

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

3 Aug 03
2340
Pt transferred from ICU @ 2130. VSS, pt resting without complaints at this time. Lung sounds CTA, pulses @vrg, BS @. Pt on ^{SS} side resting on bed blankets supporting back. Dsg on LUE COL. Pt H/L in LUE, IV abx BID. Abd dsg mid line COL. Pt is colostomy bag is minimal productive output, a lot of gas put out. Foley catheter intact draining approx 3 dfl. Dsg on L BKA COL. pt states he has a little pain @ the site. Will continue to monitor. (b)(6)-2

040600 Aug 03
(b)(6)-2
Nursing Assessment: Assured care of pt. Airway intact, breathing even and unlabored, LS clear to all fields, Abd soft, nondistended (x near surgical site and @ colostomy), is distended. Midline dsg is COL. Colostomy stoma is pink and putting out stool/gas is difficult. Foley to sanitary, draining clear, yellow urine. Bicitecin placed to meatus of penis. ROM and neurovascularly intact to @ BUE. No active movement to @ LE but ROM passively. Vascularly intact to @ LUE. Old surgical site to @ skin COL. @ stump has dsg that is COL. Dsg also to @ posterior sculla, COL. IV to @ FA Anterior sculla, COL. (b)(6)-2

040800 Aug 03
(b)(6)-2
Nursing Dressing Note: Dsg on @ Drivilla, dry to dry. Mod. purulent dsg to old dsg. Wound bed beefy red is minimal bleeding. Replaced is sterile, dry dsg. Dsg to Abd, midline had no purulent dsg to old dsg. Replaced to open portions of midline incision is wet gauze. Pt also has dsg to @ interior portion of @ triap. Superficial wound that has moderate amt of purulent dsg. Dsg replaced is dry 4x4 gauze. @ stump dsg, stitches are COL is minimal sero-sanguinous drainage noted. Replaced dsg is 4x4 gauze, Kerlix, ACE wrap. (b)(6)-2

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

RECORDS MAINTAINED AT:		(b)(6)-2	
PATIENT'S NAME (Last, First, Middle initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

edw
(b)(6)-2

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4 Aug 03 1400	<p>Pt stable at this time. APOK 3. PERCIA. Lung cTA bilat, & resp distress. NSR. Abd soft, non-tender, bowel sounds active x 4 quadrants. Colostomy to RUQ bag to abd CDI. Pt states he can feel R leg, & control except for hip flexion & scar to R leg healed well. Wound edges well approximated. Pt T & O pain to R knee. Dsg to LTKA CDI. D complaints L leg. Pt leg rolled 90° [redacted] UT/PA</p>
1900	<p>Dsg to abd bid. w/d packing stone. (b)(6)-2 Colostomy emptied and cleaned. Dsg to L tricep area Ad around drainage. Pt turned 90° to lay. R leg exercised, ROM and stretching exercises done. Pt T & O pain to R knee, less complaint p exercising L leg repositioned during day (b)(6)-2 [redacted] UT/PA</p>
2117	<p>Pt. care assumed @ 2100. Pt. lying on @ side maintaining spinal precautions. Percia, HR Reg, lungs cTA, ASD soft & BS E x4 colostomy bag to RUQ intact, ostomy pink, passing gas. ML ABK OVSNG CPE, dsng to @ axilla CPE, dsng to @ BKA CPE. R ft & pedal pulse 2+, brisk cap refill. HL to @ TE flushes 5 diff, & s/s infection will cont. to monitor. [redacted] UT/PA</p>
2216	<p>Pt. turned onto R side [redacted] UT/PA (b)(6)-2</p>

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
050530 Aug 03	<p>Nursing Assessment: Assumed care of pt. Airway intact, breathing even and unlabored, LS clear to all upper fields @ and diminished sounds to bases @. Cough 3 deep breaths encouraged through interpreter but pt seemed unwilling to comply. After a couple of coughs, pt gave up. Abd soft, nontender; (x near, near sites), s- distention. Bowel 3 (LLQ silent). Colostomy to @ flange, empty out some small amounts of stool, large amounts of gas. Midline abd incision has w/d. drg that has minimal drg to it. Draged using clean techniques. Most superior 4 inches of incision are well approximated while last eight inches are open & good, belly red, bulging to wound bed. Wound to @ tricep has good granulation tissue and moderate purulent drainage. @ incision wound has small amount of purulent drainage to old drg but appears to be healing slowly. Drg to @ stump has no drainage to old drg. Suture line well approximated, & s/s infection. FROPPED neurovascularly intact to @ sites. After passive ROM only to @ LE. Unusually intact to both LE but no sensation noted to @ LE. (b)(6)-2</p>
05AUG03 1309	<p>Nursing Assessment, PAT is alert resting in bed. VSS, HR R, breath sounds unlabored. Pt has ⊖ difficulty breathing. Pt is deep breathing & coughing. Abdomen is soft & non-tender. Bowel 3 (LLQ silent). (colostomy to @ plate present) out some small amount of stool. Midline abd incision has Drags CDI. @ Anally Drags CDI, ⊖ Drags. At perianal tag. Drg to @ stump CDI, ⊖ s/s of infection noted, will care to monitor Pt. (b)(6)-2</p>

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. ICW2

EPW # [redacted] (b)(6)-4

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

MEDCOM - 14243

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

DATE

8/5/03 2112

Pt. care assumed @ 2100. VSS & low grade temp 99.8°, HR 113, S: S2. Lungs CTA bilat. ABD soft, flat & BS (+) X4 Ostomy pink, passing soft formed brown stool and gas ML ABD drng CDT, Foley to gravity draining CYU. Pulses (+) x 3 ext. & brisk cap refill. Drng to @ BKA CDI. Pt. on R side. Log rolling pt. @ 22°. HL to @ FA intact & s/s. infection. Will cont. to monitor.

6 Aug 03

0540: Assumed pt care @ 0530. Pt. awake. Atox: lungs CTA. Hypo active BS x 4. Foley to gravity & clear yellow output. Colostomy bag & soft brown stool. HL @ FA. Drng to @ BKA, mid abd CDT. Complx @ this time. Will continue to monitor (b)(6)-7

6 Aug 03

1400

Pt stable. ATO x 3. Perpet. drng CTA bilat, & resp distress. NSR. Abd soft, non-tender, bowel sounds active x 4 quadr. Colostomy to @ DUA & soft brown stool. Indwelling Foley cath draining clear yellow urine. Small amt old blood noted at meatus, mid @ @ MD. Drng to bilat arms and abd CDT. Pt being log rolled and repositioned

SPITAL OR MEDICAL FACILITY		STATUS		DEPART./SERVICE		RECORDS MAINTAINED AT	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)						WARD NO.	

[redacted] (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record STANDARD FORM 600 (REV. 6-97) MEDCOM - 14244

0200 OK in breakdown room. ... TKH
 and brush cap refill x 3 extremities. ...
 Tdsy CDI. Drinking PO fids. ...
 at this time.

030 Foley catheter replaced per Dr. ...
 16 Fr, T balloon intact. Drainage ...
 clear yellow urine.

2030 Colostomy cleaned and emptied.
 Producing soft brown stool. Pt logged
 to R side. Foley emptied 1050 dark yellow
 urine. Abd dsg done w → D. Wound edges
 well approximated. (b)(6)-7

2218 Pt. care assumed @ 2100. VSS. HR Reg, lungs
 CTA. BS @ x4. MC ABD dsg CDI. colostomy bag
 intact. ostomy pink passing soft formed stool. Dsg
 to @ BKA CDI. @ LE T brush cap refill, PROM
 & sensation, cool and dry. HOB @ 20°. Pt. rep'd to @
 side. Pt. c/o ABD pain, 7 T# 3 given. Will cont to
 monitor. (b)(6)-7

7 Aug 03
 0600 Pt. VSS. HL in @ FA 5 s/s of infection. HR Regular, lung sounds clear
 bilat, bowel sounds (+) x 4 quads. Pt. T colostomy draining brown formed
 stool, stoma pink & moist 5 s/s of infection. Foley draining clear, yellow urine. DSG
 to ABD: @ axillary CDI. Ace wrap to @ BKA CDI. (+) pulses to extremities & brush
 cap refill. HOB @ 20°. Pt. 5 complaints @ this time. All other assessment
 findings WNL. Will continue to monitor. (b)(6)-7

0830 Bed bath given, colostomy emptied & cleaned. DSG to ABD Δ'd, wound pink
 & moist 5 drainage or s/s of infection. DSG to @ axillary T small amt of
 yellowish green drainage, new DSG applied, wound oval in shape, red &
 moist 5 s/s of infection. DSG to @ axillary region Δ'd, wound approx. 5cm
 in size, 5 drainage or s/s of infection. (b)(6)-7

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8.8.03
2200
Pt. care assumed @ 2100. VSS. HR Reg, lungs
CTA, BS @ X4. ML ABD drsing CDI. Colostomy intact.
Ostomy pink passing soft formed stool. Foley to
gravity draining CYU. (L) BKA C.D.I. (R) ↓ E C pulse 2f,
brisk cap refill. (B) axilla drsing CDI. Pt. turned
to (R) side. HL in (B) FA intact s/s infection. Will
cont. to monitor. (S)(b)-7 [REDACTED] JKH

09 Aug 03 by BS
Nursing Assessment: Pt awake, alert, O2 3. Artery robust, breathing even and unlabored, LS
clear to all fields (L), Abd soft, nondistended (x near colostomy site), s distribution Colostomy to
(L) UQ is pink & patting out gas and stool. Mid line abd muscle intact to superior
6 inches and wound bed beddy red to midline abd. Drsd w→D, No drsing to (R) UQ
stump. Wound is well approximated & no drsing. Wounds to (R) posterior axilla & (L)
posterior tricep have moderate persistent drsing & recovered & dry gran. Pt c/o
pain to (R) LE, especially & movement. However, when pt is unaware of various pressures,
does not respond to painful stimuli (B). Foley to gravity drsing clear yellow
urine. IV to (R) FA does not throb. IV restricted to (L) FA, 20G. Flushes well.
IV to (B) FA Mid intact. (S)(b)-7 [REDACTED] JKH

09 Aug 03
1400
Pt stable at this time. AAOx3. PERRLA. Mucous
membranes pink, moist & intact. Neck supple
FROM. Lungs CTA bilat, & resp distress. N SR.
Abd soft, non-tender, bowel sounds active
x4 quads. Foley catheter draining clear
yellow urine, & drainage noted [REDACTED] (S)(b)-7

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

[REDACTED] (S)(b)-4

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RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
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DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
09 Aug 03 1400 (cont)	insertion site. Colostomy to soft brown stool. Dsgs to (L) axillary region and (R) upper arm cpi. Dsg to midline abd intact, & drainage noted. Strong pulses and brisk cap refill to bilat UE and (R) leg. Pt reports sensation from groin to ankle on (R) leg. Pt r c/o pain to (R) knee. PROM done to (R) leg & good results w/ pain relief. Suture line to (L) TKA cpi, open to air. Small area to internal edge of suture line reddened from pt scratching ab. Pt turned q2 - [redacted]
2000	1500cc clear yellow urine emptied from Foley. Colostomy bag changed, site cleaned. Stoma dusky and bleeding at lower edges. Abd dsg changed W → D. Site healing well, minimal bleeding to dsg. (R) leg PROM, (R) knee exercised. & complains [redacted]
2124	Pt. care assumed @ 2100. VSS. pt. c/o pain to l ext. Rt. repos'd; given 1/2 T#3. HR Reg, lungs cta, ABD soft & active BS x4. MI ABD drng cde. Ostomy pink, passing soft-formed brown stool. Foley to gravity draining cyo. Drainage to (L) axilla cpi. (L) stump OTA. Staples s/s infection. (L) UE warm, dry & palpable pulse, brisk cap refill. Will cont. to monitor. [redacted]
0300	700 cc out per Foley [redacted]

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100545 Aug 03	<p>Nursing Note: Assumed care of pt. AAO, 3. Army, intact, breaking even and unlabored, LS CTA (B). Abd soft, nondescript (x near colostomy and ^{midline} incision), 5 distention, BS 4x4. Voids per bag to gravity, draining clear, yellow urine. Irrigation applied to perineal areas, of PROM and neurovascularly intact to (B) UE. No sore pain in PROM to (B) knee but no active movement noted. PLE unstable intact. LLE PROM produces no pain. Suture line to PLE strip is CDE - no drainage noted. Redness to right portion of suture line remains - no significant progression. Skin to posterior is intact - no s/s of decubitus ulcers noted. Dress to abd, (B) axilla, and (C) tricep are CDE. Colostomy to (D) abd is pink and moist, pulling out soft, formed stool & (A) flatus. IV to (D) FA flasks well & s/s of infection / phlebitis.</p> <p>(S)(G)-2 [Redacted]</p>
100830 Aug 03	<p>Nursing Notes: Dress to (C) tricep had moderate purulent drain to abd dress. Replaced & dry 4x4. Dress to (B) axilla has minimal drain to abd dress. Wound appears to be healing well. Dress to midline incision Midline abd wound is beefy red leads to wound bed. Appears to be healing well. Suture line is approx 8 inches long. Sutures are open and being dressed w/ 4x4. Superior margin 3 inches are well approximated and CDE. Midline wound dressed & w/ 4x4 gauze and 4x4 cover sponges.</p> <p>(S)(G)-2 [Redacted]</p>
10 AUG 03	<p>Received PT Alert + converted. 0% pain or discomfort. USS, H&H, Breath sounds clear B. lab: BS 4x4. Foley intact draining clear color urine. Dress to abdomen CDE - NO S/S of infection or drainage noted. (C) leg strip shows no wound - 0 drainage or redness. Colostomy to (C) abdomen is pink + moist. putter at soft firm stool. Will cut to monitor PT.</p> <p>[Redacted] CPM</p>

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

(S)(G)-2
ICW 50
[Redacted]
(S)(G)-9

RECORDS MAINTAINED AT:		PATIENT'S NAME (Last, First, Middle initial)		SEX
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DEPART./SERVICE	ISSN/IDENTIFICATION NO.	DATE OF BIRTH		

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10 AUG 03 2000	- Dressing to abdomen wet → dry CDI, ⊖ s/s of infection. Anal (b)(6)-2 Drg to ⊙ shoulder also CDI. Will cut to monitor [redacted]
2000	Foley emptied 780cc clear yellow urine [redacted] (b)(6)-2
10 AUG 03 22:39	Rec'd clo pt @ 21:00. VS w/2. per flow sheet. Pt awake and alert. Skin w/D/TI PERIPHERAL W/2. LCA ⊙. BS ⊙ x 4. Colostomy intact ⊕ flatus ⊕ Dk brown soft stool. Foley to grav. intact draining CIU. ML ABD incision ⊖ DSD CRT. ⊙ LE stump ⊖ sutures intact dried crusted blood noted @ suture line. incision well approx. Pt c/o feeling tight heavy pain in LE. II T3's given. & further dr's will cont. to mon [redacted] (b)(6)-2
08:4 08:01	c/o pain to ↓ ext's II T3's given [redacted] (b)(6)-2
11 August 03 0700	Pt asleep easily aroused by verbal stimuli. E + HB @ 20°. VSS. HR regular, lung sounds clear bilat, bowel sounds (+) x 2 quads. Foley draining clear orange tinged urine. Colostomy clean & bowel drainage @ this time, stoma pink & moist. DSG to ABD ⊕ ⊙ axilla CDI, DSG to ⊙ axilla removed because wand is dry & scab. HL in ⊙ FA ⊖ s/s of infection ⊙ BKA incision ⊖ sutures intact, approximating well ⊖ s/s of infection. Pt. ⊖ complaints @ this time. All other assessment findings w/2. Will continue to monitor. [redacted] (b)(6)-2
1030	DSG Δ to ABD ⊕ ⊙ axilla. Mid ABD vertical incision slowly approximating wand red, moist, ⊖ s/s of infection, w/2 DSG applied. ⊙ axilla oval wand is red, moist, ⊖ drainage or s/s of infection, new DSG applied.
11 AUG 03 1300	- Received PT in bed ⊖ ⊙ pain or discomfort. VSS. HR 72. (b)(6)-2 Lug sound clear bilat. BS x 3 quads. Foley drains clear orange urine. Colostomy bag drains ⊖ feces AT present 720, stoma pink & moist. Drg to ABD CDI. ⊙ BKA w/2 ⊖ sutures intact. ⊙ stump w/2 CDI. Will cut to monitor [redacted] (b)(6)-2

*U.S. Government Printing Office: 1996 - 404-763/40001

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-13-03 2217	Pt. care assumed @ 2100. VSS. HR Reg, lungs CTA, BS ⊕ XY. MC ABD incision c sutures OVA, ⊕ s/s infection. Ostomy pink, passing soft brown Stool and flatulence. Foley → gravity draining cyu. ⊕ V + KA c sutures OVA, ⊕ s/s infection. ⊕ PE c pulse it, cap refill < 5sec. Pt. has sensation to ⊕ V E that comes and goes. Pt. has constant tingling in toes ⊕ ft. Pt. has ⊕ but markedly ↓ ROM to ⊕ V E. I U site ⊕ ME flushes diff. ⊕ s/s infection. (Will cont. to monitor. (S)(G)-2 [Redacted] LTAW
0445	Pt c/o bladder pain, urine dark, cloudy. UA sent. Foley patent. Total output 170cc this shift. (S)(G)-2 [Redacted] LTAW
Aug 14, 2003	0850 Assume pt care @ 0500. VSS. HR Reg lungs CTA. Abd MC incision, dsq done - no s/s infection. Colostomy intact no drainage @ this time. Dsq to ⊕ UE Nd CD+I. HL to ⊕ FA ⊕ flush c redness/infiltration. Foley to gravity cyu OP. ⊕ BKA sutures intact. OVA. RLE c limited ROM + pulse. no c/o pain or discomfort @ this time. Will continue to monitor (S)(G)-2 [Redacted] LHMb

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

[Redacted]
(S)(G)-4

RECORDS MAINTAINED AT: [Redacted]		
PATIENT'S NAME (Last, First, Middle initial)		SEX
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SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

MEDCOM - 14250

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14AUG03 1704	- Recrud PT alert in bed - 0% pain or discomfort. VSS, HRN. Perils. Log sand CTAs. BSx4. Colostomy bag w/asset pull + mass. Dmg to both abdomen + An CDI. 0/15 of sutures secure to ① by stump is dry + w/asset to secure. HL to ① am w/asset. Foley drains clean clear, urine. Will cat to neuro. (S)(b)-7
14AUG03 1900 2330	- PT has decubiti ulcer on cocix base approximately 2" w diameter. Change nurse notified - cleans area, and applied (b)(6)-2 Telfa - reinforced packing. Will cat to neuro. Care assumed @ 2100. VSS, alert and awake - 0% pain @ decubiti site when laying on it. Lung sounds CTA, pulses x3, BS. Sutures CTA on Ile BKA CDI. Colostomy and foley sites clean and intact, both - adequate output. Dsg to midline abd CDI. Pt with gauze over decubiti on anus. HL on lve infiltrated, restarted in rve, iv cabs. Pt being rolled q2, will continue to monitor. (S)(b)-7
150530 Aug 03	Nursing Note: Assumed pt care. AADx3, Amy intact, hearing (b)(6)-2, CTA (6). Abd soft, nondistended (near empty), nondistended. BS@x4. W/asset per foley to gravity, clear, yellow urine from to (b)(6)-2 and nondistended. No active ROM to (b)(6)-2 but nondistended. No statement of pain to (b)(6)-2 (and no translator available to ask about foley). Stump well approximated, 5 x's indication. Colostomy to (b)(6)-2 pretty good bowel soft stool and flatus. Trand q2. Dsg to sacral area CDI. (S)(b)-7

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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151230 Aug 03 Nursing Note: Pt clo pain at meatus & penis. Dressing applied. Also, a suction manipulator of Foley drainage tube, (DD) ca. drained from bladder. Pt states that pain has improved. Dress to (P)axilla not necessary, site is closed. Dress to (L)trochanter applied. Wound is closing quickly and is s/s infection. Dress applied to stump. Wound is 5 days and is well approximated. Wound to abd, midline, s/punkit dry. Wound bed is back & red. Replaced, W to D. Stoma site cleansed & bag replaced & reusable bag. Sacral site has 1.5cm-diameter stage II pressure ulcer. K-mech kurtix gauze applied to site to provide cushion & debridement. Turned q 1h throughout shift.

15AUG03 2044: Assumed care @ 1300. A+O x3, HR: 113 BP: 130/98 BS audible x4. No output into colostomy bag. Dressing done to midline of abd. No s/s of infection noted. NS & gauze to wound W to D. Quarter-size decubitus ulcer, stage II to sacrum. No pain this shift. Foley draining to gravity of yellow urine.

2200 Pt. care assumed @ 2100. VSS. HR Reg. Lungs O/A BS @ x4 ABD soft. MC Dress to ABD CDI. Foley 7 gravity patent draining yellow, cloudy urine & foulsmell. UA ordered for a.m. (L)TKA O/A, s/s infection @ sutures @ VE & pulse 1+, brisk cap refill, @ sensation, @ but UROM. Dress to sacrum CDI HC @ FA intact s/s infection or infiltration. Will cont. tomorrow.

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.

Handwritten initials and redaction (b)(6)-4

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
160530 Aug 03	<p>Nursing Note: Assumed care of pt. AAOx3, Army intact, breathy even and unlabored, US CTA(B). Abd soft, nontender, & distended. Abd midline incision dress is CDE, no long noted. Colostomy is pink & putting out soft stool & flatus. BSEx4. Urine per Foley, clear amber urine. FROM and neurovascularly intact to BLE. No movement to BLE but some sensation, especially pain. Vascularly intact to BLE. Sump to BLE is well approximated, sutures open to air & drainage. IV to TKA & s/s infection or cellulitis. (b)(6)-2 [REDACTED]</p>
161100 Aug 03	<p>Nursing Note: Sacral wound has not changed since yesterday. Edges have red healthy tissue. Center has yellowish white necrotic tissue. Dry gauze cushion dressings applied. (b)(6)-2 [REDACTED]</p>
16 Aug 03 1900	<p>Assumed care @ 1300: HR: 110. Resp easy. No pain @ 1830, Tylenol 650mg PO given. Abdominal dress & done W & D. No s/s of infection. Sm ant. serous sanguinous drainage noted. 1 inch stage II decubitus ulcer to sacral area, dressed @ 2x2 gauze. Turned q 1°. Colostomy intact, @ no drainage @ this time. Foley to gravity draining cloudy yellow urine. Will continue to monitor. (b)(6)-2 [REDACTED]</p>
16 Aug 03 2135	<p>A. care assumed @ 2100. VBS. HR Reg, lungs CTA (b)(6)-2 throughout. ABD soft, flat @ BSEx4. ML ABD dress CDE. (2) flank colostomy intact @ output x 2 days. Foley @ gravity draining cloudy, dark yellow urine. (2) TKA sutures OIA s/s infection. (2) v ext. @ pulse IT, @ sensation, @ but @ ROM. Pt. Rep'osed @ 2°. Dressing to sacrum CDE. Will cont- to monitor - [REDACTED]</p>
0415	<p>975cc amber, cloudy urine per Foley. Dr. [REDACTED] to (b)(6)-2 Eval in a.m. [REDACTED]</p>
170530 Aug 03	<p>Nursing Assessment: Assumed care of pt. AAOx3, Army intact, breathy even and unlabored, US CTA(B). Abd soft, nontender, & distended. BSEx4. Urine per Foley to gravity. Urine is a dark urine @ some sediment. MD aware. FROM and neurovascularly intact to BLE (continued ->).</p>

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8-19 0000 Pt. care assumed @ 2100. VSS. HR Reg, lungs
 CTA, BS(+) XY MLABD drng CDI. Colostomy intact
 Foley 7 gravity & amber urine sediment. Pt do
 pain to bladder penis. Dr. [redacted] aware per. Dr. [redacted] new
 Orders. Dr. [redacted] aware per. Dr. [redacted] 2IU
 Site intact. Will cond. to monitor. [redacted]
 (1) 337 1800cc red amber urine & sediment from
 Foley. UA sent. [redacted]

180530 Aug 03 Mrs. NG Note: Assumed pt care. AAOx3, Army, intact, brachy care and unlabial,
 LS CTA(+) Abd soft, nondist, 5 distal Colostomy to @ Pink continues to put out flatus,
 some stool. Midline dry CDI & no sliding noted. Foley to gravity. Urine is red/pink &
 somewhat cloudy. Dr. [redacted] ordered 2 of Foley, P.H. PO, 3 Gentamycin bladder
 irrigation. BLE have flow and neurovascularity intact. BLE have some sensation and pt do
 some pain. No active movement noted to BLE. (C) stump is well approximated, stable, are
 CDI. Dry to sacral area has small area of serousy drng noted. IV to @ 1000 cc = s/s
 infection or m/h/h/b. [redacted]

19 Aug 03 2000: Assumed care @ 1300. VSS, AAOx3. Lung sounds clear bilat. BSXY,
 Colostomy intact, putting out gas. Foley patent - draining clear yellow
 urine. Drng A to midline abd, some serousanguinous drainage noted.
 Stage II decubitus ulcer to sacral area dressed w 4x4 dressing.
 Sutures to stump intact. % pain in stump @ 2000. Tylenol # 3
 in PO given. [redacted]

OSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	(b)(6)-7
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.

[redacted] (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
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 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 Aug 03 23:03	Rec'd clo pt @ 21:00. Restraints x 1 @ ankle. Awake and alert in bed. VS W/R per flow sheet. Skin W/D/I LCA @ HPS, S ₂ . DSD's + @ @ exts C/D/I. HL @ FA patent & intact. ML ABD dsg. C/D/I. Colostomy W/Q intact stoma bed & red in color. W/ ^{em.} draining brown soft stool. B5x4 ABD soft to palpation. @ PP @ @ TKA sutures well approx. and intact. S/S infection. O/A clo pain x/1. Tylenol given. Will cont to monitor [redacted] (b)(6)-3
20 Aug 03 0834	Continue pt care @ 0500. Awake and alert in bed. VS HR reg. Lungs C/M. Abd. MC dsg C/D/I. Dsg ^{em.} Colostomy intact. B5x4. Foley to gravity & CYUOP. dsg to sacrum C/D/I. Suture to @ FA intact. @ LE limited movement pt turning q 2° w assistance. Will cont to monitor [redacted] (b)(6)-2
20 Aug 03 2000	HL to @ FA @ flush & assess [redacted] (b)(6)-2 infiltration [redacted] (b)(6)-2 2000: A+O x3. VS. No % pain @ this time. Assumed care @ 1300. Lung sounds clear bilat. B5x4. Colostomy intact. Bag changed this shift, sm amt stool, large amt flatus. Foley to gravity draining clear yellow urine. Dressing Δ to abd. Sm amt serousanguinous drainage noted. Stage II decubitus ulcer on sacrum dressed w 4x4 gauze. Turning q 2°. Will continue to monitor [redacted] (b)(6)-2
20 Aug 03 2245	Rec'd clo pt @ 21:00. VS W/R per flow sheet. Awake and alert in bed lying on @ side. Repositioned to @ side. Skin W/D/I & skin to sacrum & DSD C/D/I. All other dsgs C/D/I @ exts. @ @ @ @

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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20 Aug 03 1200. HPLS, saw 1. 850 x 4 ABD soft non-tender. colostomy
 LUQ intact stoma beefy red in color. HZ & patent; new PIV
 initiated (D) FIA patent and intact. FTG C (YU) draining. (D) Lat
 C sutures OTA intact incision well approx. no pain x 11
 Tylenol given will cont to mon [REDACTED] (b)(6) (b)(7)(C)

21 Aug 03 0630 Pt awake and alert lungs CTA bilat, & resp
 distress. NSR. abd soft, non-tender, bowel sounds
 active x 4 quads. Colostomy draining soft brown
 soft. Dsg to midline abd CDI. Dsg to sacral
 area intact. Pt log rolled to sides q 1. Foley
 draining clear yellow urine. Sutures to (L) TKA
 CDI. (R) leg 1 strong pulses and hunk cap
 refill. com to (R) knee. (b)(6) (b)(7)(C) [REDACTED] w/for

21 Aug 03 1500. Received pt from A/E via lib. A&O. VSS
 Tolerating regular diet. (L) wrist area sc
 patent & intact. P. reflexes, swelling in per
 metat @ IV site. Lungs CTA. Abd soft
 nondistended. (S) (T) x 4 quad. Colostomy bag
 intact & stool present @ this time. Dsg
 Del to midline Abd and (L) axilla area.
 Dsg to sacral Del. Pt log rolled from to
 incise position beneath for comfort & log

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	[REDACTED] (b)(6) (b)(7)(C)
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. _____

[REDACTED] (b)(6) (b)(7)(C)

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
21 Aug 03	prevent pressure areas. Foley to gravity 1500 drainage clear yellow urine. Temp 20° for meals. Will continue to monitor [redacted]
24 Aug 03	0815 Assumed care of pt @ 1900 p receiving report from day shift; All VSS, pt A+O, pt Clo pain, given it perc a good relief; S ₂ , ⊕ pulses; L-S CTA ⊕, equal; unlabored; ⊕ BS X4, colostomy bag intact, stool present. Colostomy care to be provided in AM; Foley to gravity draining clear yellow urine; ML abd drsg CDI & drng noted, drsg to ⊕ Axilla area CDI & drng; drsg to Sacral area CDI; sutures to ⊕ TKA OTA, well app.; pt has ⊕ Clo pain/discomfort @ this time; cont to monitor [redacted] @ 000 - (concl) c above assessment. [redacted] (b)(6)-(7)
22 Aug 03	0800 VSS - Alert & oriented. Foley to gravity ^{(b)(6)-(7)} drain clear amber urine. Foley care done. 1500 biline lost patent & intact in ⊕ #11, ⊕ Axilla drsg changed. Midline abdominal incision without any redness, belly is pain. Drsg changed as ordered. Sacral wound cleaned & drsg replaced as ordered. Monitoring loony pressure areas to prevent pressure areas will continue to monitor [redacted] (b)(6)-(7)
22 AUG 03	2100 = VSS, A+O X3, Clo PAIN, Medicated c Tylorol #3 PO of TABS as ordered, IV HL to ⊕ FA Flushed & redressed / taped, Midline wound: to ABDOMEN c drsg CDI, colostomy site WNL c BAG → EXPECTING → BROWN SOLID STOOL. ⊕ LE amputation, Stub of ⊕ LE has sutures approximated and open to AIR, ⊕ LE MINIMAL MOVEMENT, has

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

(cont) midline Ad this am. Drsgs to axilla and decub on sacral area Ad. All wound sites 5 sksx infection. Sc in @ wrist flushes well, 3 sksx infection/ infiltration. ↓ movement noted in @ LE. Skin warm to touch. Cap refill < 3 secs. Colostomy bag c small amount soft brown stool. Foley draining quantity sufficient clear yellow urine. 2. pant restraints in place. Pt resting quietly a) this time will cont. to monitor.

[Redacted]

25 AUG 03

PT NOTE

(S)(G)-2

HX: PROM @ LE

TIM: PNT STATED PAIN FELT TO @ LE c KNEE FLEX ↑ ~ 90° & HIP FLEX ↑ ~ 70° PNT DENIED PAIN IN @ LE PNT DEMONSTRATED TRACE MUFT @ LE. PNT REQ EXCESSIVE MOTIVATIONAL COACHING PNT DEMONSTRATED @ PROM @ LE (FLEX/EXT/ABD/ADD) c LITTER STRAP. PNT REQ ASSISTANCE TO @ LE 2° ∅ CONTROL OF MM, ESPECIALLY ABDUCTING/ADDUCTORS. HEP'S @ LE INCLUDE HIP(FLEX/EXT/ ABD/ADD), KNEE (FLEX/EXT), FOOT (PF/DF/INV/EV). PNT @ FOOT REMAINS AT ~ 10° PF.

DX: PROM @ LE POSSIBLE NIGHT SPLINT @ FOOT.

I: PROM. ORTHO CONSULT.

G: B A.

(S)(G) 2

SPC [Redacted]

SIWID N9 DTTECH

Table with 4 columns: 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.

[Redacted] (S)(G)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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

MEDCOM - 14258

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
25 Aug 03	<p>1840 = VSS, A+Ox3, ϕ C/O pain @ this time, did PROM exercises to Bilateral LE's for ~ 10 minutes. Pt. can very minimally move \odot LE, has \oplus Sensation to \odot leg \rightarrow top of \odot foot & bottom of \odot foot but not \odot toes. ϕ independent movement of \odot LE. \odot LE BKA \bar{c} Stump \rightarrow Sutures @ end approximated. Midline abdominal wound W \rightarrow D dsq CDI. Stoma site beefy red & putting out semi-solid light brown stool, routine ostomy care. Foley to gravity draining clear yellow urine. IV H₂O to \odot wrist / FAC area flushed & patent. Q2 turn-log roll. Tol meals PO well. ϕ other remarkable assessment findings. Will continue to monitor. [REDACTED]</p>
26 AUG 03	<p>(1135) Assumed care of pt @ 0600 p. report from night shift. (S)(G)-2 Pt alert speaking Arabic. Pt medicated \bar{c} ITB this am for leg pain \bar{c} good relief. VSS. Pt cont. to be turned using log roll q2°. Wet \rightarrow dry drsgs Δd on axilla, midline abd wound and decub on sacral area. All sites \bar{c} S/Sx infection. Lower extremities elevated, \odot stump on pillow. Colostomy bag \bar{c} mod. amount of semi-formed brown stool. Foley draining quantity sufficient clear yellow urine. Foley care done this am. Pt given bed bath this am. SL in \odot wrist flushes well. \bar{c} S/Sx infection/infiltration. Tol reg diet well. 2 point restraints in place. Will continue to monitor. [REDACTED] (DAJ) (S)(G)-2</p>

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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26 AUG 03 VSS. AO. Abdominal & @ axillary DSG's change and by
 2045 moved to @ table. BS @ x4 and colostomy intact.
 Abdominal incision flaky, 5 dehiscence on wound
 dressing. S. I tube to @ by CPE OTA. Patient
 performed shaving to himself. (b)(6)-7 [REDACTED]

27 AUG 03 (H25) Assumed care of pt @ 0000 p report from night
 shift. Pt alert, speaking Arabic. VSS. Pain controlled @
 13. Cont to turn using log roll q 2°. ROM exercises
 done this shift x2, @ BLE. Drsgs to midline abd,
 @ axilla, and decub on sacral area @ this am. @
 S/Sx infection @ sites. Foley draining quantity
 sufficient clear yellow urine. Colostomy bag intact @
 sm. amount soft brown stool in bag. Sutures on
 @ UE stump CD - open to air, elevated on pillow. @
 point restraints in place - @ S/Sx complications @
 circulation/skin break. Pt tol reg diet well. Will
 cont. to monitor. (b)(6)-7 [REDACTED]

28 AUG 03 VSS. AO. Cont to turn patient q 2° per order on @
 0013 patient's convenience. Abdominal incision OTA & C&D & I.
 @ colostomy intact and ventral brown, soft stool.
 Voiding light amber urine Q5. @ Amputated foot - sutures
 removed by MD. Small amount of serous drainage

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[REDACTED] (b)(6)-7

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MEDCOM - 14260

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	and reformed. Provided clean sheets. ⊕ pulse to BLE and pt able to partially flex ⊕ quadriceps. Comfortable in bed. (b)(6)-(7) [REDACTED]
28 Aug 03 0815	Pt received sleeping on his ⊕ side, assessed medicated then rolled on his ⊕, alert, 3x2-7 tachy rhythm noted ⊕ HR 110, ⊕ LE, ⊕ LE E small drg CPT, lungs CTA, bilat, ⊕ bowel sounds ⊕ mid abd. incision to air, ⊕ side colostomy 3 stool but some gas, Foley to gravity ⊕ yellow urine, drg to ⊕ axillary Δ'd. Will cont. to monitor. [REDACTED]
28 Aug 03 1845 hrs	Pt received in bed Awake and alert. PERRLA LSCTA Through out. (b)(6)-(7) S, S ₂ present, HRRR, ⊕ BS x 4 quads colostomy Bag contains small amount of Brown soft stool. incision to mid line abdomen CDI no signs of infection noted. Denies Pain at this time. Left leg AKA ⊕ 2x2 on end of extremity Foley draining to gravity. Will continue to monitor. (b)(6)-(7) [REDACTED] PC 91WMB
29 Aug 03	Rec'd report on pt. Pt being turned q 2hrs. 2x2 on ⊕ stump Δ'd. ROM exercises per PT to ⊕ leg. lungs CTA. BS ⊕ colostomy bag intact. ⊕ clo pain or discomfort ⊕ present time. Will continue to monitor. (b)(6)-(7) [REDACTED] [REDACTED]
1550	Pt medicated ⊕ 11 T3 for pain per MD order [REDACTED]
29 Aug 03	1940: VSS, A+O X3, ⊕ clo pain ⊕ present time, (b)(6)-(7) PROM exercises done to ⊕ LE & ⊕ LE (stump). This helps ↑ comfort for pt. Turning ⊕ 2 leg roll. Pt. has sacral breakdown, drg dirty → taken off → Δ'd w → D CDI. Dsg w → D applied to midline abdominal wound that appears to be healing very well. Stoma site cleaned and new colostomy bag attached. Pt. putting

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(cont) gravity draining quantity sufficient clear yellow urine. Colostomy bag intact c sm. amount brown formed stool: Dsgs to Maxilla and to decub on sacral area Ad this am. midline abd incision cpl. p Skx infection a) wound sites. Pt tol. reg diet well. 2-point restraints in place s Skx complications of circulation/skin breakd. will cont to monitor. (b)(6)-2

1 Sep 03 2030 = VSS, Oxycodone, Atorvastatin, Dsg to Sacral breakdown Ad W-D CDI, midline abdominal healing wound (scar) open to air. Colostomy bag Ad, stoma cleaned/stoma care done. Stoma appears beefy red & vascular - uputting out solid brown stool. Had cpt help c stoma care & sling bag to ↑ independence. Did PROM exercises to B LE'S → helps c discomfort. Q2 log roll turns. Foley to gravity running clear yellow urine. Tolerate PO well. BSx4. Other remarkable assessment findings. Will continue to monitor. (b)(6)-2

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

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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

MEDCOM - 14262

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
02SEP03	<p>(0920) Assumed care of pt w/ 0600 p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled w/ T3s and Neurontin. Pt cont. to be turned q2° using log roll. Drgs to decub on sacral area and axilla Ad this am - @ slsx infection w/ sites. Pt tol reg diet well. Colostomy bag intact w/ small amount formed brown stool. Foley draining quantity sufficient clear yellow urine. 2 point restraints in place - @ slsx complications w/ circulation/skin break. Will continue to monitor. (5)(6)-2 [redacted]</p>
02 Sep 03 @ 2000	<p>Pt a10x3, resting in bed. pulse: tachy. @ turns using log roll. Drgs to axilla & merum CBT. Colostomy intact w/ semi solid brn. stool. foley draining adeq. cyu. 2 pt restraints on. circulation assessed. @ stump elevated. Pt doing Rom w/ extr. for comfort. @ do pain @ this time. Will monitor. (5)(6)-2 [redacted] quome.</p>
03SEP03	<p>(0920) Assumed care of pt w/ 0600 p report from night shift. Pt alert, speaking Arabic. VSS. @ do pain w/ this time. cont to turn pt q2° using log roll. Drgs to axilla and decub on sacral area Ad this am. @ slsx infection. Colostomy bag intact w/ small amount formed stool - brown. Foley draining quantity sufficient clear yellow urine. Pt tol reg diet well. @ stump ↑ on pillow. Rom exercises done for comfort on @ @ 2 point restraints in place - @ slsx complications in circulation/skin break. Will cont to monitor [redacted]</p>

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6 Sep 03 @ 0700	- Assumed care of pt. awake alert and oriented x 5 VSS c/o pain to @ stump scheduled neurotin administered. Log roll position A' a 2° - break down -- to sacrum 4x4 dressing. CDI. AM and ostomy care complete. Lungs CTA. HRRR Active BS Tolerating PO well. Will cont to monitor (b)(6)-2 (b)(7)-2
6 Sep 03 @ 1914	Pt AIO, VSS speaking in arabic (pulse: tachy) Lungp: CTA®, HRRR, ⊕ BS x4 qd. Bm: x1 formed brown/calostomy intact. stoma: beefy red & vascular. 1 pt. restraints on, circulation intact. Axilla, sacral drsg CDI. ⊕ stump T on blanket. c/o pain to @ stump often. ⊕ turn 2. log roll. ⊕ leg on foam doughnut pillow to prevent breakdown. H2O @ BS within reach. Will cont to monitor. (b)(6)-2 (b)(7)-2
7 Sep 03 0645	Assumed care A+O x3. VSS. Lungs CTA. HRRR. Active BS x4 qd's of c/o pain or d. discomfort @ this time. ostomy care given. Breakdown to sacrum dressing CDI @ 2 position change prevention of breakdown. Will cont to monitor (b)(6)-2 (b)(7)-2
7 Sept 03 1200	I concur e above. To Radiology for C spine. (b)(6)-2 (b)(7)-2

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MEDCOM - 14264

DATE

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

7 Sep 03
1910

Pt in bed. pulse: tachy, lump CTAB, HRRR, ⊕ BS x4.
colostomy bag intact & semi-formed brown
stool. Pt on Hill-rom bed. to prevent/decrease
skin breakdown, Q2 turns. (L) axilla + sacral
disq CDI. (L) stump ↑ on pillow. (R) foot on foam
cloughnut for heel support. H2O @ BS. TS use
encouraged. Will monitor [REDACTED] Alvin.

