 5	Obedient - 6						
	To Voice - 3	Confused - 4	Purposeful - 5						
	To Pain - 2	Inappropriate - 3	Withdrawal - 4						
	None - 1	Incomprehensible - 2	Flexion - 3						
	None - 1	Extension - 2							
		None - 1							

EXTREMITIES

DISTAL PULSES
 RT X 2 LT X 2
 MOVES EXTREMITIES X 4
 NO EDEMA
 NO DEFORMITIES

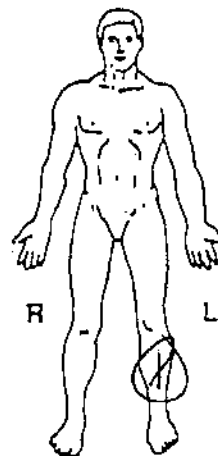
EXCEPTIONS TO ABOVE PARAMETERS:

TREATMENTS:

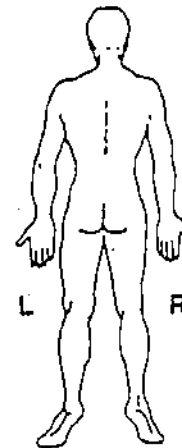
2: LPM NC MASK
 TT # MM
 MONITOR Y N EKG Y N
 IGTUBE #
 OLEY: #
 CHEST TUBE R L

SPLINTS:

ORAL AIRWAY
 NASAL AIRWAY
 N
 DPL POS NEG
 CM H2O



FRONT



BACK

- A = Abrasion
- AP = Amputation
- AV = Avulsion
- B = Burn
- C = Contusion
- D = Distal
- E = Evisceration
- OF = Open Fracture
- CF = Closed Fracture
- GH = GSW - HEAD
- L = Laceration
- PW = Puncture Wound
- S = Slab Wound
- O = Other

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE
 2 APR 03

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

(b)(6)-4
 OD # (b)(6)-4

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
ADULT TRAUMA FLOW SHEET

DTSG APPROVED (Date)

PREHOSPITAL INFORMATION

PREHOSPITAL TREATMENT

TRANSPORT

- Scene Police **TIME IN:** _____
- Auto Ambulatory
- Ambulance MEDVAC
Unit: _____
- CCATT: Report From: _____
- Ref Hospital _____
- Ref Physician _____

MECAHNISM OF INJURY

- MVA: Driver or Passenger Front Back
 Seat Belt on
- MCA: Driver or Passenger Helmet worn
 Protective Clothing Worn
- Speed: _____ mph
- BCA: Front Back Helmet worn
- Pedestrian vs. Auto Speed: _____ mph
- Fall _____ ft Assault
- GSW Stab Frag wound Crush Burn
- Aircraft: Type _____
- Other _____

PROCEDURES PRIOR TO ARRIVAL

- Oral Airway Nasal Airway
- ET Tube # _____ NT Tube # _____
- Crico # _____
- O2 @ _____ L/min via _____
- Breath Sounds: LT: _____ RT: _____
- IV # _____ Peripheral Subclavian Femoral
Intraosseous: Site (A) (R) (AC)
- Fluids: IV 1 2 3 4 5 Blood 1 2 3 4 5
- CPR: Time started _____ Stopped _____
- PASG Legs Abd
- Urinary Cath: Size _____ NG Tube OG Tube
- Chest Tube: RT LT Both
- Medication _____
- C-Collar Spine Immobilization Device
Time On: _____
- Splints: _____ Type: _____
- Other: _____
- Tourniquet: Time On _____ Location: _____

AMPLE HISTORY

Allergies: <u>10K67</u>	Last Meal:
Medications: <u>None</u>	Last Tetanus:
Past Illnesses: <u>Unconsciable per Circulation</u>	Events: <u>See Note in rear</u>
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No LMP: _____	

PREPARED BY (Signature & Title) (b)(6)-2	DEPARTMENT/SERVICE/CLINIC (b)(6)-1	DATE <u>18 April 03</u>
---------------------------------------------	---------------------------------------	----------------------------

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

Name - last: EPW HT (b)(6)-4

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

(b)(6)-4

OD 47

#U.S.G.P.O. 1992-318-678

(b)(6)-4

PATIENT EVACUATION TAG -- FICHE D'ÉVACUATION DE PATIENT
(Tie this tag to patient -- Attacher cette fiche au patient)

FROM (Medical treatment facility)
ORIGINE (Installation de traitement médical)

(b)(3)-1

NAME (Last first-middle initial)
NOM (Nom de famille - premier prénom - initiale deuxième prénom)

(b)(6)-4

SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité)
------------------------------------	----------------------------	-----------------------------------------------------------------------------------------------------------------------------

DIAGNOSIS
DIAGNOSTIC

CLASS-CLASSE		DISEASE MALADIE	BATTLE CASUALTY BLESSÉ AU COMBAT	INJURY BLESSURE
1A	2A			
1B	2B			
1C		CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT		BUNK NUMBER NUMÉRO COUCHETTE
3	4			
VSI TRES GRAV. MAL.		BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGE		
<input type="checkbox"/> Yes Dui		<input type="checkbox"/> No Non		

(EPW #3)
OD (b)(6)-4

DESTINATION
DESTINATION

SHIP/AC (Number/type)
NAVIRE/AVION (Matricule/type)

TREATMENT RECOMMENDED EN ROUTE (If no treatment is required a notation to this effect is made)
TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire)

SIGNATURE OF MEDICAL OFFICER
SIGNATURE DU MÉDECIN

DATE
DATE

REGULAR DIET
RÉGIME NORMAL

SPECIAL DIET (Describe)
RÉGIME SPÉCIAL (Description)

SHIP'S RECORD OFFICE TAB -- FICHE POUR ARCHIVES TRANSPORTS

FROM (Medical treatment facility)
ORIGINE (Installation de traitement médical)

NAME (Last first-middle initial)
NOM (Nom de famille - premier prénom - initiale deuxième prénom)

SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL CATÉGORIE DE PERSONNEL
------------------------------------	----------------------------	-------------------------------------------------

BAGGAGE TAG NUMBER(S) NUMÉROS ÉTIQUETTES BAGAGES	DATE OF SHIPMENT DATE DÉPART
-----------------------------------------------------	---------------------------------

