

erative Plan Of Care & Nursin

Patient Assessment For Surgery - Potential For Injury - Outcome: Patient is free from signs and symptoms of injury  Yes  No

Trauma# or Patient # \_\_\_\_\_ Diagnosis: (B) Femur Fr  
(C) tibia Fr Planned Procedure: 1cm inc (C) fix  
 Date: 4/11/03 Arrival Time: 1000 Interviewer: ZCN <sup>b(6)-2</sup> Side:  N/A  Right  Left  
 Age: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

From: <input type="checkbox"/> CASREC <input type="checkbox"/> ICU <input checked="" type="checkbox"/> Ward 3 OTHER: _____	Transport Via: <input checked="" type="checkbox"/> Gurney <input type="checkbox"/> Litter <input type="checkbox"/> Ambulated <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other	Patient ID: <input type="checkbox"/> Trauma card <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Chart <input type="checkbox"/> Armband <input type="checkbox"/> Other	Blood Ordered: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Consent q T/C #Units _____ T/H #Units _____	Comments: _____	Surgical/Anesthesia Consent Verified: <input type="checkbox"/> Procedure <input type="checkbox"/> Consent complete, dated, signed <input checked="" type="checkbox"/> Emergent case, no consent, MD note
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Preop Labs (HCG, etc): <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes Test/Results: _____	Drug/Latex Allergies: <input checked="" type="checkbox"/> NKDA Allergy/Reaction: _____	Present On Admission: <input type="checkbox"/> NIA <input type="checkbox"/> Oxygen <input checked="" type="checkbox"/> IV Site: #1 <u>(C) Arm</u> #2 _____ <input type="checkbox"/> Foley <input type="checkbox"/> Endotracheal Tube <input type="checkbox"/> Arterial Line Site: _____ <input type="checkbox"/> Drain(s) _____ <input type="checkbox"/> Chest Tube(s) _____ <input type="checkbox"/> See RN Note # _____	Past Medical History: <input checked="" type="checkbox"/> None known <input type="checkbox"/> Smoker ppd/yr <u>1</u> <input type="checkbox"/> ETOH <input type="checkbox"/> Asthma <input type="checkbox"/> HTN <input type="checkbox"/> CAD <input type="checkbox"/> GERD <input type="checkbox"/> CBR exposure <input type="checkbox"/> Other: _____	Cultural Needs Addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____
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Pre-Op Pain:  
 No  
 Yes Level \_\_\_\_\_ (0-10)  
Action Taken: \_\_\_\_\_  
Location/type: \_\_\_\_\_

Last PO Intake: (date/time)  
Solid: 4/10/03 2400  
Liquid: 4/10/03 2400

In Chart: <input checked="" type="checkbox"/> H&P <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 7 EKG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 3 CXR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	Skin Condition: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Other: _____	Limitations: <input type="checkbox"/> NIA <input type="checkbox"/> Auditory <input checked="" type="checkbox"/> Language <input type="checkbox"/> Visual <input type="checkbox"/> Mobility <input type="checkbox"/> Prosthesis <input type="checkbox"/> Other: _____	Personal Items: <input checked="" type="checkbox"/> None Disposition: <input type="checkbox"/> Military gear _____ <input type="checkbox"/> Glasses _____ <input type="checkbox"/> Dentures _____ <input type="checkbox"/> Jewelry/wallet _____ <input type="checkbox"/> Other _____
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Potential For Anxiety - Outcome: Patient demonstrates knowledge of psychological responses to an invasive procedure  Yes  No

Mental/Emotional Status: <input checked="" type="checkbox"/> Alert/Oriented <input type="checkbox"/> Calm <input type="checkbox"/> Disoriented <input type="checkbox"/> Sedated <input type="checkbox"/> Anxious <input type="checkbox"/> Unresponsive <input type="checkbox"/> Appropriate for age <input type="checkbox"/> Other: _____	Comfort Measures Implemented: <input type="checkbox"/> Clear, concise explanations <input type="checkbox"/> Communicated patient concerns to other staff members <input type="checkbox"/> Remain with patient during induction	Pre-op Teaching Included: <input checked="" type="checkbox"/> N/A due to patient condition <input type="checkbox"/> Physical layout of OR <input type="checkbox"/> Personnel present during procedure <input type="checkbox"/> Environment (noise, temperature, etc.) <input type="checkbox"/> Post-op expectation (PACU, drains, etc.)
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Potential For Impaired Skin Integrity Related To Surgical Procedure - Outcome: Patient is injury free  Yes  No

Operative Position: <input checked="" type="checkbox"/> Supine <input type="checkbox"/> Beach chair <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Jackknife <input type="checkbox"/> Lateral L/R <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other: _____	Positional Aids: <input type="checkbox"/> Arms <90 Armboard: <input checked="" type="checkbox"/> L <input type="checkbox"/> R Tucked: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other: _____	<input type="checkbox"/> Airplane <input type="checkbox"/> Axillary roll <input type="checkbox"/> Bean Bag <input checked="" type="checkbox"/> Fracture Table <input type="checkbox"/> Gel Pad <input type="checkbox"/> Gel donut <input type="checkbox"/> Hand Table <input type="checkbox"/> Leg Holder <input type="checkbox"/> Pillows <input type="checkbox"/> Stirrups <input type="checkbox"/> Tape <input type="checkbox"/> Wilson Frame	Comments: _____
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ESU # <u>1</u> Pad Site: <u>(B) / (C)</u> Pad Lot # <u>61277</u> Site Clear at end of case? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, see RN note # _____ Bipolar: <u>Max Cut</u> <u>Coag</u> <u>30</u>	DVT Prevention: SCD used <input type="checkbox"/> No <input type="checkbox"/> Yes Pressure: _____ <input type="checkbox"/> Left <input type="checkbox"/> Right Teds: <input type="checkbox"/> No <input type="checkbox"/> Yes Bair Hugger used: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Other warming techniques: _____	Tourniquet: <input type="checkbox"/> Arm <input type="checkbox"/> Leg # _____ <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> webril applied Applied by: <u>N/</u> Total Min: _____	Comments: _____
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(b)(6)-4

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



SURGICAL RECORD OPERATION REPORT

PREOPERATIVE DIAGNOSIS (R) hip fx

SURGEON Dr. (b)(6)-2		FIRST ASSISTANT Dr. GRN	SECOND ASSISTANT
ANESTHETIST LCDR (b)(6)-2		ANESTHETIC	TIME BEGAN: 0835
CIRCULATING NURSE LT (b)(6)-2		SCRUB NURSE HMS (b)(6)-2 HMC (b)(6)-2	TIME ENDED: 1200 TIME OPERATION BEGAN: 0915 TIME OPERATION COMPLETED: 1346

SAA

DRAINS (Kind and number) JPX2 (R) femoral

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION None

SPONGES USED (Type and #) (b)(6)-2  
Count correct x2

OPERATION PERFORMED (R) Femoral Rodding

DESCRIPTION OF OPERATION (Type)	STARTED (Date, Time)	ENDED (Date, Time)	PROSTHESIS (Type)	DATE OF OPERATION
300 cc's IVLR 800 cc's U/O 800 cc's 300 cc R 5cc RBC	LTsg (b)(6)-2	1200-1200	See below Synthes	4/14/03

Disrupts see Buf  
OP Note.

H, 9 Lock Bolt  
459, 46 x 1  
48 x 1

**SYNTHES**  
AFFIX TO PATIENT RECORD  
Manufactured or Distributed by 0007  
1101 Synthes Avenue  
Monument, CO 80132

14MM TI CANNULATED FEMORAL  
NAZL 400MM-STERILE  
CAT # 474, 441S  
MCN # 4455188 EXP: 12/2011  
MAT: T1-GAL-7NB

OPERATOR (b)(6)-2

DATE 4/14/03

REGISTERED NURSE (b)(6)-2

OPERATION REPORT

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSIS

(R) + (L) tibia fx ; Ex Fix

SURGEON DL (b)(6)-2		FIRST ASSISTANT -	SECOND ASSISTANT -
ANESTHETIST DL (b)(6)-2		ANESTHETIC b)(6)-2 ETT	TIME BEGAN: 1125 TIME ENDED: 1531
CIRCULATING NURSE LCNA (b)(6)-2		SCRUB NURSE HMB (b)(6)-2	TIME OPERATION BEGAN 1200 TIME OPERATION COMPLETED 1325
OPERATIVE DIAGNOSES fx (b)(6)-2 fx (b)(6)-2		(2) 1350	(2) 1523

DRAINS (Kind and number)  $\phi$

SPONGE COUNT VERIFIED (b)(6)-2

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION  $\phi$

OPERATION PERFORMED

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

PROSTHETIC DEVICES (tot no.)

DATE OF OPERATION 11 April 03

(L) Tibia

AFFIX TO PATIENT RECORD  
Manufactured or Distributed by 0003  
**SYNTHES** 1101 Synthes Avenue  
Monument, CO 80132

11MM TI CANNULATED TIBIAL NAIL  
380MM - STERILE  
CAT # 485.138S  
MCN # 4499711 EXP: 12/2011  
MAT: T1-6A1-7Nb

Stitches, 4.9mm  
TI screws  
459.40  
459.48  
459.38  
459.46  
459.44  
459.34  
459.40  
TOTAL 46  
4.9 =  
screws

(R) Tibia

AFFIX TO PATIENT RECORD  
Manufactured or Distributed by 0008  
**SYNTHES** 1101 Synthes Avenue  
Monument, CO 80132

11MM TI CANNULATED TIBIAL NAIL  
380MM - STERILE  
CAT # 485.138S  
MCN # 4493266 EXP: 12/2011  
MAT: T1-6A1-7Nb

SIGNATURE OF SURGEON

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

(b)(6)-4

11 April 03  
WARD NO.

Total Fix - 3300  
FBL - 200 CC  
UOP - 800 CC

OPERATION REPORT  
Medical Record

NONMONITORING VASCULAR CHECK SHEET

DATE		TIME																				
S E R I O U S C A R E C E K	EXTREMITY																					
	PAIN		ABSENT	(b)(6)-2																		
			MODERATE																			
			SEVERE																			
	SENSATION		NORMAL	(b)(6)-2																		
			NUMBNESS																			
			TINGLING																			
			ABSENT																			
	BLANCHING (N - Normal; S - Sluggish)			(b)(6)-2																		
	ACTIVE MOTOR FUNCTION		NORMAL																			
		LIMITED	(b)(6)-2																			
		ABSENT																				
SIGNS OF COMPROMENT		PAIN ON PASSIVE MOTION	Ø	Ø	(b)(6)-2	Ø	Ø	Ø														
STROKES		PAIN UNRELIEVED BY ANALGESICS	Ø	Ø		Ø	Ø	Ø														
V A S C U L A R C E C K	COLOR		RED																			
			PINK	(b)(6)-2																		
			PALE																			
			BLUE																			
	SKIN TEMPERATURE		HOT																			
			WARM	(b)(6)-2																		
			COOL																			
			COLD																			
	PULSE		NORMAL	①	①	①	(b)(6)-2															
	SITE		WEAK																			
		ABSENT																				
EDSW		NONE	(b)(6)-2																			
SITE		SWELL																				
		MODERATE																				
		LARGE																				
COMMENTS																						
pt. unable to access due to bandage.																						
INITIAL	SIGNATURE / TITLE		INITIAL	SIGNATURE / TITLE		INITIAL	SIGNATURE / TITLE															
(b)(6)-2	(b)(6)-2			HMS																		

MEDCOM - 5250

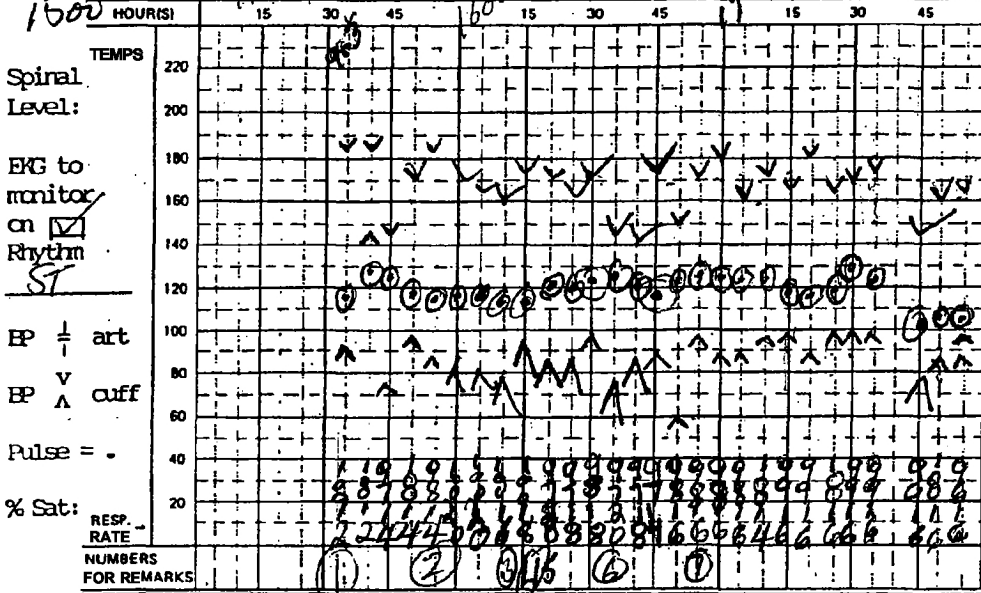
300 mg of 20Kg No. I of II (Pentam)  
 NMMC 6320/16 (05/91)  
 RECOVERY ROOM RECORD  
 NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281 ALLERGIES PACU 20mg MSO4 100 mcg Pentam 2mg Pentam

ANTIBIOTIC: \_\_\_\_\_  
 TIME GIVEN: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

OPERATION PERFORMED: Blat spinal anal. 1500  
 AGENTS AND TECHNIQS OF ANESTHESIA: GETA: 0

OXIGEN THERAPY

ROUTE	L/M	%	ON	OFF
MASK	10		100	1600
M/K	2L		165	1833
VENTILAT.				