(b)(6)-2

See other
sheet!

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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7 Sep 03	(2300) Pt sitting ↑ in bed. ClO ⊕ stump pain often. Foley DC'd earlier today. voided 800cc dark yellow urine @ 2130. H2O @ BS in reach. Q ² turns. drng to caecum A'd. R leg on foam pillow do ↓ breakdown. Neurontin dose ↑ to 600mg per MD orders. colostomy care now being done by pt c̄ some assistance. Bm x1 bn, semi solid. Will monitor [redacted] 9/10/03.
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08 Sep 03	(0830) Assumed care of pt w/ [redacted] p̄ report from night shift. Pt alert, speaking Arabic. VSS. ClO path w/ this time. cont. to turn pt q 2°. Pt tol. reg diet well c̄ ensure. voiding quantity sufficient clear yellow urine. mod. amount soft brown stool emptied from colostomy bag. Drsgs to axilla and sacral decub Ad this am. Wounds s̄ Skx infection. ⊕ stump elevated on pillow. Restraint in place s̄ Skx complications from skin break / circulation. Will continue to monitor [redacted] (5)(6)-2
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8 Sep 03 1930	Pt resting in bed, A+D x 3, VSS, LS CTA (B), (5)(6)-2 BS x4, S1 S2 present, Δ position q 2h, voided 750 cc cly urine, Dsg to sacrum CDI, stump rested on pillow, colostomy bag in place
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	[redacted] (5)(2)-2
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
[redacted] # [redacted]		[redacted]	ICW #1

[redacted]
(5)(6)-9

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Cont.	restraint in place = proper circulation & skin break down. _____ (b)(6)-2 [REDACTED] Q1WML6
9 Sep 03 0900	VSS; AFO. OOB to chair for [REDACTED] & Abg Care. Tolerated well. Lungs clear. BS (+) abdomen soft non-distended. Colostomy stoma pink & moist. Stool in the colostomy bag @ this time. Voiding clear amber urine in urinal. Dry change to sacral area & Axilla. Restraints removed replaced. Skin intact under restraints Peripheral pulses (+) R. Left leg stomy incision well approximated. Sutures & wound incision healed. Will continue to reposition Pad and Psn for comfort. [REDACTED] 2LT A [REDACTED] (b)(6)-2
9 Sep 03 @ 2000	Assumed care @ 1800; All VSS, pt AFO, & 40 pain or discomfort @ this time; OOB to chair x1; no dizziness or complications; @ BS x4, [REDACTED] Stoma pink & moist draining, dark brown, soft, unformed stool; Colostomy bag emptied TAN; pt voiding QS, clear, yellow urine; dsqs A'd to Sacral area & Axilla, @ drainage; pt OOB to chair x1; pt being turned Q2; restraints x1 in place; @ skin breakdown, circulation intact will continue to monitor _____ (b)(6)-2 [REDACTED]
10 Sep 03 1030	AFO & S2 present HRRR. LSOTA @, @ BS x 3 quads. No BS in LLQ, colostomy. IN LLQ. DRSg on serial CDI 40 pain in Leg Bilat. Tyland Administered. Will continue to monitor. [REDACTED] Q1WML6 (1525) concur c above assessment. [REDACTED] (b)(6)-2

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10 Sep 03	1900 = VSS, A to X3, no pain, Colostomy bag putting out liquid brown stool, doing stoma care as needed throughout shift & having pt. assist w/care, tolerate PO well, @ BS X4, urinal @ BS & putting out clear yellow urine independently, log roll @ 2 turns, Dsg Δ'd to Sacral decub, PROM exercises done to @ LE, pt. can do PROM exercises to @ stump himself. Restraint x1 extremity - extremity restrained → skin integrity intact. Scar to midline abdomen. Other remarkable assessment findings. Will monitor
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11 Sep 03 0915	PT Awake, completed self care on ostomy. OOBTC (point restraint Dsg → Sacrum) will continue to monitor
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11 Sep 03	A30 = VSS, A to X3, no pain to @ LE's → did PROM exercises to @ LE, pt. can independently exercise @ LE stump. Had pt. do own colostomy care → pt. did well w/ minimal assistance. Dsg to sacral breakdown Δ'd CDI, @ 2 log roll turning, restraint x1 in place
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# [Redacted]			WARD NO.

(s)(g)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
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MEDCOM - 14268

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	skin integrity intact to extremity restrained, of other remarkable findings. Will continue to monitor. (b)(6)-2 [redacted] / AN
10 SEP 03	(1710) Assumed care of pt w/ [redacted] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled w/ Neurontin/Tylenol. Pt OOB to chair for 1 ^o this pm. Tol. well. Drg to decub on sacral area. Ad wet to dry. of skin infection noted. Pt tol. reg. diet well. voiding is difficulty. Colostomy bag Ad this pm to min assist from staff. 1-point restraint in place is skin complication of skin break/circulation. Will cont. to monitor. (b)(6)-2 [redacted] / AN
12 SEP 03	2000 = VSS, A+Ox3, temp 100.4, gave 450mg Tylenol Pt will reevaluate. Ad Drg to Sacral area - CDI. Log roll @ 2 turns. Did PROM exercises to @ LE, pt. can do exercises to @ LE independently. Colostomy bag intact, stoma site looks good (beefy red) and vascular - putting out semi-solid brown stool, pt. can do own colostomy care per. X1 restraint in place, extremity restrained - of breakdown & skin integrity intact. Will continue to monitor. (b)(6)-2 [redacted] / AN
13 SEP 03	(1550) Assumed care of pt w/ [redacted] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled w/ Neurontin. Pt turning self @ 2.3°. Pt emptied own colostomy bag. Rom done by pt. Drg to sacral decub CDI. Pt tol reg diet well. voiding is difficulty. 1-point

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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19 sep 03 0700	- Assumed care pt. A+O x3 c/o of pain to (L)stump scheduled neurontic administered. Lungs clear. HRRR. Colostomy back intact stoma beefy red self care Active BS. Urinat. BS per urinal. Breakdown to sacrum dressing changed. Activity OOB to chair this am. Will cont to monitor (b)(6)-2 [redacted] gms.
2000	Pt O, X3, c/o pain @ this time. conversating un arabic. LCTAB, HRRR, OBSX4, colostomy bag intact, stoma beefy & red. stoma care done by pt. Wound drug A&D. (L)stump Ren being done by pt. (R) foot care done. neurontic + elevail cont for pain control. 1 pt vest-vaunt on, (circulation to [redacted]) will monitor (b)(6)-2 [redacted] gms.

20 sep 03 0100 - I concur above assessment. (b)(6)-2 [redacted] gms.

20 sep 03 0700	- Assumed care of pt. VSS A+O x3 c/o pain or discomfort @ this time @ 2 h position change to facilitate in prevention of skin breakdown stomy care self assistance. stoma beefy red vascular. Lungs clear HRRR Active BS. Urinate per urinal qs. Breakdown to sacrum dressing A/D Will cont to monitor (b)(6)-2 [redacted] gms.
-------------------	---

(b)(6)-2 I concur above assessment. Pt OOB to chair

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. _____

[redacted] (b)(6)-4

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

EMERGENCY CARE AND TREATMENT (Medical Record)			TREATMENT FACILITY (Stamp) [Redacted] (6)(2)-2		LOG NUMBER
ARRIVAL DATE DAY MONTH YR. 12 July 03		TIME 1054		TRANSPORTATION TO HOSPITAL (Attach care enroute sheet) <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER (Specify) BIRD	CURRENT MEDS. (tetanus immunization and other data)
PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)					HISTORY OBTAINED FROM <input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER (Specify) Unstable
ALLERGIES					HOME TELE. NO. (Inc. area code)
CHIEF COMPLAINT(S) (Include symptom(s), duration) Multi GSW				SEX M	AGE
POX				POSSIBLE THIRD PARTY PAYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VITAL SIGNS			DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)		TIME SEEN BY PROVIDER 1054
TIME	1657	1135	<p>Pt. GSW post op & injuries below. HD stable. Gen Sx in Attendance.</p> <p>1° survey</p> <p>A: ETT</p> <p>B: = B/L BS good</p> <p>C: 145/87</p> <p>Cap refill</p> <p>3</p> <p>Di: GCS 3T</p> <p>2: As below</p> <p>pulse palpable</p> <p>Ext's</p> <p>7.5 ETT</p> <p>2.5 cm @ tooth</p> <p>2° survey</p> <p>Eyes: PERRL</p> <p>Pharynx: ETT & oral AW.</p> <p>Heart PRRS @</p> <p>Lungs CTABK & bagging.</p> <p>Abd: distended & BS</p> <p>Back NO injuries noted</p> <p>Ext: as on drawing</p> <p>ABG: multiple GSW</p> <p>Plan: GS to admit OR - explore Zone II neck injury & other repairs as needed</p> <p>ED course:</p> <p>Pt. remains ETT & HD stable while in ED: Df 125cc</p> <p>4u FFP cover pt; blankets warm air.</p>		
BP	145/87	140/81			
PULSE	90	98			
RESP.	14	14			
TEMP.	39.4 (R)				
WT. (Child)		100% O2			
CATEGORY (See reverse)			<p><input checked="" type="checkbox"/> EMERGENT</p> <p><input checked="" type="checkbox"/> URGENT</p> <p><input type="checkbox"/> NON-URGENT</p>		
ORDERS			<p>Trans: C spine</p> <p>Gen: pelvic</p> <p>D knee, @ ankle</p> <p>Labs: CBC, Chem 12, PT/PTT</p> <p>ABG UA</p> <p>TLC 4u PRBC's.</p> <p>ASSESSMENT/DIAGNOSIS</p> <p>Multiple GSW</p>		
DISPOSITION (Check all that apply)			<p>HOME <input type="checkbox"/></p> <p>FULL DUTY <input type="checkbox"/></p> <p>QUARTERS</p> <p>24 Hrs. <input type="checkbox"/> 48 Hrs. <input type="checkbox"/> 72 Hrs. <input type="checkbox"/></p> <p>MODIFIED DUTY UNTIL:</p> <p>DAY MONTH YEAR</p> <p>REFERRED TO (Indicate clinic)</p> <p>EMERGENCY <input type="checkbox"/></p> <p>TODAY <input type="checkbox"/></p> <p>72 HOURS <input type="checkbox"/></p> <p>ROUTINE <input type="checkbox"/></p> <p>ADMIT. TO HOSP. UNIT/SERVICE</p> <p><input checked="" type="checkbox"/> GS.</p> <p>CONDITION UPON RELEASE</p> <p>IMPROVED <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> UNCHANGED</p> <p>DETERIORATED <input type="checkbox"/></p> <p>TIME OF RELEASE:</p>		
PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).			<p>Signature [Redacted]</p> <p>ID STAMP</p> <p>INSTRUCTIONS TO PATIENT (include medications ordered, any limitations and follow-up plans)</p> <p>neck tray w/ft's @ shaped base of neck wound area</p> <p>CAR: ETT in mid trachea: no PTR; KTR.</p> <p>Pelvis: @ shaped @ flank.</p> <p>GS Anwed of trays.</p>		

(5)(6)-4

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOUR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

26 Jul 03

0800

Received report. initial assess-
ment on TUR & Spunkstent
pt remains unaltered & [redacted]
130's-140's @ periods, RR (b)(6)-2
30's-40's, SpO2 98-99.
Applied Dr. [redacted]

0815

Dr. [redacted] @ bedside update (b)(6)-2
given. orders received. [redacted]

0830

Dr. [redacted] @ bedside, orders
received. pt remains & [redacted]

0845

Wound dry, no given per [redacted]
Dress A'ed. on @ stom. area
appears healthy & sutures in-
fect, marginal drainage
noted. midline, abd dress
A'ed. Retractable, sutures (b)(6)-2
infact. wet to dry applied [redacted]

0900

Dress [redacted] given TUR
[redacted] assistance, US
[redacted] given TUR (b)(6)-2

1030

[redacted] given @ [redacted] [redacted]

1230

US Report @ [redacted] [redacted]

1400

Cop stom. tray A'ed. Stomo
cleansed [redacted]

1540

(Continue on reverse side)

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

REGISTER NO.

[redacted]

26 Jul 03

NURSING NOTES (b)(6)-2

Medical Record

(b)(6)-4

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS <small>Include medication and treatment when indicated</small>
	A.M.	P.M.	
10/12/13			Update given on pt's status

(b)(6)-4

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE
A.M. P.M.

OBSERVATIONS

Include medication and treatment when indicated

27/6/03

0800

Report received. See flow sheet for initial assessment. Deep sx using 14F cath, amount of thick white secretion noted. (b)(6)-2

0745

RA Samu @ bedside. All drug A'd. orders received. Labs reviewed. (b)(6)-2

0815

RT @ bedside. Neb tx given. CPT done. (b)(6)-2

0930

Translator @ bedside. pt will not respond to any question. Remains in a six state. Choking was. unable to cough secretion. deep sx 90 remain secretions. (b)(6)-2

1130

Deep sx to results of thick white secretions. (b)(6)-2

1210

Neb treatment given. Neb CPT by RT. (b)(6)-2

1340

Sponge bath given. All drug A'd. (b)(6)-2

1600

Lab obtain. Reviewed by RA Samu / Dr Samu. (b)(6)-2

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

REGISTER NO.

[Redacted patient name]

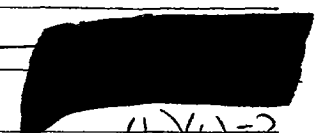
27/6/03

NURSING NOTES
Medical Record

MEDCOM - 14274

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
2/11/03	1700		Report given:  (b)(6)-2

U.S. Government Printing Office: 1995 - 404-763/20065

STANDARD FORM 510 (REV. 7-91) BACK

MEDCOM - 14275

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
7/28/03	1500		<p>Primum case. Report given. pt pulse follows p commands. RR unremarkable. labored currently on 24 min via NC. mucous membranes dry & 25 @ throat & @ bases of productive cough. S & S auscultated to normal noted. S & S 130-150's @ periods. abd soft w/ no c. ABSXV. costovertebral angle brown stool, midline abd drsg det. @ umbilicus drsg det. H/O to ASD patient & embolus W/P noted & sediment present @ leg M/P & leg wrapped det. @ leg & staples intact & weeping of yellowish drainage pt remains unable to move lower extremities. RP drain off & drsg det. @ scxg & some difficulty to find pulse. @ F/P c. pt. patient flush w/ [redacted] Ven txment given along c. (b)(6)7 C/P of remains [redacted] @ [redacted] [redacted] [redacted]</p>

PATIENT'S IDENTIFICATION (For typed or written entries give last, first, middle, grade, rank, rate: REGISTER NO. WARD NO.)

(b)(6)2
 (b)(6)4
 MEDCOM - 14276
 NURSING NOTES
 Medical Record
 STANDARD FORM 510 (REV. 7-91)
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

~~Handwritten scribble~~

Handwritten scribbles

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
28 Jul 03			Placed on stretcher for X-ray PPT serials. Doppl placed by Dr. [redacted] in [redacted] @ [redacted] [redacted] pulled.
	0810		PKA taken, [redacted] back to unit placed in full bed
	0810		X-ray verified [redacted] [redacted] for Doppl placed
	0830		Doppl verified again by Dr. [redacted] orders received to start TF @ 10cc/hr. @ 500 led by Dr. [redacted] orders to received to give NS 500cc [redacted] sips of H ₂ O given [redacted] well
	0930		Staples removed from [redacted] area cleaned
	1040		Sips H ₂ O given. NS @ [redacted] [redacted] summons started NR 140's @ 30' SPA 95% on Al [redacted]
	1230		195. O distress noted @ this time
	1330		Dr. [redacted] [redacted] [redacted] sutures intact
	1450		500 NS bolus given
	1530		Bolus complete, resume NS [redacted]
	1600		2mg [redacted] [redacted] given

Handwritten vertical note: (S) (S) - 2

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
29 JUL 03	0700		Neurosurgery Procedure LP performed at L2-3. Opening pressure 20 cm H ₂ O. 5 cc CSF sent for routine studies. Closing pressure 12 cm H ₂ O. No complications. (b)(6)-7
	1400		no change in status, continue = HR > 130, SAs > 95% a 3L 26% VM. (b)(6)-7
30 JUL 03			Neurosurgery (b)(6)-7
0623			(A/P) (S) Afebrile. Flanks dry. LP negative yesterday. WBC 18. Na 132. (1) Paraplegia / unstable L-5/6 - leg roll. (2) CSF Leak - resolved. (3) FLO - improved on current antibiotics. (b)(6)-7

(Continue on reverse side)


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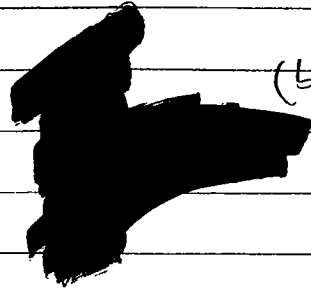
NURSING NOTES
Medical Record

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
30 July 03			<p>0800 Surgery</p> <p>T_m 101.2 → 99.6 crss HR 6107 sinus % Mo 80-250 up</p> <p>uterine, trachea i eyes lungs clear / cyanosis cool, dry.</p> <p>197 51 1531 $\frac{132}{4.4} \frac{101}{4} \frac{15}{1} \frac{132}{1}$</p> <p>CSF @ 9m stain</p> <p>lung mental status clearing, fever resolving as is WBC.</p> <p>malnourished leukopenias - improving Phenytoin 170 mg</p> <p>Plan Cont Symplococore / Abix / IT No "mind altering" meds Placemet / reclamation.</p>
31 JUL 03	0641		<p>Neurosurgery</p> <p>(8) VSSA.</p> <p>more alert.</p> <p>WBC 13.5 Nk 132.</p> <p>Flanks dry.</p> <p>Plagia persists</p> <p>(11) Stable clinically p CSW L-spine. Will perform surveillance L-spine x-rays today.</p> <p>Continue spine precautions</p>

 (b)(6) 2

 (b)(6)-2

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

OBSERVATIONS

Include medication and treatment when indicated

DATE

HOOR

A.M.

P.M.

7/30/07

0400

Resumed care. Report given. Pt
HA. Spock's vs eye s. RR 20/min
unlabored. 2/3 @ stetho on
FM @ 84/min. SPO2 @ 99% - 100%
Sic. Sg. Auscultated - S. Koch
noted on monitor. RR 16-18
@ periods of ecgopy beats noted
RSD soft no/r/t to colostomy
noted - liquid brown stool
noted. midline abd dasy intact
Fl. to RSD patient to yellow wop
noted. @ 12/4 to dreg intact. X2.
RSD @ arm patient. TUBS well-

0600

UGS. 1/2 bottle, web 4x given
@ 10:30 @ bedside. updates given
reply to current labs

0800

ABD dasy d'ed. wound, note
of drainage or odor

1140

DR. Smith @ bedside. @ Reg 50mg
d'ed of new orders received sips
of H2O given

1300

Reposition, sips of H2O
given

1530

H2O given. (Continue on reverse side)

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

REGISTER NO.

WARD NO.



(b)(6)-y

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 14280

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
1650 / 7/30/03			Colostomy bag A'ed. Stoma cleaned w/ surrounding area. (b)(6)2 [REDACTED]
7/30/03	1710		Report given. (b)(6)2 [REDACTED]
130 July 03	1718		Assumed care of pt. vss. TF of Jevity @ 80cc/hr HOB elevated to 40°. Assessment done see ICU flow sheet for Assessment. Chel [REDACTED]
30 July 03	2200		Assessment unchanged. vss. will continue to monitor. [REDACTED] cpt/aw
30 July 03	0300		Assessment unchanged from earlier. vss will continue to monitor. Chel [REDACTED] cpt/aw
	0900		Labs drawn and sent to Lab - Dsg A's done. top sheet B'd pt sweating profusely temp 99.6. will continue to monitor. (b)(6)2 [REDACTED] cpt/aw
01 AUG 03			Neurosurgery
	0640		(8) VSA. Flaks dry. Paraplegia persists (14) Penetrating L-spine injuries. Continue leg roll. Surveillance lumbar x-rays today (b)(6)2 [REDACTED]

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

7/31/03

0500

Assumed care. Report given. See TCR & flow sheet for initial assessment.

0540

Sips of H₂O given, tolerated well.

0635

Dr. T. & Co. bedside. update given of new orders received.

0850

Dr. Samu @ bedside. Report given. pt knows name, age. update given to pt about prognosis; pt remains confused @ periods.

0940

Orders received per Dr. [redacted]

1140

PT @ bedside. ROM exercises done. encouraged to rotate neck from side to side. pt unable head to @, very difficult.

1350

Bath given, hair washed. Linen changed.

1500

late enteral feed, 30% of dinner meal's difficult.

1710

Report given to new staff.

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

[redacted]

7/31/03

NURSING NOTES
Medical Record

(b)(6)-4

MEDCOM - 14282

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

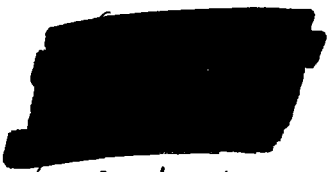
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
8/2/03	0500		Assumed care. Report given. VSS. HR 112, SBP 103/67, RR 22 SpO2 99 on RA. Secretion Spun for initial assessment -
	0515		H2O given. Reposition of pillow support. (b)(6)-2
	0700		Update given to Dr. [redacted] New orders.
	0715		Dr. [redacted] @ bedside. update given on labs orders received
	0930		All day held by Dr. [redacted] orders received. (b)(6)-2
	1210		Re: 50% of meal eaten & assistance.
	1355		consistency tray down again changed.
	1440		Dr. [redacted] @ bedside. instructions given on consistency care.
	1500		Reposition & pillow support.
	1730		Re: 75% of meal & 1/2 of fluids. Good self.

(Continue on reverse side)

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

REGISTER NO.

WARD NO.



2 AUG 03

MEDCOM - 14283

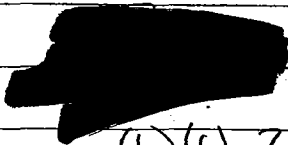
NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR 201-9.202-1)

(b)(6)-4

NURSING NOTES

(Sign all notes)

DATE	HOOR		OBSERVATIONS Include medication and treatment when indicated								
	A.M.	P.M.									
3 Aug 03			Surgery								
0830			Abbr. to vs, good Mo more alert, responsive								
			amoxicillin								
			lungs crr/sym								
			21.9 → 34 149								
ASA 525 PO QD			nas, em								
			<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>129</td> <td>93</td> <td>20</td> <td>115</td> </tr> <tr> <td>3.9</td> <td>21</td> <td>.6</td> <td></td> </tr> </table>	129	93	20	115	3.9	21	.6	
129	93	20	115								
3.9	21	.6									
Ceftriaxone 1g/12 #6			obs. soft, flat								
			color pink / oral								
Tylenol			leg w/d / edema								
Ensure PD			wounds c/p; abdo & granules								
msou			top high & spine paraplegic & unstable AS								
			colostomy & meas sedla								
			DKA								
			deconditioned / malnourished.								
			Play To 10W today								
			needs PT / calories / placement.								
			 (b)(6)-2								

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

A.M.

P.M.

OBSERVATIONS

Include medication and treatment when indicated

3 Aug 03 / 150

Assumed care. Report given
pt. [redacted]. RR slow at [redacted].
N3(B) course currently on R4
T 502 @ 99%. O 503 / distress
noted. S, S2 Auscultated & S, ma
noted, on monitor. R50 soft
NO/INT C O B S X4. Colostomy
on min brown drainage. [redacted]
midline abd dress intact. Stoma
rub c [redacted] surrounding intact
Hg 45 R50 patient c yellow
WOP noted. O B H dress [redacted]
T 4 R 1 E 11. F# of [redacted]
Gross well.

0600

Rx test @ bedside. urine
given

0730

ing 50% of breakfast &
difficulty. Feed safe. SWS of
ensure [redacted].

0900

All dress A'ed. orders
wa [redacted] for [redacted]

1135

Amelior once again

1450

Up [redacted] Team [redacted]
Report given [redacted]

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

[redacted]
(b)(6)-7

3 Aug 03

MEDCOM - 14285

NURSING NOTES
Medical Record (b)(6)-2

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

06OCT2003

Discharge Summary, Patient # [REDACTED] (b)(6)-4

History: This enemy prisoner suffered gunshot wounds to the neck, right shoulder and chest, abdomen, lumbar spine, and left lower extremity on 13JUL2003. He had undergone surgery at a Forward Surgical Team, where they found a left retrocolic retroperitoneal hematoma and a through and through left colon injury with minimal spillage. A colostomy was performed and the abdomen closed prior to transport to the [REDACTED] (b)(2)-2

He arrived stable though paraplegic with penetrating injuries of the right neck, right axilla, and left leg. He was deemed a candidate for further surgery and was transported to the operating room for further wound management.

Hospital Course: In surgery he underwent exploration of the right neck, where a zone II exploration was performed and found no major injuries. The right axilla was debrided and packed. A left below knee amputation was performed for nonsalvageable injuries. A lumbar drain was placed for his cerebrospinal fluid durocutaneous fistula from his lumbar gunshot wounds.

He suffered a complicated postoperative course including pneumonia, transient mild liver failure, and multiple wound dressing changes. His lumbar fractures of L2, L3, L4, and L5 were treated with bed rest. He eventually came to left BKA revision and recovered nicely. His only ongoing problem at the time of discharge was a sacral decubitus ulcer, which was responding to pressure reduction therapy and dressing changes at the time of discharge.

Placement was delayed because a suitable prison institution was not available for paraplegic patients. Eventually he was placed at a minimal care facility to undergo prisoner processing.

Disposition: Though limiting, his ongoing paraplegia and incontinence were manageable for him. Routine foley catheter changes and colostomy management should be continued. He requires assistance to a wheel chair. He should be turned routinely to avoid further skin problems. Caretakers are asked to contact the [REDACTED] with any future problems.

Discharge Medications:

- Lovenox 40 mg SQ QD
- Multivitamin 1 PO QD
- Colace 100 mg PO BID
- Neurontin 600 mg PO TID
- Amitriptyline 75 mg PO QHS

[REDACTED] (b)(2)-2

[REDACTED] (b)(1)-2

[REDACTED] MD

MA [REDACTED] Q, USA

Ne [REDACTED] rgery [REDACTED] (b)(2)-2

Ba [REDACTED]

[REDACTED] @us.army.mil

ACUTE CARE WARD/RECOVERY ROOM FLOW SHEET

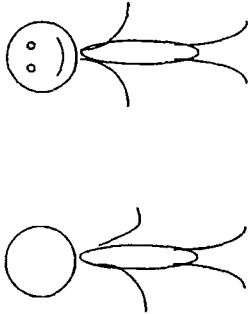
ADMIT TIME: 0945 PROCEDURE: lap/Bowel Resection/Colostomy SURGEON: [REDACTED] D/C TIME: 1020
 7/3/03 1st @ Pательer & Penrose Anesthesia Type: GEN MAC: (5)(6)-2 REGIONAL: [REDACTED]
 Allergies: Unknown

	ADMIT	AD+5	AD+10	AD+15	AD+30	AD+45	AD+60	DC
RESP	10	10	10	10				
SPO2	100	100	99	99				
PULSE	91	91	94	94				
BP	119/72	131/77	139/84	138/82				
TEMP		99.5						

ASSESSMENT: (C) red in color 0 penrose (R) arterial wound (C) colostomy & zerofin + dressing
D=DRESSING malini incision

X= IV SITE

FLUID: CR NS
 RATE: 100 100



AMT. IN BAG: 1000 900
02 Vented

T= TUBE: Chest tube (R)
 D=DRAINS: Penrose (L) knee
ng - (R) none
(L) femoral cordis & introduce

MEDICATION	DOSE	TIME	ROUTE	OR/RR Total	INTAKE		OUTPUT	
					SOURCE	AMT	SOURCE	AMT
Unasyn	2g	1200	IV	2g	Bld	4 units	Foley	950
Unasyn	3g	1200	IV	3g	NS/UR/OR	150		
Socpaldin	0.4	1200	IV	0.4				
Penicillin	250mg	1200	IV	250				
Demerol	100mg	1200	IV	100				
Neclon	14mg	1200	IV	14				
Norman	2mg	1012		16mg				

NAME: [REDACTED] (5)(6)-7 # [REDACTED]
 SSN: na
 UNIT: epw (5)(6)-2

#1 pre op

#(2) post op

i-STAT 6+

i-STAT 6+

Pt: 000000000000

Pt: 000000000000

Pt Name: [REDACTED]

Pt Name: [REDACTED]

(b)(6)-4

Glu_____135 mg/dL

Glu_____117 mg/dL

BUN_____7 mg/dL

BUN_____6 mg/dL

Na_____148 mmol/L

Na_____148 mmol/L

K_____3.9 mmol/L

K_____4 mmol/L

Cl_____104 mmol/L

Cl_____105 mmol/L

Hct_____14 %PCV

Hct_____21 %PCV

Hb*_____5 g/dL

Hb*_____7 g/dL

*via Hct

*via Hct

Sample Type_:

Sample Type_:

25JUL02 05:56

25JUL02 08:00

Oper: 00000000

Oper: 00000000

Physician: _____

Physician: _____

Ser# [REDACTED]

Ser# [REDACTED]

Ver: JAMS043C
CLEW A84

Ver: JAMS043C
CLEW A84

i-STAT EG7+
 Pt: 000000000000
 Pt Name: _____
 Na_____143 mmol/L
 K_____3.9 mmol/L
 TC02_____21 mmol/L
 iCa_____1.16 mmol/L
 Hct_____19 %PCV
 Hb*_____6 g/dL
 *via Hct

At 37C
 PH_____7.151
 PC02_____56.1 mmHg
 P02_____44 mmHg
 HC03_____20 mmol/L
 BEecf_____9 mmol/L
 S02*_____65 %
 #calculated

Sample Type_
 25JUL02 08:07

Oper: 00000000

Physician: _____

Ser# [REDACTED]
Ver: JAMS043C

MEDCOM - 14288

07/24/03

(S)(6)-4

(S)(6)-2

PATIENT ASSESSMENT (S)(6)-2

TIME: 0500 SIGNATURE: [Redacted]

TIME: 1700 SIGNATURE: [Redacted]

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
 Skin: Temperature *99.8*
 Color: Pale / Cyanotic / Jaundiced
 Mucous Membranes: Moist / Dry / Cracked
 Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
 Orientated / Disorientated Pupils: *4H 4MM*
 Extremity Movement: Full / Limited / None *NI, A, 2*

CARDIOVASCULAR

Pulse (0-4): *74* Radials *72* Pedals
 Capillary Refill: *2.5* Seconds Homan's Sign *0*
 Jugular Venous Distension Edema *0*
 Heart Sounds: *S1 S2*
 Rhythm: *SINUS BRADY* PRI: QRS:
 Vascular Catheter Central Arterial Peripheral 1... Peripheral 2
 Waveforms Site Solution
 Chest Pain

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
 Respiration / No Distress / SOB / Labored / Use of Access Muscles
 Breathing Patterns: *Normal*
 Cough: Productive / Nonproductive / None
 Sputum: Color / Amount / Consistency / Odor
 Chest Drainage System Gravity: Suction cm:
 Air Leak - No Yes Crepitus
 Character of Drainage:
 Trachea / Midline / Deviated (R) / Deviated (L)
 Artificial Airway Size: Type: Position:
 Breath Sounds Anterior/Location Posterior/Location
 Crackles Wheezes Diminished Absent

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
 Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
 Dressings: *NP, I*
 NG Tube: Clamped / Inter. Suction / Cont. Suction / Dependent Drainage
 NG Drainage: Color: Character
 Tube Feeding: Day No: Strength: Rate: *80* Aspirate *0*
 Stool: Character: *colostomy*
 Drains: *AP, DIC*

GENITOURINARY

Urine Color: *Amber* Character:
 Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER: *medication*

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
 Skin: Temperature *warm*
 Color: Pale / Cyanotic / Jaundiced
 Mucous Membranes: Moist / Dry / Cracked
 Skin Breakdown: None Location: Size:

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
 Orientated / Disorientated Pupils: *5mm B, 4+ equal, DRIS L*
 Extremity Movement: Full / Limited / None

CARDIOVASCULAR

Pulse (0-4): *72* Radials *2* Pedals *R 1*
 Capillary Refill: *3* Seconds *< 3* Homan's Sign *0*
 Jugular Venous Distension Edema *0*
 Heart Sounds: *S1 S2*
 Rhythm: *SINUS BRADY* PRI: QRS:
 Vascular Catheter Central Arterial Peripheral 1 Peripheral 2
 Waveforms Site Solution
 Chest Pain

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
 Respiration / No Distress / SOB / Labored / Use of Access Muscles
 Breathing Patterns: *Normal*
 Cough: Productive / Nonproductive / None
 Sputum: Color / Amount / Consistency / Odor
 Chest Drainage System Gravity: Suction cm:
 Air Leak - No Yes Crepitus
 Character of Drainage:
 Trachea / Midline / Deviated (R) / Deviated (L)
 Artificial Airway Size: Type: Position:
 Breath Sounds Anterior/Location Posterior/Location
 Crackles Wheezes Diminished Absent

GASTROINTESTINAL

Abdomen: *Soft* / Firm / Hard / Distended cm Girth
 Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
 Dressings: *C, P, I*
 NG Tube: Clamped / Inter. Suction / Cont. Suction / Dependent Drainage
 NG Drainage: Color: Character
 Tube Feeding: Day No: Strength: Rate: *80* Aspirate *0*
 Stool: Character: *colostomy*
 Drains: *AP, DIC*

GENITOURINARY

Urine Color: *Amber* Character:
 Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

OTHER: *medication*

MEDCOM - 14290

(S)(6)-2

27/10/03

(b)(6)-4

(b)(6)-2

PATIENT ASSESSMENT

PATIENT ASSESSMENT

TIME: 0510 SIGNATURE: [Redacted]

TIME: SIGNATURE: [Redacted]

SKIN AND MUCOUS MEMBRANES

SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature
Color: Pale / Cyanotic / Jaundiced
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

Skin: Loose / Tight / Diaphoretic / Shiny / Dry
Skin: Temperature
Color: Pale / Cyanotic / Jaundiced
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

NEUROLOGICAL

NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive
Orientated / Disorientated
Extremity Movement: Full / Limited / None

Loc / Alert / Lethargic / Unresponsive
Orientated / Disorientated
Extremity Movement: Full / Limited / None

CARDIOVASCULAR

CARDIOVASCULAR

Pulse (0-4): Radials Pedals
Capillary Refill: Seconds Homans Sign
Jugular Venous Distension: Edema
Heart Sounds
Rhythm PRI: QRS:

Pulse (0-4): Radials Pedals
Capillary Refill: Seconds Homans Sign
Jugular Venous Distension: Edema
Heart Sounds
Rhythm PRI: QRS:

Vascular Catheter Central Arterial Peripheral 1 Peripheral 2
Waveforms Site Solution Chest Pain

Vascular Catheter Central Arterial Peripheral 1 Peripheral 2
Waveforms Site Solution Chest Pain

RESPIRATORY

RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns:
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm:

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns:
Cough: Productive / Nonproductive / None
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Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus
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Artificial Airway Size: Type: Position:
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Crackles Wheezes Diminished Absent

Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:
Breath Sounds Anterior/Location Posterior/Location
Crackles Wheezes Diminished Absent

GASTROINTESTINAL

GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains:

GENITOURINARY

GENITOURINARY

Urine Color: Character:
Voiding: Continent / Incontinent / Catheter

Urine Color: Character:
Voiding: Continent / Incontinent / Catheter

EMOTIONAL/PSYCHOSOCIAL

EMOTIONAL/PSYCHOSOCIAL

MEDCOM - 14291

DATE		DE														HOSPITAL DAY				
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V	BP Arterial Line														147	143	131			
I	BP Cuff														96	90	93			
T	Temperature														92.0	92.3				
A	Pulse														88	73	77			
L	Respiratory Rate														25	21	25			
S	None														50%	50%	50%			
I	fiO2																			
G																				
N																				
S																				
TIME		24	01	02	03	04	05	06	07	8 ^{PT}	08	09	10	11	12	13	14	15	8 ^{PT}	
I	UP															125	125	125	37	
M	Aspirin														21.0	5	5	5	15	
N	Bolus																		60	
T	PRBC																		1000	
A																			750	
K																				
E																				
TOTALS																			240 ml	
O	URINE	/																		
	TOTAL	/																		
U	NG	/																		
	OUTPUT	/																		
P	EMESIS	/																		
	STOOL	/																		
L	DRAINS	/																		
	TOTALS	/																		