DESTINATION DESTINATION	ARRIVAL DATE DATE ARRIVÉE
----------------------------	------------------------------

EMBARKATION TAB -- FICHE D'EMBARQUEMENT

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) #			3. GRADE EPW		ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE X	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. EMP 99		12. SSN (b)(6)-4		13. ORGANIZATION Iraqi Civ		14. WARD ICU5	
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE ING		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Trans				22. HOURS OF ADMISSION 1930	23. CLINIC SERVICE AEATA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION (b)(3)-1 Trans		26. DATE OF DISPOSITION 4 Apr 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 3 Apr 03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 KUWAIT					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES Chest wound							
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 Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS		
SIGNATURE OF ATTENDING MEDICAL OFFICER // original signed //				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER			

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

DATE	NOTES
03 April 03 1930	<p>Pt arrived via litter. VS upon arrival HR 148 BP 171/111 Temp 101.9° axillary. L-60. Pt had chest tube with seal on pleural vacuum broken & leaking. Placed pt chest tube to hatched valve. Now pleural vacuum hooked up to patient to gravity. Pt has burns to right elbow, (b)(6)-2 chest wall below chest tube insertion site. Pt has external fixator to (b)(6)-2 femur & blisters to right ankle. Placed dressing to (b)(6)-2 foot blisters. Pt given 1L bolus of LR. Unasyn started 3gm IV & pt given Morphine 2mg initially & 3mg for total of 5mg Morphine MD 2020hrs. Pt prepared for intubation by Col. (b)(6)-2 Pt intubated @ 2010 hrs. Et tube #E.0cm 23cm @ depth secured & tube tamer. Vent settings AC R10 FIO2 40% TV 65 PEEP 5 sets 100% initially. Pt given 5mg Versed IV, 10mg Etomidate IV, 100mg Succ IV for intubation. (b)(6)-2</p>
03 APR 03 2025	<p>Pt hypertensive 20/100 manual BP HR 100 notified MDs. Pt given 10mg Vec IV x1 per COL (b)(6)-2 BP @ 2039 163/96 HR 138. (b)(6)-2 CAP/A</p>
03 APR 03 2050 2054 2140	<p>Pt hypertensive @ 192/100 HR 126 pt given 10cc of propofol IV push x1 P-134 BP 144/68 2058 P-125 BP 111/56 2108 P-125 BP 171/98 P-117 BP 135/69 2200 P-101 BP 92/54 (b)(6)-2 CAP/A</p>
JUL 03 03 APR 03 2155	<p>Late entry pt given 100mg Fentanyl IV push x1 for pain. (b)(6)-2 CAP/A Pt given 2mg Morphine IV for pain (b)(6)-2 CAP/A</p>

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

MEDICAL RECORD - ICU FLOWSHEET

SECTION I - PATIENT ASSESSMENT DATA

 PATIENT NAME: EPW (b)(6)-4

 DATE: 3 APR 2017

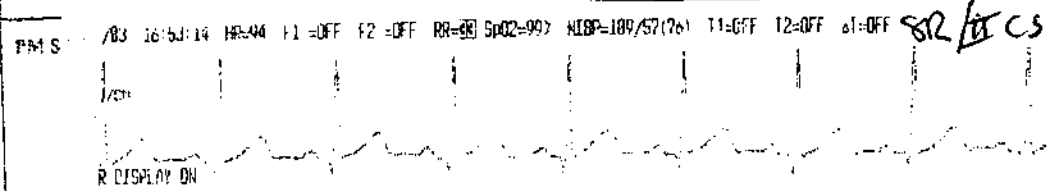
IV SITE ASSESSMENT:

LEGEND: WNL - NO REDNESS/SWELLING/OTHER S/S INFILTRATION/INFECTION
 R - REDDENED P - PUFFY I - INFILTRATED CL - CENTRAL LINE

LOCATION	CONDITION	LOCATION	CONDITION
IV SITE #1 <u>LFA (8g)</u>	<u>CDE WNL</u>	IV SITE #1 _____	_____
IV SITE #2 <u>RW (8g)</u>	<u>CL WNL</u>	IV SITE #2 _____	_____
IV SITE #3 _____	_____	IV SITE #3 _____	_____

TIME	INITIALS
IV PATENCY CHECKED <u>2000, 2400</u>	<u>CS</u>
IV SITE CARE PROVIDED <u>2000, 2400</u>	<u>CS</u>
IV TUBING CHANGED _____	_____
COMMENTS: _____	_____

AM STRIP



SECTION III - SHIFT NOTES

0114/04 Apr 03 - Heparin 5000u given SQ to LL of umbilicus. To 5 event on vent (b)(6)-2

0130 Pt reassessed. Respiratory rate continues to increase. Pt medicated E morphine for pain + versed for ventilator compliance. Propofol gtt increased to 75mg/kg/min @ 0300hrs. Pt peak pressure increasing & resp rate continues to increase. Propofol gtt increased to 77.5mg/kg/min @ 0330hrs. (b)(6)-2

Other changes in TX or status @ this time, will continue to monitor & assess (b)(6)-2

0400 Pt reassessed. Resp status rate continued in 30's & Peak pressures increasing to 30's. Notified Dr (b)(6)-2 Pt placed on SIMV R10 TV 750 40% FIO2 25 rate decreased to 10-20. No other changes in assessment. (b)(6)-2