FLUID THERAPY

TYPE	D/D	BLOOD	SALINE	OTHER
OPERATING ROOM	300			
RECOVERY ROOM	950			
TOTAL	1250			

BLOOD LOSS IN OR: 200 cc  
 WARD PRE-OP BP: 130/68 mmHg 72HR  
 TUBES:  N/G  FOLEY  
 IV IN L HAND: 950 cc  
 OF LR AT 180 cc/hr AOW  
 IV IN R HAND: 100 cc  
 OF LR AT 120 cc/hr TOW  
 ART. LINE IN: \_\_\_\_\_  
 T-TUBES, HEMOVAC IN: \_\_\_\_\_

ADMISSION FROM MOR/SPEC. STUDY TO WARD DISCHARGE  
 DATE 4/11/03 HRS 1535 DATE 4/11/03 HRS 1900  
 DRESSINGS: LOCATIONS ACE-BANDAGE ACE-BANDAGE  
 TO RLE of RLE TO RLE - Small drainage  
 STATUS: RLE CDT LE - MODERATE DRAINAGE  
 STATUS: LE - moderate drainage  
 ENDOTRACHEAL TUBE - ORAL OR NASAL  
 YES  NO  YES  NO

TIME	MOR	PACU	URINARY OUTPUT	DRAINAGE
8:00	800	500		
TOTAL		1300		

AIRWAY / BREATH SOUNDS  
 CLEAR  PLAST AIRWAY  OBSTRUCTS EASILY  
 STATUS: clear

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES  
 1) AOW from MOR accompanied by DR. (b)(6)-2  
 RMH: BSA 1  
 Neuro: A+ O X 2  
 Pain: Yes/No Action: Med per DR's orders / will continue to monitor  
 CV: SB<sub>2</sub> IV: Patent  
 Other: Wear sheets applied / side rails up x 2  
 BLE elevated (CONT'D ON REVERSE)  
 NAUSEA AND VOMITING:  NO  YES -- 1 2 3 4 5 6 TIMES  
 CAUDAL SPINAL, OR EPIDURAL BLOCK MOVEMENT PRESENT AT \_\_\_\_\_ HRS  
 SENSATION PRESENT AT \_\_\_\_\_ HRS  
 CONDITION ON TOW:  GOOD  FAIR  POOR  CRITICAL

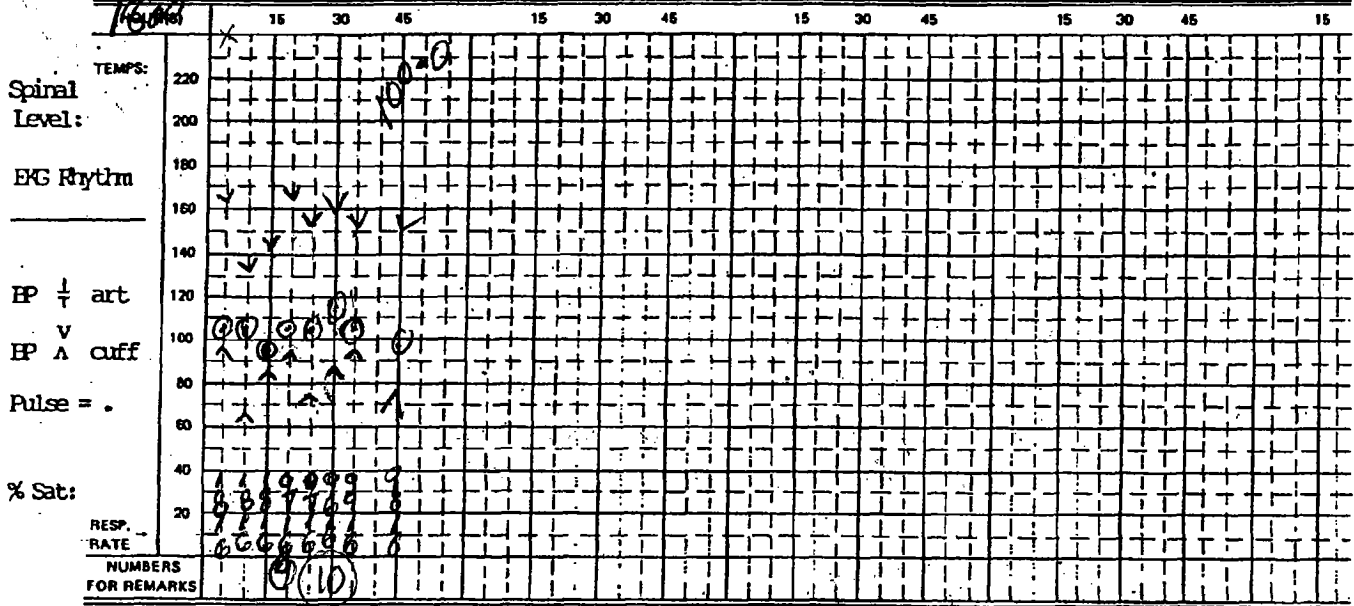
POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)

	A	D
Able to move 4 extremities voluntarily or on command	2	
Able to move 2 extremities voluntarily or on command	1	2
Able to move 0 extremities voluntarily or on command	0	
Able to deep breathe and cough freely	2	
Dyspnea or limited breathing	1	2
Apneic	0	
BP: 20% of preanesthetic level	2	
BP: 20-50% of preanesthetic level	1	1
BP: 50% of preanesthetic level	0	
Fully awake	2	
Arousable on calling	1	2
Not responding	0	
Pink	2	
Pale, dusky, blotchy, jaundiced, other	1	2
Cyanotic	0	
TOTALS	8	9

RECOVERY:  COMPLICATED  UNEVENTFUL  
 PATIENT'S IDENTIFICATION: (b)(6)-2

SIGNATURE OF RECEIVING AND RELEASING OFFICERS  
 (b)(6)-2  
 (b)(6)-2  
 (b)(6)-2

MEDCOM - 5251



TIME	DRUG	DOSE	ROUTE	NURSE
1536	MSO4	3mg	IVP	(b)(6)-2
1539	MSO4	3mg	IVP	(b)(6)-2
1542	MSO4	3mg	IVP	(b)(6)-2
1555	MSO4	3mg	IVP	(b)(6)-2
1600	MSO4	3mg	IVP	(b)(6)-2
1604	MSO4	3mg	IVP	(b)(6)-2

REMARKS (CIRCLED NUMBERS) AND PERTINENT PATIENT PROGRESS NOTES (CONT'D FROM FRONT)

(2) Elevated pt's lower extremities. (3) Pt cont to cp of 1 pain the notified of same. Versed 2mg given IVP, will cont to monitor (b)(6)-2  
 (4) Resting quietly, will cont to monitor for pain relief (b)(6)-2  
 (5) Continue to cp 1 pain. Fentanyl 2.5 mg given. X-ray done to B/E (b)(6)-2  
 1745 - Dr. (b)(6)-2 C bedside to assess elevated B/P. (b)(6)-2  
 Labetal 10mg given, will cont monitor.

TOW Note: Neuro: A x 0 x 2  
 Pain: Yes/No Action: Resting comfortably. Received 20mg MSO4, 100mg Fentanyl, 2mg Versal 4H (b)(6)-2  
 Pulmonary: 2 Equal & Clear  
 CV: S1, S2 EKG Rhythm: SR IV: patent  
 Skin/Wound: No wound cont drainage Drainage Yes/No Color: Serous Edema Yes/No  
 GI: Abd soft & B5+  
 GU: Foley Yes/No Color of urine: yellow Due to void: n/a  
 Instructions/Interventions in PACU: Encourage to deep breathe  
 na on labetalol  
 Report called to: LTJG (b)(6)-2 By: LCOR (b)(6)-2  
 TOWed to: S Forester Sturck By: MR (b)(6)-2

ANTIBIOTIC: \_\_\_\_\_  
 TIME GIVEN: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

NNMC 6320/16 (05/91)  
 RECOVERY ROOM RECORD  
 NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281

ALLERGIES

OPERATION PERFORMED				AGENTS AND TECHNIQS OF ANESTHESIA												OXYGEN THERAPY				
HOURS	15 30 45			15 30 45			15 30 45			ROUTE	L/M	%	ON	OFF						
	TEMPS:															MASK				
220															T-BAR					
200															VENTILAT.					
180															FLUID THERAPY					
160															TYPE	5% D/PL	BLOOD	SALINE	OTHER	
140															OPERATING ROOM					
120															RECOVERY ROOM					
100															TOTAL					
80															BLOOD LOSS IN OR: _____ CC					
60															WARD PRE-OP BP / mmHg					
40															TUBES: <input type="checkbox"/> N/G <input type="checkbox"/> FOLEY					
20															IV IN _____ cc OF _____ AT _____ cc/hr AOW					
															IV IN _____ cc OF _____ AT _____ cc/hr TOW					
															ART. LINE IN _____					
															T-TUBES, HEMOVAC IN _____					

Spinal Level: \_\_\_\_\_  
 EKG to monitor on  Rhythm  
 BP  $\frac{1}{1}$  art  
 BP  $\frac{V}{\Delta}$  cuff  
 Pulse = .  
 % Sat: \_\_\_\_\_

ADMISSION		DISCHARGE		MOR		PACU		URINARY OUTPUT		DRAINAGE	
FROM MOR/SPEC. STUDY		TO WARD		TIME		TOTAL					
DATE _____ HRS _____		DATE _____ HRS _____		CC		S/GR					
DRESSINGS: LOCATIONS		STATUS:		S/A							

ENDOTRACHEALTUBE - ORAL OR NASAL		STATUS:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AIRWAY		STATUS:	
<input type="checkbox"/> CLEAR	<input type="checkbox"/> PLAST AIRWAY		
<input type="checkbox"/> OBSTRUCTEASILY			
POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)			
Able to move 4 extremities voluntarily or on command	1	Activity	
Able to move 2 extremities voluntarily or on command	0		
Able to move 0 extremities voluntarily or on command	0		
Able to deep breathe and cough freely	2	Respiration	
Dyspnea or limited breathing	1		
Apneic	0		
BP: 20% of preanesthetic level	2	Circulation	
BP: 20-50% of preanesthetic level	1		
BP: 50% of preanesthetic level	0		
Fully awake	2	Consciousness	
Arousable on calling	1		
Not responding	0		
Pink	2	Color	
Pale, dusky, blotchy, jaundiced, other	1		
Cyanotic	0		
TOTALS			

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES

1) AOW from MOR accompanied by

RMH:

Neuro:

Pain Yes/No Action:

CV: IV:

Other:

(CONT'D ON REVERSE)

NAUSEA AND VOMITING:  NO  YES → 1 2 3 4 5 6 TIMES

CAUDAL, SPINAL, OR EPIDURAL BLOCK MOVEMENT PRESENT AT \_\_\_\_\_ HRS SENSATION PRESENT AT \_\_\_\_\_ HRS

CONDITION ON TOW:  GOOD  FAIR  POOR  CRITICAL

RECOVERY:  COMPLICATED  UNEVENTFUL

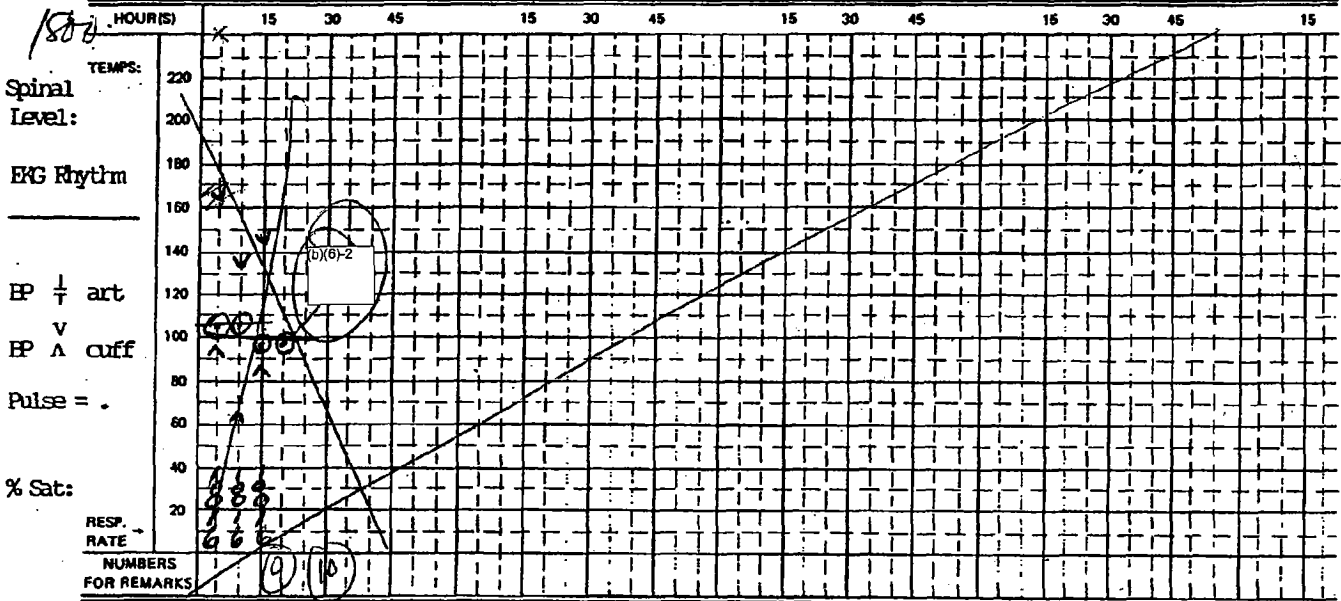
PATIENT'S IDENTIFICATION: (b)(6)-4

SIGNATURE OF RECEIV GAND REL/ASING OFFICERS

AOW \_\_\_\_\_

TOW \_\_\_\_\_





MEDICATIONS

TIME	DRUG	DOSE	ROUTE	NURSE
1635	Fentanyl	25 mcg	IVP	(b)(6)-2
1645	Fentanyl	25 mcg	IVP	(b)(6)-2
1715	Pasacal	25 mg	IVP	(b)(6)-2
1735	Fentanyl	25 mcg	IVP	(b)(6)-2
1745	Xanax	1.0 mg	IVP	(b)(6)-2
1815	Percocet	2 tabs	PO	ENSING

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES (CONT'D FROM FRONT)

(8) Hemocue done by (b)(6)-2 Hemog/Hem 9.8 (9) BLE'S elevated on blankets (10) BLE'S lowered @ PT's request. PT re-positioned in bed. PT tolerating PO fluids well comfortably, discharge criteria met

(b)(6)-2

(b)(6)-2

TOW Note: Neuro:

Pain: Yes/No Action:

Pulmonary:

CV:

EKG Rhythm:

IV:

Skin/Wound:

Drainage Yes/No Color:

Edema Yes/No

GI:

GU: Foley Yes/No

Color of urine:

Due to void:

Instructions/Interventions in PACU:

Report called to:

By:

TOWed to:

By:

# ANESTHESIA RECORD

See 1

Procedure: See ps. 1 ANMC 2/29/12/2011 Wt (kg) - (b)(6)-2 Ht (in) - (b)(6)-2 Surgeon: MD See ps. 1 OR # 1 See Page One

Date: See ps. 1 Anes. Start: In Room: Surg. Start: Surg. End: Anes. End: Resident/SRNA: Page 2 of 2

Time	1400	X	30	X	1900	X	30	X	1600	X	30
O <sub>2</sub> L/M	0.7		0.7		1		1		1/8		
(N <sub>2</sub> O) Air L/M	1		1		2		2		2/1		
is w/w Halo / Sev / Dea	1.5		1.5		0.9		0.7		X		
STP / Prop. / Etomidate											
Sux / Cisatracurium											
Ro / Rapa / Ve. cromolium											
Lidocaine											
Neostigmine / Glyco											
Ephedrine / Neo											
Midazolam											
MSO <sub>2</sub> / Remi / Sev / Sufentanyl	100		150		100		150				
Epid. Lido / Bupiv / Ropiv											
1600 NS (LR)					2200				2900		3300
700 UVO	700								800		
150 EBL	150								200		