POST-OP DAY								ACUITY LEVEL CLASSIFICATION									
V	16	17	18	19	20	21	22	23		R	TIME						
I	84	139	141	170	177	163	157	147		E	MODE						
T	89	90	28	87	85	88	83	85		S	F _{O2}						
A	83	90	91	98	104	110	112	117		P	TV						
L	15	12	10	10	10	10	10	10		I	RATE						
S	100%	100	100	100	100	100	100	100		B	PEEP						
I	40	40	40	40	40	40	40	40		A	PH - ...						
G										A	PCO ₂						
N				35.3	35.9	36.2	36.6	36.7		B	PO ₂						
S										G	HCO ₃						
											SAT						
											BASE						
	16	17	18	19	20	21	22	23	8 ^{PT}	L	TIME						
	121	121	121	121					1000	A	GLUCOSE						
	28.6	24.6	31.6	32.7	32.7	32.2	32.3	32.7	178.3	B	Na/K						
	50		700		500	200			150	D	CaCO ₂						
									1400	R	BUN/Cr						
				125	125	125	125	125		A	WBC/PLATELET						
							2	2	4	I	Hct/Hgb						
										O							
										E							
										Y							
										A	TIME						
										D	MOUTH CARE						
										I	BATH						
										V	SKINCARE						
										L	FOLEY CARE						
										I	TRACH CARE						
										E	ROM EXERCISES						
										S							
										V							
										I							
										D							
										N							
										F							
										G							
											24 ^{H2O} TOTALS						
											wt Yesterday						
											wt Today						
											INTAKE						
											IV						
											PO						
											OUTPUT						
											Urine:						
											TOTAL						
											TOTAL						
											BALANCE						

SpO₂ Mode %

21.4
3
64.8
1.3
22.7
5
113.5

NS

Set

50 →

100 100 75 75

100 100 100 100

100 100 100 100

100 100 100 100

(BC) 67, ABG monitor

[REDACTED] (6)(6)-4 - 1A JR 03

DATE		DX								HOSPITAL DAY																																									
TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15																																			
V	BP Arterial Line	149/84	139/80	134/80	146/86	126/85	149/84	140/80	135/84	122/82	128/83	135/83	127/81	129/81	135/81	120/87																																			
I	DP-Gold	90	84	80	86	85	90	84	89	84	82	93	87	88	81	87																																			
T	Temperature	37.2	37.4	37.4	37.1	37.1	36.9	36.8																																											
A	Pulse	123	120	131	128	131	120	127	126	147	144	139	135	136	136	137																																			
L	Respiratory Rate	12	12	10	20	10	10	10	10	25	20	13	18		24	27																																			
S	SpO2	100	100	100	100	100	100	100	100	100	98	99	94	97	96	97																																			
I	MODE	SIMV	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	NC	NC	NC	NC	NC	NC	NC																																			
S	FIO2	40%	40%	40%	40%	40%	40%	40%	40%	21	21	22	40	40	40	40																																			
TOTALS																																																			
URINE		<table border="1"> <tr> <th>HOURLY</th><th>TOTAL</th> </tr> <tr> <td>50</td><td>50</td> </tr> <tr> <td>100</td><td>150</td> </tr> <tr> <td>50</td><td>200</td> </tr> <tr> <td>50</td><td>250</td> </tr> <tr> <td>50</td><td>300</td> </tr> <tr> <td>50</td><td>350</td> </tr> <tr> <td>50</td><td>400</td> </tr> <tr> <td>50</td><td>450</td> </tr> </table>								HOURLY	TOTAL	50	50	100	150	50	200	50	250	50	300	50	350	50	400	50	450	<table border="1"> <tr> <th>HOURLY</th><th>TOTAL</th> </tr> <tr> <td>145</td><td>145</td> </tr> <tr> <td>70</td><td>215</td> </tr> <tr> <td>80</td><td>295</td> </tr> <tr> <td>50</td><td>345</td> </tr> <tr> <td>50</td><td>395</td> </tr> <tr> <td>50</td><td>445</td> </tr> <tr> <td>50</td><td>495</td> </tr> </table>								HOURLY	TOTAL	145	145	70	215	80	295	50	345	50	395	50	445	50	495
HOURLY	TOTAL																																																		
50	50																																																		
100	150																																																		
50	200																																																		
50	250																																																		
50	300																																																		
50	350																																																		
50	400																																																		
50	450																																																		
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145	145																																																		
70	215																																																		
80	295																																																		
50	345																																																		
50	395																																																		
50	445																																																		
50	495																																																		
NG										75																																									
EMESIS																																																			
STOOL																																																			
DRAINS		CT								<table border="1"> <tr> <td>140</td> </tr> <tr> <td>160</td> </tr> <tr> <td>165</td> </tr> </table>								140	160	165																															
140																																																			
160																																																			
165																																																			
TOTALS																																																			

EPCW [REDACTED]
(6)(6)-4

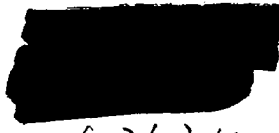
ADG, CBC, C7, VMA4 - done

✓

	00	01	02	03	
A-UIVZ	105	138	101	113	105
Hr	57	58	60	62	60
HR	114	121	115	110	108
RZ	10	10	10	10	10
SAT	98	100	99	98	97
TEMP	37.1	37.2	37.3	37.2	37.0
<hr/>					
22 23 00	01	02	03	04	8° T
NS	125	125	125	125	125
MSO4	4	4	4	4	4
Versed	3	2	2	2	2
VPS	50				
<hr/>					
<hr/>					
URINE	160	60	60	70	80
LUMBAR	14	20	18	10	15
NR					400

E S P I R A T O R Y	MODE	TIME	
		F _I O ₂	
P E E P	TV		
	RATE		
A R T E R I A L	pH		
	PCO ₂		
	PO ₂		
	HCO ₃		
G	SAT		
	BASE		
<hr/>			
L A B O R A T O R Y	TIME		
	GLUCOSE		
	Na/K		
	CU/CO ₂		
	BUN/Cr		
	WBC/PLATELET		
A C T I V I T Y	TIME		
	MOUTH CARE		
	BATH		
	SKIN CARE		
	FOLEY CARE		
	TRACH CARE		
	ROM EXERCISES		
T U R N S U C T I O N			
24 HOURS TOTALS			

NURSE'S SIGNATURE	
wt Yesterday	wt Today
INTAKE	OUTPUT
IV	Urine:
PO	



(5)(6)-4

~~201~~
21 JUL 03

(5)(6)-4

2/15/03

2/15/03

Date: _____ Bed#: _____

Patients Name: _____

21 22 23 24 25 26 27 28 29 30 31 01 02 03 04 05

Time	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A-LINE	135	140	134	140	145	140	138	140	140											
BP	86	69	69	61	67	61	72	69	64											
TEMP	37.9	38.3	38.5	38.1	38.1	37.7	38.5	37.3	37.0											
HR	123	120	117	114	119	114	108	104	109											
RR	10	15	13	11	10	10	10	10	10											
SAO2	160	94	98	100	100	100	99	100	100											
FIO2	35%	35%	35%	35%	35%	35%	35%	35%	35%											
INPUT																				
PO NS	125	125	125	125	123	125	125	125	125											
IV NS	4	4	5	5	4	4	4	4	4											
NGT VOLUME	2	3	3	3	3	3	3	3	3											
IVPB																				
FRCO	10	10	10	OFF	OFF	OFF	OFF	OFF	OFF											
TOTAL																				
OUTPUT																				
URINE	140	150	150	170	140	110	90	130	130											
NGT																				
STOOL																				
LUMBAR	20	5	18	30	10	90	20	18	15											
RESID	5			10																
TOTAL																				
BALANCE																				
TURN Q 2																				

Date: 25 Jul 03 Bed#: 8
 Patients Name: EPW (b)(6)-(c)

ne	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BP							125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75	125/75
TEMP							100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4	100.4
HR							75	75	75	75	75	75	75	75	75	75	75	75	75	75
RR							12	12	12	12	12	12	12	12	12	12	12	12	12	12
SpO2							96	96	96	96	96	96	96	96	96	96	96	96	96	96
FO2							RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
INPUT																				
PO																				
IV																				
NGT																				
NGT 3%																				
NGT																				
TOTAL																				
OUTPUT																				
URINE																				
NGT																				
STOOL																				
TOTAL																				
BALANCE																				
RN Q 2																				


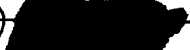
26 Jul 03
 (S)(6)-4

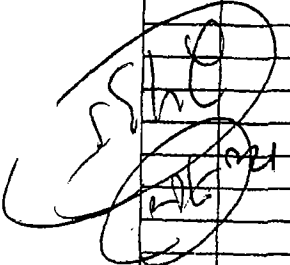
Date: 26 Jul 03 Bed#: [redacted]

Patients Name: CAPW # [redacted]

ne	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
MP	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
02	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
02	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
PUT	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81
TAL	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98
TPUT	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115
LANE	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132
3N Q 2	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149

ne	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
BP	115	115	110	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115
TEMP	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4
PULSE	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
PO2	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
SPO2	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
TOTAL	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
INPUT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
LINE	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
LANGE	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
RN Q 2	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125

Date: 
 Rec#: 27/103 #8
 Patients Name:  (S)(e)-4



MEDCOM - 14300

27 Jul 03

ne	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
139	136	140	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139	139
MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP	MP
02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT	PUT
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL
TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT	TPUT
LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE	LINE
STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL	STOL
RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS	RESIDUALS
TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL	TAL
LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE	LANCE
RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02	RN 02

Date: 27 Jul 03
 Bed#: XXXXXXXXXX
 Patients Name: [REDACTED]

MEDCOM - 14301

28/11/03

h-(9)(5)

7/28

144 140 173 140 146 149 145 143 142 141 140 139 138 137 136 135 134 133 132 131 130 129 128 127 126 125 124 123 122 121 120 119 118 117 116 115 114 113 112 111 110 109 108 107 106 105 104 103 102 101 100 99 98 97 96 95 94 93 92 91 90 89 88 87 86 85 84 83 82 81 80 79 78 77 76 75 74 73 72 71 70 69 68 67 66 65 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

144 140 173 140 146 149 145 143 142 141 140 139 138 137 136 135 134 133 132 131 130 129 128 127 126 125 124 123 122 121 120 119 118 117 116 115 114 113 112 111 110 109 108 107 106 105 104 103 102 101 100 99 98 97 96 95 94 93 92 91 90 89 88 87 86 85 84 83 82 81 80 79 78 77 76 75 74 73 72 71 70 69 68 67 66 65 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

Only Source

Time	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
Output	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	1200
Time Hourly	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	1200
NG Tube	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	1200
Emesis																									1000
Stool																									1000
O.R. OUT																									2155
Totals	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	1200

80
100
80

(6)(6)-4

30 qul

Vital Signs	24	01	02	03	04	05	06	07	08	09	10	11
Temperature	100	100	100	100	100	100	100	100	100	100	100	100
Pulse	119	114	115	110	111	112	110	110	110	110	110	118
BIP A-Line	105	105	103	104	103	100	100	100	100	100	100	100
BIP Cuff	72	73	74	80	83	80	80	80	80	80	80	80
Respirations	21	31	31	28	30	29	28	31	28	28	30	29
SpO2	100	100	100	100	100	100	100	100	100	100	100	100
Mode												

Intake	24	01	02	03	04	05	06	07	08	09	10	11	Total
Intake	100	100	100	100	100	100	100	100	100	100	100	100	1200
APX	80	80	80	80	80	80	80	80	80	80	80	80	960
PO Intake													350
O.R. IN													350

Totals	24	01	02	03	04	05	06	07	08	09	10	11	Total
Output	120	10	0	0	140	80	180	200	180	180	180	180	1800
Time Body	100	100	100	100	100	100	100	100	100	100	100	100	1200
NO. IN	100	100	100	100	100	100	100	100	100	100	100	100	1200
Dials #1													350
Dials #2													350
Dials #3													350

DATE		DI															HOSPITAL DAY																		
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	24	01	02	03	04	05	06	07	8 ^T	08	09	10	11	12	13	14	15	8 ^T
V	BP Arterial Line																																		
J	BP Cuff																																		
T	Temperature																																		
A	Pulse																																		
A	Respiratory Rate																																		
L																																			
S																																			
J																																			
G																																			
N																																			
S																																			
TOTALS																																			
O	URINE	HOURLY	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
		TOTAL																																	
		SP GR																																	
U	NG	S/A																																	
		OUTPUT																																	
		pH																																	
	GUAC																																		
EMESIS																																			
STOOL																																			
U	DRAINS																																		
TOTALS																																			

POST-OP DAY								ACTIVITY LEVEL CLASSIFICATION																
V I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME														
										MODE														
										F _I O ₂														
										TV														
										RATE														
										PEEP														
										pH														
										A PCO ₂														
										pO ₂														
										B HCO ₃														
								SAT																
								G BASE																
I N T A K E S	16	17	18	19	20	21	22	23	8° T	L A B O R A T O R Y	TIME													
									GLUCOSE															
									Na/K															
									C/CO ₂															
									BUN/Cr															
									WBC/PLATELET															
									Hct/Hgb															
D I E T A R Y									A C T I V I T Y	TIME														
										MOUTH CARE														
										BATH														
										SKIN CARE														
										FOLEY CARE														
										TRACH CARE														
										ROM EXERCISES														
								24 ^H I&O TOTALS				NURSE'S SIGNATURE		INITIALS										
wt Yesterday				wt Today																				
INTAKE				OUTPUT																				
IV				Urine:																				
PO																								
TOTAL				TOTAL																				
BALANCE																								

NEUROLOGICAL ASSESSMENT										
		HOURS								LEGEND
C D M	EYES OPEN	SPONTANEOUSLY	4							C Closed by swelling
		TO SPEECH	3							
		TO PAIN	2							
		NO EYE OPENING	1							
A S	BEST VERBAL RESPONSE	ORIENTED	5							T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive
		CONFUSED	4							
		VERBALIZES	3							
		VOCALIZES	2							
		NO VOCALIZATION	1							
C A E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6							
		LOCALIZES PAIN	5							
		FLEXION WITHDRAWAL	4							
		ABNORMAL FLEXION	3							
		EXTENSION TO PAIN	2							
		NO MOTOR RESPONSE	1							
L M B M	ARMS	NORMAL POWER								R Right L Left Record separately if there is a difference between the two sides.
		MILD WEAKNESS								
		SEVERE WEAKNESS								
		ABNORMAL FLEXION								
		ABNORMAL EXTENSION								
D V E M E N T	LEGS	NORMAL POWER								
		MILD WEAKNESS								
		SEVERE WEAKNESS								
		ABNORMAL FLEXION								
		ABNORMAL EXTENSION								
P U P I L S	RIGHT	SIZE REACTION								++ Brisk + Slow - No Response
	LEFT	SIZE REACTION								
PUPIL SCALE										
ICP										+ Intact
CEREBRAL PERFUSION PRESSURE										- Abnormal
VASCULAR ASSESSMENT										
		HOURS								LEGEND
	R	/	/	/	/	/	/	/	/	++ Normal
	L	/	/	/	/	/	/	/	/	+ Weak
	R	/	/	/	/	/	/	/	/	- Absent
	L	/	/	/	/	/	/	/	/	D Doppler
	R	/	/	/	/	/	/	/	/	R Right
	L	/	/	/	/	/	/	/	/	L Left

	DX													HOSPITAL DAY				
TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
Arterial Line	115	145	138	140	143	126	121	106	120	122	122	124	126	126	126	126	126	126
Cuff	63	74	69	70	70	60	61	64	62	65	65	64	66	66	66	66	66	66
Temperature	37.1	35.7	35.8	34.8	35.8	35.3	36.6	36.7	36.7	36.6	36.6	37.3	37.1	37.7	37.6	37.6	37.6	37.6
pH	117	124	107	106	115	112	110	107	107	101	102	104	104	104	104	104	104	104
Respiratory Rate	8	9	8	8	11	8	12	10	10	10	10	13	13	13	13	13	13	13
SAT	99	99	99	98	97	99	97	97	97	97	97	97	97	97	97	97	97	97
FiO2	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
MODE	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent

151151

1150
37
100
100

TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
NS	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
versed	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
M504	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Sodium	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
D5W	100	100				250	250	250	250	250	250	250	250	250	250	250	250	250

163

Lumbar	14	20	26	12	27	16	28	20	10	16	23	17	16	19	20			
--------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	--	--	--

TOTALS		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
URINE	HOURLY	270	270	170	170	150	180	170	170	200	170	170	200	200	200	200	200	200	200
	TOTAL	270	440	610	840	990	1170	1170	1170	1170	1170	1170	1170	1170	1170	1170	1170	1170	1170
	10 SP																		
NG	OUTPUT																		
	PH																		
	GUAC																		
MESIS																			
TOOL	01/05/0 mscf																		
URAINS																			
TOTALS																			

34
33
32
31
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28
27
26
25
24



(b)(6)-4

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Established 1965

DATE	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000
P/P	148/77	170/89	130/71	147/68	149/38	136/64	157/65	133/55	135/60	132/61	119/64	130/69	128/66	124/64	123/69	127/73	131/66
HR	143	147	129	122	130	135	131	130	131	132	120	118	120	116	117	126	126
RR	24	25	20	24	25	30	26	21	21	25	21	21	23	24	31	25	27
Temp	37'	36.7	37.4			99.2			101.5		99.3					99.6	
SAT	97	98	100	100	100	99	99	100	99	98	99	99	98	100	100	97	98
O2	35%	35%	45%	5L	2L	2L	2L	2L	2L	2L	2L	2L	1L	1L	1L		
MODE	vent	vent	EM vent	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	RA	RA
NaCl 3%	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
IUPB	250	100					50							100	200		
Jevity			30	40	40	40	40	40	40	40	40	40	40	40	40	60	60
NS					125	125	125	125	125	125	125	125	125	125	125	125	125
Residues																	
Foley	90/90	110/200	140/340	140/480	140/690	160/850	220/1090	170/1200	180/1380	180/1560	175/1635	125/1760	180/1940	200/2140	210/2350	200/2550	195/3475
JP		20/20				20/40					10/50						
Lumbar	25/25	25/50	10/60		10/70		30/110	30/130	44/174	24/198	19/27		10/227	15/242	19/261	21/282	21/309
Colostomy	Ø			Ø			Ø			Ø	changed out						

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.

EPW [redacted]
(5)(6)-4

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

(b)(6)-4

[Redacted]

Vitals 5

NURSING SERVICE PERSONNEL TIME SCHEDULE				DATES (Inclusive) OF PERIOD COVERED						
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.										
TITLE	LAST NAME	DUTY	DUTY TIME, CLASS TIME, OR OFF-DUTY STATUS							
			SUN.	MON.	TUE.	WED.	THURS.	FRI.	SAT.	
(b)(6) # [Redacted]	1st PRBC's	4824487								
1005	LL	"								
1010	LL	LL "								
1020	"	"								
<p>124 38.8 99 15.5 52</p> <p>(Promotion completed in OPA)</p>										
SIGNATURE OF HEAD NURSE				WARD						
INSTRUCTIONS										
List professional personnel first and then nonprofessional. In column under "title" enter title, e.g., Maj., Capt., Lt., Sgt., Pvt., Mr., Mrs., Miss. Entries for "Duty" and for "Off-Duty Status" will be symbol- ized as follows:			"Duty" symbols HN - Head nurse ASST. HN - Asst. head nurse GEN. DUTY - General duty CL. T - Clinical technician WM - Ward master			"Off-Duty Status" symbols DO - Day Off LV - Leave SK - Sick leave HT - Holiday time				

(b)(6) 2

DA FORM 3872, JUN 72

REPLACES DA FORM 8-93, 1 JAN 54, WHICH WILL BE USED.

USAPPC V1.00

[Redacted]

(b)(6)-4

MEDCOM - 14310

(b)(6)-4

(5)(c)-2

HOSPITAL VENTILATOR FLOW SHEET

total

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
21 July	12:20	SIMV	10	800	35	5	22	12	117	97	120/85							A/B TX	
21 July	14:30	SIMV	10	800	35	5	21	13	115	97	120/85							A/B TX	
21 July	11:30	SIMV	10	800	35	5	33	24	120	95	120/85							A/B TX	
21 July	7:15	SIMV	10	800	35	5	32	18	124	98	120/85							A/B TX	
21 July	20:00	SIMV	10	800	35	5	26	14	117	100	120/85							A/B TX	
21 July	21:30	SIMV	10	800	35	5	27	13	122	98	120/85							A/B TX	
22 July	00:30	SIMV	10	800	35	5	26	10	113	100	120/85							A/B TX	
22 July	01:59	SIMV	10	800	35	5	26	10	114	100	113/60							A/B TX	
22 July	02:57	SIMV	10	800	35	5	27	10	114	106	142/60	7.455	425	45	6	30	97	A/B TX, SpO2 92% when B5 clear	
22 July	06:41	SIMV	10	800	35	5	26	10	103	97	142/70							A/B TX	
22 July	07:54	SIMV	10	800	35	5	28	10	103	97	142/70							A/B TX	
22 July	10:00	SIMV	10	800	35	5	21	10	104	100	144/65							A/B TX	
22 July	1:20	SIMV	10	800	35	5	23	10	112	99	157/60							A/B TX	
22 July	10:00	SIMV	10	800	35	5	24	10	123	98	121/60							A/B TX	
22 July	17:25	SIMV	10	800	35	5	24	10	124	97	121/60							A/B TX	
22 July	20:10	SIMV	10	800	35	5	31	10	116	98	122/72							A/B TX, SX	
22 July	22:50	SIMV	10	800	35	5	20	10	111	99	121/77							A/B TX, SX	
22 July	02:16	SIMV	10	800	35	5	31	10	110	97	120/85							A/B TX, SX	
22 July	04:20	SIMV	10	800	35	5	29	10	121	99	121/67	7.555	384	130	9	31	97	A/B TX, SX	
22 July	06:20	SIMV	10	800	35	5	25	10	104	97	142/85							A/B TX, SX	
22 July	08:12	SIMV	10	800	35	5	24	10	101	98	116/82							A/B TX, SX	
22 July	12:00	SIMV	10	800	35	5	22	10	111	97	122/68							A/B TX, SX	
22 July	14:30	SIMV	10	800	35	5	21	10	124	100	121/72							A/B TX, SX	
22 July	16:00	SIMV	10	800	35	5	27	11	114	98	122/68							A/B TX, SX	
22 July	17:35	SIMV	10	800	35	5	33	14	106	98	122/68							A/B TX	
22 July	19:00	SIMV	10	800	35	5	37	16	119	98	141/100							A/B TX	
22 July	21:27	SIMV	10	800	35	5	30	18	121	98	131/70							A/B TX	
22 July	22:50	SIMV	10	800	35	5	28	10	113	99	121/77							A/B TX	
24 July	07:03	SIMV	8	800	35	5	22	10	104	100	121/77							A/B TX	
24 July	07:47	SIMV	8	800	35	5	34	12	113	100	121/74							A/B TX	
24 July	06:20	SIMV	8	800	35	5	24	12	110	97	123/62							A/B TX	
24 July	08:02	SIMV	8	800	35	5	28	8	116	94	120/62							A/B TX	
24 July	10:00	SIMV	8	800	35	5	30	10	106	98	110/62							A/B TX	
24 July	13:00	SIMV	8	800	35	5	30	10	101	96	116/65							A/B TX	
24 July	17:00	SIMV	8	800	35	5	22	10	113	99	121/77							A/B TX	
24 July	19:05	SIMV	8	800	35	5	22	10	113	99	121/77							A/B TX	

(5)(c) 2
Metric double

extubate pt placed on 12L PRB

(S)(2)-7

HOSPITAL VENTILATOR FLOW SHEET

Re # [redacted] (S)(6)-4
75cm H₂O
23cm H₂O lip

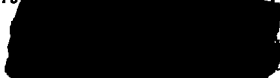
DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
18 Jul	0127	Simv	12	800	45	8	32	0	121	100	130/80							A16 fx	[redacted]
18 Jul	0132	Simv	12	800	40	8	31	1	121	100	125/60							A16 fx	[redacted]
18 Jul	0932	Simv	12	800	40	8	31	13	119	100	113/63							A16 fx	[redacted]
18 Jul	1230	Simv	12	800	40	8	40	12	114	100	124/48							A16 fx	[redacted]
18 Jul	1425	Simv	12	800	35	8	40	14	108	96	112/87							A16 fx	[redacted]
18 Jul	1657	Simv	12	800	35	8	40	12	125	99	111/61							A16 fx	[redacted]
18 Jul	1830	Simv	12	800	35	8	29	0	122	99	111/65							A16 fx	[redacted]
18 Jul	1955	Simv	12	800	35	8	29	0	114	100	131/70							A16 fx	[redacted]
18 Jul	2145	Simv	12	800	35	8	28	0	122	100	138/68							A16 fx	[redacted]
18 Jul	0030	Simv	12	800	35	8	29	0	122	100	138/68							A16 fx	[redacted]
18 Jul	0150	Simv	12	800	35	8	28	0	131	100	122/63							A16 fx	[redacted]
18 Jul	0357	Simv	12	800	35	8	38	0	120	100	140/72							A16 fx	[redacted]
18 Jul	0414	Simv	12	800	35	8	28	0	123	100	140/72							A16 fx	[redacted]
18 Jul	0540	Simv	14	800	30	8	28	0	123	100	140/72							A16 fx	[redacted]
18 Jul	0743	Simv	10	800	35	8	29	0	115	100	134/72							A16 fx	[redacted]
18 Jul	1000	Simv	10	800	100	8	34	14	116	99	140/10							A16 fx	[redacted]
18 Jul	1200	Simv	10	800	35	8	26	10	121	100	150/11							A16 fx	[redacted]
18 Jul	1500	Simv	10	800	35	8	27	13	113	97	130/8							A16 fx	[redacted]
18 Jul	1610	Simv	10	800	35	8	38	10	131	99	131/11							A16 fx	[redacted]
18 Jul	1820	Simv	10	800	35	8	21	10	131	99	131/11							A16 fx	[redacted]
18 Jul	2000	Simv	10	800	35	8	24	11	126	99	131/11							A16 fx	[redacted]
18 Jul	2200	Simv	10	800	35	8	20	12	122	100	130/11							A16 fx	[redacted]
20 Jul	0157	Simv	10	800	35	8	25	2	112	79	97/58							B5 Coarse	[redacted]
20 Jul	0406	Simv	10	800	35	8	26	0	111	100	101/54							A16 fx	[redacted]
20 Jul	0612	Simv	10	800	35	8	26	0	119	96	80/47							A16 fx	[redacted]
20 Jul	1405	Simv	10	800	35	8	31	0	109	98	105/44							A16 fx	[redacted]
20 Jul	1605	Simv	10	800	35	8	29	15	122	90	110/11							A16 fx	[redacted]
20 Jul	1825	Simv	10	800	35	8	35	10	119	99	115/15							A16 fx	[redacted]
20 Jul	2020	Simv	10	800	35	8	27	10	121	97	123/63							A16 fx	[redacted]
20 Jul	2200	Simv	10	800	35	8	25	10	123	97	121/12							A16 fx	[redacted]
21 Jul	0217	Simv	10	800	35	8	24	0	111	97	97/59							A16 fx	[redacted]
21 Jul	0333	Simv	10	800	35	8	25	0	106	99	100/55							A16 fx	[redacted]
21 Jul	0621	Simv	10	800	35	8	21	0	114	100	132/77							A16 fx	[redacted]
21 Jul	0759	Simv	10	800	35	8	21	0	108	96	101/53							A16 fx	[redacted]

Dr. D'000



(S)(6)-2
MEDCOM - 14312

6. PATIENT PROBLEMS AND NEEDS	PATIENT GOALS AND EXPECTED OUTCOMES	OR NURSING INTERVENTIONS
D. CIRCULATION <input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to: <input checked="" type="checkbox"/> 1) <u>Intraoperative Mobility</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input checked="" type="checkbox"/> 3) <u>Existing Disease</u> <input checked="" type="checkbox"/> 4) <u>Safety Devices</u> <input checked="" type="checkbox"/> 5) <u>Hypothermia</u>	<input checked="" type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	<input checked="" type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors. <input checked="" type="checkbox"/> Check that safety straps are correctly applied. <input checked="" type="checkbox"/> Offer pillow for under knees. <input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion. <input checked="" type="checkbox"/> Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to: <input checked="" type="checkbox"/> 1) <u>Pain</u> <input checked="" type="checkbox"/> 2) <u>Intraoperative Hazards</u> <input type="checkbox"/> 3) <u>Prosthesis</u> <input checked="" type="checkbox"/> 4) <u>Positioning</u> <input checked="" type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u> E.2. <input checked="" type="checkbox"/> Potential discomfort due to: <input checked="" type="checkbox"/> 1) <u>Length of Surgery</u> <input checked="" type="checkbox"/> 2) <u>Positioning</u> <input type="checkbox"/> 3) <u>Arthritis</u>	<input checked="" type="checkbox"/> Pt. will be transferred to OR table without difficulty. <input checked="" type="checkbox"/> Pt. will not experience unnecessary physical discomfort.	<input checked="" type="checkbox"/> Have sufficient people available for transfer. <input checked="" type="checkbox"/> Insure proper body alignment. <input checked="" type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery. <input checked="" type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being: <input checked="" type="checkbox"/> 1) <u>Pre-Medicated</u> <input type="checkbox"/> 2) <u>W/O Glasses</u> F.2. <input checked="" type="checkbox"/> Potential for decreased communication due to: <input type="checkbox"/> 1) <u>Diminished Hearing</u> <input checked="" type="checkbox"/> 2) <u>Language Barrier - Arabic</u> F.3. <input type="checkbox"/> Potential injury due to dentures: <input type="checkbox"/> 1) <u>Upper</u> <input type="checkbox"/> 4) <u>Caps</u> <input type="checkbox"/> 2) <u>Lower</u> <input type="checkbox"/> 5) <u>Crowns</u> <input type="checkbox"/> 3) <u>Bridges</u>	<input checked="" type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction. <input checked="" type="checkbox"/> Pt. will be transferred safely to OR table. <input checked="" type="checkbox"/> Pt. will be able to understand instructions. <input checked="" type="checkbox"/> Minimize danger of injury during intraop period.	<input checked="" type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening. <input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary. <input checked="" type="checkbox"/> Speak clearly and slowly. <input checked="" type="checkbox"/> Address pt. from _____ side <input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communication. <input checked="" type="checkbox"/> Verify removal of dentures.
G OTHER PATIENT PROBLEMS/NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

 (5)(6)-2 13 Jul 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT:
 LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated (Y) (N)
 LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities (Y) (N)
 Transferred to litter with roller due to spinal (5)(6)-2

12. PREOPERATIVE EVALUATION PREPARED BY  13. POSTOPERATIVE EVALUATION PREPARED BY 
 (Signature and Title) BY (Signature and Title)
 DATE: 13 Jul 03 TIME: 1200 DATE: 13 Jul 03 TIME: 1306

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: _____
 HEIGHT: UNK
 WEIGHT: _____

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication)
 NKDA PCN LATEX IODINE TAPE FOOD
 REACTION: NKDA listed on chart - due to language barrier

3. PREVIOUS SURGERY NO YES (type): unable to ask pt
See HOP

4. PROPOSED SURGICAL PROCEDURE:
Closure of TCA

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition History unknown
 Tobacco ppd X yrs. Body Piercing _____ Diabetes (Y) (N) _____ ROM _____ ASA/Motrin w/72 hrs (Y) (N) _____
 ETOH _____ Implants _____ Respiratory Disease (Asthma/COPD) (Y) (N) _____ Anticoagulants (Y) (N) _____
 Glasses/Contact (Y) (N) _____ Dentures _____ Hypertension (Y) (N) _____ Herbal Medicines (Y) (N) _____ MEDS: _____

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>A. PSYCHOSOCIAL <u>Potential for anxiety related to:</u> <u>1) Surgical Procedure & Operating Room Environment</u> <u>2) Separation Anxiety</u> <u>(Child) U</u> <u>3) Surgical Outcomes</u></p>	<p><input checked="" type="checkbox"/> Pt. verbalizes any specific anxiety. <input checked="" type="checkbox"/> Pt. Exhibits relaxed body posture.</p>	<p><input checked="" type="checkbox"/> Allow pt. to verbalize freely. <input checked="" type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input checked="" type="checkbox"/> Offer comfort measures. (e.g., warm blanket, touch). <input checked="" type="checkbox"/> Explain all nursing procedures before they are done. <input checked="" type="checkbox"/> Remain with pt. whenever possible. <input checked="" type="checkbox"/> Maintain family interface. Parents to stay with pt.</p>
<p>B. AERATION <u>Potential for respiratory dysfunction due to:</u> <u>1) Positioning</u> <u>2) Effects of Anesthesia</u> <u>3) Medical/Smoking History</u></p>	<p><input checked="" type="checkbox"/> Pt. will be able to breathe without difficulty during immediate intraoperative phase.</p>	<p><input checked="" type="checkbox"/> Offer to elevate head of litter or offer pillow. <input checked="" type="checkbox"/> Observe pt. while awaiting surgery for signs of distress. <input checked="" type="checkbox"/> Assist anesthesia during intubation and extubation.</p>
<p>C. INTEGUMENT <u>Potential impairment of skin integrity due to:</u> <u>1) Intraoperative Immobility</u> <u>2) ESU Pad Placement</u> <u>3) Positional Aids</u> <u>4) Prosthesis U</u> <u>5) Pooling of Prep Solutions</u></p>	<p><input checked="" type="checkbox"/> Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).</p>	<p><input checked="" type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input checked="" type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input checked="" type="checkbox"/> Pad pressure points. <input checked="" type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input checked="" type="checkbox"/> Keep prep fluids from pooling.</p>

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

EPW # [redacted]
 (6)(6-4)

VERIFICATIONS AT HOLDING AREA:

- Allergy Band
- Dentures Removed
- H & P
- Contacts Removed
- PO Since
- Jewelry Removed
- HCG/LMP
- Body Pierce Removed
- Consent/Blood Transfusion
- Signed/Witnessed/Dated
- Surgical Site/Consent verified by
- Anesthesia/Surgeon
- Contact Precautions (Y) (N) (N)
- Family/Friend: None

6. PATIENT PROBLEMS AND NEEDS	PATIENT GOALS AND EXPECTED OUTCOMES	OR NURSING INTERVENTIONS
<p>D. CIRCULATION: Potential for inadequate tissue perfusion due to:</p> <p><input type="checkbox"/> 1) <u>Intraoperative Mobility</u></p> <p><input type="checkbox"/> 2) <u>Positioning</u></p> <p><input type="checkbox"/> 3) <u>Existing Disease</u></p> <p><input type="checkbox"/> 4) <u>Safety Devices</u></p> <p><input type="checkbox"/> 5) <u>Hypothermia</u></p>	<p><input checked="" type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p><input checked="" type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors.</p> <p><input checked="" type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input checked="" type="checkbox"/> Offer pillow for under knees. (b)(6)-2</p> <p><input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input checked="" type="checkbox"/> Check that rings and all body piercing has been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to:</p> <p><input type="checkbox"/> 1) <u>Pain</u></p> <p><input type="checkbox"/> 2) <u>Intraoperative Hazards</u></p> <p><input type="checkbox"/> 3) <u>Prosthesis</u></p> <p><input type="checkbox"/> 4) <u>Positioning</u></p> <p><input type="checkbox"/> 5) <u>Transfer pt. to/from OR table</u></p> <p>E.2. <input type="checkbox"/> Potential discomfort due to:</p> <p><input type="checkbox"/> 1) <u>Length of Surgery</u></p> <p><input type="checkbox"/> 2) <u>Positioning</u></p> <p><input type="checkbox"/> 3) <u>Arthritis</u></p>	<p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input checked="" type="checkbox"/> Insure proper body alignment.</p> <p><input checked="" type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.</p>
<p>F. SPECIAL SENSES</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being:</p> <p><input type="checkbox"/> 1) <u>Pre-Medicated</u></p> <p><input type="checkbox"/> 2) <u>W/O Glasses</u></p> <p>F.2. <input type="checkbox"/> Potential for decreased communication due to:</p> <p><input type="checkbox"/> 1) <u>Diminished Hearing</u></p> <p><input type="checkbox"/> 2) <u>Language Barrier</u></p> <p>F.3. <input type="checkbox"/> Potential injury due to dentures:</p> <p><input type="checkbox"/> 1) <u>Upper</u> 4) <u>Caps</u></p> <p><input type="checkbox"/> 2) <u>Lower</u> 5) <u>Crowns</u></p> <p><input type="checkbox"/> 3) <u>Bridges</u></p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input checked="" type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input checked="" type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input checked="" type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p><input checked="" type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input checked="" type="checkbox"/> Speak clearly and slowly.</p> <p><input type="checkbox"/> Address pt. from <u>stable</u> side.</p> <p><input checked="" type="checkbox"/> Validate pt.'s understanding of verbal communication.</p> <p><input checked="" type="checkbox"/> Verify removal of dentures.</p>
<p>G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS Or continuation of above interventions</p>

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT: (Y)(N)

LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated BREATHING EASY: (Y)(N) vent

LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities

Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION BY: [Signature] 13. POSTOPERATIVE EVALUATION BY: [Signature]

DATE: 24 Jul 03 TIME: 1540 (b)(6)-2 DATE: 24 Jul 03 TIME: 1705 (b)(6)-2

MEDICAL RECORD

INTRAOPER. DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: LITER BY: AMS

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: ILT

3. DATE: 13 Jul 03 TIME PATIENT ARRIVED IN SUITE: 1200

4. PATIENT IN ROOM TIME: 1200 NUMBER: (S)(G)-2

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Emergency case s/p GSW

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PFC</u> [redacted] <u>91D</u>	RELIEF SCRUB	[redacted]
	<u>Sgt</u> [redacted] <u>91D</u>		<u>(S)(G)-2</u>
ASSIGNED CIRCULATOR	<u>CPT</u> [redacted] <u>66E</u>	RELIEF CIRCULATOR	<u>ILT</u> [redacted] <u>66E</u>
	<u>(S)(G)-2</u>		

7. POSITION AND POSITIONAL AIDS (Specify)

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

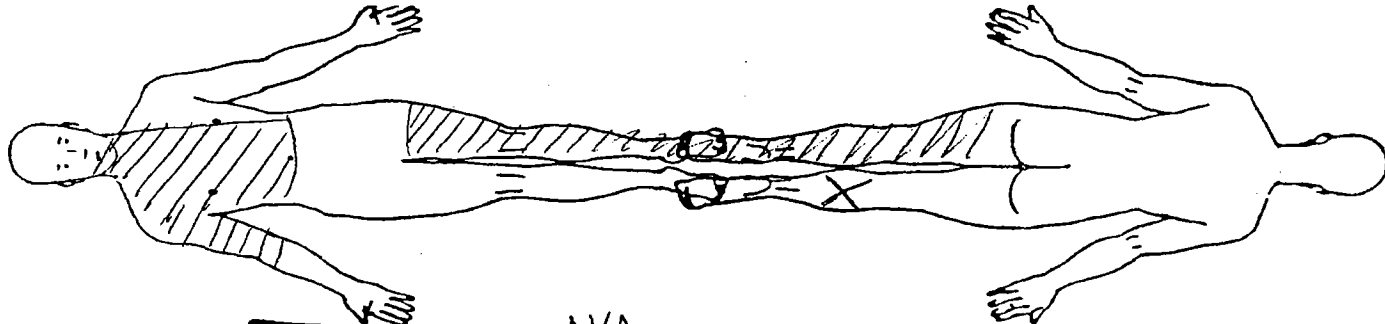
COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL: YES NO Dr. Nessen
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR left leg x Right leg
 CLIP

PREP SOLUTION (Specify) Betadine / Betadine
 SITE: Left leg BY WHOM: ILT
Neck, chest, upper abdomen BY WHOM: CPT
 COMMENTS: No nicks or cuts noted No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad --- Safety Strap === Tourniquet (shaded circle) prep

Initial: PFC [redacted] CPT [redacted] (S)(G)-2 = Correct I = Incorrect

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

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;):
EPW [redacted] (S)(G)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
cut SD ↓ 30
 ESU NO: 000450 coag SD ↓ 30
 GROUND PAD: BRAND VL REM Polyhesive II
 LOT NO: 65706 Exp 2004-11
 ESU NO: _____
 GROUND PAD: BRAND _____
 LOT NO: _____
 BIPOLAR NO: _____

MEDCOM - 14316

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 type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS. SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	
/						

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NaCl - Q.S

OTHER ORDERS	TIME	CARRIED OUT BY
/		

PHYSICIAN'S SIGNATURE: [Redacted] (5)(6)-2

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION (Specify)
 Neck, chest & ABD: 4x8 and Tape

17. TUBES, DRAINS/PACKING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. 5/8" Penrose	2. / 3. /
SITE	1. left knee	2. / 3. /

19. ADDITIONAL INFORMATION

Surgeon: Dr [Redacted] Dr [Redacted]
 Anesthesia: MAS [Redacted] (5)(6)-2
 Pt. arrived in OR - Chest tube. Foley cath.
 DAS 179 Initiated

20. OPERATION(S) PERFORMED
 Right neck exploration

21. PATIENT TRANSFERRED TO ICU TIME 1305 METHOD LITTER E02

22. REGISTERED NURSE SIGNATURE [Redacted] /AN

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: <u>litter</u> BY: <u>Anesthesia</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: <u>[Redacted]</u> <u>MAJ AN</u> <u>Previous ST 19 on chest</u> <u>Change</u>	
3. DATE: <u>14 Jul 03</u> TIME PATIENT ARRIVED IN SUITE: <u>1724</u>		4. PATIENT IN ROOM: _____ TIME: <u>1724</u> NUMBER: _____	

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB: <u>DFC [Redacted]</u> <u>(5)(6)-2</u>	RELIEF SCRUB: _____
ASSIGNED CIRCULATOR: <u>ILT [Redacted]</u>	RELIEF CIRCULATOR: <u>MAJ [Redacted] (1900-80)</u> <u>(5)(6)-2</u>

7. POSITION AND POSITIONAL AIDS (Specify) pt. supine on padded OR table. BLUE on padded arm-boards < 90°.

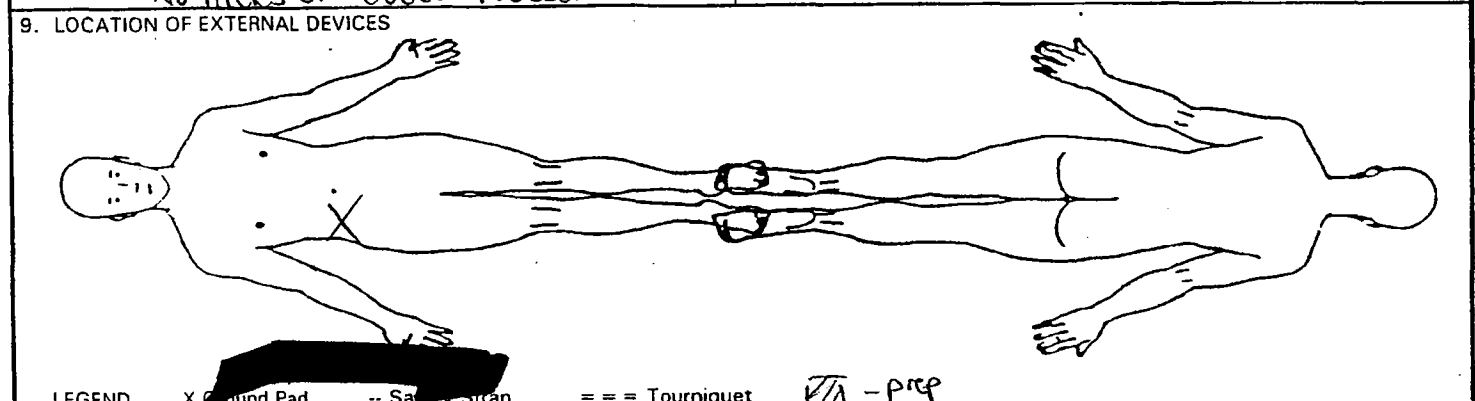
SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP

COMMENTS: Normal anatomic body alignment maintained.