MEDICAL RECORD - ICU FLOW

SECTION II - PATIENT ASSESSMENT DATA - REVIEW OF SYSTEMS

PATIENT NAME:		DATE:	
NEUROLOGICAL Alert and Oriented to time, place and name; Responds appropriately; Communication is adequate to express needs; Pupils equal and reactive to light.	TIME: 2000 Alert unable to communicate E pt. Translator able to speak & pt. Pupils PERRL	TIME:	INITIALS:
CARDIOVASCULAR Age appropriate Rate, Rhythm, and Pulses; Capillary refill < 3 sec; No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. Pressure monitoring	ST 130-140's pulses 2+ @ thigh @ 1+ Bilat cap refill < 3sec		
PULMONARY Respirations within normal limits for age; Breath sounds quiet and regular; Depth is regular; No dyspnea; No cough; Suction; Secretions; Oxygen; ETT; Trach	Resp 30-40's Breath sounds @ > R crackles @ @ base chest tube to gravity Δ to suction 20cm Intubated 2000hrs #8, 23cm teeth		
G.I. Abdomen soft and non-distended; Bowel sounds active in all quadrants; No difficulty chewing or swallowing; No abdominal pain; Frequency and type of stool; No diarrhea; No constipation; No N/V; NG Tube placement; Type of secretions	Vent AC 12/10 TV 650 40% P5 BS AX 4 w/ poacetic nasoga to umbilical area suture CDI @ S/S of infection @ BM		
G.U. Voiding; Catheters; Urine clear yellow/amber; No odor, discharge, frequency, urgency, nocturia	Foley cloudy amber blend triged q 8 = 10		
MUSCULOSKELETAL: Normal muscle mass and development for age; No deformities; No assistive devices needed; Normal movement and tone; Normal active ROM without pain; No joint swelling, tenderness, weakness, or paresthesia	Pt has external fixator to @ femur & drsg		
SKIN Color; warm; dry; Intact; Turgor; No Wounds; lesions; rashes, inflammation, ulcers, breaks in skin; No redness, blanching, irritation, over bony prominences; Mucous membranes moist; Wounds - location, condition, drainage, dressing	Pt has lacer to @ ankle, Drsg Δ chest tube to @ lateral chest Drsg CDI, Burns to @ @ chest-lateral, Pt has blisters to @ ankle - CX sent to []		
PAIN No complaints of pain/discomfort; Note Location; Duration; Intensity	Pt complains of mtr chest arm & leg. Medication Morphine		
PSYCHOSOCIAL: Behavior is appropriate to the situation; Anxiety is controlled or mild and appropriate to the situation; Interacts appropriately with others	Pt appears calm before intubation.		

MEDICAL RECORD - ICU FLO

SECTION II - PATIENT ASSESSMENT DATA - REVIEW OF SYSTEMS

PATIENT NAME:		DATE:	
<p>NEUROLOGICAL Alert and Oriented to time, place and name; Responds appropriately; Communication is adequate to express needs; Pupils equal and reactive to light.</p>	<p>TIME: 0710 PERLA Pt sedated, on vent</p>	<p>INITIALS: []</p>	<p>TIME: [] INITIALS: []</p>
<p>CARDIOVASCULAR Age appropriate Rate, Rhythm, and Pulses; Capillary refill < 3 sec; No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. Pressure monitoring</p>	<p>All extremities + 2 pulses, cap refill < 3 sec; edema bilaterally lower extremities</p>		
<p>PULMONARY Respirations within normal limits for age; Breath sounds quiet and regular; Depth is regular; No dyspnea; No cough; Suction; Secretions; Oxygen; ETT; Trach</p>	<p>Diminished breath sounds @ side # ETT tube @ 23cm Chest tube right side</p>		
<p>G.I. Abdomen soft and non-distended; Bowel sounds active in all quadrants; No difficulty chewing or swallowing; No abdominal pain; Frequency and type of stool; No diarrhea; No constipation; No N/V; NG Tube placement; Type of secretions</p>	<p>soft, no em since arrival, + BS q4 quads, pt has sutures (3cm vertical incision, above umbilicus)</p>		
<p>G.U. Voiding; Catheters; Urine clear yellow/amber; No odor, discharge, frequency, urgency, nocturia</p>	<p>Foley catheter - clear yellow urine</p>		
<p>MUSCULOSKELETAL: Normal muscle mass and development for age; No deformities; No assistive devices needed; Normal movement and tone; Normal active ROM without pain; No joint swelling, tenderness, weakness, or paresthesia</p>	<p>Distal - external fixator Ace wrap</p>		
<p>SKIN Color; warm; dry; intact; Turgor; No Wounds; lesions; rashes, inflammation, ulcers, breaks in skin; No redness, blanching. Irritation, over bony prominences; Mucous membranes moist; Wounds - location, condition, drainage, dressing</p>	<p>blisters to ankle intact dressing cpts @ side of chest and @ arm - open blisters - dry</p>		
<p>PAIN No complaints of pain/discomfort; Note Location; Duration; Intensity</p>	<p>sleeping/sedated/med for pain</p>		
<p>PSYCHOSOCIAL: Behavior is appropriate to the situation; Anxiety is controlled or mild and appropriate to the situation; Interacts appropriately with others</p>	<p>sleeping/sedated</p>		

MEDICAL RECORD - ICU FLOWSHEET

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME: EPW # DATE: 3 APR 03
 DIAGNOSIS: S/P MNY PATIENT ACUITY: HOSPITAL DAY: POST OF DAY:

	TIME:	2400	0100	0200	0300	0400	0500	0600				
VITAL SIGNS	BP ARTERIAL LINE											
	BP CUFF	114/62	115/62	118/62	114/60	120/60	114/57	128/53	130/56			
	MAP	88	81	83	76	83	79	82	83			
	TEMPERATURE	98.7	97.2	97.6		97			97.9			
	PULSE	94	92	92	92	91	83	85	80			
	RESPIRATIONS	15	15	17	21	24	10	23	13			
	PULSE OXIMETER	100%	100%	100%	99%	99%	100	100%	100%			
	CVP											
	PAIN (0-10)	sleep	sleep	sleep	sleep	sleep	sleep	sleep	sleep	U/A		
	OXYGEN (L%)	.40	.40	.40	.40	.40	.40	.40	.40			
O2 METHOD	AC	AC	AC	AC	AC	SIMV	SIMV	SIMV				
VENT SETTINGS:												
FIO2	.40	.40	.40	.40	.40	.40	.40	.40				
MODE	AC	AC	AC	AC	AC	SIMV	SIMV	SIMV				
TV	650	650	650	650	650	750	750	750				
RATE	10	10	10	10	10	10	10	10				
PEEP	5	5	5	5	5	5	5	5				
PS	/											
Respiratory Treatments												

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar
 Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose inhaler CPT = Chest physiotherapy IS = Incentive spirometer

INTAKE	Prep/Bl	30.5	30.5	30.5	2.5	33.6	33.6	33.6	33.6		
	LR	150	150	150	150	500	150	150	150		
	IVPB 100		100						100		
	PO										
TOTALS											

OUTPUT	URINE	400	175	75	50	50	50	275	325		
	Chest X-ray										
	TOTALS				650	700	750	800	1075	1400	