**Checklist**

O<sub>2</sub>  Suction  Machine  Consent  NPO

**Monitors**

SaO<sub>2</sub>  ECG  FIO<sub>2</sub>  NIBP L/R arm

EtCO<sub>2</sub>  PCS / ES  PMS  PIP  Temp

Mass Spec  Verbal  TEE  Fluid warmer

Air Warm  Foley  FHT  Pulm Art cath

CVP  I/SC / Fem L/R  OG/NG L/R

A-Line Rad / Fem L/R

**Position** -  Pressure points padded  Arms < 90°

Supine  Prone  Lithotomy  Sitting  Lateral L/R

Drawn  Used  Wasted  Wtts

IV -  Ga L/R  Hand Wrist  FA  AC  EJ

Tourniquet  minHg Times

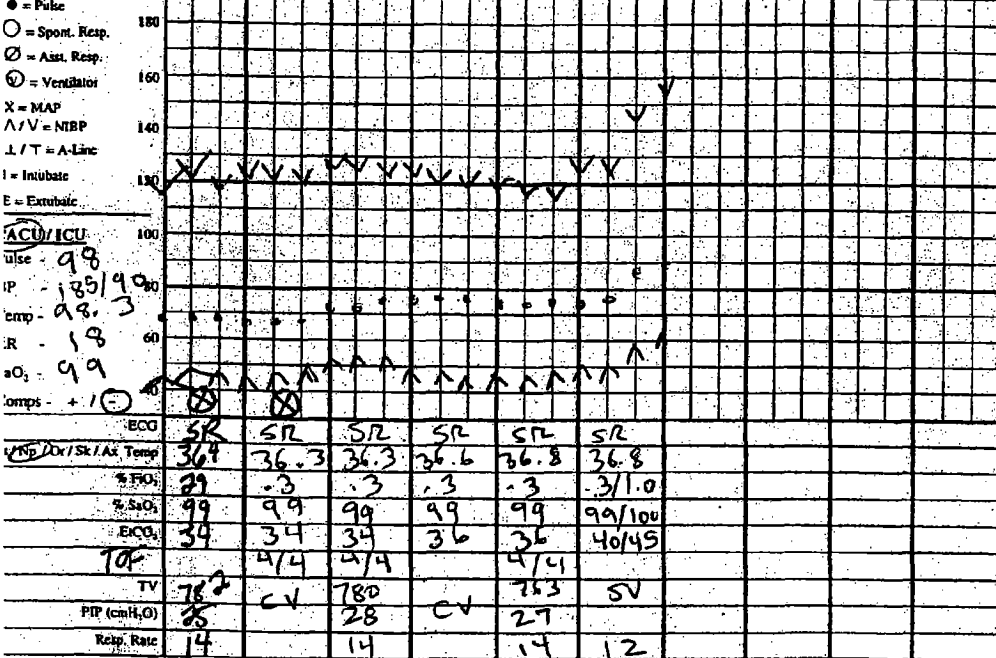
60/90/120/130/140/150 min - Surgeons informed

**Antibiotics**

Total Agent - 3300

Total mg - 800

Total over minutes - 200



duction - Monitors On  Preoxygenated  Smooth  Inhalation / IV  Cricoid Pressure  Rapid Sequence  Mask ventilation easy Y / N

ubation - Mac / Mil  Grade  view Tube Size  Attempts  Oral / Nasal L / R w/o w/ Cuff  Stylet Y / N  Bil BS / EtCO<sub>2</sub> x 3 / CIN

Tube taped @  cm @ lips / teeth / nares  Trauma Y / N  FOB / LW / Blind LMA #  DLT  Fr L / R

aintenance - Smooth  Cuff checked  Eyes taped / lubed

ubation - Smooth  Reversed  SV VSS  Full T4 / H u d lift / Sustained tetanus  Suctioned  Awake / Deep

osition - PACU / ICU  SV VSS  Awake / sleepy  Extubated / intubated

atient Identification  (b)(6)-4

**Prep**

Sterile Technique  Regional  Spinal / Epidural  Regional  Catheter out - tip intact

Disposable kit  Touhy / Whitacre / Quincke  Level

Betadine prep x 3  Needle gauge

Local infiltration  Siting

Site  L / R  Latent R / L  Lines  Seldinger Technique

Attempts  LOR to Air / NS  CVP manually transduced

Blocks  Paresthesia  Heme + / -  Gordis 9.5 / 8.5 Fr

Nerve Stim  mA  CSF + / -  SLIC

Trans-arterial  Test dose

Dual cut  CSF @ shift  2 / 3 - lumen

Comments / Drugs:

MEDCOM - 5255

# ANESTHESIA RECOR

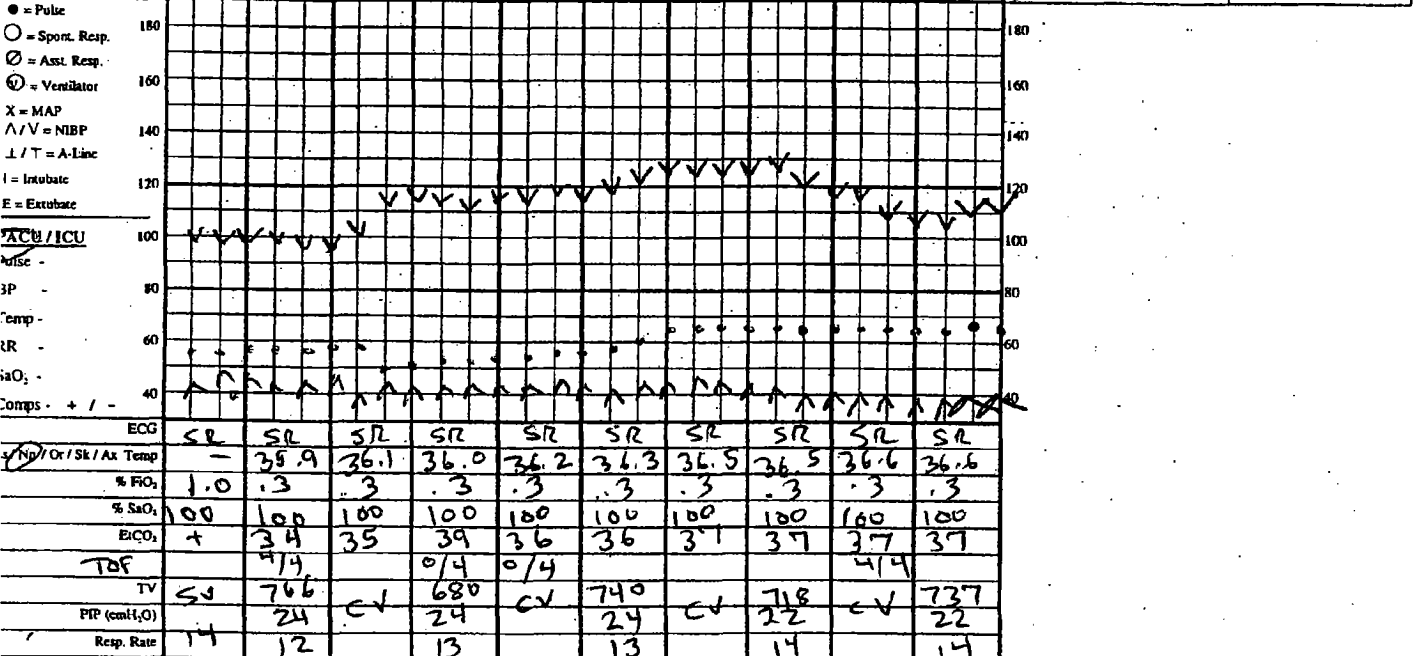
ANMC 2791(12/00) Wt (kg) - ~70kg Ht (in) - ? gies - NKDA

Procedure (C) (C) Tibial / Ankle nails (b)(6)-2 MD Surgeon (b)(6)-2 OR # 1 See Page One  
 Date 4-11-03 Anes. Start 1100 In Room 1125 Surg. Start 1200 Surg. End 1523 Anes. End 1535 Resident/SRNA - Page 1 of 2

Time	1130	x	1200	x	30	x	1300	x	30	x	1400
O <sub>2</sub> LM	8/1	1	1	1	1	1	1	1	1	1	1
N <sub>2</sub> O Air LM	2	2	2	2	2	2	2	2	2	2	2
Flow Hald (Sevo) / Des		.4	.4	.7	.6	.7	.7	.7	.7	.7	.7
STP (Prop) / Etomidate	200										
Sux / Contrarium	160										
Ro / Rapa / Vc caronidin		6									
Lidocaine	60										
Neostigmine / Glyco											
Ephedrine / Neo											
Midazolam											
MSO, 7 Remi / Su (Katanay)	250	250					160				
Epid. Lido / Bupiv / Ropiv											

**Checklist**  
 Suction  Machine  Consent  NPO  
**Monitors**  
 SaO<sub>2</sub>  ECG  FIO<sub>2</sub>  NIBP (L/R)  EtCO<sub>2</sub>  PCS / ES  PNS  PIP  Temp  
 Mass Spec  Verbal  TEE  Fluid warmer  
 Air Warm  Foley  PHT  Palm Art cath  
 CVP U/SC/Fem L/R  OG/NG L/R  
 A-Line Rad / Fem L/R  
**Position**  Pressure points padded  Arms < 90°  
**Supine**  Prone  Lithotomy  Sitting  Lateral L/R  
 Drawn 250 Used 1150 Wasted 100 Wtins  
 IV - 14 Ga L R Hand Wrist FA AC EJ  
 Tourniquet mmHg Times 1 1  
 60/90/120/130/140/150 min - Surgeons informed

NS (LR)	200	900	1100	1200	1200
U/O					100
EBL					150



ECG SR SR SR SR SR SR SR SR SR SR  
 Sp/O<sub>2</sub> / Or / Sk / Ax Temp - 35.9 36.1 36.0 36.2 36.3 36.5 36.5 36.6 36.6  
 % FIO<sub>2</sub> 1.0 .3 .3 .3 .3 .3 .3 .3 .3 .3  
 % SaO<sub>2</sub> 100 100 100 100 100 100 100 100 100 100  
 EtCO<sub>2</sub> + 34 35 39 36 36 37 37 37 37  
 TdF 4/4 0/4 0/4 4/4  
 TV SV 766 CV 680 CV 740 CV 718 CV 737  
 PIP (cmH<sub>2</sub>O) 24 24 24 24 24 22 22  
 Resp. Rate 14 12 13 13 13 14 14

**Induction** - Monitors On  Preoxygenated  Smooth  Inhalation IV  Cricoid Pressure  Rapid Sequence  Mask ventilation easy  N  
**Intubation** - Mac / Mill 4  Grade 1  view Tube Size 7.0  Attempts 1  Oral / Nasal L / R w/o w/ Cuff  Stylet Y / N  Bili BS  ECG x  CIN  
 Tube taped @ 23 cm @ lips teeth / nares Trauma Y (N) FOB / LW / Blind LMA # DLT Fr L / R  
**Maintenance** - Smooth  Cuff checked  Eyes taped / lubed  
**Extubation** - Smooth  Reversed  SV USS  Full T4 / Head lift / Sustained tetanus  Suctioned  Awake / Deep  
**Disposition** - PACU / ICU  SV MSS  Awake / sleepy  Extubated / Intubated

**Antibiotics**  
 Total Agent -  
 Total mg  
 Total over minutes  
 Total @

**Prep**  
 Sterile Technique  Spinal / Epidural  Regional  Catheter out - up intact  
 Disposable kit  Touhy / Whitacre / Quincke  Level  
 Betadine prep x 3  Needle gauge  (b)(6)-2  
 Local infiltration  Sitting  Finger Technique  
 Site \_\_\_\_\_ L/R  Lateral R / L  CVP manually transduced  
 Attempts \_\_\_\_\_  LOR to Air / NS  Cordis 9.5 / 8.5 Fr  
 Blocks  Paresthesia + / -  SLIC  
 Nerve Stim \_\_\_\_\_ mA  Heme + / -  2 / 3 - lumen  
 Trans-arterial  CSF + / -  Test dose @  
 Dual cuff  CSF @ swirl

**Comments / Drugs:**

patient Identification (b)(6)-4

MEDCOM - 5256

**Pre / Post-anesthetic Summary**

NNMC 6320/279 (Rev-4/0)

Proposed Operation (R) (L) <del>Asia</del> / tibial nailing		Age ~ 30	Weight (kg) ~ 70kg	Height (in) ?	ASA Status ① 2 3 4 5 ⑥	Allergies NKDA	
Chemistries	Hematology H/H - Platelets - WBCs -	Coags PT - INR - PTT -	Urinalysis / HCG		NPO - P M N Teeth - $\emptyset$ loose Airway - ME ① II / III / IV FROM 3 FB O 3 FB HM		
Respiratory Cough: Sputum: Asthma: COPD: Recent URI: TB:  Long Exam: CXR:	CV HTN: CAD: MI: CHF: VHD: Arrhythmias: Exercise Tolerance: 3 Cardiac Exam: ECG:		CNS / Skeletal Seizure: CVA: LOC: Neuro: Muscle: Skeletal:  Misc		Other Hepatic: Renal: GI: Endo: Heme:  EtOH:  Tobacco:		
Previous Anesthetics: ?		Current Medications: -			Premedication: -		
Family Hx: ϕ		Preoperative Diagnoses ① GSW S ③ LE'S		Vitals BP: HR: Resp: Temp: FHR:	Pre-op 130/68 72 16 - -	DOS	
		Day of Surgery <input checked="" type="checkbox"/> Chart Reviewed / patient examined <input checked="" type="checkbox"/> Risks / benefits / options discussed with patient <input checked="" type="checkbox"/> Patient questions answered <input checked="" type="checkbox"/> Patient / parent / guardian understands and accepts risks <input checked="" type="checkbox"/> NPO after MN liq. _____ clears. _____ solids Plan: GEA		Evaluator Signature (b)(6)-2		Date 4-11-03	Staff MD / CRNA signature (b)(6)-2
				Date & Time 4-11-03 1100			

Patient identification (b)(6)-4	<p><u>Post-operative note</u></p> <p><input type="checkbox"/> No apparent anesthetic complications</p> <p>Signature _____ Date _____</p>
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MEDCOM - 5257

Pre / Post-anesthetic Summ

NNMC 6320279 (Dec-10)

Proposed Operation <b>(2) Femoral Nail</b>		Age <b>~ 30</b>	Weight (kg) <b>~ 70</b>	Height (in) <b>~ 5'10"</b>	ASA Status <b>3 4 5 E</b>	Allergies <b>NKDA</b>
Chemistries	Hematology H/H - <b>6.5/19.7</b> Platelets - WBCs -	Coags PT - INR - PTT -	Urinalysis / HCG		NPO - <b>F M N</b> Teeth - <b>intact</b> Airway - <b>MP I II / III / IV</b> FROM, ___ FB O, ___ FB HM	
Respiratory Cough: Sputum: Asthma: COPD: Recent URI: TB:	CV HTN: CAD: MI: CHF: VHD: Arrhythmias: Exercise Tolerance:  Cardiac Exam: <b>RRR</b> ECG:	CNS / Skeletal Seizure: CVA: LOC: Neuro: Muscle: Skeletal:  Misc		Other Hepatic: Renal: GI: Endo: Heme:  EtOH: ? Tobacco: ?		
Lung Exam: <b>LTA</b> CXR:		Previous Anesthetics: <b>(2) Tibial Nailing</b>		Current Medications: <b>Ø</b>		Premedication: <b>Ø</b>
Family Hx: <b>Ø</b>		Preoperative Diagnoses: <b>(2) Femur FX</b> <b>2) Anemia</b>		BP: HR: Resp: Temp: FHR:	Pre-op DOS	Day of Surgery <input checked="" type="checkbox"/> Chart Reviewed / patient examined <input type="checkbox"/> Risks / benefits / options discussed with patient <input type="checkbox"/> Patient questions answered <input type="checkbox"/> Patient / parent / guardian understands and accepts risks <input checked="" type="checkbox"/> NPO after ___ liq., ___ clears, ___ solids Plan:  Staff MD / CRNA signature <b>(b)(6)-2</b> Date & Time <b>4/14/13</b>
Evaluator Signature		Date				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 (b)(6)-2                  LCDR/USN                  ANESTHESIA             </div>						
Patient identification <b>(b)(6)-4</b>		Post-operative note <b>N</b> No apparent anesthetic complications <b>(b)(6)-2</b> Signature _____ Date <b>4/14/13</b>				