8. SKIN PREPARATION

HAIR REMOVAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Left groin</u>	PREP SOLUTION (Specify) <u>Betadine/Betadine</u>
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT	SITE: _____ BY WHOM: _____
METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR	SITE: _____ BY WHOM: _____
<input type="checkbox"/> CLIP	COMMENTS: _____

COMMENTS: No nicks or cuts noted



10. COUNTS

Initial: PFC ILT	C = Correct I = Incorrect	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
<u>[Redacted] (5)(6)</u>					<u>[Redacted] (5)(6)-2</u>	<u>[Redacted]</u>
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>E</u>	<u>E</u>		
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

[Redacted]
(5)(6)-9

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

ESU NO: 000450 cut 30
coag 30

GROUND PAD: _____ BRAND VL REM Poly-Hexic II LOT NO: _____

ESU NO: _____ BRAND _____ LOT NO: _____

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS. SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	
NaCl + Heparin 1u/cc lot 833244 Exp 02/05	Q.S.	intra-op	flush	(b)(6) American Pharm	DR. (b)(6)	
				(b)(6)	(b)(6)-2	

WOUND IRRIGATION YES NO. TYPE(S):
0.9% NaCl - Q.S.

OTHER ORDERS	TIME	CARRIED OUT BY
None		
(b)(6)-2		

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

15. X-RAY IN OPERATING ROOM YES NO IF YES, SITE
C-Arm Left leg

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 NO

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

18. DRESSING/IMMOBILIZATION (Specify)
all wrap
drlux
pluffs

19. ADDITIONAL INFORMATION
Surgeon: Dr. (b)(6), Dr. (b)(6), Dr. (b)(6)
Anesthesia: MAJ (b)(6) (b)(6)-2
DAS 179 in chart

20. OPERATION(S) PERFORMED
Left leg fasciotomy, Left leg arteriogram
Saphenous vein harvest, Right leg, Left leg vein graft

21. PATIENT TRANSFERRED TO ICU TIME METHOD LITEE 02
REGISTERED NURSE SIGNATURE (b)(6) (b)(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Gurney BY Anesth

2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY LTC [redacted] (5)(6)-2

3. DATE 14 Jul 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>Spc [redacted]</u> (5)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>LTC [redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR

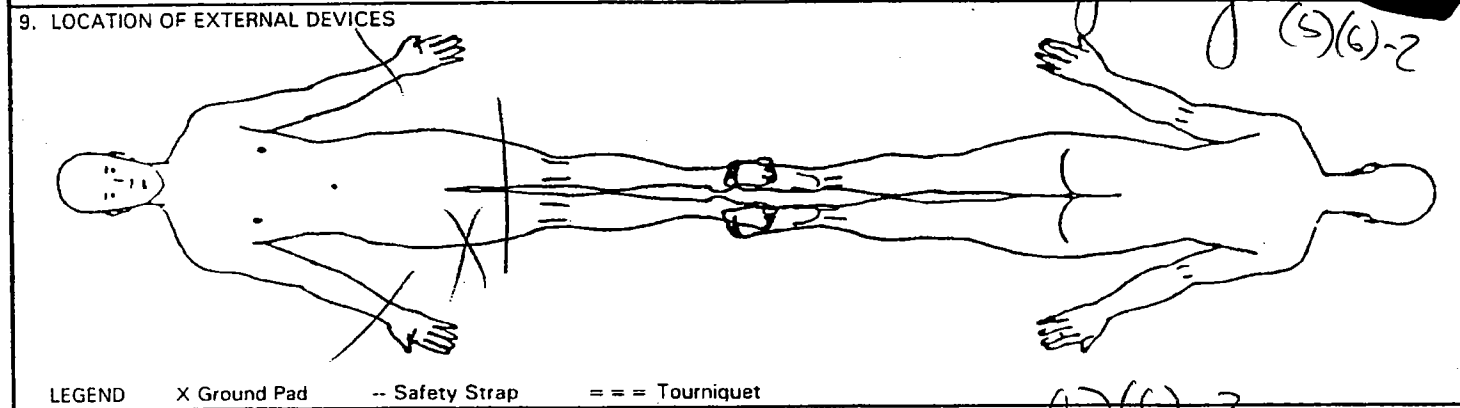
CLIP

PREP SOLUTION (Specify) Betadine soap/sof

SITE: Lt. leg BY WHOM: [redacted]

SITE: BY WHOM: [redacted]

COMMENTS: No pooling



10. COUNTS

		Initial Other	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓			<u>Spc [redacted]</u>	<u>LTC [redacted]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓				
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/	/
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	/	/	/	/	/

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

[redacted] (5)(6)-4

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

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

cur: 30 coag: 30

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	
Conray + Heparinized NaCl	gs	intraop	contrast M		Dr. [REDACTED] (5)(6)-2	

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NaCl- Heparinized NaCl- 1:1000

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE
 YES NO C-arm Lt. leg

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

18. DRESSING/IMMOBILIZATION (Specify) Lt. leg
 DSD Lt. leg

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

19. ADDITIONAL INFORMATION
 Anesth: Maj. [REDACTED] CRNA
 (5)(6)-2

20. OPERATION(S) PERFORMED

21. PATIENT TRANSFERRED TO
 (5)(6)-2 / ICU TIME 0220 2320 METHOD via Gurney

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>Anesthesia</u>	2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT [redacted] (b)(6)-2</u>
3. DATE: <u>15 July 83</u> TIME PATIENT ARRIVED IN SUITE: <u>1425</u>	4. PATIENT IN ROOM TIME <u>1425</u> NUMBER <u>1-1</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB <u>Pfc [redacted] (b)(6)-2</u>	RELIEF SCRUB
ASSIGNED CIRCULATOR <u>CPT [redacted]</u> <u>CPT [redacted]</u>	RELIEF CIRCULATOR

7. POSITION AND POSITIONAL AIDS (Specify)

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

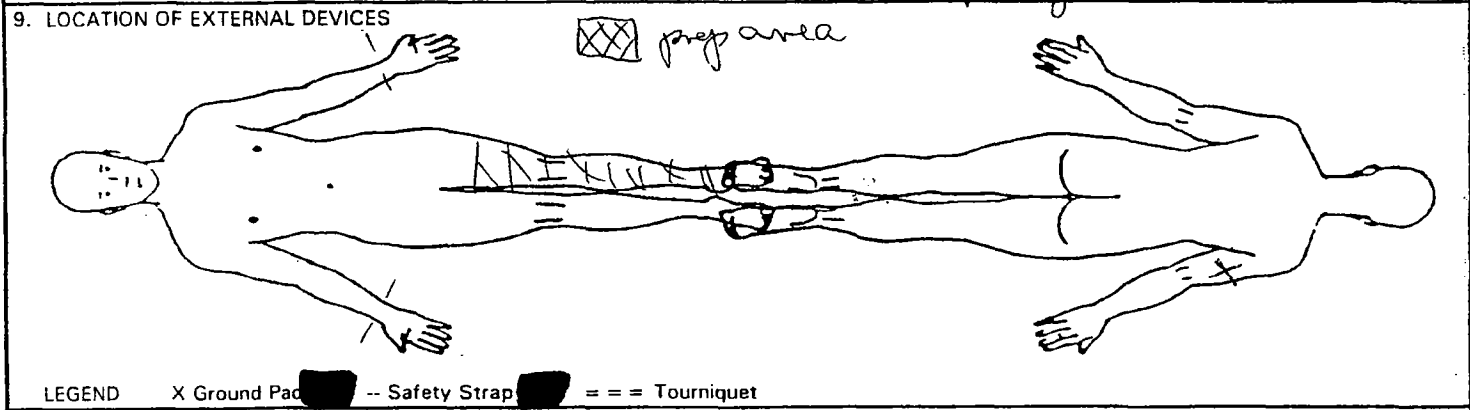
COMMENTS: proper body alignment maintained

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Beta 1 Beta (b)(6)-2
 SITE: Leg BY WHOM: [redacted]
 SITE: BY WHOM: [redacted]

COMMENTS: no pooling or skin reaction noted



10. COUNTS

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

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

[redacted] (b)(6)-4

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

ESU NO: Valleylab Ford 2 #4
 GROUND PAD: BRAND VL Rem Polyhesive II
 LOT NO: _____

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

BIPOLAR NO: _____

MEDCOM - 14322

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS TIME CARRIED OUT BY

none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	16 F FLC		
SITE	Bladder		

18. DRESSING/IMMOBILIZATION (Specify)
 Temp
 Kept
 away

19. ADDITIONAL INFORMATION

Surgeon: [REDACTED] (b)(6)-2
 Anesthesia: [REDACTED] (b)(6)-2

ILT [REDACTED] (1 FST person) - see previous DA 5179 for pre-op assessment + Nvsj. Dt -> no d's
 - FLC in place prior to arrival to OR draining dark colored urine

20. OPERATION(S) PERFORMED
 (L) BKA

21. PATIENT TRANSFERRED TO TIME SEE METHOD
 ICU-1 DA 7389 Litter

22. REGISTERED NURSE SIGNATURE
 [REDACTED] (b)(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA LTTR BY Anesthesia
 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY LT [REDACTED]
 3. DATE 17 Jul 03 TIME PATIENT ARRIVED IN SUITE 1115
 4. PATIENT IN ROOM (5)(6)-7 TIME 1115 NUMBER

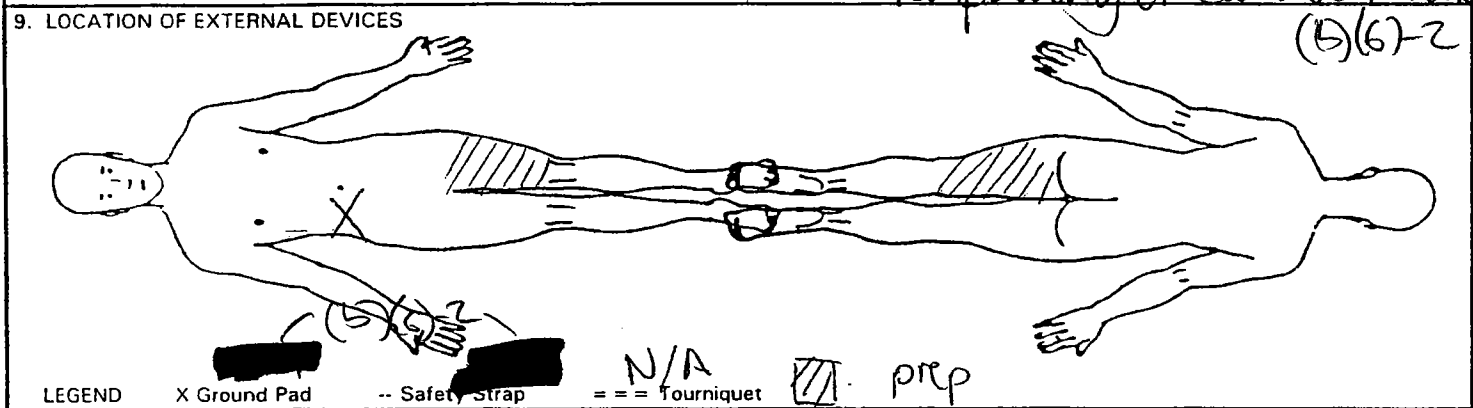
5. PREOPERATIVE EMOTIONAL STATUS
 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)
 COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SSG [REDACTED] 910</u>	RELIEF SCRUB	<u>SSG [REDACTED] (1st Bst) (1200-)</u>
ASSIGNED CIRCULATOR	<u>LT [REDACTED] 106E</u>	RELIEF CIRCULATOR	<u>CPT [REDACTED] (1200-1230)</u>

7. POSITION AND POSITIONAL AIDS (Specify) Pt. supine on padded OR table. BUE on padded arm boards < 90°
 SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP
 COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION
 HAIR REMOVAL YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILATORY RAZOR CLIP
 PREP SOLUTION (Specify) Betadine/Betadine
 SITE: Lumbar spine BY WHOM: LT [REDACTED]
 SITE: LLE BY WHOM: [REDACTED]
 COMMENTS: No adding of advise/foam



10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>[REDACTED]</u>	<u>CPT [REDACTED]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

[REDACTED] (5)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO
 ESU NO: #4 Cut 30
 GROUND PAD: BRAND VL REM PolyHeal II LOT NO: 45706 Exp 2004-11
 ESU NO: _____
 GROUND PAD: BRAND _____ LOT NO: _____
 BIPOLAR NO: _____

MEDCOM - 14324

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 type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
/					

WOUND IRRIGATION YES NO, TYPE(S):
 0.9% NaCl. Q.S

OTHER ORDERS	TIME	CARRIED OUT BY
/		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

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)
 Fluffs
 Kerlix
 ACE

19. ADDITIONAL INFORMATION
 Surgeon: Dr. [REDACTED] Dr. [REDACTED] (b)(6)-2
 Anesthesia: LTC [REDACTED]
 DAS 179 in Chart

20. OPERATION(S) PERFORMED
 (5) BKA washout, Lumbar drain placement

21. PATIENT TRANSFERRED TO ICU I TIME METHOD LITTER 2 OZ

22. REGISTERED NURSE SIGNATURE [REDACTED]

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>gitter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>CPT [redacted] (b)(6)-2</u>	
3. DATE <u>19 July 03</u> TIME PATIENT ARRIVED IN SUITE <u>0815</u>		4. PATIENT IN ROOM TIME <u>0815</u> NUMBER <u>12</u>	

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PJC [redacted] (b)(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

proper body alignment maintained

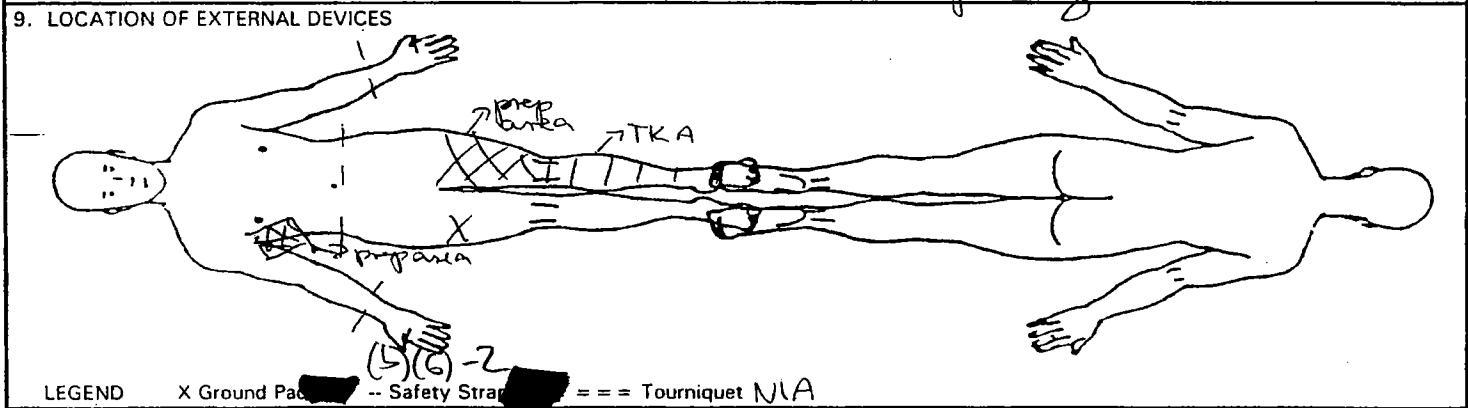
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL: YES NO
 DONE BY: OR NURSING UNIT
 METHOD: DEPILOYATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta/Beta (b)(6)-2
 SITE: Thigh BY WHOM: [redacted]
 SITE: axilla area BY WHOM: [redacted]

COMMENTS: no pooling or skin reaction noted



10. COUNTS

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

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

[redacted] (b)(6)-4
ICU-1

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

ESU NO: VL Force 2 #4
 GROUND PAD: BRAND VL Rem Polyhesive II
 LOT NO: 68936 2005-03

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

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

WOUND IRRIGATION YES NO, TYPE(S):
NaCl, Dakin's solution on Fluffs for wound drsg.

OTHER ORDERS	TIME	CARRIED OUT BY
<i>none</i>		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. <i>16F FK</i>	2. <i> </i>
SITE	1. <i>Bladder</i>	2. <i> </i>

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs ABD
Kerlix
Acewrap
4x4, tape

19. ADDITIONAL INFORMATION
Surgeon: [REDACTED]
Anesthesia: [REDACTED] (b)(6)-2
- FLC in place prior to arrival to OR
- DAS179 on chart, & A's:

20. OPERATION(S) PERFORMED
Bronchoscopy
I+D @ TKA, wound close @ axillary wound

21. PATIENT TRANSFERRED TO *ICU-1* TIME *2:47:38* METHOD *Litter*

22. REGISTERED NURSE SIGNATURE *[REDACTED]*

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-66, the procedure agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>MAJ [redacted]</u>	
3. DATE <u>20 Jul 03</u>		4. PATIENT IN ROOM TIME <u>1130</u> (b)(6)-2 NUMBER <u>1-3</u>	
5. PREOPERATIVE EMOTIONAL STATUS			
<input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify) <u>Intubated</u>			
COMMENTS: Allergies:			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>PFC [redacted], ORT</u>	RELIEF SCRUB	<u>SSG [redacted] (1150-</u>
ASSIGNED CIRCULATOR	<u>MAJ [redacted], AN</u>	RELIEF CIRCULATOR	<u>CPT [redacted] 1150-1205 - AN</u> <u>CPT [redacted] (1205-</u>
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pt. transferred to OR table, anatomically aligned for surgical procedure & padding under head. (b) arms on padded arm boards less 90°</u>			
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS:			
8. SKIN PREPARATION			
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DONE BY: <input checked="" type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		PREP SOLUTION (Specify) <u>Beta/Beta</u> (b)(6)-2 SITE: <u>Abd</u> BY WHOM: <u>MAJ [redacted]</u> BY WHOM: <u>XXX Sec #9</u>	
COMMENTS: <u>Ø nicks or cuts noted</u>		COMMENTS: <u>Ø pooling of solution noted</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad Safety Strap Tourniquet			
10. COUNTS			
(b)(6) (b)(7)(C) Correct I = Incorrect initial: <u>MAJ [redacted]</u>			
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Instrument	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		SCRUB	<u>(b)(6)-2</u> CIRCULATOR
		<u>SSG [redacted]</u>	<u>CPT [redacted]</u>
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)			
<u>EPW # [redacted]</u>			
<u>(b)(6)-7</u>			
12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>30/30</u>			
<input checked="" type="checkbox"/> ESU NO: <u>#4</u>			
GROUND PAD:		BRAND <u>Valley lab REM POLYHESIVE II</u>	
		LOT NO: <u>68936 Lot # 2006-03</u>	
<input type="checkbox"/> ESU NO: _____			
GROUND PAD:		BRAND _____	
		LOT NO: _____	
<input type="checkbox"/> BIPOLAR NO: _____			

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


14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY



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

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

16. LABORATORY SPECIMENS

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


17. TUBES, DRAINS/PACKING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				18. DRESSING/IMMOBILIZATION (Specify) <i>4x8 Tape +BD</i>
TYPE/SIZE	1.	2.	3.	
SITE	1.	2.	3.	

19. ADDITIONAL INFORMATION
 WC Surgeons  Anesthesia  Anesthesia Type: *General*
(b)(6)-2

Bovie Pad site intact pre-op yes; post-op yes Bovie Settings: Coag/Cut *30/20*

20. OPERATION(S) PERFORMED
*Exploratory Laparotomy
 lysis of Adhesions, Suture Retention*

21. PATIENT TRANSFERRED TO *ICU* TIME *1310* METHOD *1 liter O2*

22. REGISTERED NURSE SIGNATURE  *CPA/AL*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: *ambulance* BY: *Anesthesia* 2. PATIENT IDENTIFIED AND PROCEDURE REVIEWED AND PROCEDURE VERIFIED BY: *[Redacted]* CPT/A *[Redacted]* CPT

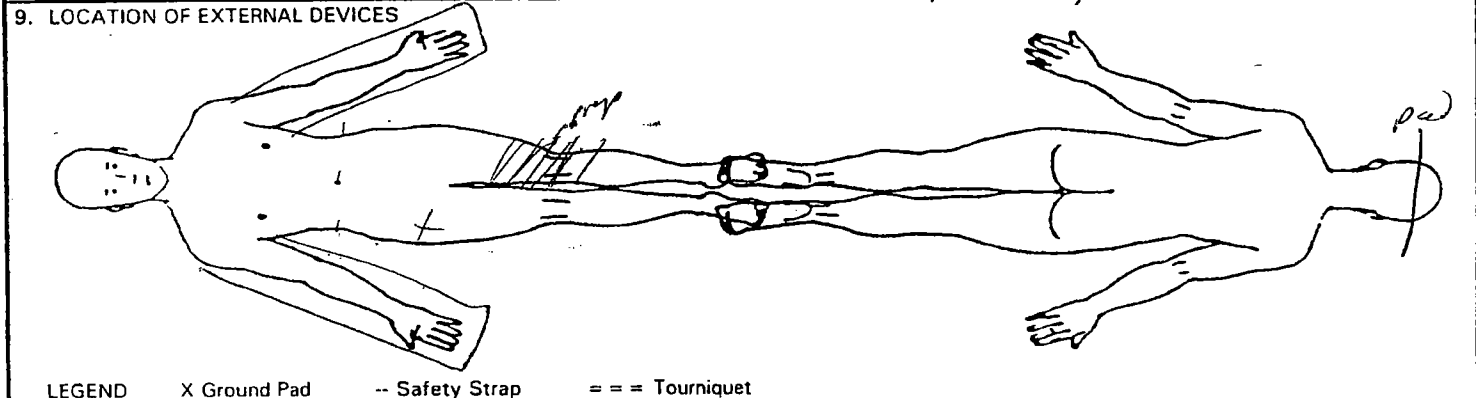
3. DATE: *24 Jul 03* TIME PATIENT ARRIVED IN SUITE: *1525* 4. PATIENT ROOM NUMBER: *1-4* TIME: *1525*

5. PREOPERATIVE EMOTIONAL STATUS
 CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify) *Intubated*
COMMENTS: *(b)(6)-2*

6. NURSING PERSONNEL
ASSIGNED SCRUB: *SPC [Redacted]* RELIEF SCRUB: *(b)(6)-2*
ASSIGNED CIRCULATOR: *CPT [Redacted]* RELIEF CIRCULATOR: *(b)(6)-2*

7. POSITION AND POSITIONAL AIDS (Specify) *PT transferred to OR table, anatomically aligned for surgical procedure w towel padding under head (R) arms at padded arm board less 2nd*
 SUPINE LITHOTOMY PRONE KRASKE LATERAL: LEFT SIDE UP RIGHT SIDE UP
COMMENTS:

8. SKIN PREPARATION
HAIR REMOVAL: YES NO
DONE BY: OR NURSING UNIT
METHOD: DEPLATORY RAZOR CLIP
PREP SOLUTION (Specify) *Beta/Beta*
SITE: *(L) Stump* BY WHOM: *[Redacted]*
SITE: *see #3* BY WHOM: *(b)(6)-2*
COMMENTS: *pooling of solution noted*



10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Needle Sharp	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)
ETW # [Redacted]
(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) YES NO *30/30*
 ESU NO: *#4*
GROUND PAD: BRAND *Valley lab* LOT NO: *68736 Exp 2005 02*
 ESU NO: _____
GROUND PAD: BRAND _____ LOT NO: _____
 BIPOLAR NO: _____

MEDCOM - 14330

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


14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY


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

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

16. LABORATORY SPECIMENS


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

17. TUBES, DRAINS/PACKING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			18. DRESSING/IMMOBILIZATION (Specify)
TYPE/SIZE	1.	2.	
SITE	1.	2.	

19. ADDITIONAL INFORMATION
Surgeon

Anesthesia
(b)(6)-2

20. OPERATION(S) PERFORMED
Closure of (L) TRA + I + O (L) TRA

21. PATIENT TRANSFERRED TO *ICU-1* TIME *1705* METHOD *1st floor E07*

22. REGISTERED  *CP7/A*

MEDICAL RECORD

VITAL SIGNS RECORD


HOSPITAL DAY													
POST-	DAY												
MONTH-YEAR	DAY	30 sep	1 oct	02	03	2 oct	04	3 oct	05	4 oct	06	5 oct	6
19	HOUR	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800
PULSE (O)	TEMP. F	80	80	80	80	80	80	80	80	80	80	80	80
	TEMP. C	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°	27.2°
180	104°												
170	103°												
160	102°												
150	101°												
140	100°												
130	99°												
120	98°												
110	97°												
100	96°												
90	95°												
80													
70													
60													
50													
40													

Centigrade Equivalents, for Reference only

RESPIRATION RECORD													
BLOOD PRESSURE													
	105/59	109/57	100/70	100/70	100/70	100/70	100/70	100/70	100/70	100/70	100/70	100/70	100/70
HEIGHT:	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"	5'11"
WEIGHT →	177	177	177	177	177	177	177	177	177	177	177	177	177
	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA

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.

STANDARD FORM 511 (REV. 7-95) BACK


(5)(6)4

MEDCOM - 14332

MEDICAL RECORD		VITAL SIGNS RECORD									
HOSPITAL DAY											
POST-MONTH-YEAR	DAY	DATE									
19		25	26	27	28	29	30	1	2	3	4
	HOUR	8	1	11	11	10	10	1	1	1	1
PULSE (O)	TEMP. F	98	98	98	98	98	98	98	98	98	98
	105°										
180	104°										
170	103°										
160	102°										
150	101°										
140	100°										
130	99°										
120	98.6°										
110	98°										
100	97°										
90	96°										
80	95°										
70											
60											
50											
40											
RESPIRATION RECORD		8	8	114/81	121/78	8	8	113/75			
BLOOD PRESSURE		117/73	112/76	114/81	130	110/72	117/79	108/68	101/58	115/76	
HEIGHT:		5'2 1/2"	5'7"	5'7"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	
WEIGHT →		171 (lb)	171 (lb)	171 (lb)	171 (lb)	171 (lb)	171 (lb)	171 (lb)	171 (lb)	171 (lb)	
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.			

(Centigrade Equivalents, for Reference only)

[redacted]
(5)(6)-4

VITAL SIGNS RECORDS

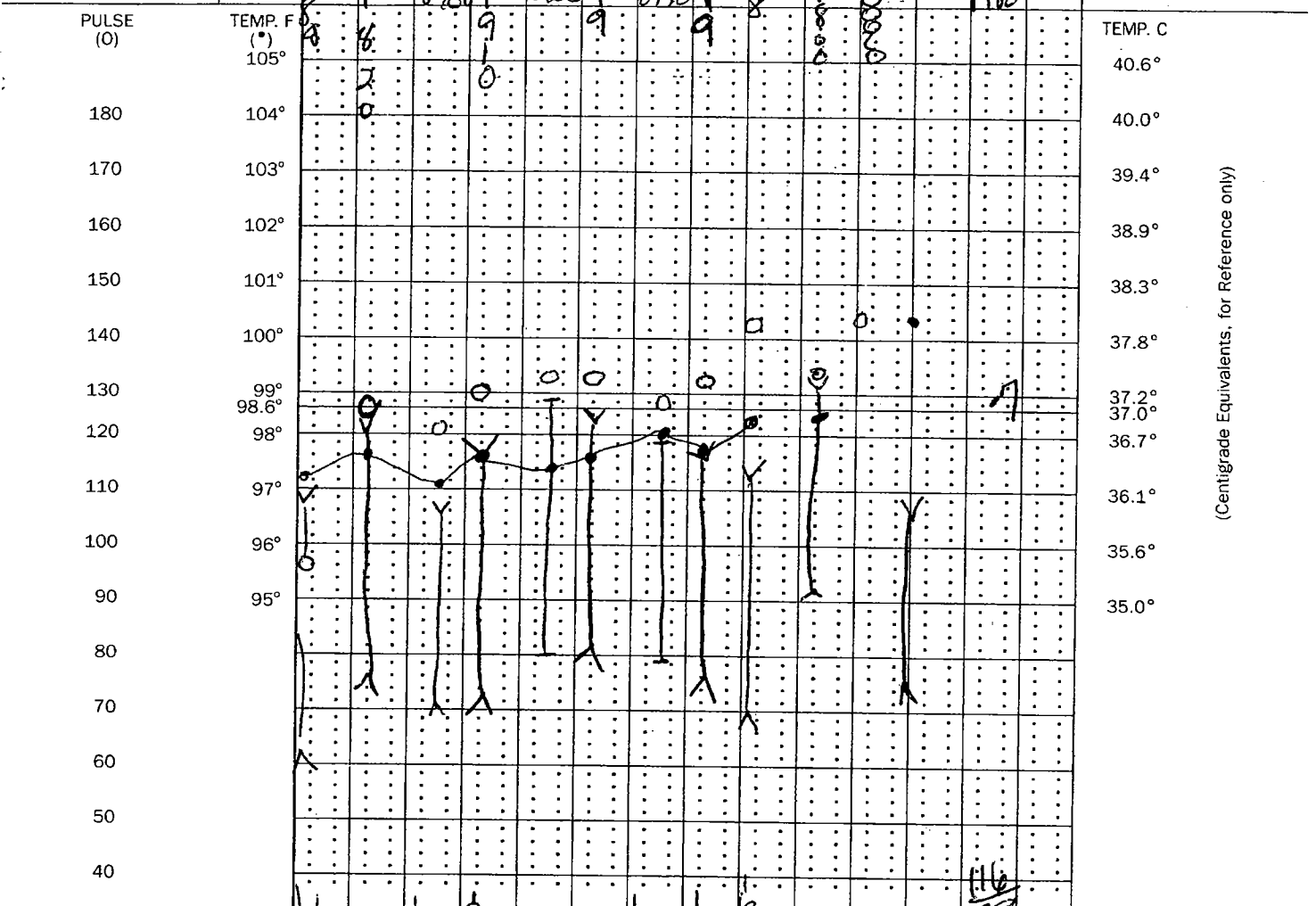
Medical Record

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

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY

POST-DAY MONTH-YEAR DAY



Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE	RESPIRATION RECORD	
	HEIGHT	WEIGHT
120/76	5'7"	171
128/71	5'7"	171
114/72	5'7"	171
127/68	5'7"	171
114/71	5'7"	171
116/76	5'7"	171
113/70	5'7"	171
133/71	5'7"	171
144/75	5'7"	171
133/75	5'7"	171
144/75	5'7"	171
130/78	5'7"	171

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.

(b)(6)-4

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		VITAL SIGNS RECORD									
POST-MONTH	DAY-YEAR	DAY	11 Sept	12 Sept	13 Sept	14 Sept	15 Sept	16 Sept	17 Sept	18 Sept	
19		HOUR	1930	2000	2048	1		16	17	18	
PULSE (O)	TEMP. F (°)				90			94		98	98
180	105°				90			94		98	98
170	104°				90			94		98	98
160	103°				90			94		98	98
150	102°				90			94		98	98
140	101°				90			94		98	98
130	100°				90			94		98	98
120	99°				90			94		98	98
110	98.6°				90			94		98	98
100	98°				90			94		98	98
90	97°				90			94		98	98
80	96°				90			94		98	98
70	95°				90			94		98	98
60					90			94		98	98
50					90			94		98	98
40					90			94		98	98

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE		127/70	114/70	110/68	107/66	104/63	102/60
	HEIGHT:		5'10"	5'10"	5'10"	5'10"	5'10"	5'10"
	WEIGHT		160	160	160	160	160	160
			98% (RA)	98% (RA)	98% (RA)	98% (RA)	98% (RA)	98% (RA)
			98% (RA)	98% (RA)	98% (RA)	98% (RA)	98% (RA)	98% (RA)

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

[Redacted] (b)(6)-4

REGISTER NO. WARD NO.

VITAL SIGNS RECORDS Medical Record

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

MEDICAL RECORD VITAL SIGNS RECORD

HOSPITAL DAY														
POST-MONTH-YEAR	DAY													
19	HOUR	4 SEPT 0800	5 SEPT 0700	6 SEPT 1100	7 SEPT 0700	8 SEPT 0800	18	9 SEPT 0800	10 SEPT 1900					
PULSE (O)	TEMP. F (°)											TEMP. C		
180	105°											40.6°		
170	104°											40.0°		
160	103°											39.4°		
150	102°											38.9°		
140	101°											38.3°		
130	100°											37.8°		
120	99°											37.2°		
110	98.6°											37.0°		
100	98°											36.7°		
90	97°	36.1°												
80	96°	35.6°												
70	95°	35.0°												
60														
50														
40														

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD													
Record special data only when so ordered	BLOOD PRESSURE	115/73	114/71	117	102/65	117/71	124/74	121/60	126/80	114/70	125/82	116/66	115/60
	HEIGHT:	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"	5'10"
	WEIGHT →	150	150	150	150	150	150	150	150	150	150	150	150
		98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA

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. 1CW1

MEDICAL RECORD		VITAL SIGNS RECORD									
HOSPITAL DAY											
POST-	DAY										
MONTH-YEAR	DAY	28	29 AUG	30	31	01 SEP	02	03	04	05	06
19	HOUR	20	15	1815	0	00	8	2008	1	8	1
PULSE (O)	TEMP. F										
	105°										
180	104°										
170	103°										
160	102°										
150	101°										
140	100°										
130	99°										
120	98.6°										
110	98°										
100	97°										
90	96°										
80	95°										
70											
60											
50											
40											
RESPIRATION RECORD		15	125	124	118	116	116	116	116	116	116
BLOOD PRESSURE		121/83	134/81	125	121/77	121/73	113/80	124/85	114/73	113/75	
HEIGHT:		5'02"	5'02"	5'02"	5'02"	5'02"	5'02"	5'02"	5'02"	5'02"	
WEIGHT →		98.8	98.5	98.3	98.1	98.0	97.0	98.0	98.0	98.1	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)											

(Centigrade Equivalents, for Reference only)

[REDACTED]
(b)(6)-4

VITAL SIGNS RECORDS
Medical Record

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

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MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY									
POST-	DAY	22 AUG 68							
MONTH-YEAR	DAY	21	22	23	24	25	26	27	28
19	HOUR	0	0	0	0	0	0	0	0
PULSE (O)	TEMP. F	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
	TEMP. C	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5
	180								
	170								
	160								
	150								
	140								
	130								
	120								
	110								
100									
90									
80									
70									
60									
50									
40									

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD										
Record special data only when so ordered	BLOOD PRESSURE	129/80	127/87	136/91	129/94	137/92	123/81	124/81	125/80	118/80
	HEIGHT:	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"
	WEIGHT →	111	116	116	116	112	114	114	114	110
		PA	PA	PA	PA	PA	PA	PA	PA	PA

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.