MEDICAL RECORD - ICU FLOWSHEET

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME: #(6)-4 DATE: 4 Apr 03
 DIAGNOSIS: MVA PATIENT ACUITY: HOSPITAL DAY: POST OP DAY:

VITAL SIGNS	TIME:	0710	0800	0900	1055				
	BP ARTERIAL LINE	125/73							
	BP CUFF	125/53	120/30	121/52	121/53				
	MAP	80	50	80	78				
	TEMPERATURE	97.8		97.8					
	PULSE	81	83	85	77				
	RESPIRATIONS	24	25	20	18				
	PULSE OXIMETER	100%	99%	99%	100%				
	CVP								
	PAIN (0-10)	sleep	sleeping	sleep	sleep				

RESPIRATORY	OXYGEN (L/%)								
	O2 METHOD								
	VENT SETTINGS:	SIMV	SIMV						
	FIO2	40%	30%	30%	30%				
	MODE	SIMV	SIMV	SIMV	SIMV				
	TV	750	750	750	750				
	RATE	10	10	10	10				
	PEEP	6	6	6	6				
	PS	-	-	-	-				
	Respiratory Treatments								

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar
 Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose inhaler CPT = Chest physiotherapy IS = Incentive spirometer

INTAKE	LR		150	150	200			
	Propofol		33.6	30.6	107.2			
	IVPB		0	0	0			
	PO		183.6	183.6				
	TOTALS		183.6	183.6	107.2			

OUTPUT	URINE	-	200	160	160			
	Chest tube	-	0					
	STOOL							
TOTALS		200	160	160				

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY														
POST-	DAY	APR				APR								
MONTH-YEAR	DAY	2	2	2	2	2	2	2	2	2	2	2	2	
19	HOUR	0450	0500	0530	0600	0630	0700	0800	1500					
PULSE (O)	TEMP. F (°)													TEMP. C
	105°													40.6°
180	104°													40.0°
170	103°													39.4°
160	102°													38.9°
150	101°													38.3°
140	100°													37.8°
130	99°													37.2°
120	98.6°													37.0°
110	98°													36.7°
100	97°													36.1°
90	96°													35.6°
80	95°													35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE	39	46 ⁴⁰	37	32	34	22	26
		131	132	137	113	119		
		61	63	59	66	65		
					100	99		
	HEIGHT:	WEIGHT →						
OUT-PUT	Urine	1400			500	800		
IN-PUT	Fluid	110			0	20		

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

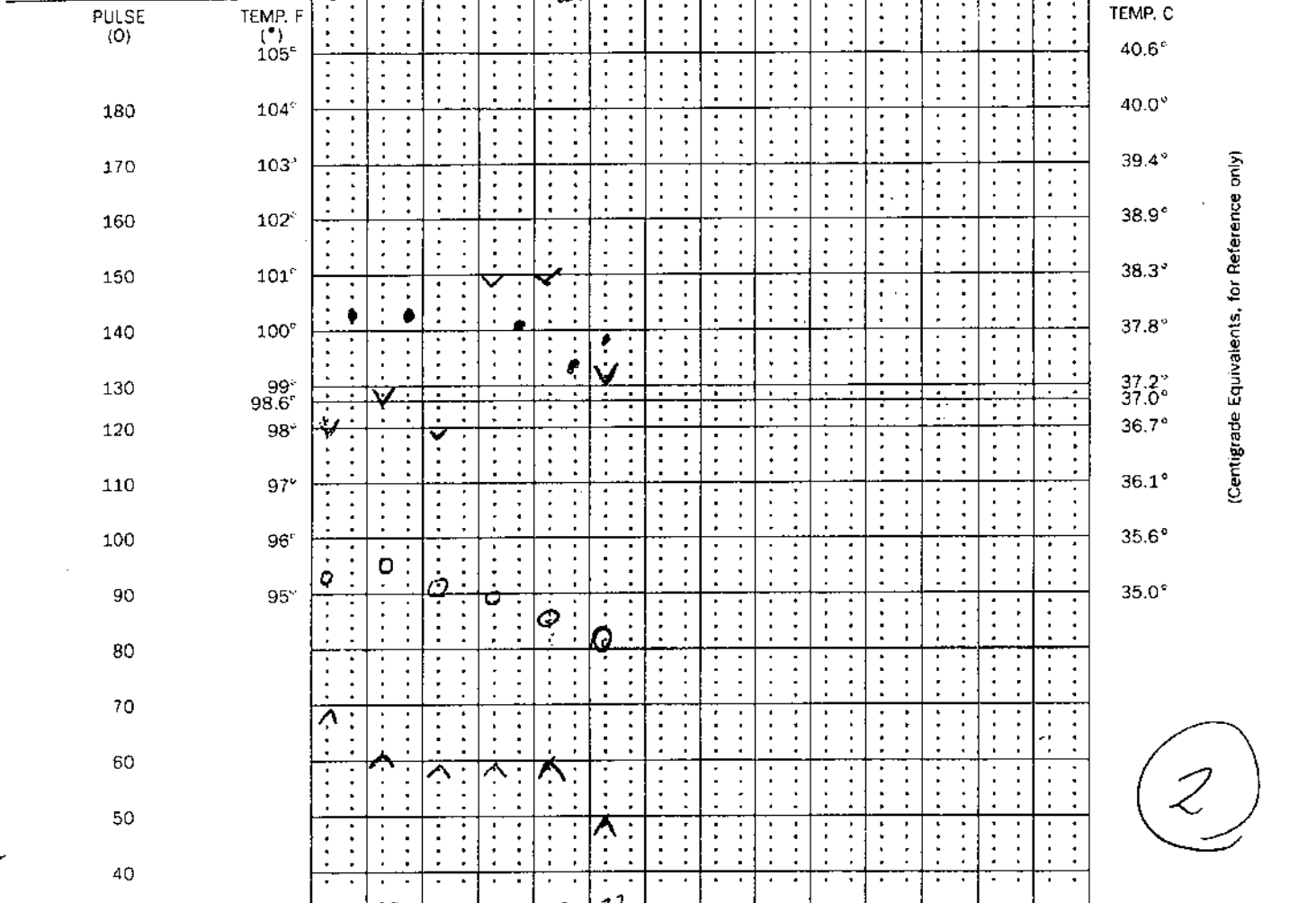
(b)(3)-1 00

(b)(6)-4

REGISTER NO. WARD NO.