MEDCOM - 5258

ANESTHESIA RECORD

(b)(6)-2

70 Ht (in)

gics - NKDA

Procedure: **Femoral Nail** (b)(6)-2

Date: 1/13/15 Anes. Start: 0815 Surg. Start: 0835 Surg. End: 1346 Anes. End: 1400 Resident/SRNA: \_\_\_\_\_

OR # 1 Sec Page 1 of 3

Time	0815	0835	0915	1000	1015	1030	1045	1100	1115	1130	1145	1200	1215	1230	1245	1300	1315	1330	1345	1400
O <sub>2</sub> LM	8F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
N <sub>2</sub> /Air LM		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
STP (Prop)/Etomidate	100																			
Sux / Chlorcurium																				
Ro / Rapa / Ve catonism	6	2																		
Lidocaine																				
Propofol / Glyco																				
Ephedrine / Neo																				
Midazolam																				
MSO <sub>2</sub> / Remi / Su / Ketamine	200																			
Epid. Lidoc / Bupiv / Ropiv																				
PRBC																				
NS (LR)																				
EBL	100																			
ACU/ICU	126/72																			
IP	98																			
IR	120/80																			
ECG	ST SR SR SR SR SR SR SR SR SR																			
FiO <sub>2</sub>	100	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
FiCO <sub>2</sub>	100	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
TV	400																			
PIP (cmH <sub>2</sub> O)	30																			
Resp. Rate	12																			

Checklist:

Suction  Machine  Consent  NPO

Monitors:

SaO<sub>2</sub>  ECG  FiO<sub>2</sub>  NIBP L/R arm

EtCO<sub>2</sub>  PCS/ES  PNS  PIP  Temp

Mass Spec  Verbal  TEE  Fluid warmer

Air Warm  Foley  PHT  Pulm Art cath

CVP U/SC/Fem L/R  OG/NG L/R

A-Line Rad / Fem L/R

Position:  Pressure points padded  Arms < 90°

Supine  Prone  Lithotomy  Sitting  Lateral L/R

Drugs Used 500 Wasted 0 Wtts \_\_\_\_\_

Fluids Used 250 Wasted 0 Wtts \_\_\_\_\_

SpO<sub>2</sub> L/R Hand Wrist PA AC EJ

Tourniquets \_\_\_\_\_ min Time \_\_\_\_\_

Antibiotics

500 Total Agent \_\_\_\_\_

1000 Total mg \_\_\_\_\_

3000 Total over \_\_\_\_\_ minutes

800 Total @ \_\_\_\_\_

300 Total @ \_\_\_\_\_

Intubation: Monitors On  Preoxygenated  Smooth  Initiation  Cricoid Pressure  Rapid Sequence  Mask ventilation easy  Y/N

Stylet  Y/N  Bit BS  EtCO<sub>2</sub>  / CIN

DLT \_\_\_\_\_ Fr L/R

Maintenance: Smooth  Cuff checked  Eyes taped  Lubed  Full T4 / Head lift / Sustained tetanus  Aroused  Awake / Deep

Position: PACU/ICU  (SV) VSS  Awake / sleepy  Extubated / intubated  Preop:  Sterile Technique  Disposable kit  Betadine prep x 3  Local infiltration  Site \_\_\_\_\_ L/R  Attempts \_\_\_\_\_

Regional:  Spinal / Epidural  Tightly / Whitacre / Quincke  Needle gauge \_\_\_\_\_  Sating \_\_\_\_\_  Lateral R / L  LOR in Air / NS  Paresthesia + / -  Home + / -  CSF + / -  Test dose @  CSF @ swirl

Regional:  Cauder out - tip intact  Level \_\_\_\_\_

Continuous / Drugs:  Seldinger Technique  CVP manually transduced  Cordis 9.5 / 8.5 Fr  SLIC  2 / 3 - turn

Patient Identification (b)(6)-4

MEDCOM - 5259

ANESTHESIA RECOR

JNMC 29(1200)

Wt (kg) - 70

Ht (in) -

gics - NKDA

Procedure: (2) Femoral Nail (b)(6)-2  
 Date: 4/14/13 Anes. Start: 1330 Anes. End: 1400 Resident/SRNA: 3 of 3 See Page One  
 OR # 9

Time	1330	1400	15	30
O <sub>2</sub> / L/M	1-2-5			
N <sub>2</sub> O / Air / L/M	2-2			
Is. Vap. Haln / Iso (Sev) / Des	0.5 X			
STP / Prop. / Etomidate				
Sux / Cistracurium				
Ro / Rapa / Ve. curonium				
Lidocaine				
Neostigmine / Glyco				
Ephedrine / Neo				
Midazolam				
MSO, / Remi / Su / Icatanyl				
Epid. Lido / Bupiv / Ropiv				
NS / LR				
U/O				
EBL				

**Checklist -**  
 O<sub>2</sub>  Suction  Machine  Consent  NPC  
**Monitors -**  
 SpO<sub>2</sub>  ECG  FIO<sub>2</sub>  NIBP L/R arm  
 EtCO<sub>2</sub>  PCS / ES  PNS  PIP  Temp  
 Mass Spec  Verbal  TEE  Fluid warmer  
 Air Warm  Foley  PHT  Pulm Art cath  
 CVP D/SC/Fem L/R  OG/NG L/R  
 A-Line Rad / Fem L/R  
**Position -**  Pressure points padded  Arms < 90°  
 Supine Prone Lithotomy Sitting Lateral L/R  
 Drawn \_\_\_\_\_ Used \_\_\_\_\_ Wasted \_\_\_\_\_ Wtms \_\_\_\_\_  
 Drawn \_\_\_\_\_ Used \_\_\_\_\_ Wasted \_\_\_\_\_ Wtms \_\_\_\_\_  
 IV - \_\_\_\_\_ Ga L/R Hand Wrist FA AC EJ  
 Tourniquet \_\_\_\_\_ mmHg Times 1 \_\_\_\_\_  
 60/90/120/130/140/150 min - Surgeons informed  
 Antibiotics  
 Total Agent \_\_\_\_\_  
 Total ing \_\_\_\_\_  
 Total over \_\_\_\_\_ minutes  
 Total @ \_\_\_\_\_

● = Pulse  
 ○ = Spont. Resp.  
 ⊙ = Assl. Resp.  
 ⊕ = Ventilator  
 X = MAP  
 Δ/V = NIBP  
 Δ/T = A-Line  
 I = Intubate  
 E = Extubate

PACU / ICU				
Pulse -				
BP -				
Temp -				
RR -				
SaO <sub>2</sub> -				
Comps - + / -				
ECG	ST	ST		
Es / Np / Or / Sk / Ar Temp	37.8	X		
% FIO <sub>2</sub>	1.00	1.00		
% SaO <sub>2</sub>	100	100		
EtCO <sub>2</sub>	45	43		
TV	464	483		
PIP (cmH <sub>2</sub> O)				
Resp. Rate	22	21		

Induction - Monitors On Preoxygenated Smooth Inhalation / IV Cricoid Pressure Rapid Sequence Mask ventilation easy Y / N  
 Intubation - Mac / Mil Grade view Tube Size Attempts Oral / Nasal L / R w/o w/ Cuff Stylet YIN Bil BS I EtCO<sub>2</sub> x3 / CIN  
 Tube taped @ \_\_\_\_\_ cm @ lips / teeth / nasals Trauma Y/N FOB / LW / Blind LMA # \_\_\_\_\_ DLT \_\_\_\_\_ Fr L / R  
 Maintenance - Smooth Cuff checked Eyes taped / lubed Full T4 / Head lift / Sustained tetanus Suctioned Awake / Deep  
 Extubation - Smooth Reversed SV VSS  
 Disposition - PACU / ICU SV VSS Awake / sleepy Extrubated / intubated

**Patient Identification**  
 (b)(6)-4

<b>Prep</b> <input type="checkbox"/> Sterile Technique <input type="checkbox"/> Disposable kit <input type="checkbox"/> Betadine prep x 3 <input type="checkbox"/> Local infiltration <input type="checkbox"/> Site _____ L/R <input type="checkbox"/> Attempts _____ <b>Blocks</b> <input type="checkbox"/> Nerve Stim _____ mA <input type="checkbox"/> Trans-arterial <input type="checkbox"/> Dual cuff	<b>Regional</b> <input type="checkbox"/> Spinal / Epidural <input type="checkbox"/> Toohy / Whitacre / Quincke <input type="checkbox"/> Needle gauge _____ <input type="checkbox"/> Siring <input type="checkbox"/> Lateral R / L <input type="checkbox"/> LOR to Air / NS <input type="checkbox"/> Paresthesia + / - <input type="checkbox"/> Heme + / - <input type="checkbox"/> CSF + / - <input type="checkbox"/> Test dose @ <input type="checkbox"/> CSF @ swirl	<b>Regional</b> <input type="checkbox"/> Catheter out - tip intact <input type="checkbox"/> Level _____ <b>Lines</b> <input type="checkbox"/> Seldinger Technique <input type="checkbox"/> CVP manually transduced <input type="checkbox"/> Cordis 9.5 / 8.5 Fr <input type="checkbox"/> SLIC <input type="checkbox"/> 2 / 3 - lumen	<b>Comments / Drugs:</b>
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MEDCOM - 5260

ANESTHESIA RECORD

(b)(6)-2

Wt (kg) - 70

Ht (in) -

gies -

NKDA

Procedure: (2) Femoral Nail; Date: 4/14/03; Anes. Start: 1100; In Room: 1115; Surg. Start: 1130; Surg. End: 1200; Anes. End: 1230; Resident/SRNA: [blank]; OR #: 9; Page 2 of 2

Table with columns for Time (1100, 1115, 1130, 1145, 1200, 1215, 1230, 1245, 1300, 1315, 1330) and rows for O2/LM, N2O/Air/LM, EtCO2, STP/Prep, Sux/Cistracurium, Ro/Rapa/Yc, Lidocaine, Neostigmine/Glyco, Ephedrine/Neo, Midazolam, MSO2/Remi/Su/Kentanyl, Epid. Lido/Bupiv/Ropiv, Demerol, NS, PRBCs, U/O, EBL, and various vital signs (Pulse, BP, Temp, RR, SaO2, Comps, ECG, Es/Np/Or/Sk/Ax Temp, % FiO2, % SaO2, EtCO2, TV, PIP, Resp. Rate).

Checklist section including Suction, Machine, Consent, NPO, Monitors (SaO2, ECG, FiO2, NIBP, Temp, etc.), Position (Supine, Prone, etc.), Drawn (Used, Wasted, Wits), IV (Ga, L/R, Hand, Wrist, FA, AC, EJ), and Antibiotics.

Handwritten notes: (b)(6)-4 and unit of PRBCs initiated @ 1110; (b)(6)-2 in for back relief 1143; 1225 - 2nd PRBC unit completed.

Summary section: Induction - Monitors On; Intubation - Mac/Mil; Maintenance - Smooth; Extubation - Smooth; Disposition - PACU/ICU; Preoxygenated; Smooth; Inhalation/IV; Cricoid Pressure; Rapid Sequence; Mask ventilation easy Y/N; Stylet Y/N; BBS/EtCO2 x3/CIN; DLT Fr L/R; Awake/Deep.

Patient Identification

(b)(6)-4

Prep, Regional, and Blocks sections with checkboxes for Sterile Technique, Spinal/Epidural, Nerve Stim, etc.

MFDCOM - 5261



10710/1091

ANTIBIOTIC: Imipenem 500mg  
TIME GIVEN: 0600  
OTHER: fentanyl 750  
demerol 10mg

NNMC 6320/16 (05/91)  
RECOVERY ROOM RECORD  
NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281

ALLERGIES

OPERATION PERFORMED

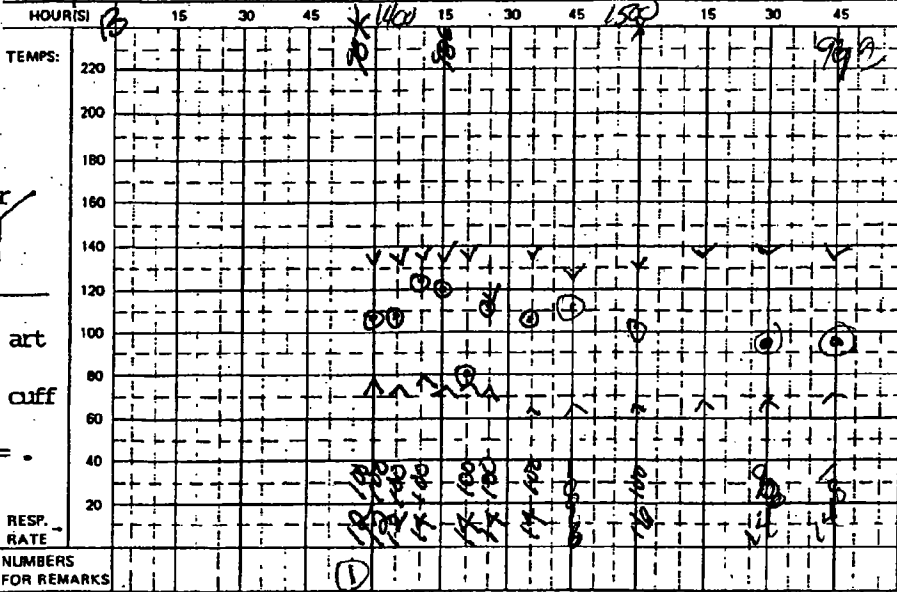
AGENTS AND TECHNIQUES OF ANESTHESIA

OXYGEN THERAPY

(R) femoral nail

(b)(6)-2

ROUTE	LM	%	ON	OFF
MASK	10L		AW	1444
T-BAR				
VENTILAT.				