STANDARD FORM 511 (REV. 7-95) BACK

MEDICAL RECORD	VITAL SIGNS RECORD
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HOSPITAL DAY															
POST-	DAY														
MONTH-YEAR	DAY														
10	7 03														
PULSE (O)	TEMP. F (°)														
180	105°														
170	104°														
160	103°														
150	102°														
140	101°														
130	100°														
120	99°														
110	98.6°														
100	98°														
90	97°														
80	96°														
70	95°														
60															
50															
40															

TEMP. C
40.6°
40.0°
39.4°
38.9°
38.3°
37.8°
37.2°
37.0°
36.7°
36.1°
35.6°
35.0°
(Centigrade Equivalents, for Reference only)

ESPIRATION RECORD																
BLOOD PRESSURE																
140/80																
130/80																
98																
HEIGHT:	WEIGHT →															
98 1/2	98 1/2															
	472															

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.

[REDACTED]

(5)(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY																	
POST-	DAY	12				13				14							
MONTH-YEAR	DAY	12		13		14											
19	HOUR	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
PULSE (O)	TEMP. F (°)	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>132</p> <p>130</p> <p>128</p> <p>126</p> <p>124</p> <p>122</p> <p>120</p> <p>118</p> <p>116</p> <p>114</p> <p>112</p> <p>110</p> <p>108</p> <p>106</p> <p>104</p> <p>102</p> <p>100</p> <p>98</p> <p>96</p> <p>94</p> <p>92</p> <p>90</p> <p>88</p> <p>86</p> <p>84</p> <p>82</p> <p>80</p> <p>78</p> <p>76</p> <p>74</p> <p>72</p> <p>70</p> <p>68</p> <p>66</p> <p>64</p> <p>62</p> <p>60</p> <p>58</p> <p>56</p> <p>54</p> <p>52</p> <p>50</p> <p>48</p> <p>46</p> <p>44</p> <p>42</p> <p>40</p> </div> <div style="width: 80%;"> <p>105°</p><p>104°</p><p>103°</p><p>102°</p><p>101°</p><p>100°</p><p>99°</p><p>98.6°</p><p>98°</p><p>97°</p><p>96°</p><p>95°</p> </div> </div>												TEMP. C			
														40.6°			
														40.0°			
														39.4°			
														38.9°			
														38.3°			
														37.8°			
														37.2°			
														37.0°			
														36.7°			
														36.1°			
														35.6°			
														35.0°			

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD																	
Record special data only when so ordered	BLOOD PRESSURE	120/6				110/6				130/92							
		120/84				150/90				130/100							
		98% 99%				98				98 99							
	HEIGHT: WEIGHT →	99%				98%											

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.

[REDACTED]

(5)(6)-7

MEDICAL RECORD	VITAL SIGNS RECORD
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HOSPITAL DAY												
POST-	DAY	3-4	4	5	6	7	8	9	10	11	12	
MONTH-YEAR	DAY	Aug 1963										
	HOUR	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00
PULSE (O)	TEMP. F (°)	78	65	68	70	72	75	78	80	82	85	88
	TEMP. C	25.5	18.3	19.4	20.0	21.1	22.2	23.3	24.4	25.5	26.6	27.7
180	104°											
170	103°											
160	102°											
150	101°											
140	100°											
130	99°											
120	98°											
110	97°											
100	96°											
90	95°											

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD												
BLOOD PRESSURE		118/76	138/92	134/90	128/88	120/84	128/88	128/88	128/88	128/88	128/88	128/88
HEIGHT:	WEIGHT →	5'6"	97	97	97	97	97	97	97	97	97	97
		134	134	134	134	134	134	134	134	134	134	134
		97	97	97	97	97	97	97	97	97	97	97

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. 102

[Handwritten signature]

[Redacted area]

(5)(6)-4

VITAL SIGNS RECORDS
Medical Record

STANDARD FORM E11 (REV. 7-95)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

(b)(6)-2 UA

Ward/Section: JEW2			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # [REDACTED]			DATE: 8/19	TIME: 0324	SSN/PSEUDO # [REDACTED] (b)(6)-4			
(Hematology) CBC (b)(6)-4			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color	Red	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Cloudy	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	neg	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.020	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	Large	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	7.0	N/A	Micro Parasites		
Segs		Mono	Prot	4+	Negative	Malaria		
Bands		Eos	Urob	3.2	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	SSA-4f TNTCRBC moderate yeast		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count-			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 19 Aug 03			LAB ID NO.:		

(b)(6)-2

MEDCOM - 14342

UA

(b)(6)-2

Ward/Section: ICW 2			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # [REDACTED]		DATE: 8/16		TIME: 0300		SSN/PSN # [REDACTED] (b)(6)-4		
(Hematology) CBC (b)(6)-4			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	Yellow	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Cloudy	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	neg	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.015	N/A	Occ Bld		
Lymph %		20.5-51.1%	Bld	Large	Negative	H. pylori		
(Hematology) Manual Differential			pH	6.5	N/A	Micro Parasites		
Segs		Mono	Prot	neg	Negative	Malaria		
Bands		Eos	Urob	neg	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	TNTC RBC Heavy yeast Heavy sodium urate crystals 4-5 loose granular casts/LPF		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 16 Aug 03			LAB ID NO.:		

(b)(6)-2

MEDCOM - 14343

(b)(6)-2

Ward/Section: I (W) # 2	REQUESTING PHYSICIAN: DC - [REDACTED]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. # [REDACTED]	DATE: 8/14/03	TIME: 0945	SSN/PSEUDO SSN: # [REDACTED] (b)(6)-4

(Hematology) CBC (b)(6)-4			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	dark amber	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	cloudy	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	NEG	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	NEG	Negative				Source
MCV		80-94 fl (M) 81-99 fl (F)	Ket	NEG	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.010	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	lg	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	7.5	N/A	Micro Parasites		
Segs		Mono	Prot	NEG	Negative	Malaria		
Bands		Eos	Urob	ND/UM	0.2-1.0	O & P		
Lymph		Baso	Nit	NEG	Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	RBCs - TNTC Slight bacteria S-low RBCs		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						

REMARKS:

REPORTED BY: [REDACTED]	DATE: 14 Aug 03	LAB ID NO.:
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(b)(6)-2

MEDCOM - 14344

(b)(6)-2

Ward/Section: <i>ICW2</i>		REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # [REDACTED] <i>(b)(6)-4</i>		DATE <i>7/20/03</i>	TIME <i>0830</i>	SSN/PSEUDO SSN:				
STAT			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L				3LU		73-118 mg/dl
K		3.5-4.9 mmol/L				3UN		7-22 mg/dl
Cl		98-109 mmol/L	===== PICCOLO ===== 07/08/03 08:52 REFERENCE RANGE: MALE			3A ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	PATIENT #: [REDACTED]			3RE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	METLYTE 8 <i>(b)(6)-4</i>			3A ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	DISC LOT #: 3141AA4			3 ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	OPER #: [REDACTED] DR #: 000			3L ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	SERIAL # [REDACTED]			CO2		18-33 mmol/l
sO2		95-98%	..... <i>(b)(6)</i>			(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	GLU	104	73-118 MG/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	BUN	11	7-22 MG/DL	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	CRE	1.0	0.6-1.2 MG/DL	ALP		26-84 u/l
BUN		8-26 mg/dl	CK	41	39-380 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	NA+	127*	128-145 MMOL	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	K+	4.2	3.3-4.7 MMOL	AST		11-38 u/l
Hct		38-51% PCV	CL-	102	98-108 MMOL	BIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	tCO2	24	18-33 MMOL	iGT		5-65 u/l
Misc. Chemistry			INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 0					
TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte					
Troponin-I			TEST	RESULT	REF. RANGE	3A ⁺		128-145 mmol/l
Drug of Abuse			3 ⁺		3.3-4.7 mmol/l	3L ⁻		98-108 mmol/l
			tCO2		18-33 mmol/l			
REMARKS: <i>metabolic panel</i>								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 14345

Ward/Section: ICW 2			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST MI. # [REDACTED] (b)(6) (b)(7)			DATE 7 Aug 03		TIME 0830		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color	Yel	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Clear	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	Ng	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	Ng	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	Ng	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.020	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	Ng	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	6.0	N/A	Micro Parasites		
Segs		Mono	Prot	Ng	Negative	Malaria		
Bands		Eos	Urob	0.2	0.2-1.0	O & P		
Lymph		Baso	Nit	Ng	Negative	Other		
Atyp		Imm	Leuk	/	Negative	Microscopic Urinalysis		
RBC Morph			HCG	/	Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: UA								
REPORTED BY: [REDACTED]			DATE: 7 Aug 03		LAB ID NO.:			

(b)(6) (b)(7)

MEDCOM - 14346

Ward/Section: ICW2			REQUIRING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI (b)(6)-y EPW [REDACTED]			DATE Aug 18 15		TIME [REDACTED] (b)(6)-y			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color	Yellow	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Clear	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	Neg	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.010	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	neg	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	6.0	N/A	Micro Parasites		
Segs		Mono	Prot	neg	Negative	Malaria		
Bands		Eos	Urob	neg	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 8/18/15		LAB ID NO.:			

(b)(6)-2

MEDCOM - 14347

(b)(6)-2

Ward/Section: ICU 1		REQUESTING PHYSICIAN: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: [REDACTED]		(b)(6)-4		DATE: 4/26/03	TIME: 0400	SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	18.3 H	4.5-10.5	Color		N/A	RPR		Negative
RBC	3.64 L	4.00-6.00	App		N/A	Mono		Negative
Hgb	10.9 L	11.0-18.0	Glu		Negative	Microbiology		
Hct	34.3 L	35.0-60.0	Bili		Negative	Source		
MC	94.2 fL	80.0-99.9	Ket		Negative	Gram Stain		
Pt	168.2 H	150-450	SG		N/A	Occ Bld		
Lymph %	2.4 *	1.2-3.4	Bld		Negative	H. pylori		
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			
[REDACTED]			1 Aug 03					

(b)(6)-2

MEDCOM - 14348

Ward/Section: ICU #1		TESTING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: EPW [REDACTED] (b)(6)-4		DATE: 3 Aug 03	TIME: 0400	SSN/PSEUDO SSN: [REDACTED] (b)(6)-4				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	12.10 $\times 10^3$	4.5 - 10.5	Color		N/A	RPR		Negative
RB	4.42	4.00 - 6.00	App		N/A	Mono		Negative
Hg	16.5 L	11.0 - 18.0	Glu		Negative	Microbiology		
Hct	33.9 L %	35.0 - 60.0	Bili		Negative	Source		
MC	93.5 fL	80.0 - 99.9	Ket		Negative	Gram Stain		
Plt	31.2 $\times 10^3/\mu L$	35.0 - 37.0	SG		N/A	Occ Bld		Negative
Lym	13.8 %	20.5 - 51.1	Bld		Negative	H. pylori		Negative
(Hematology) Manual Diff. Count			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 3 Aug 03			LAB ID NO.:		

(b)(6)-2

Ward/Section: **ICU #1** REQUESTING PHYSICIAN: **[REDACTED]** **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. **EPOL (b)(6)-4** DATE **3 Aug 03** TIME **0900** SSN/PSEUDO SSN: **(b)(6)-4**

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	A ⁻			CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	A ⁺			IA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	T			+		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	I			L ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	C			CO2		18-33 mmol/l
sO2		95-98%	(			(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	(			TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	(			ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	(			ALP		26-84 u/l
BUN		8-26 mg/dl	(			ALT		10-47 u/l
GLU		70-105 mg/dl	(			AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	(			AST		11-38 u/l
Hct		38-51% PCV	(			TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	(			GGT		5-65 u/l
Misc. Chemistry			(			TP		6.4-8.1 g/dl

===== PICCOLO =====
 03/08/03 04:42
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 8 (b)(6)-4
 DISC LOT #: 3152AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

 GLU 115 73-118 MG/DL
 BUN 10 7-22 MG/DL
 CRE 0.6 0.6-1.2 MG/DL
 CK 81 39-380 U/L
 NA+ *** 128-145 MMOL/L
 K+ 3.9 3.3-4.7 MMOL/L
 CL- 93* 98-108 MMOL/L
 tCO2 21 18-33 MMOL/L
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 1+, ICT 0

Vg-129

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

REPORTED BY: [REDACTED] DATE: *3 Aug 03* LAB ID NO.:

(b)(6)-2

Ward/Section: 1201 REQUESTING PHYSICIAN: (b)(6)-2
 LAST, FIRST, MI. (b)(6)-4 DATE: 8/2/03 TIME: 0400
 SSN/PSEUDO SSN:

(4-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)				NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)				CO ₂		18-33 mmol/l
sO2		95-98%						
BEecf		(-2) - (+3) mmol/L						
AnGap		10-20 mmol/L						
Ca		1.12-1.32 mmol/L						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						
Misc. Chemistry								
TEST	RESULT	REF. RANGE						
Troponin-I								
Drug of Abuse								

===== PICCOLO =====
 02/08/03 04:08
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: DR #: 000
 SERIAL #: (b)(6)-4
 GLU 120* 73-118 MG/DL
 BUN 13 7-22 MG/DL
 CRE 0.7 0.6-1.2 MG/DL
 CK 135 30-380 U/L
 NA+ *** 128-145 MMOL/L
 K+ 4.2 3.3-4.7 MMOL/L
 Cl 92* 98-108 MMOL/L
 2 24 18-33 MMOL/L
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 1+

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
BIL		0.2-1.6 mg/dl
GT		5-65 u/l
P		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
Na ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
Cl ⁻		98-108 mmol/l
CO ₂		18-33 mmol/l

REMARKS:

REPORTED BY: (b)(6)-2 DATE: 02 Aug 03 LAB ID NO.:

(b)(6)-2

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Ward/Section:			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.				DATE		TIME		SSN/PSEUDO SSN:
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ID: [REDACTED]		02-08-03	Color		N/A	RPR		Negative
MR [REDACTED]		04:09	App		N/A	Mono		Negative
		Patient Limits	Glu		Negative	Microbiology		
WBC	21.9 H $\times 10^3/\mu\text{L}$	4.5 10.5	Bili		Negative	Source		
RBC	3.77 L $\times 10^6/\mu\text{L}$	4.00 6.00	Ket		Negative	Gram Stain		
Hgb	11.0 L g/dL	11.0 18.0	SG		N/A	Occ Bld		Negative
Hct	35.1 %	35.0 60.0	Bld		Negative	H. pylori		Negative
MCV	93.2 fL	60.0 99.0	pH		N/A	Micro Parasites		
MCH	29.1 pg	27.0 31.0	Prot		Negative	Malaria		
MCHC	31.2 L g/dL	33.0 37.0	Urob		0.2-1.0	O & P		
Plt	1544. # $\times 10^3/\mu\text{L}$	150. 450.	Nit		Negative	Other		
LY%	----	20.5 51.1	Leuk		Negative	Microscopic Urinalysis		
LY#	----	1.2 3.4	HCG		Negative			
Segs		Mono	CSF			Blood Bank		
Bands		Eos	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Lymph		Baso	Directigen		Negative	ABO/Rh		
Atyp		Imm	Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
RBC Morph			TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
Spun Hematocrit		42-52% (M) 37-47% (F)	PT		9.8-13.6 secs			
Sed Rate			APTT		21-34 secs			
Other			D dimer		<20 ug/ml			
			FDP		<10 ug/ml			
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 02 Aug 03			LAB ID NO.:		

(5)(6)-2

MEDCOM - 14352

Ward/Section: **ICU** REQUESTING PHYSICIAN: **(b)(6)-2**

LAST, FIRST, MI. **(b)(6)-4** DATE: **01 Aug** TIME: **0600** MISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

SSN/PSEUDO SSN: _____

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE			
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	i-STAT EC8+		
K		3.5-4.9 mmol/L	ALP		26-84 u/l	Pt: (b)(6)-4		
Cl		98-109 mmol/L	ALT		10-47 u/l	Pt Name: _____		
pH		7.31-7.45	AMY		14-97 u/l	Glu_____116 mg/dL		
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	BUN_____14 mg/dL		
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	Na_____129 mmol/L		
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	K_____4.3 mmol/L		
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3mg/dl	Cl_____98 mmol/L		
sO2		95-98%	CHOL		100-200 mg/dl	TCO2_____31 mmol/L		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	AnGap_____6 mmol/L		
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	Hct_____37 %PCV		
Ca		1.12-1.32 mmol/L	TP		6-8.1 g/dl	Hb*_____13 g/dL		
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			*via Hct		
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	pH_____7.418		
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	PCO2_____45.7 mmHg		
Hct		38-51% PCV	BUN		7-22 mg/dl	HCO3_____30 mmol/L		
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	BEecf_____5 mmol/L		
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	Sample Type: _____		
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmc	01AUG03 03:53		
Troponin-I			K ⁺		3.3-4.7 mmol	Oper: 13 <i>creat</i>		
Drug of Abuse			CL		98-108 mmol	Physician: _____		
			tCO2		18-33 mmol	Ser# (b)(6)-4		
						Ver: JAM5046A CLEW A93		

REMARKS:

REPORTED BY: **(b)(6)-2** DATE: **1 Aug 03** LAB ID NO.:

Ward/Section: ICU #1			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: EPW # [REDACTED] (b)(6)-4			DATE: 31 July		TIME: 0400		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	ID: [REDACTED] 4 WB (b)(6)-4	31-07-03 03:53	Color		N/A	RPR		Negative
RBC		Patient Limits	App		N/A	Mono		Negative
Hgb	WBC 13.5 H x10 ³ /uL	4.5 10.5	Glu		Negative	Microbiology		
Hct	RBC 3.51 L x10 ⁶ /uL	4.00 6.00	Bili		Negative	Source		
MCV	Hgb 10.3 L g/dL	11.0 18.0	Ket		Negative	Gram Stain		
Plt	Hct 33.1 L %	35.0 60.0	SG		N/A	Occ Bld		Negative
Lymph	MCV 94.4 fL	80.0 99.9	Bld		Negative	H. pylori		Negative
	MCH 29.4 pg	27.0 31.0	pH		N/A	Micro Parasites		
	MCHC 31.2 L g/dL	33.0 37.0	Prot		Negative	Malaria		
	Plt 1581. x10 ³ /uL	150. 450.	Urob		0.2-1.0	O & P		
	LYZ 11.4 #L %	20.5 51.1	Nit		Negative	Other		
	LY# 1.5 * x10 ³ /uL	1.2 3.4	Leuk		Negative	Microscopic Urinalysis		
(Hematology) Manual Differential			HCG		Negative			
Segs		Mono	CSF			Blood Bank		
Bands		Eos	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Lymph		Baso	Directigen		Negative	ABO/Rh		
Atyp		Imm	Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
RBC Morph			TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
Spun Hematocrit		42-52% (M) 37-47% (F)	PT		9.8-13.6 secs			
Sed Rate			APTT		21-34 secs			
Other			D dimer		<20 ug/ml			
			FDP		<10 ug/ml			
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 31 July 03		LAB ID NO.:			

(b)(6)-2

MEDCOM - 14354

Ward/Section: ICU #1			TESTING PHYSICIAN: (b)(6)-4			STRY RESULT FORM Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. EPW # [REDACTED]			DATE 31 July 03	TIME 0400		SSN/PSEUDO SSN:		
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl			
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol			
Troponin-I			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO ₂		18-33 mmol/l			
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 31 July 03			LAB ID NO.:		

===== PICCOLO =====
 31/07/03 03:53
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (b)(6)-4
 METLYTE 8
 DISC LOT #: [REDACTED] 3152A14
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

.....
 GLU 135* 73-118 MG/DL
 BUN 12 7-22 MG/DL
 CRE 0.8 0.6-1.2 MG/DL
 CK 46 39-380 U/L
 NA+ *** 128-145 MMOL
 K+ 4.4 3.3-4.7 MMOL
 CL- 100 98-108 MMOL
 tCO2 22 18-33 MMOL

INST QC: OK CHEM QC: OK
 HEM 0 ; LIP 0 ; ICT 1+

NA 132

(b)(6) 2

Ward/Section: ICU #1			REQUESTING PHYSICIAN: (5)61-4			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI EPW [REDACTED]			DATE 30 Jul 03		TIME 0400		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WB	ID: [REDACTED]	30-07-03	Color		N/A	RPR		Negative
RBC	WB	04:15	App		N/A	Mono		Negative
Hgb	WBC	18.8 H $\times 10^3/\mu\text{L}$	Glu		Negative	Microbiology		
Hct	RBC	3.20 L $\times 10^6/\mu\text{L}$	Bili		Negative	Source		
MC	Hgb	9.5 L g/dL	Ket		Negative	Gram Stain		
Plt	Hct	30.6 L %	SG		N/A	Occ Bld		Negative
Lyt	MCV	95.4 fL	Bld		Negative	H. pylori		Negative
	MCH	29.7 pg	pH		N/A	Micro Parasites		
	MCHC	31.1 L g/dL	Prot		Negative	Malaria		
	Plt	1531.4H $\times 10^3/\mu\text{L}$	Urob		0.2-1.0	O & P		
	LYZ	7.9 uL %	Nit		Negative	Other		
	LY#	1.5 * $\times 10^3/\mu\text{L}$	Leuk		Negative	Microscopic Urinalysis		
		1.2 3.4	HCG		Negative			
(Hematology) Manual Differential			CSF			Blood Bank		
Segs		Mono	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Bands		Eos	Directigen		Negative	ABO/Rh		
Lymph		Baso						
Atyp		Imm						
RBC Morph								
Spun Hematocrit		42-52% (M) 37-47% (F)						
Sed Rate								
Other								
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 30 Jul 03		LAB ID NO.:			

(5)61-2

Ward/Section: **TCU #** | REQUESTING PHYSICIAN: | **MISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: **SPW [REDACTED] (b)(6)-4** | DATE: **30 Jul 03** | TIME: **0700** | SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl			
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Troponin-I			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			ICO ₂		18-33 mmol/l			

===== PICCOLO =====
 30/07/03 04:19
 REFERENCE RANGE: MALT.
 PATIENT #: [REDACTED] (b)(6)-4
 METLYTE 8
 DISC LOT #: 3151AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED] (b)(6)-4

GLU 132* 73-118 MG/DL
 BUN *** 7-22 MG/DL
 CRE 1.0 0.6-1.2 MG/DL
 CK 98 39-380 U/L
~~Na~~ ~~128-145~~ MMOL/L
 K+ 4.4 3.3-4.7 MMOL/L
 Cl- 101 98-108 MMOL/L
 tCO2 21 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 1+

Bun 15
 Na 132

REMARKS:

REPORTED BY: [REDACTED] | DATE: **30 Jul 03** | LAB ID NO.:

(b)(6)-2

Ward/Section
ICU (H) 1

ORDERING PHYSICIAN:
(b)(6)-2

LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)
SSN/PSEUDO SSN:

EPW

(b)(6)-1 (Hematology) CBC

DATE: 2/26/03 TIME: 0347

TEST			URINALYSIS			MISC. SEROLOGY		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Source		
Ptt		130-200 x 10 ³ verified	SG		N/A	Gram Stain		
Lymph %		20.5-57.1%	Bld		Negative	Occ Bld		Negative
(Hematology) Manual Differential			pH		N/A	H. pylori		Negative
Segs		Mon	Prot		Negative	Micro Parasites		
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	Microscopic Urinalysis		
Spina Hematocrit		42-52% (M) 37-47% (F)	CSF						Blood Bank
Sed Rate			Cell Count			MUST SUBMIT SP 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SP 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		< 20 ug/ml						
FDP		< 10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3mg/dl	tCO ₂		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Methyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO ₂		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 14359

Ward/Section: ICU1			REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. EPW (b)(6)-4			DATE 29 JUL		TIME 0912		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source	CSF	
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram (Stain)	No organisms seen	
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	*		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count	RBC - 3930 WBC - 12		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen	Negative		ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: ^{CSF} Protein and glucose testing not available at this facility								
REPORTED BY: (b)(6)-2			DATE: 29 JUL 03		LAB ID NO.:			

(b)(6)-2

MEDCOM - 14360

Ward/Section: **ICU** REQUESTING PHYSICIAN: **(b)(6)-2** LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: **(b)(6)-4** DATE: **29 Jul** TIME: **0400** SSN/PSEUDO SSN: **(b)(6)-4**

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	27.3 H	x10 ³ /uL 4.5 10.5	Color		N/A	RPR		Negative
RBC	3.14 L	x10 ⁶ /uL 4.00 6.00	PP		N/A	Mono		Negative
Hgb	9.3 L	g/dL 11.0 18.0	Wt		Negative	Microbiology		
Hct	30.1 L	% 35.0 60.0	Sp		Negative	Source		
MCV	95.7	fL 80.0 99.9	Gl		N/A	Gram Stain		
MCH	29.7	pg 27.0 31.0	Pro		Negative	Occ Bld		Negative
MCHC	31.1 L	g/dL 33.0 37.0	Urob		0.2-1.0	H. pylori		Negative
Plt	173.3 H	x10 ³ /uL 150. 450.	Nit		Negative	Micro Parasites		
LYZ	----	% 20.5 51.1	Leuk		Negative	Malaria		
LY#	----	x10 ³ /uL 1.2 3.4	HCG		Negative	O & P		
Segs		Mono	CSF			Other		
Bands		Eos	Cell Count			Blood Bank		
Lymph		Baso	Directigen		Negative	MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Atyp		Imm	ABO/Rh					
RBC Morph			Coagulation Studies			Blood Bank Unit Crossmatch		
Spun Hematocrit		42-52% (M) 37-47% (F)	PT		11-13.6 secs	(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
Sed Rate			APTT		21-34 secs	UNIT	TYPE	CROSSMATCH
Other			D dimer		<20 ug/ml			
			FDP		<10 ug/ml			

REMARKS:
 REPORTED BY: **(b)(6)-2** DATE: **29 Jul 03** LAB ID NO.:

Ward/Section: ICU 7		ORDERING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. (b)(6)-4		DATE: 29 Jul	TIME: 0400	SSN/PSEUDO SSN: (b)(6)-4	
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na					3.5-5.5 g/dl
K					2.6-8.4 u/l
Cl	i-STAT CREA				10-47 u/l
pH					14-97 u/l
PCC	Pt: (b)(6)-4				11-38 u/l
PO2	Pt Name: _____				0.2-1.6 mg/dl
TCC					7-22 mg/dl
HCO ₂	Crea _____ 0.6 mg/dL				8.0-10.3 mg/dl
sO ₂	Sample Type: _____				100-200 mg/dl
BEe	29JUL03 03:48				0.6-1.2 mg/dl
AnC					73-118 mg/dl
Ca	Oper: _____				6.4-8.1 g/dl
BUT	Physician: _____	(Piccolo) Metlyte 8			
GLU	Ser# _____	TEST	RESULT	REF. RANGE	
Crea	Ver: JAMS046A CLEW A93			73-118 mg/dl	
Hct				7-22 mg/dl	
Hgb				0.6-1.2 mg/dl	
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l
Troponin-I			K ⁺		3.3-4.7 mmol/l
Drug of Abuse			CL ⁻		98-108 mmol/l
			ICO ₂		18-33 mmol/l
REMARKS: (b)(6)-2					
REPORTED BY: _____		DATE: 29 Jul 03		LAB ID NO	

i-STAT EC8+

Pt: _____

Pt Name: _____

Glu _____ 141 mg/dL

BUN _____ 22 mg/dL

Na _____ 137 mmol/L

K _____ 3.9 mmol/L

Cl _____ 109 mmol/L

TCO₂ _____ 22 mmol/L

AnGap _____ 10 mmol/L

Hct _____ 29 %PCV

Hb# _____ 10 g/dL

*via Hct

PH _____ 7.468

PCO₂ _____ 29.7 mmHg

HCO₃ _____ 21 mmol/L

BEecf _____ -2 mmol/L

Sample Type: _____

29JUL03 03:46

Oper: 13

Physician: _____

Ser# _____

Ver: JAMS046A
CLEW A93

Ward/Section: ICU1		REQUESTING PHYSICIAN: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. EPW (b)(6)-4		DATE: 29 Jul 03	TIME: 1716	SSN/PSEUDO SSN: (b)(6)-4				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color	Yellow	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Clear	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	NES	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	NEG	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	NES	Negative	Gram Stain		
Pit		130-500 x 10 ³ verified	SG	1.016	N/A	Occ Bld		Negative
Lymph %		20.5-57.1%	Bld	Trace	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	7.5	N/A	Micro Parasites		
Segs		Mono	Prot	NES	Negative	Malaria		
Bands		Eos	Urob	4	0.2-1.0	O & P		
Lymph		Baso	Nit	NES	Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	WBC-Occ Amorphous sed RBC-occ		
Span Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		< 20 ng/ml						
FDP		< 10 ng/ml						
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

order requests Please send urine for Ringers

(5)(6)-2

Ward/Section: ICU			ORDERING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED] (5)(6)-4			DATE: 7-27	TIME: 04:26	SSN/PSEUDO SSN:			
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB	2.5*	3.3-5.5 G/DL	LU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	142*	26-84 U/L	UN		7-22 mg/dl
Cl		98-109 mmol/L	ALT	♦♦♦	10-47 U/L	A ⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY	314*	14-97 U/L	RE		0.6-1.2 ug/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST	87*	11-38 U/L	A ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL	4.6*	0.2-1.6 MG/DL	F		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN	♦♦♦	7-22 MG/DL	L ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺	10.5*	8.0-10.3 MG/DL	CO ₂		18-33 mmol/l
sO2		95-98%	CHOL	214*	100-200 MG/DL	(Piccolo) Liver Panel Plus		
BEecf		(-2) (+3) mmol/L	CRE	0.6	0.6-1.2 MG/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/l	GLU	136*	73-118 MG/DL	LB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/l	TP	8.0	6.4-8.1 G/DL	LP		26-84 u/l
BUN		8-26 mg/dl	INST QC: OK CHEM QC: OK			LT		10-47 u/l
GLU		70-105 mg/dl	HEM 0, LIP 0, ICT 2+			MY		14-97 u/l
Creat		0.7-1.5 mg/dl	BUN = 17			ST		11-38 u/l
Hct		38-51% PCV				(Piccolo) Electrolyte			BIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl				GT		5-55 u/l
Misc. Chemistry						P		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE						
Troponin-I								
Drug of Abuse								
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 28 Jul 03			LAB ID NO.:		

(5)(6)-2

(b)(6)-2

Ward/Section: ICU1 REQUESTING PHYSICIAN: [REDACTED] LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [REDACTED] (b)(6)-4 DATE: 7-27 TIME: 0400 SSN/PSEUDO SSN: _____

(Hematology) CBT			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ID:	[REDACTED]	28-07-03	Color		N/A	RPR		Negative
WB		04:13	App		N/A	Mono		Negative
		Patient Limits	Glu		Negative	Microbiology		
WBC	25.0 H $\times 10^3/\mu\text{L}$	4.5 - 10.5	Bili		Negative	Source		
RBC	3.63 L $\times 10^6/\mu\text{L}$	4.00 - 6.00	Ket		Negative	Gram Stain		
Hgb	10.8 L g/dL	11.0 - 18.0	SG		N/A	Occ Bld		Negative
Hct	34.7 L %	35.0 - 60.0	Bld		Negative	H. pylori		Negative
MCV	95.5 fL	80.0 - 99.9	pH		N/A	Micro Parasites		
MCH	29.7 pg	27.0 - 31.0	Prot		Negative	Malaria		
MCHC	31.1 L g/dL	33.0 - 37.0	Urob		0.2-1.0	O & P		
Plt	2008. +H $\times 10^3/\mu\text{L}$	150. - 450.	Nit		Negative	Other		
LYZ	7.0 #L %	20.5 - 51.1	Leuk		Negative	Microscopic Urinalysis		
LY#	1.7 * $\times 10^3/\mu\text{L}$	1.2 - 3.4	HCG		Negative	Blood Bank		
Segs	78	Mono	CSF			Blood Bank		
Bands	3	Eos	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Lymph	17	Baso	Directigen		Negative	ABO/Rh		
Atyp	2	Im n	Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
Rbc Morph	Marked increase platelets		UNIT			TYPE		CROSSMATCH
Spun Hematocrit		42-52% (M) 37-47% (F)	PT		9.8-13.6 secs			
Sed Rate			APTT		21-34 secs			
Other			D dimer		< 20 ng/ml			
			FDP		< 10 ng/ml			
REMARKS:								
REPORTED BY: <u>[REDACTED]</u>			DATE: <u>28 July 03</u>			LAB ID NO.:		

(b)(6)-2

MEDCOM - 14365

Ward/Section: ICU # 1		REQUESTING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: EPYN [REDACTED]		DATE: 27 Jul	TIME: 0330	SSN/PSEUDO SSN:			
(Hematology) CBC		Urinalysis		Misc. Serology			
ID: [REDACTED]	27-07-03	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WB	03:38	Color		N/A	RPR		Negative
Patient Limits		App					Negative
WBC	14.4 H $\times 10^3/\mu\text{l}$	Glu					
RBC	2.81 L $\times 10^6/\mu\text{l}$	Bili					
Hgb	8.4 L g/dL	Ket					
Hct	26.6 L %	SG					
MCV	94.5 fL	Bld					
MCH	30.0 pg	pH					
MCHC	31.7 L g/dL	Prot					
Plt	147.5 H $\times 10^3/\mu\text{l}$	Urob					
LYZ	8.4 *L %	Nit					
LYM	1.2 * $\times 10^3/\mu\text{l}$	Leuk					
		HCG					
		Cell Count					
		Directip					
Segs							
Bands							
Lymph							
Atyp							
RBC Morph							
Spec Hematocrit							
Sed Rate							
Other							
Coagulation Studies							
TEST	RESULT	REF. RANGE					
PT		9.8-13.6 secs					
APTT		21-34 secs					
D dimer		<20 ng/ml					
FDP		<10 ug/ml					
REMARKS:							
REPORTED BY: [REDACTED]		DATE: 27 Jul					

(b)(6)-2

Ward/Section: ICU # 1		REQUESTING PHYSICIAN:		MISTRY RESULT FORM	
LAST, FIRST, MI: EPW [REDACTED]		DATE: 27 JUL 03		(Subject to the Privacy Act of 1974)	
SSN/PSEUDO SSN: (b)(6)-4		TIME: 0330			
			(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L			73-118 mg/dl
K		3.5-4.9 mmol/L			7-22 mg/dl
Cl		98-109 mmol/L			8.0-10.3 mg/dl
pH		7.31-7.45			0.0-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)			128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)			3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)			18-33 mmol/l
sO2		95-98%			
			ALB 1.8* 3.3-5.5 G/DL ALP 130* 26-84 U/L ALT 99* 10-47 U/L AMY 133* 14-97 U/L AST 91* 11-38 U/L TBIL 4.1* 0.2-1.6 MG/DL BUN *** 7-22 MG/DL CA++ 8.4 3.0-10.3 MG/DL CHOL 166 100-200 MG/DL CRE 0.7 0.6-1.2 MG/DL GLU 144* 73-118 MG/DL TP 6.2* 6.4-8.1 G/DL		
					(Piccolo) Liver Panel Plus
					IT RESULT REF. RANGE 3.3-5.5 g/dl 26-84 u/l 10-17 u/l 14-97 u/l 11-38 u/l 0.2-1.6 mg/dl 5-65 u/l 6.4-8.1 g/dl
					(Piccolo) Electrolyte
					IT RESULT REF. RANGE 128-145 mmol/l 3.3-4.7 mmol/l 98-108 mmol/l 18-33 mmol/l
Misc. Chemistry			INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 1+ BUN W		
TEST	RESULT	REF. RANGE			
Troponin-I					Na 136
Drug of Abuse					K 3.1
					Cl 105
					CO2 25
REMARKS:					
REPORTED BY: [REDACTED]		DATE: 2754/03		LAB ID NO.:	

(b)(6)-2

Ward/Section: CU#1		REQUESTING PHYSICIAN: (b)(6)-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: (b)(6)-4		DATE: 26 Jul 03	TIME: 0402	SSN/PSEUDO SSN: (b)(6)-4				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	15.0 H	$\times 10^3/\mu\text{L}$ 4.5 10.5	Color		N/A	RPR		Negative
RBC	2.70 L	$\times 10^6/\mu\text{L}$ 4.00 6.00	App		N/A	Mono		Negative
Hgb	8.2 L	g/dL 11.0 18.0	Blu		Negative	Microbiology		
Hct	25.4 L	% 35.0 60.0	Bili		Negative	Source		
MCV	94.0	fL 80.0 99.9	Ket		Negative	Gram Stain		
MCH	30.5	pg 27.0 31.0	SG		N/A	Occ Bld		Negative
MCHC	32.4 L	g/dL 33.0 37.0	Bld		Negative	H. pylori		Negative
PLT	127.2 -H	$\times 10^3/\mu\text{L}$ 150 450	pH		N/A	Micro Parasites		
LY#	1.2 #L	$\times 10^3/\mu\text{L}$ 1.2 3.4	Prot		Negative	Malaria		
Segs			Urob		0.2-1.0	O & P		
Bands			Nit		Negative	Other		
Lymph			Leuk		Negative	Microscopic Urinalysis		
Atyp			HCG		Negative			
RBC Morph			CSF			Blood Bank		
Smear Hematocrit		42-52% (m) 37-47% (f)	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Smear Rate			Directigen		Negative	ABO/Rh		
Other			Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
	TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH		
	PT		9.8 13.6 secs					
	APTT		21-34 secs					
	D dimer		20 ug/ml					
	FDP		10 ug/ml					
REMARKS:								
REPORTED BY: (b)(6)-2			DATE: 25 July 03		LAB ID NO.:			