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY		Admit													
POST-OP	DAY														
MONTH-YEAR	DAY														
19	HOUR	2 Apr 2003 03:00 03:30		3 Apr 2003 04:00 04:30		3 APR 03 05:00 05:30									



RESPIRATION RECORD		36	34	32	30	26	33
BLOOD PRESSURE	DO	97/60	93/60	96/60	96/60	97/60	
HEIGHT:	WEIGHT →	Urine 250 1600		1400cc		900cc	
		225 cc		0245		0200 Z	

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

00 # []
 []
 []

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION
----------------	---------------------------------------------

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one): <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> RH IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH DATE REQUESTED: STAT DATE AND HOUR REQUIRED: STAT	REQUESTING PHYSICIAN (Print): (b)(6)-2 MAJ DIAGNOSIS OR OPERATIVE PROCEDURE: BLUNT TRAUMA I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. SIGNATURE OF VERIFIER: (b)(6)-2 DATE VERIFIED: 30 MAR 03 TIME VERIFIED: 1850
VOLUME REQUESTED (If applicable): _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify): _____	REMARKS:
IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: N/A HEMOLYTIC DISEASE OF NEWBORN: N/A		REMARKS:

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
	PATIENT NO.	ANTIBODY SCREEN	CROSSMATCH	<input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR	RECIPIENT	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST
ABO	ABO	REMARKS:		DATE
Rh	Rh			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature): AT (Hour) _____ ON (Date) _____		AMOUNT GIVEN _____ ML REACTION: <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TIME/DATE COMPLETED/INTERRUPTED: TEMPERATURE _____ PULSE _____ BLOOD PRESSURE _____	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. (b)(6)-4		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature): (b)(6)-2 2nd VERIFIER (Signature): (b)(6)-2		DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION: TEMP. _____ PULSE 104 BP _____		OTHER DIFFICULTIES (Equipment, clots, etc.): <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION: 30 MAR 03 TIME STARTED: 1855 Z		SIGNATURE OF PERSON NOTING ABOVE: _____		

PATIENT IDENTIFICATION—USE EMOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility): Ford EPW # (b)(6)-4	SEX: M	WARD: ATLS
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------	-------------------

(b)(3)-1

BLOOD OR BLOOD COMPONENT TRANSFUSION
 Medical Record

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED CXR	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		M		IC 45	
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR				DATE REQUESTED 3 APR 03	

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

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year) 3 Apr 03	DATE OF TRANSCRIPTION (Month, day, year)
----------------------------------------	------------------------------------------------------	------------------------------------------

RADIOLOGIC REPORT

ETT tip 6 cm from carina

Lungs symmetrically aerated with bilateral diffuse patchy opacities to include bibasilar consolidations

Prominent pulm. vasc & heart → cannot exclude ~~heart~~ pulmonary venous hypertension or CHF

Ⓡ pleural tube - No PTX.

Impression: Diffuse patchy Air Space Disease - pulm. edema vs. infectious infiltrates vs. hemorrhage vs atelectasis → correlate clinically

(b)(6)-2

Rad, (b)(3)-1

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

(b)(6)-4

Foreign National

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

CLINICAL RECORD - DOCTOR'S ORDERS

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

RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

(b)(6)-4

INTENSIVE

ROOM NO. BED NO.

IDENTIFICATION (b)(6)-4 EPW INTENSIVE

UNIT ROOM NO. BED NO.

IDENTIFICATION (b)(6)-4 EPW INTENSIVE

SING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION (b)(6)-4 EPW INTENSIVE

NURSING UNIT ROOM NO. chart

PROBLEM NUMBER	DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
①	03 APR 03	1936		
②				
③				
④				
⑤				
⑥				
⑦				
⑧				
⑨				
⑩				
⑪				
⑫				
⑬				
⑭				
⑮				
⑯				

admit ICU - 5
 vitals q hr
 DCX slip injury - unknown
 Epx -> NO records
 not available
 Morphine 1-5 mg TUBB q hr.

VT to gravity
 VT + O
 Flex
 call mt abnormal vital signs

NPO
 Zantac 50mg TUBB q 8h-5
 IUF=LR @ 150cc/hr
 call mt abnormal vital signs

BBC
 Anasyn 1000
 TUBB q 6hr

VT Done
 Repair 5000 u BIOD SQ

36220350

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

EPW
TCUS

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
04 APR 79	0425		
② SIMV, TL = 250			
② BUCS 500cc LR			FiO2 = 40%
↓ to 150cc LR			

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256
1 APR 79

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

CLINICAL RECORD

Therapeutic Documentation Care Plan (NON-MEDICATION)

Mo APR 03

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														
				3	4	5	6											
3 APR 03	(b)(6)-2	Vitals q 1 ^o	07	(b)(6)-2														
		Sec	15															
			23															
3 APR 03		Int Settings: AC R-10	07															
		V650 FIO2 40% PEEP 5	15															
		I:E 1:2	23															
3 APR 03		CT to gravity	07															
			15															
			23															
3 APR 03		CT to suction	07	(b)(6)-2														
			15															
			23															
3 APR 03		I & O's	07															
			15															
			23															
3 APR 03		Foley	07															
			15															
			23															
3 APR 03		Call MD = abnormal VS	07															
			15															
			23															
3 APR 03		NPU	07															
			15															
			23															
4 APR 03		Vent: SIMV TV750 FIO2 40%	07															
		R10 PEEP 5 I:E 1:2	15															
			24															

ALLERGIES: YES NO

NKDA

PRIMARY DIAGNOSIS:

S/P injury - unknown type - not recoverable

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW#

Icu 5

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

Verify by
Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo APR yr 03

Order
Date

Clerk
Nurse

SINGLE ACTIONS

Date to
be Done

Time to
be Done

Time Done

Initials

3 APR 03

b)(6)-2

Dev) s/p injury - unknown type → No records available

3 APR 03

ASAP

1930

b)(6)-2

3 APR 03

CBC

3 APR 03

1930

1950

3 APR 03

CXR

3 APR 03

1930

2030

4 APR

Plus 500cc LR then ↓ ref to

4 APR 03

0425

0430

150cc/hr

Order/
Expir
Date

Clerk/
Nurse

PRN
ACTION, FREQUENCY

INITIAL PROPER COLUMN FOLLOWING COMPLETION
TIME/DATE COMPLETED

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: APR 21 03

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED								
				3	4	5	6	7				
3 APR 03	(b)(6)-2	Zantac 50mg IVPB q 8hrs	08 16 24	/	(b)(6)-2							
3 APR 03		Masyn III 9m IVPB q 6hrs	06 12 18 24									
3 APR 03		LR @ 150cc/hr	07 15 23									
3 APR 03		Heparin 5000u SQ BID	10 22									
3 APR 03		Zosyn 3.375mg IVPB q 6hrs	06 12 18 24									
3 APR 03		Sulfadiazine cream to vesicles BID	10 22									
3 APR 03		Propofol infusion @ 50mg/kg/hr titrate to effect so pt not breathing w/o vent & BP remains stable SBP 110-150 BP 50-80	07 15 23									