TYPE	AMOUNT	BLOOD	SALINE	OTHER
OPERATING ROOM	300	500		
RECOVERY ROOM	100			
TOTAL	400	500		

BLOOD LOSS IN OR: 300 CC  
WARD PRE-OP BP: 1 mmHg  
TUBES:  N/G  FOLEY  
IV IN H/A E 100 cc  
UR AT 125 cc/hr AOW  
IV IN LAR E 1000 cc  
OF 22 AT 125 cc/hr TOW  
ART. LINE IN \_\_\_\_\_  
T. TUBES, HEMOVAC IN \_\_\_\_\_

Spiral Level: \_\_\_\_\_  
EKG to monitor on  Rhythm  
BP  $\frac{1}{1}$  art  
BP  $\frac{V}{A}$  cuff  
Pulse = .  
% Sat: \_\_\_\_\_

ADMISSION FROM MOR/SPEC. STUDY DATE 4/13/03 HRS 1357  
DISCHARGE TO WARD 5F 1004 HRS  
DRESSINGS: LOCATIONS (D&R) leg  
STATUS: LDI  
STATUS: Has sensation

TIME	MOR	PAOU	URINARY OUTPUT	JP	DRAINAGE	#1	#2
CC	800	350		1509	10cc	40cc	12 20
TOTAL	800	1150			330	30cc	total
SP, GR					10	36	0.15
S/A							(2)

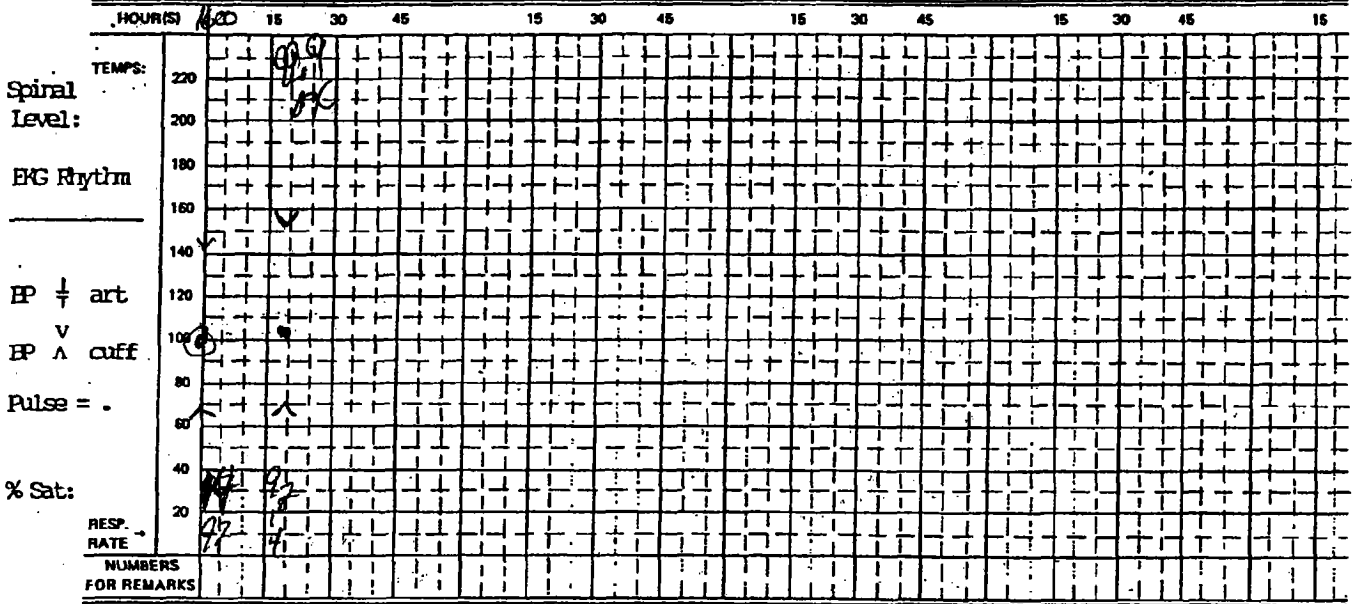
ENDOTRACHEAL TUBE - ORAL OR NASAL  
 YES  NO  
AIRWAY/BREATH SOUNDS  
 CLEAR  PLAST AIRWAY  OBSTRUCTS EASILY  
STATUS: \_\_\_\_\_

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES  
1) AOW from MOR accompanied by (b)(6)-2  
PMI: ASA 2  
Neuro: able to respond to verbal & tactile stimuli  
Pain Yes (No) Action: \_\_\_\_\_  
CV: Warm, IV: patient  
Other: steroids X 2, warm blankets.

POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)	A	D
Able to move 4 extremities voluntarily or on command	2	
Able to move 2 extremities voluntarily or on command	1	Activity
Able to move 0 extremities voluntarily or on command	0	
Able to deep breathe and cough freely	2	
Dyspnea or limited breathing	1	Respiration
Apneic	0	
BP $\pm$ 20% of preanesthetic level	2	
BP $\pm$ 20-50% of preanesthetic level	1	Circulation
BP $\pm$ 50% of preanesthetic level	0	
Fully awake	2	
Arousable on calling	1	Consciousness
Not responding	0	
Pink	2	
Pale, dusky, blotchy, jaundiced, other	1	Color
Cyanotic	0	
TOTALS	9	9

NAUSEA AND VOMITING:  NO  YES - 1 2 3 4 5 6 TIMES  
CAUDAL SPINAL OR EPIDURAL BLOCK  
MOVEMENT PRESENT AT \_\_\_\_\_ HRS  
SENSATION PRESENT AT \_\_\_\_\_ HRS  
CONDITION ON TOW:  GOOD  FAIR  POOR  CRITICAL  
RECOVERY:  COMPLICATED  UNEVENTFUL  
PATIENT'S IDENTIFICATION: (b)(6)-4

SIGNATURE OF RECEIVING AND RELEASING OFFICERS  
TOW (b)(6)-2



MEDICATIONS

TIME	DRUG	DOSE	ROUTE	NURSE
1440	Morphine	2mg	IVP	(b)(6)-2
1444	Tobramycin	100mg	IVP	(b)(6)-2
1501	Fentanyl	25mcg	IVP	(b)(6)-2
1507	Morphine	2mg	IVP	(b)(6)-2
1511	Fentanyl	25mcg	IVP	(b)(6)-2
1534	Morphine	2mg	IVP	(b)(6)-2

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES (CONT)

Opt do from 02. (2) pt. can remain O2 levels on room air.  
 (3) pt had X-rays taken of (R) leg. At 1530 Phys. was called and notified of malfunctioning JF<sup>#1</sup>. Phys. said to reinforce and sight was reinforced. Tobramycin consumed entirely at 1541. (4) pt's chronic SpO<sub>2</sub> extremely low interventions (indubitable) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) 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TOW Note: Neuro: Pt. A&O x3; responsive to verbal commands.  
 Pain: Yes/No Action:

Pulmonary: Lungs clear Bilaterally; O<sub>2</sub> stats maintaining  $\geq 97$ .

CV: S<sub>1</sub>S<sub>2</sub> within normal esp aff. EKG Rhythm: NSR IV: Patent/intact

Skin/Wound: Ends approximated. Drainage Yes/No Color: Sero Sanguinous Edema Yes/No

GI: No N/V

GU: Foley Yes/No Color of urine: Amber Dye to void: N/A

Instructions/Interventions in PACU: Intake and output of JP drains.

Report called to: (b)(6)-2 By: (b)(6)-2

TOWed to: S Forward Post By: (b)(6)-2

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

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) _____	<b>SECTION I - REQUISITION</b> 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) (b)(6)-2
	DATE REQUESTED <b>ASAP 15 APR 03</b>	DIAGNOSIS OR OPERATIVE PROCEDURE <b>Anemia</b>
VOLUME REQUESTED (if applicable) <b>1 unit ML</b>	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.
<b>REMARKS:</b>	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF VERIFIER (b)(6)-2 <b>ENS, NC</b>
	DATE VERIFIED <b>15 APR 03</b> TIME VERIFIED <b>0755</b>	

<b>SECTION II - PRE-TRANSFUSION TESTING</b>			
UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4	TEST INTERPRETATION ANTIBODY SCREEN   CROSSMATCH <b>NEG   COMP</b>	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO <b>O</b> Rh <b>POS</b>	RECIPIENT ABO <b>AB</b> Rh <b>POS</b>	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 <b>7 DATE 4/15/03</b>
REMARKS: <b>UNIT EXPIRES: 17 APR 03</b>			

<b>SECTION III - RECORD OF TRANSFUSION</b>	
PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)-2 AT (Hour) <b>1355</b> ON (Date) <b>15 APR 03</b> 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.	POST-TRANSFUSION DATA AMOUNT GIVEN <b>1 unit ML</b> TIME/DATE COMPLETED/INTERRUPTED <b>15 APR 03 1650</b> REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE <b>99.7</b> PULSE <b>102</b> BLOOD PRESSURE <b>118/68</b> 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.
SIGNATURE OF VERIFIER (Signature) (b)(6)-2 <b>LEDR, NC, USN</b>	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
TEMP. <b>99.15</b> PULSE <b>102-90</b> BP <b>150/80</b> DATE OF TRANSFUSION <b>15 APR 03</b> TIME STARTED <b>1005</b>	OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____
SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2	

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate: hospital or medical facility)	SEX <b>M</b>	WARD <b>5th 5FWD</b> <b>STBD</b>
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(b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record  
 STANDARD FORM 518 (REV. 9-82)  
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 5264

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)-2
	DATE REQUESTED <i>15 APR 03</i>	DIAGNOSIS OR OPERATIVE PROCEDURE <i>ANEMIA</i>
VOLUME REQUESTED (If applicable) _____ 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 <i>[Signature]</i>
		DATE VERIFIED <i>15 APR 03</i> TIME VERIFIED <i>0755</i>

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4	TEST INTERPRETATION		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
PATIENT NO.		ANTIBODY SCREEN <i>NEG</i>	CROSSMATCH <i>COMP</i>	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
DONOR ABO <i>O</i> Rh <i>POS</i>	RECIPIENT ABO <i>AB</i> Rh <i>POS</i>	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		
REMARKS: <i>UNIT EXPIRES: 17 APR 03</i>				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA			
INSPECTED AND ISSUED BY (Signature) (b)(6)-2		AMOUNT GIVEN <i>1 unit</i> ML	TIME/DATE (COMPLETED/INTERRUPTED) <i>15 APR 03 1240</i>		
AT (Hour) <i>0735</i>	ON (Date) <i>4/15/03</i>	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE <i>99.8</i>	PULSE <i>94</i>	BLOOD PRESSURE <i>162/70</i>
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.			
1. COLLECTOR (Signature) (b)(6)-2 <i>ENS/NC</i>		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
2. VERIFIER (Signature) (b)(6)-2 <i>ENS/NC</i>		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			
PRE-TRANSFUSION TEMP. <i>99.3</i>	PULSE <i>90</i>	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 <i>ENS/NC</i>			
DATE OF TRANSFUSION <i>15 APR 03</i>	TIME STARTED <i>1005</i>	SEX <i>M</i> WARD <i>JAWR 8B</i>			
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank; rate; hospital or medical facility)		(b)(6)-4			

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 5265



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) (b)(6)-2
	DATE REQUESTED 14 APR 03	DIAGNOSIS OR OPERATIVE PROCEDURE Hip FX
	DATE AND HOUR REQUIRED 14 APR 03	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) _____
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 14 APR 03 TIME VERIFIED 0900

SECTION II - PRE-TRANSFUSION TESTING			
UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4	TEST INTERPRETATION ANTIBODY SCREEN: NEG CROSSMATCH: COMP	
DONOR ABO A Rh POS	RECIPIENT ABO AB Rh POS	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD	SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2
		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE 4-14-03
REMARKS: COMP: 14 APR 03			

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
(b)(6)-2	ON (Date) 4-14-03	AMOUNT GIVEN 250 ML	TIME/DATE COMPLETED/INTERRUPTED 4/14/03 11:00	
(Hour) 1007		REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 37.1	PULSE 63
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) (b)(6)-2	(b)(6)-2	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) (b)(6)-2	LCDR/USN ANESTHESIA	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION TEMP. 36.6 DATE OF TRANSFUSION 4/14/03	PULSE 70 TIME STARTED 10:15	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 LCDR/USN ANESTHESIA		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility). (b)(6)-4		SEX	WARD	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 5266



MEDICAL RECORD		BLOOD OR BLOOD COMPONENT TRANSFUSION	
<b>SECTION I - REQUISITION</b>			
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) (b)(6)-2 _____	
	DATE REQUESTED <i>14 April 03</i>	DIAGNOSIS OR OPERATIVE PROCEDURE <i>Ortho Ex</i>	
	DATE AND HOUR REQUESTED <i>14 APR 03</i>	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.	
	VOLUME REQUESTED (if applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER (b)(6)-2 _____
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED <i>14 April 03</i>	TIME VERIFIED <i>0900</i>

<b>SECTION II - PRE-TRANSFUSION TESTING</b>			
UNIT NO. (b)(6)-4	TRANSFUSION NO. (b)(6)-4 PATIE _____	<b>TEST INTERPRETATION</b> ANTIBODY SCREEN <i>NEG</i>	CROSSMATCH <i>COMP</i>
DONOR ABO A Rh POS	RECIPIENT ABO AB Rh POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)-2 _____
		REMARKS: <i>Comp 14 APR 03</i>	DATE <i>4-14-03</i>

<b>SECTION III - RECORD OF TRANSFUSION</b>	
PRE-TRANSFUSION DATA	POST-TRANSFUSION DATA
INSPECTED AND ISSUED BY (Signature) (b)(6)-2 _____	AMOUNT GIVEN <i>250 ML</i>
AT (Hour) <i>1107</i> ON (Date) <i>4/14/03</i>	TIME/DATE COMPLETED/INTERRUPTED <i>1225 4/14/03</i>
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 If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.
1st VERIFIER (Signature) (b)(6)-2 <i>Ltjg, UC</i>	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____
2nd VERIFIER (Signature) (b)(6)-2 _____	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____
PRE-TRANSFUSION TEMP <i>37.3</i> PULSE <i>64</i> BP <i>111/40</i>	SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 <i>LCDR/USN ANESTHESIA</i>
DATE OF TRANSFUSION <i>4/14/03</i>	TIME STARTED <i>1110</i>
PATIENT IDENTIFICATION NUMBER (For typed or written entries give: Name—Last, first, middle, given, room, ward) (b)(6)-4	WARD _____

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 5267





MEDICAL RECORD			DOCTOR'S ORDERS <i>(Sign all orders)</i>		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/22/03	2000		VO Dr. (b)(6)-2	(b)(6)-2	
			① Dic Lovemox		
			② Give 10mg Vit K SQ x 1 now.	(b)(6)-2	
22 APR 2003			VO from Dr. (b)(6)-2 to EMS	(b)(6)-2	COX
2040			Vit K 10mg SQ x 3 days (Start today)		
			• PTT/PT/APR in AM	(b)(6)-2	PKM
			(b)(6)-2		
			22 APR 2003 2230 (b)(6)-2		MC
4/23/03	0119		chart verified	(b)(6)-2	
4/23/03	1400		VO DR (b)(6)-2	(b)(6)-2	
4/23/03	1400		VO DR (b)(6)-2		

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

3/10/03

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-76)  
 Prescribed by GSA and ICMR  
 FIRMR (41 CFR) 201-45.605  
 508-111  
 U.S. GPO: 1988-201-760/80076

MEDCOM - 5269



MEDICAL RECORD

DOCTOR'S ORDERS

INSTRUCTIONS: Place form on firm surface; use pressure on ball point pen. Sign all orders. Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	Rx			
4/23/03	2400		NO DR (b)(6)-2 / LTJG (b)(6)-2 ① BLOOD CX x 2 ② URINE A & CX ③ CXR		
4/24/03	0115		chart verified		
Apr 24 '03	0828		① Furosemide 500 mg in 96° ③ Unasyn 1g in 12° ③ Send smears of discharge for culture (from nodule) ④ lorazepam 30mg SQ BID	(b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2	
25 April 03	00100		24° Chart Verification		
Apr 25 '03	0814		① CBL PT/INR now thromb's BP (in CHCS)	(b)(6)-2 (b)(6)-2	
4/26/03	034		chart verified		

(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. 5 Forward

WARD NO.