MEDCOM - 14368

ION: ICU #1
 REQUESTING PHYSICIAN: (b)(6)-2
 MISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 FIRST, MI. (b)(6)-4
 DATE: 26 Jul 03
 TIME: 0400
 SSN/PSEUDO SSN: (b)(6)-4

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE		
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl		
K		3.5-4.9 mmol/L				N		7-22 mg/dl		
Cl		98-109 mmol/L				Cr		8.0-10.3 mg/dl		
pH		7.31-7.45	===== PICCOLO =====			E		0.6-1.2 mg/dl		
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	26/07/03	03:39		+		128-145 mmol/l		
PO2		80-105 mmHg (art) N/A (ven)	REFERENCE RANGE:	MALE				3.3-4.7 mmol/l		
tCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	PATIENT #:	(b)(6)-4				98-108 mmol/l		
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	METLYTE 8					18-33 mmol/l		
sO2		95-98%	DISC LOT #:	(b)(6) 3152AA4						
BEecf		(-2) (-3) mmol/L	OPER #:	(b)(6) DR #: 000		(Piccolo) Liver Panel Plus				
AnGap		10-20 mmol/L	SERIAL #:	(b)(6)		EST	RESULT	REF. RANGE		
Ca		1.12-1.32 mmol/L				B		3.3-5.5 g/dl		
BUN		8-26 mg/dl	GLU	162*	73-118 MG/DL	P		26-84 u/l		
GLU		70-105 mg/dl	BUN	♦♦♦	7-22 MG/DL	T		10-47 u/l		
Creat		0.7-1.5 mg/dl	CRE	0.7	0.6-1.2 MG/DL	TY		14-97 u/l		
Hct		38-51% PCV	CK	206	39-380 U/L	T		11-38 u/l		
Hgb		12-17 g/dl	NA+	♦♦♦	128-145 MMOL	IL		0.2-1.6 mg/dl		
Misc. Chemistry			K+	3.6	3.3-4.7 MMOL	IT		5-65 u/l		
TEST	RESULT	REF. RANGE	CL-	105	98-108 MMOL			6.4-8.1 g/dl		
Troponin-I			tCO2	22	18-33 MMOL	(Piccolo) Electrolyte				
Drug of Abuse			INST QC: OK CHEM GC: OK			EST	RESULT	REF. RANGE		
			HEM 0, LIP 0, ICT 2+			+		128-145 mmol/l		
			Bun 8 Na 138					3.3-4.7 mmol/l		
										98-108 mmol/l
										18-33 mmol/l
REMARKS:										
REPORTED BY:			DATE:			LAB ID NO.:				
(b)(6)-2			26 Jul 03							

MEDCOM - 14369

Ward/Section: ICU #7		REQUESTING PHYSICIAN:		MISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI EPW [REDACTED] (b)(6)-7		DATE 25 July	TIME 0438	SSN/PSEUDO SSN:	
(G-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TI	RESULT	REF. RANGE
Na		138-146 mmol/L	AL		73-118 mg/dl
K		3.5-4.9 mmol/L	AL		7-22 mg/dl
Cl		98-109 mmol/L	AE		8.0-10.3 mg/dl
pH		7.31-7.45	AM		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AS		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TI		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BI		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	C		18-33 mmol/l
sO2		95-98%	C		
BEecf		(-2) - (+3) mmol/L	C		
AnGap		10-20 mmol/L	C		
Ca		1.12-1.32 mmol/L	T		
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgb		12-17 g/dl			
Misc. Chemistry					
TEST	RESULT	REF. RANGE			
Troponin-I					
Drug of Abuse					
REMARKS:					
REPORTED BY: [REDACTED]		DATE: 25 Jul 03	LAB ID NO.:		

===== PICCOLO =====
 25/07/03 04:47
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (b)(6)-7
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER # [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

GLU	132*	73-118	MG/DL
BUN	6*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	351	39-380	U/L
NA+	120*	128-145	MMOL
K+	3.9	3.3-4.7	MMOL
CL-	97*	98-108	MMOL
tCO2	23	18-33	MMOL

INST QC: OK CHEM QC: OK
 HEM 0 , LIP 0 , ICT 2+

CRE - 0.6

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
O ₂		18-33 mmol/l

(b)(6)-2

Ward/Section: <u>ICU #1</u>			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>EPW [REDACTED] (5)(6)-4</u>			DATE <u>25 Jul 03</u>		TIME <u>0430</u>		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>13.3</u>	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	<u>2.82</u>	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	<u>8.6</u>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	<u>26.6</u>	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	<u>94.1</u>	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	<u>871</u>	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	<u>8.2</u>	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: <u>[REDACTED]</u>			DATE: <u>25 Jul 03</u>		LAB ID NO.:			

(5)(6)-2

MEDCOM - 14371

Ward/Section: ICU #1		QUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. (b)(6)-4		DATE: 25 Jul 03	TIME: 1800	SSN/PSEUDO SSN: (b)(6)-4		
(STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANG		TEST	RESULT	REF. RANGE
Na		138-146 mmol/l	===== PICCOLO =====	GLU		73-118 mg/dl
K		3.5-4.9 mmol/l	25/07/03 17:52	BUN		7-22 mg/dl
Cl		98-109 mmol/l	REFERENCE RANGE: --- MALE	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	PATIENT #: (b)(6)-4	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (41-51 mmHg (ve	METLYTE 8	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (a	DISC LOT #: 3152AA4	K ⁺		3.3-4.7 mmol/l
TCO2		N/A (veu)	OPER # (b)(6)-4 DR #: 000	CL ⁻		98-108 mmol/l
HCO3		23-27 mmol/L (a	SERIAL #: (b)(6)-4	tCO ₂		18-33 mmol/l
		24-29 mmol/L (v		(Piccolo) Liver Panel Plus		
		22-26 mmol/L (a		TEST	RESULT	REF. RANGE
		23-28 mmol/L (v	GLU 168* 73-118 MG/DL	ALB		3.3-5.5 g/dl
sO2		95-98%	BUN 7 7-22 MG/DL	ALP		26-84 u/l
BEecf		(-2) - (+3) mmol/L	CRE 0.9 0.6-1.2 MG/DL	ALT		10-47 u/l
AnGap		10-20 mmol/L	CK 228 39-380 U/L	AMY		14-97 u/l
Ca		1.12-1.32 mmol/L	NA+ ♦♦♦ 128-145 MMOL	AST		11-38 u/l
BUN		8-26 mg/dl	K+ 3.7 3.3-4.7 MMOL	TBIL		0.2-1.6 mg/dl
GLU		70-105 mg/dl	CL- 99 98-108 MMOL	GGT		5-65 u/l
Creat		0.7-1.5 mg/dl	tCO2 23 18-33 MMOL	TP		6.4-8.1 g/dl
Hct		38-51% PCV	INST QC: OK CHEM QC: OK	(Piccolo) Electrolyte		
Hgb		12-17 g/dl	HEM 0 ; LIP 0 ; ICT 2+	TEST	RESULT	REF. RANGE
Misc. Chemistry			<i>Na 134</i>	NA ⁺		128-145 mmol/l
TEST	RESULT	REF. RANG		K ⁺		3.3-4.7 mmol/l
Troponin-I				CL ⁻		98-108 mmol/l
Drug of Abuse				tCO ₂		18-33 mmol/l
				REMARKS:		
				REPORTED BY: (b)(6)-4		
				DATE: 25 Jul 03	LAB ID NO.:	

(b)(6)-2

Ward/Section: 1C01			REQUESTING PHYSICIAN: PR [REDACTED] (5)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI EPW [REDACTED] (5)(6)-4			DATE 2/5/05		TIME 1800		SSN/PSEUDO SSN: [REDACTED] (5)(6)-4	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	13.0	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	2.95	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	8.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	27.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	94.1	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	861	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	13.0	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 24 Jan 05			LAB ID NO.:		

(5)(6)-2

MEDCOM - 14373

100-1

(S)(C)-2

24 July 1400

(S)(C)-4

(S)(C)-2

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
===== PICCOLO =====					
24/07/03		14:08			
REFERENCE RANGE:		MALE			
PATIENT #:		[REDACTED] (S)(C)-4			
METLYTE 8					
DISC LOT #:		3152AAA			
OPER #:		DR #: 000			
SERIAL #:		[REDACTED]			
.....					
(Piccolo) Liver Panel Plus					
GLU	94	73-118	MG/DL		
BUN	10	7-22	MG/DL		
CRE	1.3*	0.6-1.2	MG/DL		
CK	4775*	39-380	U/L		
NA+	130	128-145	MMO/L		
K+	4.5	3.3-4.7	MMO/L		
CL-	109*	98-108	MMO/L		
tCO2	20	18-33	MMO/L		
INST QC: OK		CHEM QC: OK			
HEM 0		LIP 0		ICT 0	
.....					
(Piccolo) Electrolyte					
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
NA			CL		
K			CO2		

Misc. Chemistry

REMARKS:

REPORTED BY:

[REDACTED]

(S)(C)-2

DATE:	LAB ID NO.:
24 July 03	

Ward/Section: ICU #1		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI EPW [REDACTED] (5)(6)-4		DATE 24 July	TIME 0400	SSN/PSEUDO SSN:	
(STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L		U	73-118 mg/dl
K		3.5-4.9 mmol/L		N	7-22 mg/dl
Cl		98-109 mmol/L		++	8.0-10.3 mg/dl
pH		7.31-7.45		E	0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)		+	128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)			3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)		2	18-33 mmol/l
sO2		95-98%			
BEecf		(-2) - (+3) mmol/L			
AnGap		10-20 mmol/L			
Ca		1.12-1.32 mmol/L			
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgh		12-17 g/dl			
Misc. Chemistry			(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE	EST	RESULT	REF. RANGE
Troponin-I			B		3.3-5.5 g/dl
Drug of Abuse			P		26-84 u/l
			T		10-47 u/l
			TY		14-97 u/l
			T		11-38 u/l
			IL		0.2-1.6 mg/dl
			IT		5-65 u/l
					6.4-8.1 g/dl
REMARKS:			(Piccolo) Electrolyte		
			EST	RESULT	REF. RANGE
			V+		128-145 mmol/l
					3.3-4.7 mmol/l
					98-108 mmol/l
			O2		18-33 mmol/l
REPORTED BY: [REDACTED]		DATE: 24 July 03	LAB ID NO.:		

===== PICCOLO =====
 24/07/03 04:56
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (6)(6)-4
 METLYTE 8
 DISC LOT #: 3151AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

 GLU 124* 73-118 MG/DL
 BUN 6* 7-22 MG/DL
 CRE ICT 0.6-1.2 MG/DL
 CK 262 39-380 U/L
 NA+ 123* 128-145 MMOL/L
 K+ 3.8 3.3-4.7 MMOL/L
 CL- 96* 98-108 MMOL/L
 tCO2 24 18-33 MMOL/L
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 2+

Crea - 0.8

(5)(6)-2

Ward/Section: <u>ICU #1</u>		REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. <u>EPW [REDACTED]</u>		<u>(b)(6)-4</u>		DATE <u>24 July</u>	TIME <u>0400</u>	SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>10.1</u>	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	<u>3.03</u>	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	<u>9.0</u>	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	<u>28.5</u>	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	<u>94.1</u>	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	<u>591</u>	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	<u>14.2</u>	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: <u>[REDACTED]</u>			DATE: <u>24 July 03</u>			LAB ID NO.:		

(b)(6)-4

MEDCOM - 14376

101

Dr. [redacted] (b)(6)-2

EOW [redacted] (b)(6)-4

24 July 03 1800

GENERAL

(Piccolo) Chemistry 12

(Piccolo) Metab

TEST	RESULT	REF RANGE
ALB		3.5-5.2
ALT		10-40
AST		10-40
BUN		7-22
CRE		0.6-1.2
CK		39-380
GLU		73-118
NA+		128-145
K+		3.3-4.7
CL-		98-108
tCO2		18-33

TEST	RESULT	REF RANGE
ALB		3.5-5.2
ALT		10-40
AST		10-40

TEST	RESULT	REF RANGE
GLU		73-118
NA+		128-145
K+		3.3-4.7
CL-		98-108
tCO2		18-33

i-STAT CREA
 Pt: [redacted] (b)(6)-4
 Pt Name: _____

Crea 0.8 mg/dL

Sample Type: _____
 24 JUL 03 18:15

Oper: 1678

Physician: _____

Ser# 42011

Ver: _____

===== PICCOLO =====

24/07/03 17:57
 REFERENCE RANGE: MALE
 PATIENT #: [redacted] (b)(6)-4
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: [redacted] DR #: 000
 SERIAL #: [redacted]

GLU	117	73-118	MG/DL
BUN	6*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	181	39-380	U/L
NA+	128	128-145	MMO/L
K+	4.9*	3.3-4.7	MMO/L
CL-	100	98-108	MMO/L
tCO2	24	18-33	MMO/L

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 2+

Misc. Chemistry

Piccolo Liver

Piccolo Electrolyte

REMARKS:

REPORTED BY

[redacted] 24 July 03
 (b)(6)-2

Ward/Section: **ICU 1** QUESTING PHYSICIAN: _____ **MISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **[REDACTED] (S)(b)-4** DATE **7-23-03** TIME **04:30** SSN/PSEUDO SSN: _____

(i-STAT)		
TEST	RESULT	REF. RAN
Na		138-146 mmol
K		3.5-4.9 mmol
Cl		98-109 mmol
pH		7.31-7.45
PCO2		35-45 mmHg 41-51 mmHg (C)
PO2		80-105 mmHg N/A (ven)
TCO2		23-27 mmol/L 24-29 mmol/L
HCO3		22-26 mmol/L 23-28 mmol/L
sO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/l
Ca		1.12-1.32 mm
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry		
TEST	RESULT	REF. RAN
Troponin-I		
Drug of Abuse		

PICCOLO
 23/07/03 04:30
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (S)(b)-4
 METLYIC 8
 DISC LOT #: 3141AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED] (S)(b)-4

.....
 GLU 123* 73-118 MG/DL
 BUN 8 7-22 MG/DL
 CRE ICT 0.6-1.2 MG/DL
 CK 469* 39-380 U/L
 NA+ 123* 128-145 MMOL
 K+ 3.9 3.3-4.7 MMOL
 CL- 96* 98-103 MMOL
 tCO2 22 18-33 MMOL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 3+

PICCOLO
 23/07/03 04:14
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (S)(b)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED] (S)(b)-4

.....
 ALB 1.6* 3.3-5.5 G/DL
 ALP 88* 26-84 U/L
 ALT 91* 10-47 U/L
 AMY 72 14-97 U/L
 AST 123* 11-38 U/L
 TBIL 10.4* 0.2-1.6 MG/DL
 BUN 7 7-22 MG/DL
 CA++ 7.7* 8.0-10.3 MG/DL
 CHOL 108 100-200 MG/DL
 CRE ICT 0.6-1.2 MG/DL
 GLU 128* 73-118 MG/DL
 TP 4.3* 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 3+

REMARKS:

REPORTED BY: **[REDACTED]** DATE: **23 July 03** LAB ID NO.: _____

(S)(b)-2

(b)(6)-2

Ward/Section: 100#1			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] (b)(6)-4			DATE	TIME	SSN/PSEUDO SSN:			
			7-23-03	0400				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	11.3	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	3.10	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	9.3	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	29.0	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	93.5	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	395	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	7.8	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						

REMARKS:

[REDACTED] 27 July 03
 (b)(6)-2 [REDACTED]

MEDCOM - 14379

Ward/Section: FULT (5)(6)-2
 LAST, FI: [REDACTED] (5)(6)-4
 DATE: 7/23/03 TIME: 10:30
 (Piccola)

TEST RESULT REF. RANGE

PICCOLO
 23/07/03 10:40
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 3 (5)(6)-4
 DISC LOT #: 3141AA4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]
 GLU 120* 73-118 MG/DL
 BUN 8 7-22 MG/DL
 URE ICT 0.6-1.2 MG/DL
 CK 329 39-380 U/L
 NA+ 124* 128-145 MMOL/L
 K+ 3.7 3.3-4.7 MMOL/L
 CL- 96* 98-108 MMOL/L
 tCO2 24 18-33 MMOL/L

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 2+

i-STAT CREA

Pt: [REDACTED] (5)(6)-4
 Pt Name: [REDACTED]

Crea 0.7 mg/dL

Sample Type:

23JUL03 10:56

Oper: 7210

Physician:

Ser# [REDACTED] (5)(6)-4
 Ver: JAMS046A
 CLEM A93

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY:

DATE:

LAB ID NO.:

[REDACTED] 23JUL03
 (5)(6)-2

MISTF
 (Subject to th
 SSN/

i-STAT G3+

Pt: [REDACTED] (5)(6)-4
 Pt Name: [REDACTED]

TEST RE

LU
 UN
 A++
 RE
 IA+
 L
 CO2

(Piccola)

TEST R

LB
 LP
 LT
 MY
 ST
 BIL
 IGT
 P

(P)

TEST

IA+

L

CO2

TCO2 33 mmol/L
 At 37C
 PH 7.428
 PCO2 47.3 mmHg
 PO2 90 mmHg
 HCO3 31 mmol/L
 BEecf 7 mmol/L
 sO2* 97%
 *calculated

At Patient Temp
 PH 7.433
 PCO2 46.6 mmHg
 PO2 88 mmHg
 Patient Temp: 36.0F
 FIO2: 35
 Sample Type:

23JUL03 11:00

Oper: [REDACTED]

Phys:

Ser# 3.3-4.7 mmol/L

98-108 mmol/L

18-33 mmol/L

Ward/Section: <i>F-10-2</i>			REQUESTING PHYSICIAN: <i>(b)(6)-2</i>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, M: <i>(b)(6)-4</i>			DATE: <i>5/10/03</i>		TIME: <i>0630</i>		SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source	<i>CSF</i>	
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain	<i>No Bacteria Seen</i>	
Pt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<i>CSF 1177 RBC/uL 22 WBC/uL</i>			Blood Bank		
Sed Rate			Cell Count	<i>GRAM STAIN</i>		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: <i>(b)(6)-2</i>			DATE: <i>5/10/03</i>		LAB ID NO.:			

MEDCOM - 14381

Ward/Section: 1001			REQUESTING PHYSICIAN: (S)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST FIRST MI: (S)(6)-2			DATE: 3/22/03			TIME: 0700		
SSN/PSEUDO SSN:								
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	11.5	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	2.97	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	8.9	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	27.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	93.6	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	286	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	7.1	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDPs		<10 ug/ml						
REMARKS:								
REPORTED BY: (S)(6)-2			DATE: 3/22/03			LAB ID NO.: 7254/03		

MEDCOM - 14382

(S)61-2

Ward/Section: 1101			REQUESTING PHYSICIAN: (S)61-4			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED]			DATE: 7/22/03	TIME: 0900	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	11.5	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	2.97	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	8.9	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	27.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	93.6	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	286	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	7.1	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 7/23/03		LAB ID NO.:			

(S)61-2

MEDCOM - 14383

Ward/Section: 1001	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. (b)(6)-4	DATE 7/12	TIME 04:00	SSN/PSEUDO SSN:
(STAT)		(Piccolo) Metabolic Panel	

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

===== PICCOLO =====
 22/07/03 04:00
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: (b)(6)-2 3142AA4
 OPER #: (b)(6) DR #: 000
 SERIAL #: (b)(6)

ALB	1.6*	3.3-5.5	G/DL
ALP	48	26-84	U/L
ALT	82*	10-47	U/L
AMY	38	14-97	U/L
AST	156*	11-38	U/L
TRIL	11.8*	0.2-1.6	MG/DL
BUN	9	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	116	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	107	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

===== PICCOLO =====
 22/07/03 04:02
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 ELECTROLYTE
 DISC LOT #: (b)(6)-2 3135AA4
 OPER #: (b)(6) DR #: 000
 SERIAL #: (b)(6)

NA+	128	128-145	MMOL
K+	3.9	3.3-4.7	MMOL
CL-	***	98-108	MMOL
tCO2	28	18-33	MMOL

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 3+

c199

Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 3+

crea 0.7

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 22 July 03	LAB ID NO.:
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Ward/Section: ICU 1
 LAST, FIRST, MI. (S)(G)-4
 REQUESTING PHYSICIAN: [REDACTED]
 CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)

DATE: 21 JUL 03 05:22
 TIME: 05:22
 SSN/PSEUDO SSN: [REDACTED]

i-STAT EC8+
 Pt: (S)(G)-4
 Pt Name: [REDACTED]
 TC02 29 mmol/L
 At 37C
 PH 7.405
 PC02 43.8 mmHg
 PO2 107 mmHg
 HC03 27 mmol/L
 BEecf 3 mmol/L
 sO2* 98 %
 *calculated
 At Patient Temp
 PH 7.398
 PC02 44.8 mmHg
 PO2 110 mmHg
 Patient Temp: 37.5C
 FI02 : 35
 Sample Type: ART
 21JUL03 04:23
 Oper: (S)(G)-2
 Physician:
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW A93

(Piccolo) Chemistry 12				(Piccolo) Metabolic Panel		
RANGE	TEST	RESULT	REF.	TEST	RESULT	REF. RANGE
	PICCOLO					
	DATE	21/07/03				
	TIME	05:22				
	REFERENCE RANGE		MALE			
	PATIENT #	[REDACTED]	(S)(G)-4			
	GENERAL CHEMISTRY 12					
	DISC LOT #	(S)(G)-2	3142AA4			
	OPER #	[REDACTED]	DR #: 000			
	SERIAL #	[REDACTED]				
	ALB	1.7*	3.3-5.5	G/DL		
	ALP	47	26-84	U/L		
	ALT	40	10-47	U/L		
	AMY	38	14-97	U/L		
	AST	151*	11-38	U/L		
	TBIL	13.8*	0.2-1.6	MG/DL		
	BUN	11	7-22	MG/DL		
	CA++	8.2	8.0-10.3	MG/DL		
	CHOL	54*	100-200	MG/DL		
	CRE	ICT	0.6-1.2	MG/DL		
	GLU	97	73-118	MG/DL		
	TP	ICT	6.4-8.1	G/DL		
	INST QC: OK		CHEM QC: OK			
	HEM 1+, LIP 0, ICT 3+					

i-STAT EC8+
 Pt: [REDACTED]
 Pt Name: [REDACTED]
 Glu 91 mg/dL
 BUN 16 mg/dL
 Na 135 mmol/L
 K 3.7 mmol/L
 Cl 104 mmol/L
 TC02 28 mmol/L
 AnGap 9 mmol/L
 Hct 28 %PCV
 Hb* 10 g/dL
 *via Hct
 PH 7.347
 PC02 48.1 mmHg
 HC03 26 mmol/L
 BEecf 1 mmol/L
 Sample Type: [REDACTED]
 21JUL03 05:22
 Oper: (S)(G)-2
 Physician:
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW A93

DATE: 21 July 03
 LAB ID NO.: [REDACTED]

(S)(G)-2
 0500

(5)61-2

Ward/Section: ICU #1	REQUESTING PHYSICIAN: (5)61-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. (5)61-4	DATE: 7-24-03	TIME: 8:00	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	17.7	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	3.18	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	9.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	29.4	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	94.6	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	234	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	5.3	20.5-51.1%	Bld		Negative	H. pylori		Negative

(Hematology) Manual Differential				pH		Micro Parasites	
Segs		Mono		Prot		Negative	Malaria
Bands		Eos		Urob		0.2-1.0	O & P
Lymph		Baso		Nit		Negative	Other
Atyp		Imm		Leuk		Negative	Microscopic Urinalysis
RBC Morph				HCG		Negative	

Spun Hematocrit			CSF			Blood Bank		
		42-52% (M) 37-47% (F)						
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: (5)61-2	DATE: 21 Sept 03	LAB ID NO.:
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(5)61-2

0400

MEDCOM - 14386

(S)61-2

Ward/Section: ICU-7			QUESTIONS			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST FIRST NAME: (S)61-7			DATE: 7/11/03			TIME: 09:35		
TEST			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	i-STAT 6+				3.5-5.5 g/dl	GLU		73-118 mg/dl
K					2.6-3.4 mEq/L	BUN		7-22 mg/dl
Cl	Pt: [REDACTED]				10-11 g/dl			
pH	Pt Name: [REDACTED]				7.35-7.45			
PCO2					35-45 mmHg			
PO2	Glu _____	97 mg/dL			0.2-0.3 mmHg			
TCO2	BUN _____	13 mg/dL			7-22 mg/dL			
HCO3	Na _____	140 mmol/L			8.0-10.0 mmol/L			
sO2	K _____	3.5 mmol/L			3.5-5.5 mmol/L			
BEecf	Cl _____	105 mmol/L			98-106 mmol/L			
AnG	Hct _____	29 %PCV			37-47 %			
Ca	Hb* _____	10 g/dL			12-16 g/dL			
BUN	Ca via Hct				8.5-10.5 mg/dL			
GLU	sample Type: [REDACTED]				70-100 mg/dL			
Crea	20JUL03 09:35				0.6-1.2 mg/dL			
Hct	oper: [REDACTED]				37-47 %			
Hgb	Physician: [REDACTED]				12-16 g/dL			
TE	Ser# 420				12-16 g/dL			
Tropc	Ver: JAMS045A CLEM A35				0.05-0.15 ng/mL			
Drug								
Abu:								
			tCO2		18-26 mmHg			
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

(S)61-2

MEDCOM - 14387

ICU#1

(b)(6)-2

EPW (b)(6)-4

20JUL03 04:45

447

TEST REF RANGE

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

i-STAT CREA

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

Crea 0.7 mg/dL

Sample Type: _____

20JUL03 03:45

Oper: (b)(6)-2

Physician: _____

Ser# _____

Ver: JAMS04A
CLEM A

TEST	RESULT	REF RANGE
ALB		3.8-5.3 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-37 u/l
BIL		0.2-1.0 mg/dl
BUN		7-22 mg/dl
CA		8.9-10.5 mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		70-118 mg/dl
IP		6.1-8.1 g/dl

(Piccolo) Metyte 8

TEST	RESULT	REF RANGE
GLU		70-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-300 u/LM 30-190 u/LF
NA		128-142 mmol/L
K		3.3-4.7 mmol/L
Cl		98-108 mmol/L
HCO2		18-33 mmol/L

TEST	RESULT	REF RANGE
GLU		
BUN		
CA		
CRE		
NA		
K		
Cl		
HCO2		

i-STAT EC8+

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

Glucose 87 mg/dL

BUN 12 mg/dL

Na 139 mmol/L

K 3.5 mmol/L

Cl 104 mmol/L

TCO2 27 mmol/L

ANGap 13 mmol/L

Hct 29 %PCV

Hb* 10 g/dL

*via Hct

PH 7.376

PCO2 43.8 mmHg

HCO3 26 mmol/L

BEecf 0 mmol/L

Sample Type: _____

20JUL03 03:46

Oper: (b)(6)-2

Physician: _____

Ser# _____

Ver: JAMS046A
CLEM A93

REMARKS

REPORTED BY

DATE

LAB ID NO.

rqw 20 July 03

(S)(6)-2

Ward/Section: 104 #1			ATTENDING PHYSICIAN: (S)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: EPW (S)(6)-4			DATE: 20 Jul 03	TIME: 09:00	LSSN PSEUDO SSN: (S)(6)-4			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			Color		N/A			Negative
RBC			App		N/A	i-STAT G3+		
Hgb			Glu		Negative	Pt: (S)(6)-4		
Hct			Bili		Negative	Pt Name: _____		
MCV			Ket		Negative	TCO2 _____ 30 mmol/L		
PLT			SG		N/A	At 37C		
LYM			Bld		Negative	PH _____ 7.424		
(Hematology) Manual Differential			pH		N/A	PCO2 _____ 43.1 mmHg		
Segs		Mono	Prot		Negative	P02 _____ 109 mmHg		
Bands		Eos	Urob		0.2-1.0	HC03 _____ 28 mmol/L		
Lymph		Baso	Nit		Negative	BEecf _____ 4 mmol/L		
Atyp		Imm	Leuk		Negative	S02* _____ 98 %		
RBC Morph			HCG		Negative	*calculated		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			At Patient Temp		
Sed Rate			Cell Count			PH _____ 7.412		
Other			Directigen		Negative	PCO2 _____ 44.6 mmHg		
Coagulation Studies			Blood Bar (MUST SUBMIT SF 518 RE)			P02 _____ 114 mmHg		
TEST	RESULT	REF. RANGE	UNIT			Patient Temp: 100.0F		
PT		9.8-13.0 secs				FID2 _____ : 30		
APTT		21-34 secs				Sample Type: ART		
D dimer		<20 ug/ml				20JUL03 03:34		
FDP		<10 ug/ml				Oper: (S)(6)-2		

REMARKS: **20 July 03**

REPORTED BY: **(S)(6)-2** DATE: LAB ID NO.:

===== PICCOLO =====
 19/07/03 12:57
 REFERENCE RANGE: MALE
 PATIENT #: (5)(b)-7
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: (5)(b)-008
 SERIAL #:

===== PICCOLO =====
 19/07/03 12:58
 REFERENCE RANGE: MALE
 PATIENT #: (5)(b)-7
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: DB #: 000
 SERIAL #:

ALB	1.5*	3.3-5.5	G/DL
ALP	53	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	63	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	12.9*	0.2-1.6	MG/DL
BUN	6*	7-22	MG/DL
CA++	8.1	8.6-10.3	MG/DL
CHOL	102	100-200	MG/DL
CRE ICT	0.6-1.2	MG/DL	
GLU	103	73-118	MG/DL
TP	3.5*	6.4-8.1	G/DL

GLU	101	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE ICT	0.6-1.2	MG/DL	
CK	700*	39-380	U/L
NA+	117*	128-145	MMO/L
K+	3.5	3.3-4.7	MMO/L
CL-	102	98-108	MMO/L
tCO2	29	18-33	MMO/L

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 3+

INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 3+

REPORTED BY

Specimen Icture 3+

DATE:

19 July 03

LAB ID NO:

(5)(b)-2

Ward/Section: ICU #1			Requesting Physician: (b)(6)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: EPW (b)(6)-7			DATE: 7/19/03	TIME: 0900	SSN/PSEUDO SSN: (b)(6)-9			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC			Color		N/A	RPR		Negative
RBC			App		N/A	Mono		Negative
Hgb			Glu		Negative	Microbiology		
Hct			Bili		Negative	Source		
MCV			Ket		Negative	Gram		
Plt			SG		N/A	Occ Bld		Negative
Lymph ^c			Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro		
Segs		Mono	Proi		Negative	Parasites		
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	Microscopic Urinalysis		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.0 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								

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

DATE: **19 July 03**

LAB ID NO.:

MEDCOM - 14391

ICU #1
 EPW
 (S)(G)-2
 (S)(G)-2
 7/19/03 0400
 (S)(G)-4

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

PICCOLO
 19/07/03 04:11
 REFERENCE RANGE: MALE
 PATIENT #: (S)(G)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: (S)(G)-2 3142AA4
 OPER #: DR #: 003
 SERIAL #:

TEST	RESULT	REF RANGE
GLU		64-108 mg/dl
BUN		7-20 mg/dl
CA		8.8-10.3 mg/dl
CRP		0-0.5 mg/dl
NA		135-145 mmol/L
K		3.5-5.0 mmol/L
Cl		96-106 mmol/L
CO2		23-30 mmol/L

(Piccolo) Liver Panel Plus

ALB 1.4* 3.3-5.5 G/DL
 ALP 52 26-84 U/L
 ALT *** 10-47 U/L
 AMY 62 14-97 U/L
 AST 105* 11-38 U/L
 TBIL 13.3* 0.2-1.6 MG/DL
 BUN 5* 7-22 MG/DL
 CA++ 8.1 8.0-10.3 MG/DL
 CHOL 107 100-200 MG/DL
 CRE ICT 0.6-1.2 MG/DL
 GLU 101 73-118 MG/DL
 TP 3.7* 6.4-8.1 G/DL

TEST	RESULT	REF RANGE
ALB		3.5-5.0 g/dl
ALP		35-100 u/l
ALT		10-40 u/l
AMY		10-90 u/l
AST		10-35 u/l
CHOL		100-200 mg/dl
GGT		0-40 u/l
TP		6.0-8.0 g/dl

(Piccolo) Electrolyte

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, (ICT 3+)

TEST	RESULT	REF RANGE
NA		135-145 mmol/L
K		3.5-5.0 mmol/L
Cl		96-106 mmol/L
CO2		23-30 mmol/L

Cre
 Alt ict
 due to
 sample
 condition

REMARKS:

REPORTED BY
 (S)(G)-2

19 July 03

DATE: LAB ID NO.:

Kt only

(5)61-4

J I 7-19-03

i-STAT G3+
Pt: (5)61-4
f102 35%
f102 30%

** PRINT CANCELLED **

i-STAT G3+
Pt: 447
Pt Name: _____

TCO2 _____ 31 mmol/L

At 37C

PH _____ 7.613
PCO2 _____ 30.2 mmHg
PO2 _____ 232 mmHg
HCO3 _____ 31 mmol/L
BEecf _____ 9 mmol/L
sO2* _____ 100 %
*calculated

At Patient Temp
PH _____ 7.585
PCO2 _____ 32.5 mmHg
PO2 _____ 241 mmHg

Patient Temp: 101.7F
FIO2 _____ : 35
Sample Type: ART

19JUL03 04:09

Oper: (5)61-2

Physician: _____

Ser# _____

Ver: JAMS046A
CLEW A93

(5)61-2
i-STAT G3+
Pt: 447
Name: _____

CO2 _____ 30 mmol/L

37C

7.429

CO2 _____ 43.2 mmHg

PO2 _____ 105 mmHg

HCO3 _____ 29 mmol/L

BEecf _____ 4 mmol/L

sO2* _____ 96 %

*calculated

At Patient Temp

PH _____ 7.419

PCO2 _____ 44.5 mmHg

PO2 _____ 109 mmHg

Patient Temp: 37.7C

Sample Type: ART

19JUL03 06:54

Oper: 0000000

Physician: _____

Ser# _____

Ver: JAMS046A
CLEW A93

(Piccolo) Metabone Panel

RESULT REF RANGE

PICCOLO

19/07/03 05:21

REFERENCE RANGE: MALE

PATIENT #: (5)61-4

ELECTROLYTE

DTSC LOT #: (5)61-2 3135AA4

OPER #: DR #: 000

SERIAL #: _____

NA+	121*	128-145	MMOL
K+	3.3	3.3-4.7	MMOL
CL-	97*	98-108	MMOL
tCO2	23	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0, ICT 3+

TESTING PHYSICIAN

(S)(b)-2

C

LABORATORY RESULT FORM

(Under the Privacy Act of 1974)
SSN/PSID/DOB/SSN

DATE
7/19/03

TIME
0400

i-STAT G3+

Pt: [redacted]
Pt Name: [redacted]

TCO2 27 mmol/L

At 37C

PH 7.450

PCO2 37.1 mmHg

PO2 153 mmHg

HCO3 26 mmol/L

BEecf 2 mmol/L

sO2% 99 %

*calculated

At Patient Temp

PH 7.430

PCO2 39.3 mmHg

PO2 161 mmHg

Patient Temp: 101.0F

FI02 : 60

Sample Type: ART

18JUL03 03:38

Oper: [redacted] (S)(b)-2

Physician: [redacted]

Ser# [redacted]

Ver: JAMS046R
CLEI

REF RANGE

8-16 mmol/L

5-9 mmol/L

8-16 mmol/L

31-45

3-5 mmol/L (art)

1-2 mmol/L (ven)

3-10 mmol/L (art)

3-12 mmol/L (art)

1-2 mmol/L (ven)

2-26 mmol/L (art)

3-28 mmol/L (ven)

5-98 %

0-20 mmol/L

12-132 mmol/L

0-20 mg/dl

0-100 mg/dl

0-213 mg/dl

38-51% PCV

12-17 g/dl

15-20 g/dl

15-20 g/dl

15-20 g/dl

REF RANGE

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

(Piccolo) Metabolic Panel

T	RESULT	REF RANGE
		75-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mmol/L
		0.6-1.2 mg/dl
		128-145 mmol/L
		0-4.7 mmol/L
		98-108 mmol/L
		18-33 mmol/L

(Piccolo) Liver Panel Plus

T	RESULT	REF RANGE
		3.3-8.5 g/dl
		26-81 u/L
		10-47 u/L
		14-97 u/L
		11-38 u/L
		0.2-1.6 mg/dl
		5-65 u/L
		0.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF RANGE
		128-148 mmol/L
		3.3-4.7 mmol/L
		98-108 mmol/L
		18-33 mmol/L

(S)(b)-2

(S)(b)-2

Ward/Section: ICU # 1		R. Dr. [REDACTED] (S) 6-2		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. SPW [REDACTED] (S) 6-7		DATE 7/18/03		TIME 0400		SSN/PSEUDO SSN: [REDACTED] (S) 6-7		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[REDACTED]	4.5-11.0	Color		N/A	RPR		Negative
RBC		4.0-12.0	App		N/A	Mono		Negative
Hgb		12.0-16.0	Glu		Negative	Microbiology		
Hct		37.0-47.0	Bili		Negative	Source		
MCV		80.0-100.0	Ket		Negative	Gram Stain		
Plt		150-400	SG		N/A	Occ Bld		Negative
Lymph		20-40	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Proi		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Inm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	Blood Bank		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Sed Rate			Cell Count			ABO/Rh		
Other			Directigen		Negative			
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.0 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: [REDACTED] 18 Jul 03								
REPORTED BY: (S) 6-7			DATE:			LAB ID NO.:		

MEDCOM - 14395

100-1

EPW

(S)61-24

18 July 03
1500

(S)61-2

(S)61-7

TEST	RESULT	REF RANGE
Na		136-145 mmol/L
K		3.5-5.0 mmol/L
Cl		98-108 mmol/L
Ca		8.8-10.3 mg/dL
TP		6.4-8.1 g/dL
ALB		3.3-5.5 g/dL
BUN		7-22 mg/dL
CRE		0.6-1.2 mg/dL
GLU		73-118 mg/dL
AMY		14-97 U/L
AST		11-38 U/L
TBIL		0.2-1.6 mg/dL
ALP		26-84 U/L
ALT		10-47 U/L

(Piccolo) Chemistry 12

TEST	RESULT	REF RANGE
ALB		3.3-5.5 g/dL
ALP		26-84 U/L
ALT		10-47 U/L
AMY		14-97 U/L
AST		11-38 U/L
TBIL		0.2-1.6 mg/dL
BUN		7-22 mg/dL
CA		8.8-10.3 mmol/L
CHOL		100-200 mg/dL
CRE		0.6-1.2 mg/dL
GLU		73-118 mg/dL
TP		6.4-8.1 g/dL

(Piccolo) Metabolic Panel

TEST	RESULT	REF RANGE
GLU		73-118 mg/dL
BUN		7-22 mg/dL
CA		8.8-10.3 mmol/L
CRE		0.6-1.2 mg/dL
NA		136-145 mmol/L
K		3.5-5.0 mmol/L
CL		98-108 mmol/L
CO2		22-29 mmol/L
TP		6.4-8.1 g/dL
ALB		3.3-5.5 g/dL
ALP		26-84 U/L
ALT		10-47 U/L
AMY		14-97 U/L
AST		11-38 U/L
TBIL		0.2-1.6 mg/dL
GGT		0-48 U/L
LDH		100-250 U/L
WBC		4,000-10,000
HGB		12-16 g/dL
HCT		37-47%
PLT		150,000-400,000

18/07/03 16:10
 REFERENCE RANGE: MALE
 PATIENT #: (S)61-7
 GENERAL CHEMISTRY 12
 DISC LOT #: 3142AA4
 OPER #: DR #: 000
 SERIAL #: (S)61-2

(Piccolo) Metlyte 8

TEST	RESULT	REF RANGE
ALB	1.5*	3.3-5.5 G/DL
ALP	53	26-84 U/L
ALT	39	10-47 U/L
AMY	55	14-97 U/L
AST	106*	11-38 U/L
TBIL	15.3*	0.2-1.6 MG/DL
BUN	***	7-22 MG/DL
CA++	8.2	8.8-10.3 MG/DL
CHOL	128	100-200 MG/DL
CRE	ICT	0.6-1.2 MG/DL
GLU	103	73-118 MG/DL
TP	ICT	6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 3+

(S)61-2
 [Redacted]
 unable to result.