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SP Injury, unknown type - no records

PATIENT IDENTIFICATION: EPW # (b)(6)-4 ICU5

ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

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

Initialing		MEDICATIONS				Mo. APRIL	Yr. 03
Order Date	Clerk/Nurse	GLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
3 APR 03	(b)(6)-2	Fentanyl 100mg IV x 1	3 APR 03	ASAP	2108	(b)(6)-2	
"		Veresed 5mg IV x 1	3 APR 03	ASAP	2010		
"		Etoricoxib 10mg IV x 1	"	ASAP	2010		
"		Sucess 100mg IV x 1	"	ASAP	2010		
"		Veresed 5mg IV x 1 per Dr. Osterholt	3 APR 03	ASAP	2123		
"		Propofol 10cc IV push x 1 per	3 APR 03	ASAP	2050		
		ASA (b)(6)-2 (At agitation)	/	/	/	/	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION												
			TIME/DATE DISPENSED												
3 APR 03	(b)(6)-2	Morphine 1-5mg IV PB	2004 5mg	2155 3mg	2330 2mg	0221 1mg	3:30 1mg	0710 3mg	0900 4mg						
		91°	(b)(6)-2												
3 APR 03		Veresed 2-3mg q other hr, alternate morphine	103 2mg	1030 1mg											
3 APR 03		Vecuronium 10mg IV PRN for tube & Ventilator tolerance	2020 10mg	2100 10mg											
3 APR 03		Albuterol/Atrivent MDI q 4hrs PRN	2115 4 puffs	0750 4 puffs											

★ U.S. GOVERNMENT PRINTING OFFICE: 1983 342-027/70450

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial) <small>(b)(6)-4</small> [Redacted]				2. SSN [Redacted]		3a. STATUS [Redacted]	3b. SERVICE [Redacted]	4. PRECEDENCE P R	5. GRADE [Redacted]
6. AGE	7. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F) AMBULATORY <input type="checkbox"/> LITTER <input type="checkbox"/>		11. ACCEPTING PHYSICIAN [Redacted]		12. CITE/AUTHORITY NO.	
13. APPT/SURG DATE		14a. ORIGINATING FACILITY <small>(b)(3)-1</small> [Redacted]			15a. DESTINATION FACILITY [Redacted]			16. NUMBER OF ATTENDANTS 16a. MEDICAL 16b. NON MED	
		14b. ORIGINATING FACILITY PHONE NUMBER [Redacted]			15b. DESTINATION FACILITY PHONE NUMBER [Redacted]				

17. DIAGNOSIS ① <i>Fractured pelvis</i> ② <i>(R) femur & fibula ext. fracture</i>				19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)																																																	
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>ISSUE</th> <th>YES</th> <th>NO</th> <th>ISSUE</th> <th>YES</th> <th>NO</th> </tr> <tr> <td>a. HYPERTENSION</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>f. MOTION SICKNESS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. CARDIAC PK</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>g. VISION IMPAIRED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. DIABETES</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>h. VOICING PROBLEMS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. RESPIRATORY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>i. BOWEL PROBLEMS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. EARS/NOSE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>j. SELF-CARE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		ISSUE	YES	NO	ISSUE	YES	NO	a. HYPERTENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. MOTION SICKNESS	<input type="checkbox"/>	<input type="checkbox"/>	b. CARDIAC PK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. VISION IMPAIRED	<input type="checkbox"/>	<input type="checkbox"/>	c. DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	h. VOICING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	d. RESPIRATORY	<input type="checkbox"/>	<input type="checkbox"/>	i. BOWEL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	e. EARS/NOSE	<input type="checkbox"/>	<input type="checkbox"/>	j. SELF-CARE	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>k. AMBULATORY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>l. AMBULATORY AID</td> <td><input type="checkbox"/></td> </tr> <tr> <td>m. SELF-MEDS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>n. ADEQUATE SUPPLY OF MEDS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>o. OTHER</td> <td><input type="checkbox"/></td> </tr> </table>		k. AMBULATORY	<input type="checkbox"/>	l. AMBULATORY AID	<input type="checkbox"/>	m. SELF-MEDS	<input type="checkbox"/>	n. ADEQUATE SUPPLY OF MEDS	<input type="checkbox"/>	o. OTHER	<input type="checkbox"/>
ISSUE	YES	NO	ISSUE	YES	NO																																																
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d. RESPIRATORY	<input type="checkbox"/>	<input type="checkbox"/>	i. BOWEL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>																																																
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m. SELF-MEDS	<input type="checkbox"/>																																																				
n. ADEQUATE SUPPLY OF MEDS	<input type="checkbox"/>																																																				
o. OTHER	<input type="checkbox"/>																																																				
18. <input checked="" type="checkbox"/> BATTLE CASUALTY <input type="checkbox"/> DISEASE <input type="checkbox"/> NON-BATTLE INJURY																																																					

20. PHYSICIANS ORDERS					
20a. DATE 2 April 2003	20b. TIME 1000Z	20c. ALLERGIES NKDA			
20d. DIET	REG	3GM NA	CARDIAC	DIABETIC	CALS
RENAL	Gm prot	Gm Na	Mos 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					

21. PRE-FLIGHT VITALS:				
21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
22. BRIEF NARRATIVE				
<p><i>Pt wound @ March 30, 2003 → had fractured pelvis, (R) femur fracture & chest tube placed on (R)</i></p> <p><i>Pt has received 2 units PRBCs</i></p> <p><i>O₂ H/A 25% on 2 April 2003</i></p>				