DOCTOR'S ORDERS  
Medical Record

STANDARD FORM 508 (Rev. 3-94)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1



MEDCOM - 5270

Perioperative Plan Of Care & Nursing

**Patient Assessment For Surgery - Potential For Injury - Outcome: Patient is free from signs and symptoms of injury**  Yes  No

Trauma# or patient # \_\_\_\_\_  
 Diagnosis: FX R hip Planned Procedure: RIF Hip  
 Date: 4/14/03 Arrival Time: \_\_\_\_\_ Interviewer: \_\_\_\_\_  
 Side:  N/A  Right  Left  
 Age: HT: WT: \_\_\_\_\_

From:  CASREC  ICU  Ward  
 Transport Via:  Gurney  Litter  Ambulated  Wheelchair  Other \_\_\_\_\_  
 Patient ID: \_\_\_\_\_  
 Blood Ordered:  N/A  T/C #Units 2  T/H #Units \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Surgical/Anesthesia Consent Verified:  Procedure  Consent complete, dated, signed  Emergent case; no consent, MD note

Preop Labs (HCG, etc.):  None  Yes  
 Drug/Latex Allergies:  NKDA Allergy/Reaction: \_\_\_\_\_  
 Present On Admission:  N/A  Oxygen  IV Site: #1 18ga @ FA #2 \_\_\_\_\_  
 Past Medical History:  None known  Smoker ppd/yrs 1  
 ETOH  Asthma  HTN  CAD  GERD  CBR exposure  Other: \_\_\_\_\_  
 Cultural Needs Addressed:  Yes  No List: \_\_\_\_\_

Pre-Op Pain:  No Not able to assess  Yes Level \_\_\_\_\_ (0-10)  
 Action Taken: \_\_\_\_\_  
 Location/type: \_\_\_\_\_  
 Foley  Endotracheal Tube  Arterial Line Site: \_\_\_\_\_  
 Drain(s) \_\_\_\_\_  
 Chest Tube(s) \_\_\_\_\_  
 See RN Note # \_\_\_\_\_  
 Past Surgical History:  None known  Yes List: see pt's chart

In Chart:  H&P  Yes  No  EKG  Yes  No  CXR  Yes  No  
 Skin Condition:  Intact  Other: \_\_\_\_\_  
 Limitations:  N/A  Auditory  Language  Visual  Mobility  Prosthesis  Other: \_\_\_\_\_  
 Personal Items:  None  Military gear  Glasses  Dentures  Jewelry/wallet  Other \_\_\_\_\_  
 Disposition: \_\_\_\_\_

**Potential For Anxiety - Outcome: Patient demonstrates knowledge of psychological responses to an invasive procedure**  Yes  No

Mental/Emotional Status:  Alert/Oriented  Calm  Disoriented  Anxious  Appropriate for age  Other \_\_\_\_\_  
 Comfort Measures Implemented:  Clear, concise explanations  Communicated patient concerns to other staff members  Remain with patient during induction  
 Pre-op Teaching Included:  N/A due to patient condition  Physical layout of OR  Personnel present during procedure  Environment (noise, temperature, etc.)  Post-op expectation (PACU, drains, etc.)

**Potential For Impaired Skin Integrity Related To Surgical Procedure - Outcome: Patient is injury free**  Yes  No

Operative Position:  Supine  Beach chair  Prone  Sitting  Lateral L/R  Jackknife  Lithotomy  Other: \_\_\_\_\_  
 Positional Aids:  Airplane  Axillary roll  Bean Bag  Gel donut  Pillows  Wilson Frame  
 Arms <90  Fracture Table  Gel Pad  Hand Table  Leg Holder  Tape  
 Tucked:  L  R  Stirrups  Other: \_\_\_\_\_

ESU # 09  
 Pad Site: DR  
 Pad Lot # 422  
 Site Clear at end of case?  No  Yes  
 If No, see RN note # \_\_\_\_\_  
 Bipolar: \_\_\_ Max Cut \_\_\_ Coag \_\_\_  
 DVT Prevention: SCD used  No  Yes Pressure: \_\_\_\_\_  Left  Right Teds:  No  Yes Bair Hugger used:  No  Yes Other warming techniques: \_\_\_\_\_  
 Tourniquet:  Arm  Leg # \_\_\_\_\_  
 Left  Right  webрил applied Applied by: \_\_\_\_\_  
 Total Min: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Potential For Infection

Outcome: Appropriate Actions Taken to Prevent Infection

Yes  No

Wound Classification: I  II  III  IV

Shave Prep:  Shave  Clipper Area: \_\_\_\_\_ By: \_\_\_\_\_

Skin Prep:  Betadine Scrub *Point*  Hibiclens  Duraprep  Other: \_\_\_\_\_

Solutions/Preparations:  Normal sal.  Sterile water  Local  Antibiotics  Other: \_\_\_\_\_

Drains/Packing:  None  
Foley FR: *Agarose Foley*  
JP #1 Fr: *2* Location: *2* #2 Fr: \_\_\_\_\_ Location: \_\_\_\_\_  
Hemovac: Size \_\_\_\_\_ Location \_\_\_\_\_  
Chest tube: Location \_\_\_\_\_ Size \_\_\_\_\_ H2O Pressure: \_\_\_\_\_  
Packing: type/location: \_\_\_\_\_  
See RN Note # \_\_\_\_\_ for comments

Dressing: Location: *2*  
 ABD  Cervical Collar  Kling  Steri-strips  Benzoin  
 Ace  Coban  Immobilizer  Tape  Masticol  
 Bias  Drip Pad  Plains  Webriil  Bacitracin  
 Band-Aid(s)  Fluffs  Sling  Xeroform  
 Cast  Kerlix  Splint  Other: \_\_\_\_\_

Miscellaneous

Counts: (initials) *Correct?*  
 Sharps  Yes  No  N/A  
 Sponges  Yes  No  N/A  
 Instruments  Yes  No  N/A  
See RN note # \_\_\_\_\_ for additional comments

Xray:  None  Other: \_\_\_\_\_  
 Portable  C-Arm

Skin Integrity:  Clear & Intact (other than incision)  
Comments: \_\_\_\_\_  
See RN note # \_\_\_\_\_ for additional comments.

Implants: \_\_\_\_\_  
Lot # I Exp Date: \_\_\_\_\_

See RN note # \_\_\_\_\_ for additional comments.

Discharge from Operating Room

Complications: None  
Comments: \_\_\_\_\_  
See RN note # \_\_\_\_\_ for additional comments

Transport From OR:  Gurney w/ siderails up  
 Litter w/ safety strap in place  
 w/ Oxygen  
 w/ Monitor  
 Other: \_\_\_\_\_

Transferred To:  PACU  ICU  Medivac  Ward  Other: \_\_\_\_\_  
Report by:  Anesthesia provider  RN

Surgical Procedure Performed: *Femoral Rodding*  
RN Note: (number each note to corresponding area above)

AFFIX TO PATIENT RECORD  
Manufactured or Distributed by  
**SYNTHEs** 1101 Synthes Avenue  
Monument, CO 80132  
14MM TI CANNULATED FEMORAL  
NAIL 400MM-STERILE  
CAT # 474.441S  
MCN # 4455188 EXP: 12/2011  
MAT: T1-6A1-7Nb

*Lock Bell*  
*4/4*  
*4/59, 4/6 X1*  
*1/4 X1*

Initial/Name Box: (please print)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: *14 Apr 3*

Relief OR RN Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

MEDICAL RECORD

DOCTOR'S ORDERS

INSTRUCTIONS: Place form on firm surface; use pressure on ball point pen. Sign all orders. Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	Rx			
4/21/03	1112		Vo Dr (b)(6)-2 & Dr (b)(6)-2 - remove all staples & sutures to @ Hip, bilat. knees and @ ankle. (b)(6)-2		
22 Apr 03	00430		24° Chart Verified (b)(6)-2		
Apr 22 '03	0849		① Coarbox 30mg SQ BID - (no more coarbox given pt's high sensitivity) (b)(6)-2		
			② PT/UR @ 1800 + 250 CBC (b)(6)-2		
			Notes 0905 4/22/03 (b)(6)-2		
Apr 22 '03	0914		① Motrin 800 mg po TID (b)(6)-2		
			② Acrophax 20 mg po BID (b)(6)-2		
			Notes 0930 4/22/03 (b)(6)-2		
4/22/03	1050		① MVI i TAB PO Q DAY (b)(6)-2		
			② FeSO4 325me PO Q DAY V.O. Dr (b)(6)-2		
4/23/03	0119		Chart verified (b)(6)-2		

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS Medical Record

STANDARD FORM 508 (Rev. 3-84) Prescribed by GSAICMR. FIRM (41 CFR) 201-9.202-1

MEDCOM - 5273

MEDICAL RECORD

DOCTOR'S ORDERS

INSTRUCTIONS: Place form on firm surface; use pressure on ball point pen. Sign all orders. Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	Rx			
4/20/03	2200	(c)	ble coumadin - we will dose with one time order	(b)(6)-2	(b)(6)-2
				4/20/03 2221 (b)(6)-2	Lindorpe
4/20/03	2300		VO Dr (b)(6)-2 to LDR (b)(6)-2	(b)(6)-2	FAYE Post 4/21/03 LDR/ME
			(1) Give 1mg Vit K IV xl now.	(b)(6)-2	
4/21/03	0800		CHART VERIFIED	(b)(6)-2	
4/21/03	0850	(L)	PT (MR @ 1800 today (in UKS / min LL)	(b)(6)-2	(b)(6)-2
			Noted 0900 4/21/03	(b)(6)-2	
4/21/03			PT - Rom (B) LE - WB - c Cntels Cntels tray.	(b)(6)-2	(b)(6)-2
			Noted 0930 4/21/03	(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.

WARD NO.

(b)(6)-4

DOCTOR'S ORDERS  
Medical Record

STANDARD FORM 508 (Rev. 3-94)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDCOM - 5274

EDICAL RECORD

DOCTOR'S ORDERS  
(Sign all orders)

TIME

STOP  
STOP

RX

DRUG ORDERS

DOCTOR'S  
SIGNATURE

NURSE'S  
SIGNATURE

2:07 (1) repeat PT/INR mon (line) ✓  
33 Noted 1040 4/19/03

(b)(6)-2

(b)(6)-2

9:03 (2) Vitamin K low in  
143 for INR 20.5 (PT 62.8) ~

(b)(6)-2

(b)(6)-2

(b)(6)-2

(3) PT/INR do 12°  
oted 1145 4/19/03

(b)(6)-2

(b)(6)-2

(b)(6)-2

4/19/03 2200 INR at MN 4/19/03  
Give 0.5mg Vit. K IV  
if INR is greater than 10.

(b)(6)-2

CDR, NC

(b)(6)-2

4/19/03

240 Chart Verifications  
22 Apr 03 P.0000

(b)(6)-2

4/20/03 1400

TBD (b)(6)-2 L CDR (b)(6)-2

- Fleets x1 now

(b)(6)-2

USA, ~

4/21/03 0800

(Continue on reverse side)

REGISTER NO.

Chart  
verified

WARD NO.  
(b)(6)-2

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

(b)(6)-2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45-505  
506-112

MEDCOM - 5275



DOCTOR'S ORDERS

(Sign all orders)

MEDICAL RECORD

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
1/6/03	1/6/15		1. Valium 5mg po tid Held if patient is too sedated 2. Stop Valium IV order 3. CBC in am Cdx	(b)(6)-2 FNPC	(b)(6)-2 FNPC
			Noted (b)(6)-2	LSH/ 4/16/03 1855	
4/17/03	0130		24 <sup>o</sup> chart verification	(b)(6)-2	ENS, AC
4/12/03	0815	①	oab in chair TID	(b)(6)-2	ENP
4/17/03	1045		V.O. from Dr. (b)(6)-2 to ENS	(b)(6)-2	
			① 10mg Coumadin PO xl today ② 5mg Coumadin PO start 4/18 ③ QAM ceas ④ D/C Loverox		
			Noted 1210 4/17/03	(b)(6)-2	ENS, AC
4-17-03			Give MSO of 6mg OVP q3h. Held if patient becomes too sedated Cdx	(b)(6)-2	(b)(6)-2
			2. T. Valium to 10mg, give @ 0800, given 5mg at 1400 and 5mg @ 2000	(b)(6)-2	FNPC
			3. D/C Puride: Valium, Cdx	(b)(6)-2	FNPC
			Noted (b)(6)-2	(b)(6)-2	103 11030

FAKED

PATIENT'S IDENTIFICATION (For typed or written middle; grade; rank; rate; hospital or medical facility)

(b)(6)-4

4/18/03 - 24<sup>o</sup> chart @ 0830

WARD NO. 11/1/03  
FIRMA (41 CFR) 201-2-500 508-112



MEDICAL RECORD	DOCTOR'S ORDERS <small>(Sign all orders)</small>
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DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
15 APR 03	0930	①	O/c Contact Precautions		
		②	O/c Tobramycin.		
		③	A IU to SD in .97% NSS. @ 100cc/hr.	(b)(6)-2	(b)(6)-2
15 APR 03	1500	①	Hydrocortisone cream to rash TID liberally	(b)(6)-2	(b)(6)-2
4/16/03	@ 0200		24° chart verification		(b)(6)-2
4/16/03	0940		I.O. MD (b)(6)-2 → ENS (b)(6)-2		(b)(6)-2
		①	D/c Foley		
		②	W → D drsg to medial calves		
		③	Dry drsg to @ Hugh's JP drain		
			(b)(6)-2		(b)(6)-2
			ORDER 4/16/03		ENS/ATC
4/16/03			T.O. Dr (b)(6)-2 per (b)(6)-2	(b)(6)-2	
			Straight cath 96, + encourage pt to void on own		
			(b)(6)-2		(b)(6)-2
			(b)(6)-2		
			4/16/03 1600		

(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)-4

**DOCTOR'S ORDERS**

STANDARD FORM 508 (Rev. 10-75)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45-505  
508-112

MEDICAL RECORD		DOCTOR'S ORDERS (ORTHOPEDI)		AIT/POST OP.	
DATE AND TIME		Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/14			ADMIT TO: ORTHO STAFF: (b)(6)-2		(b)(6)-2
		1.	WARD: 6PDR		
		2.	DX: 87p IM nail (P) Pts Femur - IM POD 7/6/03 X		
		3.	CONDITION: STABLE		
		4.	ALLERGIES: WEDA		
		5.	VITAL SIGNS: Q 1 hr X 4 THRU Q 4 hr X 24 hr THEN Q 8 hr		
		6.	NURSING: - N/V CHECKS W/ VITALS - I & O's q 8 hr x 48 hrs - Foley to gravity (remove 6 A.M. on _____), - drain to self.suction - Remove wound dressing and replace w/ sterile dressing on POD #2		
		7.	Diet: Clears, advance as tolerated		
		8.	Activity: PT for OOB to Chair		
		9.	LABS: CHEM 7, CBC in AM; CBC q AM POD # 2 & #3		
		10.	IV: D5LR@100cc/hr		
		11.	MBDS: - Ancef 1g IV q 8 hr x 48 hr - Gentamicin 80 mg IV q 8 hr x 48 hr OR - Gentamycin (5-7.5mg/kg) mg IV x 48 hrs - Heparin 5000 U SQ q 8 hr - Lovenox 30mg SQ BID - MSO4 6 mg IM or IV q 4hr prn pain significant - Phenergan 25 mg IM or IV q 4 hr prn - Percocet 1 - 2 tabs po q 3 hr prn pain moderate - Tylenol 650 mg po q 4 hr prn - MOM 30cc po q 4 hr prn - Benadryl 25mg po q 4 hr prn - Surfak 240mg po bid prn		
		12.	Other Meds: Tobramycin 120mg IV q 8h D/C Imipenem.		
		13.	Call Ortho tech for casts, splints, traction equipment or cast bivalving		
		14.	X-rays: AP/lat (P) Femur & Pelv		
		15.	Transfuse _____ units PRBC if HCT less than _____ Type and Hold for _____ units Type and Screen for _____ units		