DATE: LAB ID NO:

ICU
EPW

(S)G1-7

18 July 03

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

W-STRT E084
 P# (b)(6)-4
 Pt Name: _____
 G.U. _____ 124 mg/dL
 BUN _____ 10 mg/dL
 Na _____ 138 mmol/L
 K _____ 4.1 mmol/L
 Cl _____ 105 mmol/L
 TCOL _____ 25 mmol/L
 RAGAP _____ 10 mmol/L
 hct _____ 38 %PCV
 Hb# _____ 13 g/dL
 *vis Hct
 PH _____ 7.440
 PCO2 _____ 38.7 mmHg
 _____ 14 mmol/L
 _____ 8 mmol/L

===== PICCOLO =====
 18/07/03 09:29
 REFERENCE RANGE: (MALE)
 PATIENT #: _____
 GENERAL CHEMISTRY 12
 DISC LOT #: 3082AA4
 OPER #: _____ 2 DR #: 000
 SERIAL #: (b)(6)-4

ALB	1.4*	3.3-5.5	G/DL
ALP	51	26-84	U/L
ALT	53*	10-47	U/L
AMY	75	14-97	U/L
AST	109*	11-38	U/L
TBIL	17.1*	0.2-1.6	MG/DL
BUN	5*	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	90*	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	131*	73-118	MG/DL
TP	ICT	6.4-8.1	G/DL

RESULT	REF RANGE
14.0 mg/dL	
27 mg/dL	
29 mg/dL	
12 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	

Piccolo Liver Panel Plus

RESULT	REF RANGE
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	

(Piccolo) Electrolyte

RESULT	REF RANGE
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	
11 mg/dL	

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 3+

Order 7816
 Physician: _____
 Serv 48763
 Vert 3866463
 GLEN 803

DATE: 18 Jul 03
 LAB ID NO.: (S)G1-7

ICU
EPW

(b)(6)-2

18 Jul 1700

#

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

TEST	RESULT	REF RANGE
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TEST	RESULT	REF RANGE
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(b)(6)-4

PICCOLO

18/07/03 17:26
 REFERENCE RANGE: MALE
 PATIENT #: (b)(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: (b)(6)-2 3142AA4
 OPER #: DR #: 000
 SERIAL #:

1-START C+
 Pt:
 Pt Name:

GLU 105 mg/dL
 BUN 7 mg/dL
 Na 135 mmol/L
 K 3.1 mmol/L
 Cl 105 mmol/L
 Hct 4.4 %PCV
 Hb 12.2 g/dL

TEST	RESULT	REF RANGE	UNIT
ALB	1.5*	3.3-5.5	G/DL
ALP	56	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	59	14-97	U/L
AST	102*	11-38	U/L
TBIL	14.9*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	159	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	110	73-118	MG/DL
TP	ICT	6.4-8.1	G/DL

(Piccolo) Liver Panel Plus

TEST	RESULT	REF RANGE
ALB	1.5*	3.3-5.5
ALP	56	26-84
ALT	♦♦♦	10-47
AMY	59	14-97
AST	102*	11-38
TBIL	14.9*	0.2-1.6
BUN	♦♦♦	7-22
CA++	8.0	8.0-10.3
CHOL	159	100-200
CRE	ICT	0.6-1.2
GLU	110	73-118
TP	ICT	6.4-8.1

(Piccolo) Electrolyte

TEST	RESULT	REF RANGE
Na	135	135-145
K	3.1	3.5-5.0
Cl	105	98-108
CO2	20	23-29

INST QC: OK CHEM QC: OK
 HEM 1+, LIP 0, ICT 3+

Operator: (b)(6)-2
 Preparation:
 Ser:
 Ver: JRM0409
 QLEW 898

RECORDED BY

(S)(6)-2

Ward/Section: ICU-7 R. [REDACTED] PHYSICIAN: [REDACTED] LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. [REDACTED] TIME: 1700/03 1500 SSN/PSEUDO SSN: [REDACTED]

(Hematology) CBC **(S)(6)-4** **Urinalysis** **Misc. Serology**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Meno		Negative
		18 g/dl (M)	Glu		Negative	Microbiology		
		16 g/dl (F)	Bili		Negative	Source		
		52% (M)	Ket		Negative	Gram Stain		
		47% (F)	SG		N/A	Occ Bid		Negative
		94 fl (M)	Bld		Negative	H. pylori		Negative
		99 fl (F)	pH		N/A	Micro Parasites		
		500 x 10 ⁶ /l	Proi		Negative	Malaria		
		5-51.1%	Urob		0.2-1.0	O & P		
			Nit		Negative	Other		

lymph		Baso				Microscopic Urinalysis		
Atyp		Imm						

RBC Morph			HCG		Negative			
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Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT	13.4	9.8-13.0 secs			
APTT	24.5	21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: [REDACTED] DATE: 17 Jun 03 LAB ID NO.: [REDACTED]
 (S)(6)-2 [Signature] (S)(6)-4

MEDCOM - 14399

i-STAT 200+

Pt: [REDACTED]
Pt. Name: [REDACTED]

(b)(6)-4

Glucose 80 mg/dL
Sodium 138 mg/dL
Potassium 4.4 mmol/L
Calcium 2.2 mmol/L
Chloride 107 mmol/L
Total CO2 24 mmol/L
Anion Gap 10 mmol/L
Hemoglobin 26 g/dL
Hematocrit 33%

pH 7.348
PO2 4.1 mmHg
PCO2 32.8 mmHg
pO2 91 mmHg
pCO2 32.8 mmHg
pO2 94 mmHg

Sample Type: ART

17JUL03 08:13

Operator: [REDACTED]

Physician: [REDACTED]

Ver: JANS046A
OLEN A93

i-STAT 63+

Pt: [REDACTED]
Pt Name: [REDACTED]

TCO2 20 mmol/L

At 37C
PH 7.387

PCO2 32.8 mmHg
PO2 91 mmHg
HCO3 19 mmol/L
SECF -6 mmol/L
sO2* 97 %
*calculated

At Patient Temp
PH 7.381

PCO2 32.8 mmHg
PO2 94 mmHg

Patient Temp: 37.4C
Sample Type: ART

17JUL03 08:51

Oper: [REDACTED] (b)(6)-2

Physician: [REDACTED]

Ver: JANS046A
OLEN A93

(S)(G)-2

TING PHYSICIAN

RESULT FORM

to the Privacy Act of 1974

PSEUDO SSN

DATE: 17/07/03 TIME: 15:00

(Piccolo) Method

i-STAT EC6+

Pt: [redacted]
Pt Name: [redacted]

Glu: 90 mg/dL
BUN: 3 mg/dL
Na: 138 mmol/L
K: 3.2 mmol/L
Cl: 105 mmol/L
TCO2: 21 mmol/L
AnGap: 16 mmol/L
Hct: 42 %PCV
Hb*: 14 g/dL
*via Hct
pH: 7.516
PCO2: 25.0 mmHg
HCO3: 20 mmol/L
BEecf: -8 mmol/L

Sample Type:

17JUL03 15:01

Oper: [redacted]

Physician: [redacted]

Ser#: [redacted]

Ver: JAM5846A
CL Fw 893

REF RANGE
88-146 mmol/L
88-146 mmol/L
11-21 mmol/L
11-21 mmol/L
8.0-10.5 mmol/L
8.0-10.5 mmol/L
11-29 mmol/L
11-29 mmol/L
22-36 mmol/L
22-36 mmol/L
98-98%
10-20 mmol/L
10-20 mmol/L
1.12-1.32 mmol/L
5.20 mg/dL
0-105 mg/dL
0-215 mg/dL
38-51% PCV
12-17 g/dL

PICCOLO
17/07/03 14:57
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3082AA4
OPER #: [redacted] DR #: 00
SERIAL #: (S)(G)-2 [redacted]
ALB 1.8* 3.3-5.5 G/DL
ALP 69 26-84 U/L
ALT *** 10-47 U/L
AMY 133* 14-97 U/L
AST *** 11-38 U/L
TBIL 17.4* 0.2-1.6 MG/DL
BUN *** 7-22 MG/DL
CA++ 8.2 8.0-10.3 MG/DL
CHOL 129 100-200 MG/DL
CRE ICT 0.6-1.2 MG/DL
GLU 104 73-118 MG/DL
TP ICT 6.4-8.1 G/DL

PICCOLO
17/07/03 15:14
REFERENCE RANGE: MALE
PATIENT #: [redacted] (S)(G)-4
LIVER PANEL PLUS
DISC LOT #: 3135BA4
OPER #: [redacted] DR #: 000
SERIAL #: (S)(G)-2 [redacted]
ALB 1.9* 3.3-5.5 G/DL
ALP 77 26-84 U/L
ALT 82* 10-47 U/L
AMY 139* 14-97 U/L
AST 141* 11-38 U/L
TBIL 17.5* 0.2-1.6 MG/DL
GGT 22 5-65 U/L
TP ICT 6.4-8.1 G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0, ICT 3+

REF RANGE	INST QC: OK	CHEM QC: OK
Negative	HEM 2+, LIP 0, ICT 3+	
Negative		
Negative		
Negative		
Negative		
Negative		

Specimen IDENTIFIED

REPORTED BY: [redacted]	DATE: 17/07/03	LAB ID NO:
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[Handwritten signature and redacted area]

LAST FIRST: **GIU [REDACTED]** DATE: **17 JUL 03** TIME: **0815**

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE		
Na	138-146 mmol/L		ALB	3.5-5.5 g/dl	GLU	73-118 mg/dl	
K	3.5-5.1 mmol/L		ALP	20-84 u/l	BUN	7-22 mg/dl	
Cl	96-109 mmol/L		ALT	10-47 u/l	CA	8.0-10.3 mg/dl	
			AMY	14-97 u/l	CRE	0.6-1.2 mg/dl	
			AST	11-38 u/l	NA	128-145 mmol/L	
			TBIL	0.2-1.6 mg/dl	K	3.3-4.7 mmol/L	
			BUN	7-22 mg/dl	CL	98-108 mmol/L	
			CA	8.0-10.3 mg/dl	CO ₂	18-33 mmol/L	
			CHOL	100-200 mg/dl			
			CRE	0.6-1.2 mg/dl	(Piccolo) Liver Panel Plus		
			GLU	73-118 mg/dl	TEST	RESULT	REF. RANGE
			TP	6.4-8.1 g/dl	ALB	3.3-5.5 g/dl	
					ALP	20-84 u/l	
					ALT	10-47 u/l	
					AMY	14-97 u/l	
					AST	11-38 u/l	
					TBIL	0.2-1.6 mg/dl	
					CRIT	5-95 u/l	
					TP	6.4-8.1 g/dl	
					(Piccolo) Electrolyte		
					TEST	RESULT	REF. RANGE
					NA	128-145 mmol/L	
					K	3.3-4.7 mmol/L	
					CL	98-108 mmol/L	
					CO ₂	18-33 mmol/L	
					CL	98-108 mmol/L	
					CO ₂	18-33 mmol/L	

(S) 61-2
 1-STAT G3+
 Pt: [REDACTED] **4/5 DC**
 Pt Name: _____
 TC02 _____ 20 mmol/L
 At 37C
 PH _____ 7.416
 PCO2 _____ 29.1 mmHg
 PO2 _____ 61 mmHg
 HCO3 _____ 19 mmol/L
 BEecf _____ -6 mmol/L
 sO2# _____ 9 %
 *calculated

At Patient Temp _____
 PH _____ 7.399
 PCO2 _____ 30.6 mmHg
 PO2 _____ 65 mmHg
 Patient Temp: 38.1C
 Sample Type: ART

17 JUL 03 08:07

Oper: [REDACTED] **(S) 61-2**
 Physician: _____
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW R93

DATE: _____ LAB ID NO.: _____

Ward/Section: ICU 7 R. STING PHYSICIAN: _____ LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: CIV [REDACTED] (S)(6)-4 DATE: 17 July 03 TIME: 0515 SSN-PSEUDO SSN: _____

(Hematology) CBC **Urinalysis** **Misc. Serology**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[REDACTED]	4.5-10.5	Color		N/A	RPR		Negative
RBC	(S)(6)-4	4.0-12.0	App		N/A	Mono		Negative
Hgb	16.8 g/dL	13.5-18.5	Bju		Negative	Microbiology		
Hct	51.3 %	37.0-47.0	Biti		Negative				Source
MCV	94.5 fL	83.0-101.0	Ket		Negative	Gram		
Plt	462 x10 ³ /L	150-450	SG		N/A	Occ Bld		Negative
Lymph	9.5 %	20.5-51.0	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro		
Segs		Mono	Prot		Negative	Parasites		
Bands		Eos	Urob		0.2-1.0	Malaria		
Lymph		Baso	Nit		Negative	O & P		
Atyp		Imm	Leuk		Negative	Other		
RBC Morph			HCG		Negative	Microscopic Urinalysis		

Spun Hematocrit	42-52% (M) 37-47% (F)	CSF		Blood Bank	
Sed Rate		Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Other		Directigen	Negative	ABO/Rh	

Coagulation Studies

Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT	17.1	9.8-13.6 secs			
APTT	32.6	21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS: _____

REPORTED BY: [REDACTED] (S)(6)-2 DATE: 17 July 03 LAB ID NO.: _____

(S)(6)-2

Ward/Section: 1C01			TESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE 7-15-03	TIME 0344	SSN-PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.5-10.5 ^{10⁹/L} 15-17-02	Color		N/A	RPR		Negative
RBC		4.0-5.5 Patient Limits	App		N/A	Mono		Negative
Hgb		12.0-16.0 g/dL	Glu		Negative	Microbiology		
Hct		37.0-47.0 %	Bili		Negative	Source		
MCV		85.0-100.0 fL	Ket		Negative	Gram Stain		
Plt		150-400 ^{10⁹/L}	SG		N/A	Occ Bld		Negative
Lymph		20.0-40.0 %	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spin Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

(S)(6)-2

MEDCOM - 14404

16 July
1800

i-STAT GS+

Pt: [REDACTED]
Pt Name: [REDACTED]

TCO2_____19 mmol/L
At 37C
pH_____7.380
PCO2_____29.8 mmHg
PO2_____70 mmHg
HCO3_____18 mmol/L
BEecf_____ -8 mmol/L
sO2#_____34 %
*calculated

At Patient Temp
pH_____7.363
PCO2_____31.4 mmHg
PO2_____76 mmHg
Patient Temp: 38.20
Sample Type: ART

16JUL03 18:02

Oper: [REDACTED]

Physician: [REDACTED]

Ser# [REDACTED]
Ver: JAMS046A
CLEW R93

i-STAT GS+

Pt: [REDACTED]
Pt Name: [REDACTED]

(5)(6)-7
TCO2_____22 mmol/L
At 37C
pH_____7.380
PCO2_____34.9 mmHg
PO2_____69 mmHg
HCO3_____21 mmol/L
BEecf_____ -5 mmol/L
sO2#_____93 %
*calculated

At Patient Temp
pH_____7.375
PCO2_____35.4 mmHg
PO2_____70 mmHg
Patient Temp: 37.30
Sample Type: ART

16JUL03 11:57

Oper: [REDACTED]

Physician: [REDACTED]

Ser# [REDACTED]
Ver: JAMS046A
CLEW R93

(5)(6)-2

i-STAT GS+

Pt: [REDACTED]
Pt Name: [REDACTED]

TCO2_____22 mmol/L
At 37C
pH_____7.389
PCO2_____34.7 mmHg
PO2_____92 mmHg
HCO3_____21 mmol/L
BEecf_____ -4 mmol/L
sO2#_____97 %
*calculated

At Patient Temp
pH_____7.399
PCO2_____33.7 mmHg
PO2_____88 mmHg
Patient Temp: 36.30
FIO2_____ : 40
Sample Type: ART

16JUL03 00:23

Oper: [REDACTED]

Physician: [REDACTED]

Ser# [REDACTED]
Ver: JAMS046A
CLEW R93

(b)(6)-4

i-STAT G3+
 Pt: [REDACTED]
 Pt Name: _____
 TC02_____22 mmol/L
 At 37C
 PH_____7.369
 PCO2_____36.9 mmHg
 PO2_____81 mmHg
 HCO3_____21 mmol/L
 BEecf_____ -4 mmol/L
 sO2*_____96 %
 *calculated

At Patient Temp
 PH_____7.364
 PCO2_____37.4 mmHg
 PO2_____83 mmHg
 Patient Temp: 37.3C
 FIO2_____ : .4
 Sample Type_: ART

16JUL03 09:35

Oper: [REDACTED]
 Physician: _____
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW R93

i-STAT G3+
 Pt: [REDACTED]
 Pt Name: _____
 TC02_____22 mmol/L
 At 37C
 PH_____7.309
 CO2_____42.0 mmHg
 PO2_____95 mmHg
 HCO3_____21 mmol/L
 BEecf_____ -5 mmol/L
 sO2*_____97 %
 *calculated

At Patient Temp
 PH_____7.304
 PCO2_____42.7 mmHg
 PO2_____97 mmHg
 Patient Temp: 37.4C
 FIO2_____ : .40
 Sample Type_: ART

(b)(6)-2
16JUL03 08:07

Oper: [REDACTED]
 Physician: _____
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW R93

i-STAT G3+ SIMV 10
 Pt: [REDACTED] PEEP 5
 Pt Name: _____ TV 500
 40%
 TC02_____23 mmol/L
 At 37C
 PH_____7.365
 PCO2_____37.8 mmHg
 PO2_____107 mmHg
 HCO3_____22 mmol/L
 BEecf_____ -4 mmol/L
 sO2*_____98 %
 *calculated

Sample Type_: _____
 16JUL03 03:46

Oper: [REDACTED]
 Physician: _____
 Ser# [REDACTED]
 Ver: JAMS046A
 CLEW R93

Section: **ICU 1** REQUESTING PHYSICIAN: **(S)(G)-2**
CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 FIRST, MI. **[REDACTED]** DATE: **7/15/03** TIME: **03:14** SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
i-STAT EC8+			ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
Pt: [REDACTED]			ALP		26-84 u/l	BUN		7-22 mg/dl
Pt Name: _____			ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
			AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
Glucose _____ 82 mg/dL			AST		11-38 u/l	NA ⁺		128-145 mmol/l
BUN _____ 12 mg/dL			TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
Na _____ 141 mmol/L			BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
K _____ 4.1 mmol/L			CA ⁺⁺		8.0-10.3mg/dl	tCO ₂		18-33 mmol/l
Cl _____ 109 mmol/L			CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
TCO ₂ _____ 22 mmol/L			CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap _____ 15 mmol/L			GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Hct _____ 22 %PCV			TP		6.4-8.1 g/dl	ALP		26-84 u/l
Hb* _____ 7 g/dL			(Piccolo) Melyte 8			ALT		10-47 u/l
*via Hct			TEST	RESULT	REF. RANGE	AMY		14-97 u/l
PH _____ 7.342			GLU		73-118 mg/dl	AST		11-38 u/l
PCO ₂ _____ 39.0 mmHg			BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
HCO ₃ _____ 21 mmol/L			CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
BEecf _____ -5 mmol/L			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
Sample Type: _____			NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
16JUL03 03:50			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Oper: [REDACTED] (S)(G)-2			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
Physician: _____			tCO ₂		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
Ser# [REDACTED]						CL ⁻		98-108 mmol/l
Ver: JAMS046A CLEW A93						tCO ₂		18-33 mmol/l

REMARKS:

REPORTED BY: **[REDACTED]** **(S)(G)-2** DATE: _____ LAB ID NO.: _____

MEDCOM - 14407

(5)(6)-2

Ward/Section: ICU 1	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. Epw 	DATE 7-15-03	TIME	SSN/PSEUDO SSN:

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³
		x 10 ⁹
		/dl (M)
		/dl (F)
		(M)
		(F)
		(M)
		(F)
		x 10 ¹
		.1%
		rential

TEST	RESULT
Colc	
App	
Glu	25 mmol/L
Bili	
Ket	
SG	
Bld	
pH	7.338
Prot	43.4 g/L
Urob	
Nit	
Leuk	
HCG	

TEST	RESULT	REF. RANGE
PR		Negative
lono		Negative

Microbiology	
source	
am	
ain	
c Bld	Negative
pylori	Negative
cro	
asites	
laria	
z P	
er	

TEST	RESULT	REF. RANGE
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		
Coagulation Studies		
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Patient Temp: 36.30
 FI02: 40
 Sample Type: ART
 15JUL03 08:53
 Oper:
 Physician:
 Ser # 40746
 Ver: 040468

Microscopic Urinalysis	

Blood Bank
**ST SUBMIT SF 518 WITH
 RY UNIT REQUESTED**

Blood Bank	
/Rh	
ismatch	
ERY UNIT OF BLOOD	
)	
CROSSMATCH	

REMARKS:

Section: ICU 1

REQUESTING PHYSICIAN: (b)(6) (b)(7)

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

FIRST, MI. (b)(6)

DATE: 7-19-03

TIME

SSN/PSEUDO SSN:

(i-STAT)

(Piccolo) Chemistry 12

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE	(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
			TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl			
ALP		26-84 u/l	BUN		7-22 mg/dl			
ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl			
AMY		14-97 u/l	CRE		0.6-1.2 mg/dl			
AST		11-38 u/l	NA ⁺		128-145 mmol/l			
TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l			
BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l			
CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l			
CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus					
CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE			
GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl			
TP		6.4-8.1 g/dl	ALP		26-84 u/l			
(Piccolo) Metlyte 8			ALT		10-47 u/l			
TEST	RESULT	REF. RANGE	AMY		14-97 u/l			
GLU		73-118 mg/dl	AST		11-38 u/l			
BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl			
CRE		0.6-1.2 mg/dl	GGT		5-65 u/l			
CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl			
NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte					
K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE			
CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l			
tCO ₂		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l			
			CL ⁻		98-108 mmol/l			
			tCO ₂		18-33 mmol/l			

MARKS:

TESTED BY:

DATE:

LAB ID NO.:

(i-STAT)	(Piccolo) Chemistry 12	(Piccolo) Metabolic Panel
(S)(G)-7		
1-STAT G3+	1-STAT G3+	1-STAT G3+
Pt: [REDACTED]	Pt: [REDACTED]	Pt: [REDACTED]
Pt Name: _____	Pt Name: _____	Pt Name: _____
TCO2 _____ 23 mmol/L	TCO2 _____ 23 mmol/L	TCO2 _____ 23 mmol/L
At 37C	At 37C	At 37C
PH _____ 7.346	PH _____ 7.315	PH _____ 7.266
PCO2 _____ 42.7 mmHg	PCO2 _____ 43.0 mmHg	PCO2 _____ 47.1 mmHg
PO2 _____ 98 mmHg	HCO3 _____ 22 mmol/L	PO2 _____ 96 mmHg
HCO3 _____ 26 mmol/L	BEecf _____ -4 mmol/L	HCO3 _____ 21 mmol/L
BEecf _____ -8 mmol/L	sO2* _____ 97 %	BEecf _____ -6 mmol/L
sO2* _____ 98 %	*calculated	sO2* _____ 96 %
*calculated	At Patient Temp	*calculated
Sample Type: _____	PH _____ 7.318	At Patient Temp
14JUL03 09:09	PCO2 _____ 42.6 mmHg	PH _____ 7.269
Oper: [REDACTED]	PO2 _____ 98 mmHg	PCO2 _____ 46.6 mmHg
Physician: (S)(G)-2	Patient Temp: 98.2F	PO2 _____ 95 mmHg
Ser# [REDACTED]	Sample Type: ART	Patient Temp: 98.2F
Ver: JAMS046A CLEW A93	14JUL03 09:09	Sample Type: ART
	Oper: [REDACTED]	14JUL03 09:59
	Physician: (S)(G)-2	Oper: [REDACTED]
	Ser# [REDACTED]	Physician: _____
	Ver: JAMS046A CLEW A93	Ser# [REDACTED]
		Ver: JAMS046A CLEW A93
REMARKS:		
REPORTED BY:	DATE: 14 July 03	LAB ID N

EPW # [REDACTED] (S)(G)-7

(S)(G)-2

Ward/Section: 1C **(S)(G)-7** REQUESTING: **(S)(G)-7** LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **(S)(G)-7** DATE: 7-17-03 TIME: 0400 SSN/PSEUDO SSN:

(Hematology) CBC		
TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³
RBC		4.2-5.4 x 10 ⁶
Hgt		
Hct		
MCV		80-100
Plt		150-400
WBC	15.2 H x10 ³ /uL	4.5 10.5
RBC	3.92 L x10 ⁶ /uL	4.00 6.00
Hgb	11.7 g/dL	11.0 18.0
Hct	36.0 %	35.0 60.0
MCV	91.6 fL	80.0 99.9
MCH	29.9 pg	27.0 31.0
MCHC	32.6 g/dL	33.0 37.0
PLT	81. L x10 ³ /uL	150. 450.
LYC	3.8 %	20.5 51.1
LYW	0.9 %	1.2 3.4
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other	<i>platelet slight decreased</i>	
Coagulation Studies		
TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Color i-STAT G&T

App Pt: **(S)(G)-7**

Glu Pt Name: _____

Bili TC02_____ 22 mmol/L

SG At 37C

Bld PH_____ 7.312

pH PCO2_____ 41.9 mmHg

Prot PO2_____ 75 mmHg

Urob HCO3_____ 21 mmol/L

Nit BEecf_____ -5 mmol/L

Leuk sO2*_____ 93 %

HCG *calculated

At Patient Temp

PH_____ 7.318

PCO2_____ 41.1 mmHg

PO2_____ 73 mmHg

Patient Temp: 36.6C

Sample Type: ART

14JUL03 11:29

Oper: **(S)(G)-7**

Physician: **(S)(G)-2**

ser# 40746

Ver: _____

ST	RESULT	REF. RANGE
		Negative
		Negative

Microbiology		
ce		
n		
Bld		Negative
ylori		Negative
o sites		
ria		
P		

Microscopic Urinalysis		

Blood Bank		
T SUBMIT SF 518 WITH RY UNIT REQUESTED		
Rh		

ssmatch RY UNIT OF BLOOD		
		CROSSMATCH

REMARKS: **(S)(G)-7** *1 Y 5 ual 03*

(S)(G)-2

Ward/Section: OR		ORDERING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT
			Color		N/A	RPR	Negative
			App		N/A	Mono	Negative
			Glu		Negative	Microbiology	
			Bili		Negative	Source	
			Ket		Negative	Gram Stain	
			SG		N/A	Occ Bld	Negative
			Bld		Negative	H. pylori	Negative
			pH		N/A	Micro Parasites	
			Prot		Negative	Malaria	
			Urob		0.2-1.0	O & P	
			Nit		Negative	Other	
			Leuk		Negative	Microscopic Urinalysis	
			HCG		Negative		
			CSF			Blood Bank	
Sed Rate			Cell Count	MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED			
Other	<i>Platelets slightly decreased</i>		Directigen		Negative	ABO/Rh	
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)				
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH		
PT	<i>19.0</i>	9.8-13.6 secs					
APTT	<i>44.3</i>	21-34 secs					
D dimer		<20 ug/ml					
FDP		<10 ug/ml					
REMARKS: <i>CBC, PT/PTT</i>							
REPORTED BY: <i>[Redacted]</i>			DATE: <i>1/30/03</i>	LAB ID NO.:			

(S)(b)4

*1/31/03
21:20*

*Patients
Limits*

WBC	5.9	$\times 10^3/\mu\text{L}$	4.5	10.5
RBC	3.50	$\times 10^6/\mu\text{L}$	4.0	6.00
Hgb	7.4	g/dL	11.0	18.0
Hct	23.3	%	35.0	60.0
MCV	90.8	fL	90.0	99.9
MCH	29.8	pg	27.0	31.0
MCHC	32.7	g/dL	33.0	37.0
PLT	66	$\times 10^3/\mu\text{L}$	150	450
LYM	9.9	%	20.5	51.1
LM	0.9	$\times 10^3/\mu\text{L}$	1.2	3.4

EPW

(S)(b)4

(S)(b)2

[Redacted]

(S)(b)4

Ward/Section: R		QUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:			
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L				Na		73-118 mg/dl
K		3.5-4.9 mmol/L				K		7-22 mg/dl
Cl		98-109 mmol/L	===== PICCOLO ===== 14/07/03 21:31			Cl		80-103 mg/dl
pH		7.31-7.45	REFERENCE RANGE: MALE			pH		7.35-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	PATIENT #: (S)(G)Y			PCO2		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	BASIC METABOLIC			PO2		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	DISC LOT #: (S)(G)345AA4			TCO2		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	OPER #: DR #: 000			HCO3		18-33 mmol/l
sO2		95-98%	SERIAL #: [REDACTED]					
B/Eecl		(-2) - (+3) mmol/L	GLU 123* 73-118 MG/DL			(Piccolo) Liver Panel Plus		
AnGap		10-20 mmol/L	BUN 10 7-22 MG/DL			EST	RESULT	REF. RANGE
Ca		1.12-1.32 mmol/L	CA++ 7.1* 8.0-10.3 MG/DL			B		3.3-5.5 g/dl
BUN		8-26 mg/dl	CRE 1.1 0.6-1.2 MG/DL			P		26-84 u/l
GLU		70-105 mg/dl	NA+ 130 128-145 MMOL/L			T		10-47 u/l
Creat		0.7-1.5 mg/dl	K+ 4.8* 3.3-4.7 MMOL/L			ALP		14-97 u/l
Hct		38-51% PCV	CL- 109* 98-108 MMOL/L			AST		11-38 u/l
Hgb		12-17 g/dl	tCO2 25 18-33 MMOL/L			BIL		0.2-1.6 mg/dl
Misc. Chemistry			INST QC: OK CHEM QC: OK			GT		5-65 u/l
TEST	RESULT	REF. RANGE	HEM 0, LIP 0, ICT 1+			P		6.4-8.1 g/dl
Troponin-I		Negative				(Piccolo) Electrolyte		
Drug of Abuse		Negative				TEST	RESULT	REF. RANGE
		Negative				Na		128-145 mmol/l
		Negative						3.3-4.7 mmol/l
		Negative				K		98-108 mmol/l
		Negative				Cl		18-33 mmol/l
REMARKS:								
CHEM 7								
REPORTED BY:	(S)(G)Y	DATE:	1452103	LAB ID NO.:				

EPW # [REDACTED]
(S)(G)Y

(b)(6)-2

Section: 100+ RE ST [REDACTED] CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 FIRST, MI. [REDACTED] (b)(6)-4 DATE 7-14-03 TIME 0400 SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l			
		98-109 mmol/L	ALT		10-47 u/l			
		7.31-7.45	APTT		11.07 min			
		35-45 mmHg (art) 41-51 mmHg (ven)	A					
		80-105 mmHg (art) N/A (ven)	T					
		23-27 mmol/L (art) 24-29 mmol/L (ven)	B					
		22-26 mmol/L (art) 23-28 mmol/L (ven)	C					
		95-98%	C					
		(-2) - (+3) mmol/L	C					
		10-20 mmol/L	C					
		1.12-1.32 mmol/L	T					
		8-26 mg/dl						
		70-105 mg/dl						
		0.7-1.5 mg/dl	C					
		38-51% PCV	E					
		12-17 g/dl	C					
Misc. Chemistry			INST QC: OK CHEM QC: OK			At Patient Temp		
			HEM 0, LIP 0, ICT 2+			PH 7.355		
						PCO2 36.9 mmHg		
						PO2 110 mmHg		
						HCO3 21 mmol/L		
						BEecf -5 mmol/L		
						sO2* 98 %		
						*calculated		
						PH 7.355		
						PCO2 37.1 mmHg		
						PO2 111 mmHg		
						Patient Temp: 37.10		
						FI02 : 40		
						Sample Type: ART		
						14JUL03 03:55		
						Oper: [REDACTED]		
						Physician: (b)(6)-2		
						Ser# 40746		
						Ver: 10MFR400		

REMARKS:

ORDERED BY: [REDACTED] (b)(6)-2
 DATE: 18 Jul 03
 LAB ID NO.:

MEDCOM - 14414

(S)(6)-2

Ward/Section: 100		REQUESTING PHYSICIAN: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		(S)(6)-4		DATE: 7/13	TIME: 2050	SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
RT	18.7	9.8-13.6 secs						
APTT	27.4	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								

MEDCOM - 14415

Section: ICU

ESTD: [Redacted]

CHEMISTRY RESULT FORM

(Subject to the Privacy Act of 1974)

FIRST, MI. [Redacted]

DATE: 7/13/03

TIME: 1730

SSN/PSEUDO SSN: [Redacted]

(i-STAT)

(S)(b)-7

(S)(b)-7

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
		0.7-1.5 mg/dl	GLU	109	73-118 mg/dl	AST		11-38 u/l
		38-51% PCV	BUN	8	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
		12-17 g/dl	CRE	0.6	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
	RESULT	REF. RANGE	NA ⁺	139	128-145 mmol/l	(Piccolo) Electrolyte		
			K ⁺	4.1	3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
			CL ⁻	109	98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO ₂	20	18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l

REMARKS:

Icteric sample CK not available

REPORTED BY:

[Redacted]

(S)(b)-7

DATE:

LAB ID NO.:

MEDCOM - 14416

(b)(6)-2

Ward/Section: 1C01	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. (b)(6)-4	DATE: 7/13/03	TIME: 6:30
	SSN/PSEUDO SSN: (b)(6)-4	

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		.8 x 10 ³	Color		N/A	RPR		Negative
		1 x 10 ⁹	App		N/A	Mono		Negative
		g/dl (M)	Glu		Negative	Microbiology		
		g/dl (F)	Bili		Negative	Source		
		% (M)	Ket		Negative	Gram Stain		
		% (F)	fl (M)		N/A	Occ Bld		Negative
		fl (F)	SG		N/A	H. pylori		Negative
		0 x 10 ³	Bld		Negative	Micro Parasites		
		d	Differential pH		N/A	Malaria		
		1.1%	Prot		Negative	O & P		
			Urob		0.2-1.0	Other		
			Nit		Negative	Microscopic Urinalysis		
			Leuk		Negative			
			HCG		Negative			
			CSF			Blood Bank		
			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						

(b)(6)-4
13-07-03
17:33
Patient
Limits

WBC	9.9	x10 ³ /uL	4.5	10.5
RBC	3.84	L x10 ⁶ /uL	4.00	6.00
Hgb	10.8	L g/dL	11.0	18.0
Hct	35.3	%	35.0	60.0
HCV	92.0	fL	80.0	99.9
MCH	28.1	pg	27.0	31.0
MCHC	30.6	L g/dL	33.0	37.0
PLT	83	L x10 ³ /uL	150	450
LYZ	10.9	*L %	20.5	51.1
LYM	1.1	*L x10 ³ /uL	1.2	3.4

REMARKS: (b)(6)-4

(b)(6)-4

i-STAT G3+
Pt: [redacted]
Pt Name: [redacted]

TCO2 _____ mmol/L
At 37C
PH _____ 7.354
PCO2 _____ 37.7 mmHg
PO2 _____ 456 mmHg
HCO3 _____ 21 mmol/L
BEecf _____ -5 mmol/L
SO2* _____ 99 %
*calculated

At Patient Temp
PH _____ 7.304
PCO2 _____ 34.5 mmHg
PO2 _____ 444 mmHg
Patient Temp: 34.9C
FIO2 _____ : 40
Sample Type: ART

13JUL03 11:01
Oper: [redacted]
Physician: [redacted]
Ser# [redacted]
Ver: JAMS046A
CLEW R93

i-STAT G3+
Pt: [redacted]
Pt Name: [redacted]

TCO2 _____ 20 mmol/L
At 37C
PH _____ 7.322
PCO2 _____ 36.0 mmHg
PO2 _____ 157 mmHg
HCO3 _____ 1 mmol/L
BEecf _____ -7 mmol/L
SO2* _____ 99 %
*calculated

At Patient Temp
PH _____ 7.355
PCO2 _____ 32.6 mmHg
PO2 _____ 144 mmHg
Patient Temp: 34.7C
FIO2 _____ : 40
Sample Type: ART

13JUL03 17:21
Oper: [redacted]
Physician: [redacted]
Ser# [redacted]
Ver: JAMS046A
CLEW R93

(b)(6)-2

i-STAT G3+
Pt: [redacted]
Pt Name: [redacted]

TCO2 _____ 21 mmol/L
At 37C
PH _____ 7.325
PCO2 _____ 38.5 mmHg
PO2 _____ 135 mmHg
HCO3 _____ 20 mmol/L
BEecf _____ -6 mmol/L
SO2* _____ 99 %
*calculated

At Patient Temp
PH _____ 7.338
PCO2 _____ 37.0 mmHg
PO2 _____ 129 mmHg
Patient Temp: 36.1C
FIO2 _____ : 40
Sample Type: ART

13JUL03 20:42
Oper: [redacted]
Physician: [redacted]
Ser# [redacted]
Ver: JAMS046A
CLEW R93

i-STAT G3+
Pt: [redacted]
Pt Name: [redacted]

TCO2 _____ mmol/L
At 37C
PH _____ 7.367
PCO2 _____ 30.6 mmHg
PO2 _____ 221 mmHg
HCO3 _____ 18 mmol/L
BEecf _____ -8 mmol/L
SO2* _____ 100 %
*calculated

At Patient Temp
PH _____ 7.415
PCO2 _____ 26.5 mmHg
PO2 _____ 206 mmHg
Patient Temp: 33.7C
FIO2 _____ : 50
Sample Type: ART

13JUL03 15:17
Oper: [redacted]
Physician: [redacted]
Ser# [redacted]
Ver: JAMS046A
CLEW R93