20e. IV/BLOOD		
20f. SPECIAL EQUIPMENT	TRACTION	ORTHOPEDIC BRACES
SUCTION	IV PUMP	<input checked="" type="checkbox"/> CHEST TUBE/HEIMLICH
NG TUBE	TRACH	RESTRAINTS
STRYKER FRAME	<input checked="" type="checkbox"/> MONITOR	OTHER (Explain in 23)
INCUBATOR	<input checked="" type="checkbox"/> FOLEY	

23. ASSESSMENT/PROGRESS	
DATE/TIME	NOTES

20g. ALTITUDE RESTRICTION:		
20h. RECORDS TO ACCOMPANY PATIENT		
OUTPATIENT RECORDS	X-RAYS	FINANCIAL
INPATIENT RECORDS	OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY	DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS	
<p><i>IV Fluid support</i></p> <p><i>Chest tube to radiograph seal</i></p> <p><i>O₂ @ FiO₂ of 30% - 50%</i></p> <p><i>Monitor O₂ sat</i></p>	
<p><small>(b)(6)-2</small> [Redacted] [Redacted]</p>	

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN <small>(b)(6)-2</small>	25. STAMP AND SIGNATURE OF FLIGHT SURGEON
[Redacted] LTC	[Redacted]

AF Point of Contact (1st Sgt, etc.): Unit (here):
 DOC phone #: DOB:

U.S.GPO: 1992-318-678

PATIENT EVACUATION TAG – FICHE D'ÉVACUATION DE PATIENT
(Tie this tag to patient – Attacher cette fiche au patient)

FROM (Medical treatment facility)
ORIGINE (Installation de traitement médical)

NAME (Last, first, middle initial)
NOM (Nom de famille – premier prénom – initiale deuxième prénom)

(b)(6)-4

SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL (Service or employer and nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationalité)
------------------------------------	----------------------------	-----------------------------------------------------------------------------------------------------------------------------

DIAGNOSIS (R) femur fx & external fixator
DIAGNOSIS (E) penal laceration
(S) side chest tube (I) right humerus fx

CLASS-CLASSE	DISEASE MALADIE	BATTLE CASUALTY BLESSÉ AU COMBAT	INJURY BLESSURE
1A	2A		
1B	2B		
1C		CABIN OR COMPARTMENT NO. NO. CABINE OU COMPARTIMENT	BUNK NUMBER NUMÉRO COUCHETTE
3	4		

VSI
YRES GRAY. MAL.
 Yes
 No

BAGGAGE TAG NUMBER(S)
NUMÉROS ÉTIQUETTES BAGAGE

DESTINATION
DESTINATION

SHIP/AC (Number type)
NAVIRE/AVION (Matricule type)

TREATMENT RECOMMENDED EN ROUTE (If no treatment is required a notation to this effect is made)
TRAITEMENT RECOMMANDÉ EN ROUTE (Indiquer si aucun traitement n'est nécessaire)

SIGNATURE OF MEDICAL OFFICER
SIGNATURE DU MÉDECIN

DATE
DATE

REGULAR DIET
RÉGIME NORMAL

SPECIAL DIET (Describe)
RÉGIME SPECIAL (Description)

SHIP'S RECORD OFFICE TAB – FICHE POUR ARCHIVES TRANSPORTS

FROM (Medical treatment facility)
ORIGINE (Installation de traitement médical)

NAME (Last, first, middle initial)
NOM (Nom de famille – premier prénom – initiale deuxième prénom)

SERVICE NUMBER NUMÉRO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL CATÉGORIE DE PERSONNEL
------------------------------------	----------------------------	-------------------------------------------------

BAGGAGE TAG NUMBER(S)
NUMÉROS ÉTIQUETTES BAGAGES

DATE OF SHIPMENT
DATE DÉPART

DESTINATION
DESTINATION

ARRIVAL DATE
DATE ARRIVÉE

EMBARKATION TAB – FICHE D'EMBARQUEMENT

MEDCOM - 3634

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.)															
1	2	3	4	5	6	7	8																
(b)(3)-1						K U																	
3. REGISTER NUMBER						NAME (Last, First, Middle/Initial)						4. PAY GRADE		5. SEX									
9	10	11	12	13	14	15	CPW (b)(6)-4 (b)(6)-4						16	17	18								
(b)(6)-4						OD#						X	X	M									
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION												
19	20	21	22	23	24	25	26	27	28	29	30	31	MUSLIM (b)(3)-1										
									X	9													
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER														
32	33	34				35	36	(b)(6)-4															
						9	9																
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS												
IRAQI CIVILIAN						46			1930		Iraqi Civ												
						Z																	
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE														
47	48	49	KTK						093300000														
			K91																				
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		PREV. ADMISSION														
62	63					54	65	66	67	68	69	70	71	INS									
									X NO														
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE														
72						ICU5			NOT AVAILABLE														
1									ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)														
									NOT AVAILABLE														
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																	
(b)(3)-1 Kuwait						NOT AVAILABLE																	
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)															
73	74	75				76	77	78	79	80	81	82	83	84	85	86	87	88					
22				(b)(3)-1				20030404															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)															
89	90	91	92	93				94	95	96	97	98	99				100	101	102	103	104	105	106
A E A A								2003034303															
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION															
107	108	109				110	111	112	113	114	115				116	117	118	119					
Ku																							

FOR LOCAL USE

① chest wound

① Fractured pelvis

② ① knee + femur ext. fixation

DX: 8088
8210D
E9889

Px: 7B15
3404

2003 3 31

Adm Chang

Injury 109

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

(b)(6)-2

ME

CORD - PATIENT PROBLEM LIST

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

SECTION I - ACTIVE PROBLEMS. Date and initial each problem. Use initials to document outcome "Met" or "Not Met" with date. Outcomes not met require note for post-discharge follow-up in Section II. See Section IV for authentication of initials.