Noted (b)(6)-2

AIT/PC (b)(6)-2

PATIENT'S IDENTIFICATION (b)(6)-4

4/14/03 1850

15 AM 03 (b)(6)-2

MEDCOM - 5279

24° chart ✓ (b)(6)-2

DATE AND TIME		Rx	DOCTOR'S ORDERS (ORTHOPEDECS ADMIT/POST OP) (Sign all orders)	Doctor's Signature	Nurse's Signature
START	STOP				
		16.	Pin care - 1/2 strength H2O2 q 8 hr to all exposed pins		
		17.	Dressing changes		
		18.	Traction - pin care to exposed pins		
		19.	Misc: Elevate (B) & white 2 bed.		(b)(6)-2
		20.	If N / V changes occur, call Charge Nurse / Ward Medical Officer to assess and bivalve cast if present		(b)(6)-2
		21.	If UOP < 30 cc/hr, bolus 500 cc NS and assess results. Call Ward Medical Officer if no improvement.		
		22.	Oxygen:		
		23.	Physical Therapy:		
			Noted (b)(6)-2		
			4/15/03 1850		
			(b)(6)-2		
			(PHYSICIAN SIGNATURE)		

15 Apr 03  
@ 0215

2nd chart verification  
D.G. (b)(6)-2

PATIENT'S IDENTIFICATION

(b)(6)-4

MEDICAL RECORD

DOCTOR'S ORDERS  
(Sign all orders)

DATE AND TIME		RX	DRUG-ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/14/03			<b>ANESTHESIA PACU ORDERS</b>		
		1.	Admit to PACU.	(b)(6)-2	
		2.	Allergies: <u>NKDA</u>		
		3.	Vital signs per PACU protocol.		
		4.	O2: <u>  </u> FM @ 10LPM, <u>  </u> % Blowby, <u>  </u> NP @ <u>1-4</u> LPM.	(b)(6)-2	
		5.	IVF: <u>LR</u> at <u>1.5</u> cc/hr		
		6.	On ward: O2 @ 2-3 LPM via NC: YES <input checked="" type="radio"/> NO <input type="radio"/>		
		7.	Pain medication:		
			Ketorolac <u>  </u> mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)	(b)(6)-2	
			MSO4 <u>1-2</u> mg IV q <u>5-10</u> min prn; max dose <u>20</u> mg		
			Fentanyl <u>25</u> mcg IV q <u>5</u> min prn; max dose <u>100</u> mcg		
			Percocet <u>  </u> tab(s) p.o. with sip of water		
			Other: <u>Versed 1-2mg IV prn agitation</u> <u>Demerol 25mg IV prn shivering</u>	(b)(6)-2	
		8.	Antiemetics:		
		3.	Ondansetron <u>4</u> mg IVP, may repeat x1 in 15 min (0.1 mg/kg; max 4 mg)		
		1.	Metoclopramide <u>10</u> mg IV x1 (0.15 mg/kg; max 10 mg)		
		2.	Droperidol <u>1.25</u> mg IV x 1 dose (0.01 mg/kg; max 0.625 mg) <u>Must have baseline ECG available before administration.</u>		
			Other <u>  </u>		
		9.	Clear liquids as tolerated: <input checked="" type="radio"/> YES <input type="radio"/> NO		
		10.	Notify Anesthesia (pager <u>(b)(3)-1</u> ) for airway issues, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol.		
			(rev 3/2002)	(OVER)	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle, grade, rank, rate, hospital or medical facility)	REGISTER NO.
(b)(6)-4	(b)(6)-2
DOCTOR'S SIGNATURE Medical Record	

STANDARD FORM 508 (Rev. 3-94)  
Prescribed by GSA ICMR FIRM (41 CFR) 201-9.202-1

MEDCOM - 5281

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME			RX	OPUG ORDERS	DOCTOR'S SIGNATURE	NURSES SIGNATURE
START	STOP					

ANESTHESIA PACU ORDERS -- CONTINUED

11. Discharge patient from PACU per protocol: YES NO

12. when epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.

FOR PACU KEEP PATIENTS ONLY

13. Release patient from anesthesia care to KEEP status when patient meets anesthesia discharge criteria: YES NO

14. Notify anesthesia (1506) for airway management and: (circle if applicable)

a. Pain management

b. Fluid management

c. Other \_\_\_\_\_

15. TOW patient to ward in a.m. if patient meets discharge criteria:

YES NO

Signature \_\_\_\_\_

(b)(6)-2 [Redacted Signature]

Beeper \_\_\_\_\_

(b)(6)-2  
LCDR/USN  
ANESTHESIA

[Handwritten Signature]

(b)(6)-2 [Redacted Signature]

[Handwritten Signature]



MEDICAL RECORD	DOCTOR'S ORDERS <i>(Sign all orders)</i>
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DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4/13/2003 6700	late entry		V.O. Dr. (b)(6)-2 / Eng (b)(6)-2 cxr portable (b)(6)-2 nitro (b)(6)-2	FWP	4/18/03 0748
4/13/03		Ⓚ	<del>                     Bid's x2                      CBC ediff-, CMP.                      Varic Tgm 8 12°                      Imunin 500mg q 6                      D. Anab + Gent                      Med Photo - macro film                      pictures of AB DMex + wch                      Contact Isolator.                 </del>	(b)(6)-2	(b)(6)-2
4/13/03	1030		I.O. Dr. (b)(6)-2 / Eng (b)(6)-2 (D) Draw CBC @ 1900; notify MD if HCT < 20 Total (b)(6)-2 NC, USMC 13 APR 03 1210	(b)(6)-2	(b)(6)-2
4/14/03	0300		24° chart verification JDB	(b)(6)-2	/nc

*(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.

5 FWJ

(b)(6)-4

**DOCTOR'S ORDERS**

STANDARD FORM 508 (Rev. 10-75)  
 Prescribed by GSA and ICMR  
 FIRM (41 CFR 1201-45-505  
 508-112

**MEDICAL RECORD** **DOCTOR'S ORDERS**  
(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				

11 APR 03	1930	①	Td 0.5ml @ once Given 1930	(b)(6)-2 CDR/NC/USN	(b)(6)-2
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11 APR 03	2100	②	Valium 5mg IV Push BID PRN for agitation.	(b)(6)-2	(b)(6)-2
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Noted (b)(6)-2 LUS/NC 4/11/02 2110

12 APR 03	1930	①	Bendrolyf 50mg PO TID 1/2 prior to lunch.	(b)(6)-2 CDR/NC/USN	(b)(6)-2
		②	Bendrolyf 25mg PRN now given	(b)(6)-2	FANP

Noted (b)(6)-2 LUS/NC 4/12/03 2045

12 Apr 03			NPO P M N SUNDAY 13 Apr PRN for OR Monday 14 Apr 03	(b)(6)-2	(b)(6)-2
			Noted (b)(6)-2 2050 (b)(6)-2 4/12/03	(b)(6)-2	(b)(6)-2

4/13/03	0630		24° chest verification	(b)(6)-2	ens. at
4/13/03	0630	①	Δ Bendrolyf to PRN 25-70mg PO q 6° PRN	(b)(6)-2	(b)(6)-2
		②	Start MIRM & Sufap. this AM.		
		③	Hydrocortisone 1/2 ccan to mL TID.	(b)(6)-2	4/13/03 0700

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

(b)(6)-4	(b)(6)-2	(b)(6)-2	WARD NO.
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**DOCTOR'S ORDERS**  
STANDARD FORM 508 (Rev. 10-75)  
Prescribed by GSA and ICMR  
FIRMR (41 CFR) 201-45-505  
508-112



MEDICAL RECORD

DOCTOR'S ORDERS (ORTHOPEDE)  
(Sign all orders)

DMIT/POST OP

DATE AND TIME		Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
11 Apr 03		1.	ADMIT TO: ORTHO STAFF: [b)(6)-2] WARD: 5F12		[b)(6)-2]
		2.	DX: s/p (B) 1m nailing Tibia - Adjuvant of (B) Pen G, Clis		[b)(6)-2]
		3.	CONDITION: STABLE		
		4.	ALLERGIES: NKA		
		5.	VITAL SIGNS: Q 1 hr X 4 THRU Q 4 hr X 24 hr .THEN Q 8 hr		
		6.	NURSING: - N/V CHECKS W/ VITALS - I & O's q 8 hr x 48 hrs - Foley to gravity (remove 6 A.M. on _____), - drain to self-suction - Remove wound dressing and replace w/ sterile dressing on POD #2		
		7.	Diet: Clears, advance as tolerated Activity: Sit Bedrest		
		8.	Alurate (B) 1L		
		9.	LABS: CHEM 7, CBC in AM: CBC q AM POD # 2 & #3		
		10.	IV: D5LR@100cc/hr		
		11.	MEDS: - Ancef 1g IV q 8 hr x 48 hr - Gentamicin 80 mg IV q 8 hr x 48 hr OR <del>Gentamycin (5-7.5mg/kg) 1mg IV x 48 hrs</del> - Heparin 5000 U SQ q 8 hr - Lovenox 30mg SQ BID - MSO4 6 mg IM or IV q 4hr prn pain significant - Phenergan 25 mg IM or IV q 4 hr prn - Percocet 1 - 2 tabs po q 3 hr prn pain moderate, - Tylenol 650 mg po q 4 hr prn - MOM 30cc po q 4 hr prn - Benadryl 25mg po q 4 hr prn - Surfak 240mg po bid prn		
		12.	Other Meds: Toradol 30mg IM q 12 <sup>0</sup> X 24 <sup>0</sup>		
		13.	Call Ortho tech for casts, splints, traction equipment or cast bivalving		
		14.	X-rays: AP/LAS (B) Tib/Fib Done in PACU		
		15.	Transfuse _____ units PRBC if HCT less than _____ Type and Hold for _____ units Type and Screen for _____ units		

RE FAXED @ 1854 APR 03

1/6

Noted

LG case 4/11/03

(Continue on reverse side)

PATIENT'S IDENTIFICATION

[b)(6)-4

[b)(6)-4

DATE AND TIME		Rx	DOCTOR'S ORDERS (ORTHOPEDECS ADMIT/POS. (sign all orders)	Doctor's Signature	Nurs Signa	(b)(6)-2
START	STOP					
		16.	Pin care - 1/2 strength H2O2 q 8 hr to all exposed pins			
		17.	Dressing changes			
		18.	Traction - pin care to exposed pins			
		19.	Misc:			
		20.	If N / V changes occur, call Charge Nurse / Ward Medical Officer to assess and bivalve cast if present			(b)(6)-2
		21.	if UOP, < 30 cc/hr, bolus 500 cc NS and assess results. Call Ward Medical Officer if no improvement.			(b)(6)-2
		22.	Oxygen:			
		23.	Physical Therapy:			

Noted

(b)(6)-2

LISA-NC 4/11/03  
2150

(b)(6)-2

(PHYSICIAN SIGNATURE)

240 Chart verification 0415

(b)(6)-2

12/10/03 12:00pm

PATIENT'S IDENTIFICATION

(b)(6)-4

DOCTOR'S ORDER 3  
(Sign all orders)

MEDICAL RECORD

DATE AND TIME		RX	DRUG ORDERS	DOCTORS SIGNATURE	NURSE'S SIGNATURE
START	STOP				

4-11-03

ANESTHESIA PACU ORDERS

1. Admit to PACU.
2. Allergies: NKA
3. Vital signs per PACU protocol.
4. O2: FM @ 10LPM,      % Blowby,      NP @      LPM.
5. IVF: LR at 120 cc/hr
6. On ward: O2 @ 2-3 LPM via NC: YES  NO
7. Pain medication:  
 Ketorolac      mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)  
MSO<sub>4</sub> 2-3 mg IV q 3 min pm; max dose 20 mg  
 Fentanyl 25 mcg IV q 5-10 min prn; max dose 100 mcg  
 Percocet 7-2 tab(s) p.o. with sip of water 1807  
 Other:       
 8. Antiemetics:  
 1. Ondansetron 10 mg IVP, may repeat x1 in 15 min (0.1 mg/kg; max 4 mg)  
 2. Metoclopramide 4 mg IV x1 (0.15 mg/kg; max 10 mg)  
 Droperidol      mg IV x1 dose (0.01 mg/kg; max 0.625 mg) Must have baseline ECG available before administration.  
 Other:       
 9. Clear liquids as tolerated:  YES  NO  
 10. Notify Anesthesia (b)(3)-1 for airway issues, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol.

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(rev 3/2002)

(OVER)

(b)(6)-2

*noted*

REGISTER NO.       
     4/11/03     

WARD NO.     

PATIENT'S IDENTIFICATION (For typed or written entries give: middle, grade, rank, rate, hospital)

(b)(6)-4

(b)(6)-4

DOCTOR'S ORDERS  
Medical Record

STANDARD FORM 508 (Rev. 3-94)  
Prescribed by GSA-ICMR FIRM (41 CFR) 201-9.202-1

MEDCOM - 5288

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4-11-03			<b>ANESTHESIA PACU ORDERS -- CONTINUED</b>		
		11.	Discharge patient from PACU per protocol: YES NO		
		12.	When epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.		(b)(6)-2
			<b>FOR PACU KEEP PATIENTS ONLY</b>		
		13.	Release patient from anesthesia care to KEEP status when patient meets anesthesia discharge criteria: YES NO		
		14.	Notify anesthesia (b)(3)-1 for airway management and: (circle if applicable)		
		a.	Pain management		
		b.	Fluid management		(b)(6)-2
		c.	Other		
		15.	TOW patient to ward in a.m. if patient meets discharge criteria: YES NO		
			(b)(6)-2		
		Signature	(b)(6)-2	Beeper	
			Noted (b)(6)-2 4/11/03 1500 CCDA/pe		(b)(6)-2
			4-11-03 @ 1605 T.O. COR Mantgen to LFSG L		
			① 1-2mg versed IV push x1 Noted (b)(6)-2		(b)(6)-2
			Noted (b)(6)-2 1123/pe		
			4-11-03 1744 Labetald 10mg IV Now; May repeat if SBP > 140 & HR > 100		(b)(6)-2
			(b)(6)-2		(b)(6)-2
			Noted (b)(6)-2 CCDA/pe		
			tech (b)(6)-2 ENS/NC		

STANDARD FORM 506 (Rev. 3-94) B.