MEDCOM - 14418

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
i-STAT G8+		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
Pt: [REDACTED] (S)(G)-4			ALP		26-84 u/l	BUN		7-22 mg/dl
Pt Name: _____			ALT		10-47 u/l	CA		8.0-10.3 mg/dl
T002 _____ 84 mmol/L			AMY		14-97 u/l	CRP		0.6-1.2 mg/dl
Rt 370			AST		11-38 u/l	NA		128-145 mmol/L
PH _____ 7.255			TBIL		0.2-1.6 mg/dl	K		3.3-4.7 mmol/L
PO2 _____ 49.7 mmHg			BUN		7-22 mg/dl	CL		98-108 mmol/L
PO2 _____ 875 mmHg			CA		8.0-10.3 mg/dl	TCO2		18-33 mmol/L
HCO3 _____ 23 mmol/L			CHOI		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BECF _____ -5 mmol/L			CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
SO2 _____ 100 %			GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
*calculated			TP		6.4-8.1 g/dl	ALP		26-84 u/l
			(Piccolo) Metlyte 8			ALT		10-47 u/l
			TEST	RESULT	REF. RANGE	AMY		14-97 u/l
			GLU		73-118 mg/dl	AST		11-38 u/l
			BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
			CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
			NA		128-145 mmol/L	(Piccolo) Electrolyte		
			K		3.3-4.7 mmol/L	TEST	RESULT	REF. RANGE
			CL		98-108 mmol/L	NA		128-145 mmol/L
			TCO2		18-33 mmol/L	K		3.3-4.7 mmol/L
						CL		98-108 mmol/L
						TCO2		18-33 mmol/L
REMARKS:								
[REDACTED]								
REPORTED BY: [REDACTED] (S)(G)-2			DATE: 13 July 03			LAB ID NO.:		

EPW # [REDACTED]
(S)(G)-4

d/Section: **ENT** | **RE** | **ORDERING PHYSICIAN:** (b)(6)-2 | **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)

PATIENT, FIRST, MI (b)(6)-7 | **DATE** 12/24 | **TIME** 1102 | **SSN/PSEUDO SSN:** (b)(6)-7

(Hematology) CBC | **Urinalysis** | **Misc. Serology**

EST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
-----	--------	------------	------	--------	------------	------	--------	------------

		9.8 x 10 ³	Color		N/A	RPR		Negative
		1 x 10 ⁹	App		N/A	Mono		Negative

Microbiology

			Glu		Negative	Source		
			Bili		Negative	Gram Stain		

			Ket		Negative	Occ Bld		Negative
			SG		N/A	H. pylori		Negative

			Bld		Negative	Micro Parasites		
			pH		N/A	Malaria		

			Prot		Negative	O & P		
			Urob		0.2-1.0	Other		

			Nit		Negative	Microscopic Urinalysis		
			Leuk		Negative			

			HCG		Negative			
--	--	--	-----	--	----------	--	--	--

			CSF			Blood Bank		
--	--	--	------------	--	--	-------------------	--	--

			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
--	--	--	------------	--	--	---	--	--

			Directigen		Negative	ABO/Rh		
--	--	--	------------	--	----------	--------	--	--

Coagulation Studies | **Blood Bank Unit Crossmatch**
 (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

EST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
-----	--------	------------	------	------	------------

	21.2	9.8-13.6 secs			
--	------	---------------	--	--	--

	40.0	21-34 secs			
--	------	------------	--	--	--

		<20 ug/ml			
--	--	-----------	--	--	--

		<10 ug/ml			
--	--	-----------	--	--	--

MARKS:

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

(S)(61)-7

WBC 10.4 $\times 10^3/\mu\text{L}$ 13-07-03
 RBC 2.36 L $\times 10^6/\mu\text{L}$ 13-17
 Hgb 7.1 L g/dL Patient
 Hct 22.1 L % Limits
 HCV 73.0 fL 4.5 10.5
 HCH 30.0 pg 4.00 6.00
 MCHC 32.0 L g/dL 11.0 18.0
 PLT 82. L $\times 10^3/\mu\text{L}$ 35.0 60.0
 LY% 12.2 % 20.5 51.1
 LY# 1.5 $\times 10^3/\mu\text{L}$ 1.2 3.4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		4.8-10.8 $\times 10^3$	Color		N/A	RPR		Negative
		4.7-6.1 $\times 10^6$	App		N/A	Mono		Negative
		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
		42-52% (M) 37-47% (F)	Bili		Negative	Source		
		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
		130-500 $\times 10^3$ verified	SG		N/A	Occ Bld		Negative
		20.5-51.1%	Bld		Negative	H. pylori		Negative
		Differential	pH		N/A	Micro Parasites		
		no	Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spin Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT	19.7	9.8-13.6 secs						
APTT	41.0	21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ng/ml						
REMARKS: CBC & PT/PTT								
REPORTED BY:			DATE: 13 Jun 07		LAB ID NO.:			

EPW# [redacted]
 (S)(61)-7

Ward/Section: EM		STING PHYSICIAN: (S)(6)-2		STRY RESULT FORM Subject to the Privacy Act of 1974																																	
LAST, FIRST, MI. (S)(6)-7		DATE: 12 July	TIME: 1102	SSN/PSEUDO SSN: (S)(6)-7																																	
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel																																	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																																
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl																																
K		3.5-4.9 mmol/L	ALP		26-84 u/l																																
Cl		98-109 mmol/L	ALT		10-47 u/l																																
pH		7.31-7.45	AMY		14-97 u/l																																
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l																																
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl																																
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl																																
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl																																
sO2		95-98%	CHOL		100-200 mg/dl																																
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl																																
AnGap		10-20 mmol/L	GLU		73-118 mg/dl																																
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl																																
BUN		8-26 mg/dl	(Piccolo) Metlyte 8																																		
GLU		70-105 mg/dl	<p>===== PICCOLO ===== 13/07/03 11:22 REFERENCE RANGE: MALE PATIENT #: (S)(6)-7 LIVER PANEL PLUS DISC LOT #: 3051AA4 OPER #: (S)(6)-7 DR #: 00 SERIAL #: (S)(6)-7</p> <p>===== PICCOLO ===== 13/07/03 11:22 REFERENCE RANGE: MALE PATIENT #: (S)(6)-7 METLYTE 8 DISC LOT #: 3141AA4 OPER #: (S)(6)-2 DR #: 000 SERIAL #: (S)(6)-2</p> <table border="0"> <tr><td>ALB</td><td>2.9*</td><td>3.3-5.5</td><td>G/DL</td></tr> <tr><td>ALP</td><td>28</td><td>26-84</td><td>U/L</td></tr> <tr><td>ALT</td><td>11</td><td>10-47</td><td>U/L</td></tr> <tr><td>AMY</td><td>194*</td><td>14-97</td><td>U/L</td></tr> <tr><td>AST</td><td>51*</td><td>11-38</td><td>U/L</td></tr> <tr><td>TBIL</td><td>1.8*</td><td>0.2-1.6</td><td>MG/DL</td></tr> <tr><td>GGT</td><td><5*</td><td>5-65</td><td>U/L</td></tr> <tr><td>TF</td><td>3.6*</td><td>6.4-8.1</td><td>G/DL</td></tr> </table> <p>INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 0</p> <p>INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 0</p>			ALB	2.9*	3.3-5.5	G/DL	ALP	28	26-84	U/L	ALT	11	10-47	U/L	AMY	194*	14-97	U/L	AST	51*	11-38	U/L	TBIL	1.8*	0.2-1.6	MG/DL	GGT	<5*	5-65	U/L	TF	3.6*	6.4-8.1	G/DL
ALB	2.9*	3.3-5.5				G/DL																															
ALP	28	26-84				U/L																															
ALT	11	10-47				U/L																															
AMY	194*	14-97				U/L																															
AST	51*	11-38				U/L																															
TBIL	1.8*	0.2-1.6				MG/DL																															
GGT	<5*	5-65	U/L																																		
TF	3.6*	6.4-8.1	G/DL																																		
Creaf		0.7-1.5 mg/dl																																			
Hct		38-51% PCV																																			
Hgb		12-17 g/dl																																			
Misc. Chemistry																																					
TEST	RESULT	REF. RANGE																																			
Troponin-I																																					
Drug of Abuse																																					
REMARKS:																																					
REPORTED BY:																																					

(5/6/12)

Ward Section: **ICU (5/6/12)** GUESTING PHYSICIAN: [REDACTED]

TEST RESULT FORM
Subject to the Privacy Act of 1974
SSN PSEUDO SSN

LAST, FIRST, MI: [REDACTED] DATE: [REDACTED] TIME: [REDACTED]

(STAT)			(Piccolo) Chemistry #2			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		135-146 mmol/L	ALB	1.6	3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP	52	26-84 u/l	BUN		7-22 mg/dl
Cl		96-107 mmol/L	ALT	42	10-47 u/l	CA		8.0-10.3 mg/dl
pH		7.31-7.45	AMY	107	14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		32-45 mmHg (2.00-2.67 kPa)	AST	117	11-38 u/l	NA		128-145 mmol/L
PO2		80-105 mmHg (10.7-13.9 kPa)	TBIL	15.9	0.2-1.6 mg/dl	K		3.3-4.7 mmol/L
tCO2		23-27 mmol/L (4.0-4.8 mmol/L equiv)	BUN	10	7-22 mg/dl	CL		98-108 mmol/L
HCO3		22-26 mmol/L (4.0-4.8 mmol/L equiv)	CA	7.7	8.0-10.3 mg/dl	TCO2		18-33 mmol/L
SO2		95-98%	CHOL	115	100-200 mg/dl	(Piccolo) Liver Panel Plus		
Bleed		1.20-1.30 mmol/L	CRE	ICT	0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AniCap		10-20 mmol/L	GLU	116	73-118 mg/dl	ALB		3.5-5.5 g/dl
Ca		9.0-10.32 mmol/L	TP	7.7	6.4-8.1 g/dl	ALP		26-84 u/l
BUN		7-22 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
A creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA		128-145 mmol/L	(Piccolo) Electrolyte		
Droponid		Negative	K		3.3-4.7 mmol/L	TEST	RESULT	REF. RANGE
Drug of Abuse		Negative	CL		98-108 mmol/L	NA		128-145 mmol/L
		Negative	TCO2		18-33 mmol/L	K		3.3-4.7 mmol/L
		Negative				CL		98-108 mmol/L
		Negative				TCO2		18-33 mmol/L

REMARKS: Results not available due to Zetote sample

REPORTED BY: [REDACTED] DATE: [REDACTED] LAB ID NO.: [REDACTED]

"Fractionate the bilirubin"

Not Available

MEDICAL RECORD - ANESTHESIA

Fill in this form, see AR 40-66; the proponent agency is the OTSG

See pre op workup dated 14 July 03 & change

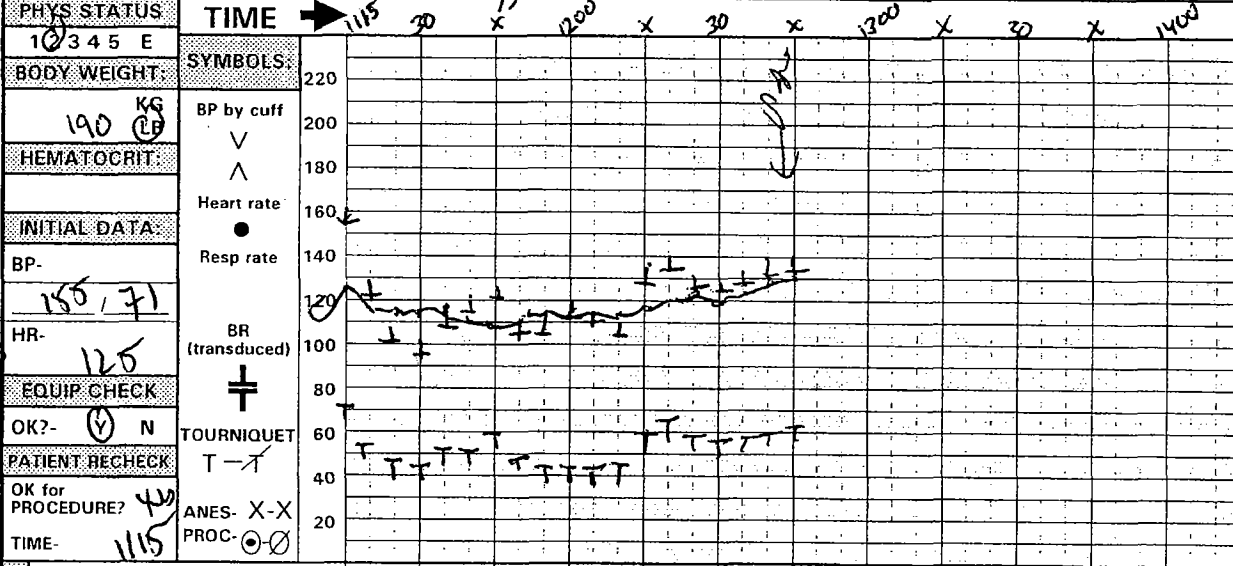
ANESTHETIC AGENTS AND DRUGS		DRUG	(Units)									TOTALS	TOTAL EBL
CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCC/ML, "1" = CONSTANT INFUSION		versed	(mg)	2.5									
		fentanyl	(ml)	5			3						
		propofol	(ml)	120									
		saline	(ml)	100									
VOLAT AGENT	150	% del	1.5	10	1.5	10							
		% e.t.											
		AIR	L/Min										
		N2O	L/Min										
	O2	L/Min	3-2	2	2	2	2	2	2	2	2		

TOTALS	TOTAL EBL
	0 ml
	TOTAL URINE
	400 ml

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS											
LINE sites: 115 FA <input checked="" type="checkbox"/> Warmed											
510 SA <input checked="" type="checkbox"/> Warmed											
<input type="checkbox"/> Warmed											
<input type="checkbox"/> Warmed											

FLUIDS SUMMARY
CRYSTALLOID- NS 1300
COLLOID-

LOSSES	EST BLOOD LOSS	%	70	30/300	0/0						
	URINE										



REMARKS

Code drugs with numbers, events with letters

(1) in Room, monitor applied

(2) induction + intubation

(3) eyes rolled, owl bite block.

(4) pt log rolled to left decub + lumbar tap done

(5) PRC + URIN # 2454206 ordered by Swiss prior to OR.

(6) pt react + extubate & reflexes int.

(7) 70 PRC

VENTIL	VT - ml	500	500	750	720	340	
	f - breaths/min	18-12	12	12	12	20-20	24
	Peak inf pres / PEEP	26	24	24	24		
	MODE - S(pon), A(ssist), C(on)	S-C-C-C	C	C	A-S	S	
MONITORS/ACCESSORIES	BP/Auto Cuff	ET CO2 (torr)	34-32	35	24	31	93
	BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0
	ART line	SpO2 (%)	98	100	100	100	100
	Steth-PC/ES	ECG	100	110	100	109	122
	Gas analyzer	TEMP-site					
	N-M Block (T/4)	4/4	4/4				

RECOVERY AT	1245
PACU/ICU	(Specify)
OTHER	from 4/10
CONDITION:	Stays
RESP.	24 SpO2-93
BP	131/60 HR-132
ANESTHESIA PROCEDURE TIMES	
PROC ANES	Start Room End
	1100 1115 1250
PROC ANES	Ready Begin End
	1125 1135 1257

Mark with letters & symbols. EVENTS explain under REMARKS Position

PROCEDURES and CPT Codes:
140 of D&S stamp, Placement of lumbar drain

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
[redacted] (5)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GSEA via SCAA/OCT (90)

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Exposed xt, AUTOMATIC DIRECT VISUALIZATION

SURGEONS: [redacted]

PROCEDURE LOCATION: 1
DATE: 17 July 03
PAGE 1 OF 1

MEDICAL RECORD - ANESTHESIA

Fill in this form, see AR 40-66; the proponent agency is the OTSG

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION	DRUG (Units)						TOTALS	TOTAL EBL
	Propofol (m)	100					100	< 25 cc
Vecuronium (m)	4					4 mg		
Fentanyl (mcg)		50	50			100 mcg	TOTAL URINE	
							150 cc	
Neo (mcg)	100	50	50	50		250 mcg		
VOLAT AGENT	150	% del	0.8-2.0	1.0	1.0	1.2 X		
		% e.t.						
AIR	L/Min							
N2O	L/Min							
O2	L/Min	2	2	2	2			

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS						FLUIDS SUMMARY	
LINE site	<input type="checkbox"/> Warmed					CRYSTALLOID-	L2 450cc
48g Distal	<input checked="" type="checkbox"/> Warmed	300	300			COLLOID-	Ø
	<input type="checkbox"/> Warmed					BLOOD-	Ø
	<input type="checkbox"/> Warmed					REMARKS	

LOSSES	EST BLOOD LOSS	%	URINE
			90
			150

PHYS STATUS: 1 2 3 4 5 E

TIME: 0815 30 X 0900 X 0930 X 1000

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

BP by cuff: V

Heart rate: ^

Resp rate: ●

BR (transduced): +

TOURNIQUET: T - X

ANES: X-X

PROC: Ø-Ø

TIME: 0815

VENTIL							
VT - ml		700	750	830	820	1180	
f - breaths/min		16	10	10	10	10	
Peak inf pres / PEEP		24	24	27	26	24	
MODE - S(pon), A(ssist), C(on)		C-C	C	C	C	C	
BP/Auto Cuff	X	ET CO2 (torr)	38-43	38	34	36	36
BP/oth	X	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0
X ART line	X	SpO2 (%)	98	100	100	100	100
X Steth- PC/ES	X	ECG	SR	SR	SR	SR	SR
X Gas analyzer	X	TEMP-site	Sk	38	36	36	36
		N-M Block (T/4)	4/4	Ø		2/4	

MONITORS/ACCESSORIES					
Warming blkt					
Conv warmer					

Mark with letters & symbols. explain under REMARKS

EVENTS Position → Supine @ arm on padded board < 90° @ arm @ side on padded board

PROCEDURES and CPT Codes: Endotracheal intubation, dilatation of airway, Bronchoscopy + I&D @ stump

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

sec above

SURGEONS:		PROCEDURE LOCATION:	
Dr. [Redacted]	(5)(6)-2		1
		DATE:	19 July 02
		PAGE	1 OF 1

simv 10/400/35% 15 VS 115, 91/54, 76% gtt M502c 7y/0, Verbal 2y/0 J. Dent comp

MEDICAL RECORD - ANESTHES

Use this form, see AR 40-66; the proponent ages.

the OTSG

0: 7.41/45/114/22/98% 1/44

135/104/12 30.7
3.5/2.7/1.7 87 9.7

Meds: Gent 130, Dexam 200, Carac 200, Eph, Zante 200, Allurol Neb 2 0.39 Y 45.5/10

DRUG (Units)	1	2	3	4	5	6	7	8	9	10	TOTALS	TOTAL EBL
Nimbex (mg)	6	4	6	4	4							
Fentanyl (mcg)	50/50	50	50	50	150/150						500	100
Verbal (mg)					2/2/1						5	TOTAL URINE
												150

FLUIDS	ANESTHETIC AGENTS AND DRUGS	CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION	FLUIDS SUMMARY
			CRYSTALLOID 800
			COLLOID: 25g Albumin
			BLOOD 0

LOSSES	EST BLOOD LOSS	URINE
	100	150

PHYS STATUS	TIME	SYMBOLS
1 2 3 4 5 E	30 > 12 > 30 > 13 > 30 > 14 > 30	
BODY WEIGHT		220
BP by cuff		200
HEMATOCRIT		180
INITIAL DATA		160
BP		140
HR		120
EQUIP CHECK		100
OK? - Y N		80
PATIENT RECHECK		60
OK for PROCEDURE?		40
TIME: 1120		20

VENTIL	VT - ml	f - breaths/min	Peak inf pres / PEEP	MODE - S(pon), A(ssist), C(on)	BP/Auto Cuff	ET CO2 (torr)	BP/oth	FiO2 (Frac or %)	ART line	SpO2 (%)	Steth- PC/ES	ECG	Gas analyzer	TEMP-site	N-M Block (I/4)
	800	10	27	C	38	38	0.8	96	ST	98	ST	ST		4/4	2/4
	800	10	27	C	38	38	0.8	98	ST	98	ST	ST		4/4	2/4
	800	10	26	C	37	37	0.8	100	ST	100	ST	ST		4/4	2/4
	820	10	25	C	35	35	0.8	100	ST	100	ST	ST		4/4	2/4
	810	10	27	C	36	37	0.8	100	ST	100	ST	ST		4/4	2/4

REMARKS

Code drugs with numbers, events with letters

① To room 2 Full monitors, O2 100% viaambu hand ventilation

② Return to ICU stable. Placed on preop vent settings.

RECOVERY AT 1305

PACU (ICU) (Specify)

OTHER T37

CONDITION:

RESP. V/P SpO2 96

BP: 143/75 HR: 130

ANESTHESIA / PROCEDURE TIMES

PROC ANES	Start	Room	End
	1120	1130	1310
	1135	1150	1300

PROCEDURES and CPT Codes:

Abdominal Exploration*

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

* EPW # [redacted]

① Ex lap

② Lysis of adhesions

③ Placement retention sutures

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

BETA 2 ETC from ICU

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

⑤ ETCO2, BSEP, eyes taped

SURGEON: [redacted] (b)(6)2

ANESTHETIC: [redacted] CRNA

PROCEDURE LOCATION: 1-1

DATE: 7/23/03

PAGE 1 OF 1

MEDICAL RECORD - ANESTHESIA

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

see previous page

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION	DRUG	Units									TOTALS	TOTAL EBL	
		Vec Fenatny	(ug)	10									280g	MLA
													TOTAL URINE
													300
	VOLAT AGENT	150 % del	1.0	1.0	1.0	.7	.7	.7	.7				
		% e.t.											
	AIR	L/Min											
	N2O	L/Min											
	O2	L/Min	2	2	2	2	2	2	2				

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS											
LINEN	Washed		Washed								
	Washed		Washed								
	Washed		Washed								
	Washed		Washed								
LOSSES	EST BLOOD LOSS										
	URINE -										

PHYS STATUS	TIME	155 3 8 160 X 30 X 170 X									
1 2 3 4 5 E	SYMBOLS:										
BODY WEIGHT	BP by cuff	220									
70 KG		200									
HEMATOCRIT		180									
28.5	Heart rate	160									
INITIAL DATA		140									
BP- 127/68	Resp rate	120									
HR- 114	BR (transduced)	100									
EQUIP CHECK		80									
OK? - Y N	TOURNIQUET	60									
PATIENT RECHECK		40									
OK for PROCEDURE	ANES- X-X	20									
TIME- 1500	PROC- 0-0										

MONITORS/ACCESSORIES	VT - ml	700	720	720	730	750	730	730	740
	f - breaths/min	11	11	11	10	10	10	10	10
	Peak inf pres / PEEP	25	25	25	25	25	25	25	25
	MODE - Spon, A(assist), C(on)	CV	CV	CV	CV	CV	CV	CV	CV
	BP/Auto Cuff	35	35	35	35	34	34	34	34
	BP/oth	83	83	83	83	86	86	86	86
	ART line	99	99	99	99	99	99	99	99
	Steth- PC/ES	AS	AS	AS	AS	SR	SR	SR	SR
	Gas analyzer	TEMP-site	skin	35	35	35	35	35	35
		N-M Block (T/4)	94	94	94	94	94	94	94

Warming blkt: Wool blanket

EVENTS: \rightarrow w/ arms & legs obstructed

PROCEDURES and CPT Codes: Done @ TKA

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
Intubated \rightarrow BOST/CO2

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
23cm @ teeth

SURGEON: [Redacted] (5)(6)-2

PROCEDURE LOCATION: [Redacted]

DATE: 2/1/05

PAGE: 1 of 1

TOTALS: 280g

TOTAL EBL: MLA

TOTAL URINE: 300

FLUIDS SUMMARY: CRYSTALLOID- 1L-500

BLOOD-

REMARKS: Code drugs with numbers, events with letters

1500 - started procedure with chest lead loop assessment done

1505 - Dr. Moore monitors OK

1705 - TO ICU for recovery

624th Forward Surgical Team Trauma Resuscitation Flowsheet

Patient Data

DTG In: _____
 Time of Injury: _____ (0616)-7

Name: _____
 SSN: _____
 Unit: _____
 Grade: _____ Sex: Male
 Allergies: NKDA

VITALS					
Time	HR	BP	RR	O2 Sat	GCS
0550	145	118/80	22	98%	NRB MASK
0550	141	124/78	24	99%	
0610	130	115/64	24	100% - SUPP NC	
0640	128	120/50	18	100%	
0650	113	123/50	16	100%	
		/			
		/			
		/			
		/			

INITIAL ASSESSMENT

AIRWAY

Patent:
 Oral / Nasal: _____
 ETT / Surgical: _____
 Oxygen: Now Rebreather

BREATHING

Adequate: _____
 Assisted: _____
 Right BS: Diminished
 Left BS:

CIRCULATION

Pulse Present: 0 PPR, Pheral
 Heart Rate: tachy
 Heart Tones:
 Bleeding Controlled:
 IV Access x2: L AC 18ga, L FEM 8.5Fr.

DISABILITY

AVPU:
 GCS: 4
 Pupils: PERLA
 Moves All Extremities:

Time	IV	Sz	Site	Rate
	#1	18	LT AC	W/O
	#2	-	LT Femoral	W/O
	#3			
	#4			

Total Fluids In: LR X 1111111111
PRBCS - @ 0545

Time	Med & Dose	Init.
0550	2 Grain Acet IV	_____
0600	50mg dexam IV	_____

INTERVENTIONS

Intervention	Time	Size	Site	Init. Vol. Out
ETT				
Surgical Airway				
CT #1		36 French	LT chest	0cc
CT #2				
Foley	0550	16 French	urethra	200cc
Gastric				

SECONDARY ASSESSMENT

Anterior

Front

Posterior

Back

Neuro:
Head & Face:
Neck: <u>↓</u>
Chest: <u>entrance super clavicular</u> <u>EXIT wound LT AX</u>
Abdomen:
Pelvis:
Upper Leg:
Lower Leg: <u>RT anterior tibial exit + enter</u> <u>RT knee</u>
Arms: <u>RT knee</u> <u>LT knee</u> <u>W/let wound</u>
Posterior:

Notes: Bullet entry left medial knee, bullet entry
right super clavicular exit right axilla, right flank
bullet wound single entry wound above RT ankle thru
and thru

Hct 20 Hgb 7

1st unit PRBC'S start : ^{start} 0545 - ^{done} 0556
2nd unit PRBC'S start @ ^{start} 0558 - ^{done} 0610

2300 cc Crystalloid - central
1500 cc crystalloid - peripheral

0558- BBS ↓ e Bases
0600 RT PPP
LT PPP Faint

0630 ↑ ABD C Ridge to top

0630 600cc clear yellow urine out
→ 0645 150mcg fentanyl IV
0655 ET ~~to~~ Placed ⊕ Placement verified

~~0655~~

11
12

13

165-7294

5

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED <i>(5)(6)-4 CT Abdo # [redacted] (same) Abd/Pelvis IV & contrast Oral? (5)(6)-2</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE
	SIGNATURE OF REQUESTOR				DATE REQUESTED

REASON(S) FOR REFERENCE (Complaints and findings)

Weakness in legs, SPD ASW @ flank & retroperitoneal hematoma

EXAMINATION (Month, day, year) <i>July 14 03</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
IC REPORT		

IDENTIFICATION (For typed or written entries give: first, middle, Medical Facility)

LOCATION OF MEDICAL RECORDS

MEDCOM - 14430

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" 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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (5)161-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW
	DATE REQUESTED 13 July 03 DATE AND HOUR REQUIRED On call	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER See original 518
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 TRANSFUSION NO. 8 PATIENT NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH N/A	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON NOTING ABOVE [Redacted] (5)161-2
DONOR ABO B POS Rh POS	RECIPIENT ABO B POS Rh POS	<input checked="" type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 13 July 03
REMARKS: Exp Date = 16 Feb 04 / Thawed = 14 Feb 03 @ 1329 July		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED [Redacted] (Signature) AT (Hour) 1330 ON (Date) 13 July 03		POST-TRANSFUSION DATA AMOUNT GIVEN 250 ML TIME/DATE COMPLETED/INTERRUPTED 13 Jul 03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 91.5 PULSE 75 BLOOD PRESSURE 145/89		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) [Redacted] (5)161-2 2nd [Redacted]		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.		
PRE-TRANSFUSION TEMP. 91.5 PULSE 77 BP 112/87		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
DATE OF TRANSFUSION 13/Jul/03 1334 TIME STARTED 1334		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE [Redacted] (5)161-2		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD EMU	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14431

PT Chw

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" 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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (5)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE [Redacted] (95W)
	DATE REQUESTED 13 July 03 DATE AND HOUR REQUIRED ch call	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (if applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER See original 578
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted] (5)(6)-4	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: NA	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [Redacted]
DONOR ABO: B pos Rh: B pos	RECIPIENT ABO: B pos Rh: B pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE: 13 JUL 03
REMARKS: Exp 20 JAN 04 14 JUL 03			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [Redacted]		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 unit ML TIME/DATE COMPLETED/INTERRUPTED: 1315 13 July 03		
AT (Hour): 1530 DATE: 13 JUL 03		REACTION: <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 95°F	PULSE: 107
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.		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) [Redacted]		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) [Redacted]		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
TEMP: 95°F DATE OF TRANSFUSION: 13 July 03	PULSE: 102 TIME STARTED: 1307	BP: 107/62	SIGNATURE OF PERSON PERFORMING ABOVE: [Redacted] (5)(6)-2	
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX: M	WARD: CHW	

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 BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Fresh Frozen Plasma checked), Type of Request (Crossmatch checked), Date Requested (13 July 03), and Volume Requested (1 unit).

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No., Transfusion No., Patient No., Donor (B pos), Recipient (B pos), and Test Interpretation (Antibody Screen NA, Crossmatch NA).

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Amount given 1 unit), Post-transfusion Data (Temperature 95°F, Pulse 107, BP 106/59), and Identification section with verifiers' signatures.

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14433

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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED] (S)(6)-2
	DATE REQUESTED 13 July 03	DATE AND HOUR REQUIRED _____	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	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.
REMARKS: (S)(6)-4	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF VERIFIER [REDACTED]
		TIME VERIFIED 13 July 03 1108

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] TRANSFUSION NO. 3 PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMPAT	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD (S)(6)-2 SIGNATURE OF REF. [REDACTED]
DONOR ABO O Rh POS RECIPIENT ABO B Rh POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: Exp. Date = 14 Jul 03	DATE 13 July 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] AT (Hour) 1435 ON (Date) 13 July 03	POST-TRANSFUSION DATA AMOUNT GIVEN 250 ML TIME/DATE COMPLETED/INTERRUPTED 1530 / 7-13-03 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 37.0 PULSE 77 BLOOD PRESSURE 142/95
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.	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) [REDACTED]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
TRANSFUSION TEMP. 33.6 PULSE 76 BP 145/95 DATE OF TRANSFUSION 13 Jul 03 TIME STARTED 1503	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE [REDACTED] (S)(6)-2
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate: hospital or medical facility) [REDACTED]	SEX M WARD EMIT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14434

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input type="checkbox"/> RED BLOOD CELLS <input checked="" 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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (S)(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE ESW
	DATE REQUESTED 13 July 03 DATE AND HOUR REQUIRED On Call	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER See original 518
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: HEMOLYTIC DISEASE OF NEWBORN?	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted] (S)(6)-4	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD (S)(6)-2
PATIENT NO.		ANTIBODY SCREEN NA	CROSSMATCH NA	SIGNATURE OF VERIFIER [Redacted] (S)(6)-2
DONOR ABO B pos Rh B pos	RECIPIENT ABO B pos Rh B pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: EXP: EXP 14 Jul 03		DATE 13 July 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
INSPECTED AND ISSUED BY (Signature) [Redacted] (S)(6)-2 [Redacted] (S)(6)-2 DATE 13 July 03		AMOUNT GIVEN 1 UNIT ML	TIME/DATE COMPLETED/INTERRUPTED 1250 13 July		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. 1st VERIFIER (Signature) [Redacted] (S)(6)-2 2nd VERIFIER [Redacted] (S)(6)-2		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 95°F	PULSE 97	BLOOD PRESSURE 102/60
PRE-TRANSFUSION TEMP. 95 PULSE 102 BP 107/68 DATE OF TRANSFUSION 13 July 03 TIME STARTED 1239		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. Solutions to the Blood Bank. DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) SIGNATURE OF PERSON [Redacted] (S)(6)-2			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD ENT		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14435

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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] (5)61-2
	DATE REQUESTED 12 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	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.
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF VERIFIER [Redacted]

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6) 4 [Redacted]	TRANSFUSION NO. 1	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
PATIENT NO. [Redacted]	PATIENT NO. [Redacted]	ANTIBODY SCREEN N/A	CROSSMATCH COMPAT	<input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO O Rh Pos	RECIPIENT ABO B Rh Pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF VERIFIER [Redacted]
REMARKS: Exp. Date: 14 Jul 03				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature) [Redacted]		AMOUNT GIVEN 1 unit mL	TIME/DATE COMPLETED/INTERRUPTED 13 July 03 1205	
AT (Hour) 1140	ON (Date) 13 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE	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.		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) [Redacted]		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) [Redacted]		OTHER DIFFICULTIES (Equipment, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ (5)61-2		
PRE-TRANSFUSION TEMP. 95.5	PULSE 103	BP 140/81	SIGNATURE OF PERSON NEEDED TO MOVE [Redacted]	
DATE OF TRANSFUSION 13 July		TIME STARTED 1145		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD FMT	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14436

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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 13 JULY	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.	DIAGNOSIS OR OPERATIVE PROCEDURE GS W
VOLUME REQUESTED (if applicable) 1 UNIT ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED 13 JULY
	RHIG TREATMENT? DATE GIVEN:	TIME VERIFIED 1108
	HEMOLYTIC DISEASE OF NEWBORN?	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. 1076 TRANSFUSION NO. 2	TEST INTERPRETATION ANTIBODY SCREEN N/A CROSSMATCH COMPAT	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR [REDACTED] ABO Pos Rh Pos	RECIPIENT [REDACTED] ABO B Rh Pos	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
REMARKS: Exp. Date 14 JUL 03		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 13 JULY 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED [REDACTED] ON (Date) 13 JULY 03		POST-TRANSFUSION DATA AMOUNT GIVEN 1 Unit ML TIME/DATE COMPLETED/INTERRUPTED 1215 13 JULY 03		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 95°F	PULSE 114
1st VERIFIER (Signature) [REDACTED]		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.		
2nd VERIFIER (Signature) [REDACTED]		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. 98 PULSE 147/75 BP 147/75		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
DATE OF TRANSFUSION 13 JULY 03 TIME STARTED 1207		SIGNATURE OF PERSON [REDACTED] (5)(6)-2		
PATIENT IDENTIFICATION [REDACTED]		SEX M	WARD EAST	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 14437

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 checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)
	DATE REQUESTED 15 Jul 03 DATE AND HOUR REQUIRED 1435	DIAGNOSIS OR OPERATIVE PROCEDURE (L) BKA/AKA	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (if applicable) 1 unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) None	SIGNATURE
REMARKS: Pt in OK	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 15 Jul 03 TIME VERIFIED 1445

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 	TRANSFUSION NO. 	TEST INTERPRETATION ANTIBODY SCREEN n/a CROSSMATCH Compatible	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST
DONOR ABO O Rh positive	PATIENT NO. RECIPIENT ABO B Rh positive	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS: EXP DATE 17, JUL 03	DATE 15, JUL 03

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) ON (Date) 15, JUL 03		POST-TRANSFUSION DATA AMOUNT GIVEN 411 ML TIME/DATE COMPLETED/INTERRUPTED 15 Jul 03 1535 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 98 PULSE 110 BLOOD PRESSURE 110/57		
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.		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) 		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. 98 PULSE 115 BP 98/58 DATE OF TRANSFUSION 15 Jul 03 TIME STARTED 1515		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF VERIFIER 		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	WARD alpha	

EPW #

(b)(6)-7

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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MEDCOM - 14438

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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED] DIAGNOSIS/OPERATIVE PROCEDURE Fasciotomy
	DATE REQUESTED 14 July 03 DATE AND HOUR REQUIRED 14 July 03 2345	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (if applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE [REDACTED]
REMARKS: (b)(7)(D) 4	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED 14 July 03
	RHIG TREATMENT? DATE GIVEN:	TIME VERIFIED 2330
	HEMOLYTIC DISEASE OF NEWBORN?	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Comp	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR [REDACTED]	PATIENT NO. [REDACTED]	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]	
ABO B Rh POS	RECIPIENT ABO B Rh POS	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 15 Jul 03	
REMARKS: Exp 26 Jul 03.			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 UNIT ML TIME DATE COMPLETED: 0130 15 July 03 INTERRUPTED:	
AT (Hour) 0100 ON (Date) 15 July 03		REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
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.		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) [REDACTED]		DESCRIPTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
2nd VERIFIER (Signature) [REDACTED]		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____	
PRE-TRANSFUSION TEMP. 34 PULSE 109 BP 123/63		SIGNATURE OF PERSON NOTING ABOVE [REDACTED]	
DATE OF TRANSFUSION: 15 July 03 TIME STARTED: 0104		SEX: MALE WARD: ICU-1	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)			

EPW# [REDACTED]
 (5)(6)-4

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

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 checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)
	DATE REQUESTED 14 July 03	DIAGNOSIS OR OPERATIVE PROCEDURE FACIOTOMY
VOLUME REQUESTED (If applicable) _____ ML	DATE AND HOUR REQUIRED 14 July 03 2345	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.
REMARKS: 4	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF _____
	IF PATIENT IS FEMALE, IS THERE HISTORY OF:	DATE VERIFIED 14 July 03
	RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	TIME VERIFIED 2330

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6) 	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMP	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
PATIENT NO. 	DONOR	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 14 July 03	SIGNATURE OF PERSON PERFORMING TEST
RECIPIENT	REMARKS: Exp 26 Jul 03		
ABO B Rh POS	ABO B Rh POS		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) 		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 unit ML TIME DATE COMPLETED: 0055 15 July 03 INTERRUPTED:	
AT (Hour) 2357 (Date) 14 July 03		REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	
IDENTIFICATION: I have examined the Blood Component container label and this form and I find all information identical. The container with the intended recipient matches item by item. The name of the same person named on this Blood Component Transfusion Identification tag.		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 VE 		DESCRIPTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER _____	
PRE-TRANSFUSION: TEMP. 34 PULSE 110 BP 94/47		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Specify) _____	
DATE OF TRANSFUSION: 15 July 03 TIME STARTED: 0010		SIGNATURE OF PERSON ABOVE: (b)(6)-2 	
PATIENT IDENTIFICATION - USE EMBOSSER (For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)		SEX: M	WARD: ICU-1

EPW# (b)(6)-4

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

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