DATE	INITIALS	PROBLEM (Active)	EXPECTED OUTCOMES/GOALS	MET	NOT MET	DATE ACHIEVED/REVISED
		Ineffective Airway Clearance R/T	Breath sounds clear; Lungs CTA bila			
			Minimal secretions; able to maintain own airway without intervention			
3 APR 03	(b)(6)-2	Impaired gas exchange R/T	Resolution/Improvement of hypoxemia with or w/o O ₂ ; ABG w/in range			
		Ineffective Breathing Pattern R/T	ABG w/in range; Adequate performance of IS \geq 1500 q2 WA; TC&DB self			
		All in Hemodynamic Status R/T	Cardiac Rhythm stable; VS & Neuro status stable; UO WNL; No Uncontrolled bleed; H/H acceptable range; strong palp pulses			
3 APR 03	(b)(6)-2	Pain R/T	Pain decreasing & manageable per pt report; decreasing non-verbal cues of pain; cooperation/participation in activities; increased periods of uninterrupted sleep			
		Knowledge Deficit R/T	Verbalizes understanding of diagnosis & medications, treatments, and importance of compliance			
		Alteration in Cerebral Tissue Perfusion R/T	ICP > 20mmHg; CPP > 70mmHg; No complications from elevated ICP			

(Continue on reverse)

SECTION II - FOLLOW-UP PLANS. Note follow-up actions for any outcomes not met at time of patient discharge/release. Include any problem or chronic illnesses to be transferred to Master Problem List (DA Form 5571) or Adult Preventive and Chronic Care Flowsheet (DD Form 2766).

PATIENT IDENTIFICATION

EPW # (b)(6)-4
ICU 5

1. REPORTING MTF								LOCATION		ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	(State or Country Code.)		For use of this form, see AR 40-400; the proponent agency is OTSG													
(b)(3)-1							K	U	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)			4. PAY GRADE		5. SEX			
9	10	11	12	13	14	15	(b)(6)-4			OK			16		17		18						
(b)(6)-4							OD#								X		X		M				
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION										
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND		MUSLIM								
										X		9		(b)(6)-2									
10. LENGTH OF SERVICE				ETS				11. FMP				12. SOCIAL SECURITY NUMBER											
32	33	34					35	36	(b)(6)-4														
							9				9												
ORGANIZATION (Active Duty Only)								13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH / CORPS									
IRAQI CIVILIAN								46				1930		Iraqi Civ									
14. FLYING STATUS				15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE															
47	48	49	50	51	52	53								54	55	56	57	58	59	60	61		
			K 7 6																				
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				PREV. ADMISSION												
62	63	64				65	66	67	68	69	70	71	INS				YEAR				<input checked="" type="checkbox"/> NO		
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE															
72				ICU5				NOT AVAILABLE															
6								ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)															
								NOT AVAILABLE															
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY								TELEPHONE NUMBER OF EMERGENCY ADDRESSEE															
(b)(3)-1								Kuwait								NOT AVAILABLE							
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)															
73	74	75				76	77	78	79	80	81	82	83	84	85	86	87	88					
2 2		(b)(3)-1				20030404 OK																	
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)															
89	90	91	92	93				94	95	96	97	98	99	100	101	102	103	104	105	106			
A E A A				(b)(3)-1				20030403															
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)															
107	108	109				110	111	112	113	114	115	116	117	118	119	120	121	122					
FOR LOCAL USE																							
Ⓟ chest wound																							
												Changed											
CODE: _____																							
ADMITTING OFFICER (Signature, as required)										SIGNATURE OF ADMITTING CLERK													
										(b)(6)-2													

ADMISSION TREATMENT RECORD CONTINUED

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

1. REGISTER NUMBER (b)(6)-4		2. NAME (Last, First, MI) # (b)(6)-4			3. GRADE OD		ADMISSION REMARKS
4. SEX M	5. RACE IRADI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION NO		
11. FMP 99	12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICW 3		
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 TRANS				22. HOURS OF ADMISSION 1500	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION TRANS	26. DATE OF DISPOSITION 15 APR 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 10 APR 03		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 KUWAIT				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES G SW (R) FIANK / (R) FOLLARM 2991.9 887.00 879.4							
35. Total Days This Facility							
a. ABSENT SICK DAYS	b. OTHER DAYS 5	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 5	f. TOTAL SICK DAYS 5		
36. Total Days All Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS		
SIGNATURE OF ATTENDING MEDICAL OFFICER = Original signed				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER (b)(6)-2			

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
6 APR 63 1700	ord Tmt 101.2 RR20 SpO ₂ 98% ^{RA} BDHA 102/59 Pt given i 73 for pain to (R) hand & fever. [redacted] L.P.N., SGT
1730	Keflex 500mg PO [redacted] L.P.N., SGT
1842	ord Tmt 99.6 [redacted] L.P.N., SGT
1905	650mg Tylenol for fever & pain [redacted] L.P.N., SGT
2330Z	Keflex 500mg P.O. given [redacted] [redacted] AN

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

LAST FIRST MI

PART /SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

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

EPW # [redacted]

509-113

NSN 7540-00-634-4122

MEDICAL RECORD

PROGRESS NOTES

14 April 03
 DATE
 pt admitted to ICU #3 @ 12:15. A+Ox3, MAE, VSS, BP 148/71 (100), HR-114 sinus tach, O₂ sat 100% on RA, temp 38.4°C. BBS UA, RLL - fine crackles, Good pulses, cap refill < 2 sec. Abdom. soft, but tender. (R) Flank ASU assessed with dressing. Significant amount of pain in this area. (R) UE (forearm) - penetrating wound. Pending XR. Awaiting OR. Foley to SD - good amount of urine (VF) infused w/c 2 HL's (LUE) labs (CBC, Urtes) within acceptable limits.

[redacted]

17:30
 10-800cc
 been by nursing anesthesia Abx given. Awaiting OR. 13:00. XR done.

15:17 Post-op: HR-85/HR, BP 127/55, Temp-37.5°C, RR-19 bpm, O₂ sat 97% on RA. Patient comfortable.
 2200 = Fully ok. At no complaint of pain or discomfort from cath.

15 April 03
 05:25 (2)
 pt. very comfortably, BP-101/43 HR-107. RA-28 O₂ sat-99% RA VSS (R) UE immobilized. No M-VA also deficits. (R) Flank dressing renoted with perianal - dressing (reinforced.) Pain well controlled temp 98.3°F. Will cont. with pulmonary toilet.

08:00 101.3°F, HR-115, 98% O₂ sat on RA, BP 111/48 RR-20 bpm. Medicated for pain to good results.

9127 05 APR 03 WPN C/O Temp. to Translator T-101.6°F RN
 Notified [redacted]

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

REGISTER NO. WARD NO.

EPW # [redacted]

PROGRESS NOTES
Medical Record