MEDCOM - 5289

MEDICAL RECORD	DOCTOR'S ORDERS <small>(Sign all orders)</small>
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DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				

10 Apr 03 16/0			Admit to ORTHO Service (b)(6)-2 Dx: (B) Tib/Fib Fr's t Ek Fix Applied (R) (R) Femur Fr (subtrochan) _____ Condi Stable _____ NKDA _____ Vitals per Routine _____ Bed Rest - Elevate (B) LE _____ HOB ↑ 30°, I/O _____ Foley to Gravity _____ Reg Diet _____ Heptlock IV _____ Meds: M <sub>2</sub> O <sub>4</sub> - 5-10 mg IV Stat q 3 <sup>0</sup> pm for pain Tylenol #3 $\dot{\pi}$ 10 q 4 <sup>0</sup> pm pain _____ Ancef 1g IV PB q 8 <sup>0</sup> prn (b)(6)-2 Tylenol 650 mg po q 4-6 <sup>0</sup> prn H/A/T > 101° _____ LABS: CBL/P7/P77. _____ (b)(6)-2 Noted (b)(6)-2 (b)(6)-2 (b)(6)-2 2150 (b)(6)-2 4/10/03 U		
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13 Apr 03			NPO p MN for OR in am _____ Advance to normal 30mg SQ BID Stop _____ p MN * (b)(6)-2 1925 (b)(6)-2 Noted (b)(6)-2 (b)(6)-2		
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PATIENT'S IDENTIFICATION (For typed or written entry) middle; grade; rank; rate; hospital or medical facility) (b)(6)-4	last, first, middle 4/10/03	REGISTER NO. 2188	WARD NO.
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**DOCTOR'S ORDERS**

STANDARD FORM 508 (Rev. 10-75)  
 Prescribed by GSA and ICNR  
 FIRM (41 CFR) 201-45-505  
 508-112

MEDICAL RECORD | MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS | MONTH Apr 15 2003 | DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/13	4/14	4/15	4/16	4/17	4/18	4/19
<del>4/13</del>	<del>Vancomycin 1g q12h</del>	<del>0800 2000</del>							
4/13	Imipenem 500mg IV q6h	0600 1200 1800 2400							
4/13	Vancomycin 1g q12h	1100 2300							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2				

ADDRESSOGRAPH PLATE

(b)(6)-4

Injection Site Code

- ① = Left Buttock
- ② = Right Buttock
- ③ = Left Deltoid
- ④ = Right Deltoid
- ⑤ = Left Leg
- ⑥ = Right Leg
- ⑦ = Left Arm
- ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE,  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

Page 2 of 2

MEDCOM - 5291



**MEDICAL RECORD** **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS			MONTH <u>April 2003</u>				DATES GIVEN		
ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/10	4/11	4/12	4/13			
4/10	Ancel 1gm IVPB Q8 <sup>h</sup>	0800 1600 2400	X	(b)(6)-2 HELD					
4/11	Ancel 1gm IVPB Q8 <sup>h</sup> x 4 <sup>8</sup> (Give Benadryl 30 min Prior to Ancel)	0800 1600 2400	X	X	(b)(6)-2		X	X	X
4/11	Gentamycin 80 mg IVPB Q8 <sup>h</sup> x 4 <sup>8</sup>	0700 1500 2300	X	X	(b)(6)-2		X	X	X
4/11	Lovenox 30mg SQ BID	0900 2100	X	X	(b)(6)-2				
4/11	Toradol 30mg IM Q12 <sup>h</sup> x 2 <sup>4</sup>	1000 2200	X	X	(b)(6)-2	X	X	X	X
4/12	Benadryl 50mg PO TID 30 min Prior to Ancel	0730 1530 2330	X	X	(b)(6)-2	X	X	X	X
4/13	HYDROCORTISONE 1% cream TO EAR TID								
4/13	SURFAX T PO qd	0900			(b)(6)-2				
4/13	MDM 30cc BID PO	0900 2100			(b)(6)-2				

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE

(b)(6)-4

**Injection Site Code**

- ① = Left Buttock
- ② = Right Buttock
- ③ = Left Deltoid
- ④ = Right Deltoid
- ⑤ = Left Leg
- ⑥ = Right Leg
- ⑦ = Left Arm
- ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE,  
PRE-OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

Page 1 of 2

MEDCOM - 5293



SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL (b)(6)-2		DATE	TIME	INITIAL
Valium 5mg IV x 1	4/11	2020	(b)(6)-2				
Benadryl 5mg	4/11	2245					
Morphine 10mg IV x 1	4/12	0005					
Benadryl 25mg IV	4/12	1930					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN											
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.
4/10	Morphine 5-10mg IV Q3° PRN Severe Pain	4/10	4/11	4/11	4/11	4/11							
		2130	0120	050	070	2010							
		8mg	6mg	5mg	5mg	5mg							
			(b)(6)-2										
4/10	Tylenol #3 2 tabs PO Q4° PRN Pain	4/10	4/11										
		0900	0920										
		1/4	1/4										
			(b)(6)-2										
4/10	Tylenol 650mg PO Q4-6° PRN HA/T 7101°												
4/11	Valium 5mg IV TID PRN for Agitation	4/11	4/12	4/12	4/13								
		2345	0530	1100	0615								
		5mg	5	5	5								
			(b)(6)-2										
4/11	Morphine 6mg IM/IV Q4° PRN Pain Significant	4/11	4/12	4/12	4/12	4/12	4/12	4/12	4/12	4/13	4/13		
		6mg	6mg	6mg	6mg	6mg	6mg	6mg	6mg	6mg	6mg		
		0600	0620	0610	1415	1300	1300	0600	1030	1245			
			(b)(6)-2										
4/11	Phenygan 25mg IM/IV Q4° PRN												
4/11	Percocet 1-2 tabs PO Q3° PRN Pain Moderate	4/11	4/12	4/12	4/12	4/12	4/12	4/12	4/12	4/13	4/13		
		2220	0120	0530	1310	1345	1615	2230	0600				
		2 tabs	2	2	2	2	2	2	2				
			(b)(6)-2										

MEDCOM - 5294

**SINGLE ORDERS - PRE-OPERATIVE**

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

**PRN AND VARIABLE DOSE MEDICATIONS**

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN												
		DATE	TIME	INIT.										
4/13	BENADRUL 25-50 MG PO Q6 <sup>h</sup> PRN	DATE												
		TIME												
		DOSE												
		INIT.												
		DATE												
		TIME												
		DOSE												
		INIT.												
		DATE												
		TIME												
		DOSE												
		INIT.												
		DATE												
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		DOSE												
		INIT.												
		DATE												
		TIME												
		DOSE												
		INIT.												

MEDCOM - 5295

**MEDICAL RECORD** | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS			MONTH	DATES GIVEN					
ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	APR 13 03	14	15	16	17	18	19
4/11	LOVENOX 300MG SQ BID	0800 2100	(b)(6)-2						
4/13	SURFAX I PO QD	0900	X						
4/13	MOM 300CC BID PO	0900 2100	X						
4/13	IMIPENEM 500MG IV Q6 <sup>h</sup>	0600 1200 1800 2400	X				DC		
4/13	VANCOMYCIN IGM Q12 <sup>h</sup>	1100 2300							
4/14/03	Tobramycin 120mg IVP q 8hrs	0600 1400 2200	X	X					

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
		(b)(6)-2	(b)(6)-2		

ADDRESSOGRAPH PLATE  
b)(6)-4

- Injection Site Code**
- ① = Left Buttock
  - ② = Right Buttock
  - ③ = Left Deltoid
  - ④ = Right Deltoid
  - ⑤ = Left Leg
  - ⑥ = Right Leg
  - ⑦ = Left Arm
  - ⑧ = Right Arm
  - ⑨ = Abdomen

**WARD NO.**

SINGLE DOSE,  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

(1007)  
MEDCOM - 5296




MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS			MONTH	DATES GIVEN				
ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2 				

ADDRESSOGRAPH PLATE

(b)(6)-4

2 of 2

Injection Site Code

- ① = Left Buttock      ⑤ = Left Leg
- ② = Right Buttock    ⑥ = Right Leg
- ③ = Left Deltoid      ⑦ = Left Arm
- ④ = Right Deltoid     ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																				
4/11	Valium 5mg IVP TID PRN for agitation	DATE	4/11																			
		TIME	1145																			
		DOSE	5mg																			
		INIT.	(b)(6)-2																			
		DATE																				
		TIME																				
		DOSE																				
		INIT.																				
		DATE																				
		TIME																				
		DOSE																				
		INIT.																				
		DATE																				
		TIME																				
		DOSE																				
		INIT.																				
		DATE																				
		TIME																				
		DOSE																				
		INIT.																				

<b>MEDICAL RECORD</b>	<b>MEDICATION ADMINISTRATION RECORD</b>
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SCHEDULED DRUGS	MONTH	19	20	DATES GIVEN
-----------------	-------	----	----	-------------

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	1	2	3	4	5	6	7
4/24	Trimipron 500mg IV Q6°	06 1200 1800 2400	(b)(6)-2			>	D/C		
4/24	VANCOMYCIN 1gm IV Q12°	0900 2100						(b)(6)-2	
4/24	LOVENOX 30mg SQ BID	0900 2100	(b)(6)-2			.			
4/15	Hydrocortisone Cream TID - LIBERALLY APPLY	06 17 22					(b)(6)-2		
4/13	MOM 30cc PO BID	09 21	(b)(6)-2			.			
4/13	Surfact + PO QD	09					(b)(6)-2		
4/18	Valium 5mg PO TID Hold if sedated	08 14 2000	(b)(6)-2			.			
4/22	Motrin 800mg PO TID	06 1400 2200					(b)(6)-2		
4/22	Acifex 20mg PO QD	0900	(b)(6)-2			.			
4/22	FESOL 325mg PO QD	0900					(b)(6)-2		

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE  
 (b)(6)-4

WARD NO.

- Injection Site Code**
- ① = Left Buttock    ⑤ = Left Leg
  - ② = Right Buttock    ⑥ = Right Leg
  - ③ = Left Deltoid    ⑦ = Left Arm
  - ④ = Right Deltoid    ⑧ = Right Arm
  - ⑨ = Abdomen

PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5300

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL
<i>Tylenol 650, Benadryl 25mg</i>	<i>5/3</i>	<i>2115</i>	<i>(b)(6)-2</i>				
<i>Tylenol 650; Benadryl 25mg</i>	<i>5/4</i>	<i>0345</i>	<i>(b)(6)-2</i>				

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																																																	
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.																																						
<i>4/14</i>	<i>PERILOGETS 1-2 TABS PO Q30 PRN</i>	<i>4/25</i>	<i>1730</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>4/29</i>	<i>1730</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>4/30</i>	<i>0200</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>0445</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>2155</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/2</i>	<i>0240</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/2</i>	<i>1650</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/2</i>	<i>1800</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/3</i>	<i>0130</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/3</i>	<i>0200</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/4</i>	<i>0145</i>	<i>2</i>	<i>(b)(6)-2</i>	<i>5/4</i>	<i>0600</i>	<i>2</i>	<i>(b)(6)-2</i>		
<i>4/18</i>	<i>MSO4 2-10mg IV Q-3H</i>	<i>5/1</i>	<i>0350</i>	<i>5mg</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>1020</i>	<i>5mg</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>1530</i>	<i>5mg</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>1930</i>	<i>5mg</i>	<i>(b)(6)-2</i>	<i>5/1</i>	<i>2100</i>	<i>5</i>	<i>(b)(6)-2</i>	<i>5/2</i>	<i>1340</i>	<i>5</i>	<i>(b)(6)-2</i>	<i>5/2</i>	<i>2140</i>	<i>5</i>	<i>(b)(6)-2</i>																						
<i>4/14</i>	<i>perloct 1-2 tabs PO Q3 PRN</i>	<i>5/4</i>	<i>0445</i>	<i>2</i>	<i>(b)(6)-2</i>					<i>0</i>																																									
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.						

\*U.S. GPO: 1986-605-009/46155



ALLERGIES:

NKDA

DATE ORD.	DATE RENEW	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/CONSULTATIONS	SENT	COMP
4/10		Ancel 1gm IV PB Q8°	08,16,24	4/10	CXR in Am		
4/11		<del>Ancel 1gm IV PB Q8° X48°</del>	08,16,24	4/11	BMP CBC 4/12		<input checked="" type="checkbox"/>
4/11		<del>Gentamicin 80mg IV q8° X48°</del>		4/11	CBC 4/13		<input checked="" type="checkbox"/>
4/11	4/14	Zovonox 30mg SO BID	09,21	4/11	CBC 4/14/BMP 4/14		<input checked="" type="checkbox"/>
4/11		Toradol 30mg IM Q12° X24°	10,22	4/13	CXR portable		<input checked="" type="checkbox"/>
<del>4/12</del>		<del>Penicillin 300mg IV Q6°</del>		4/13	CBC @ 1900 4/13	<input checked="" type="checkbox"/>	
4/13		Hydrocortisone 1% cream to rash TID		4/14	BMP CBC 4/15		<input checked="" type="checkbox"/>
4/13		mom 30 cc BID PO		4/14	CBC POD#2 4/16		<input checked="" type="checkbox"/>
4/13		Sue FAK + PO gel		4/14	CBC POD#3 4/17		<input type="checkbox"/>
4/13		<del>Empidon 500mg q6°</del>					
4/13		Vanomycin 1gm q12°					
4/14		<del>Tobramycin 120mg IV q8°</del>	06,14,22				
4/12		Benadryl 25mg IV X1 PM					
4/14		Ancel 1gm IV q8° in X48°					
4/14		<del>Tobramycin 120mg IV</del>	06,14,22				
4/15		Hydrocortisone cream 1% TID	07/14/22				
4/16		<del>Augmentin 875mg po BID</del>					
4/14		Suejak 240mg PO BID PRN					
4/15	4/14	Benadryl 25-50mg po q6° PRN					
4/11	4/14	Mom 30cc PO Q4° PRN					
4/11	4/14	Tylenol 650mg PO Q4° PRN					
4/11	4/14	Percocet 1-2 tabs PO Q3° PRN Pain Moderate					
4/11	4/14	Phenytoin 25mg IM/IV Q4° PRN					
4/11	4/14	Morphine 10mg IM/IV Q4° PRN Pain Significant					
4/11		Valium 5mg IV TID PRN for Agitation					
4/10		<del>Tylenol 650mg PO Q4-6° PRN HAIT &gt;101°</del>					
4/10		<del>Tylenol #3 2 tabs PO Q4° PRN Pain</del>					
4/10		Morphine 5-10mg IV Q3° PRN Severe					

6/6-4

MEDCOM - 5302

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-1F-206-5560

*Rewriter*

ACTIVITY	DATE	BATH	DATE	DIET	DATE	VITAL SIGNS	FREQ	SPECIAL NOTES
Bedrest		Bed bath		NPO		Temp	Q1x4 (4/14)	Dentures
Bathroom Privileges		Shower				Pulse	Q1x2 (4/15)	Speech impediment
Up in chair	4/14	Tub		Reg	4/14	Resp	Q1 (4/14)	Language barrier
Ambulate		Needs assistance				B/P		Prosthetic device
Commode						Other		Visual impairment
Needs assistance								Blind
Restricted to unit								Contact lenses
Hospital Privileges		ORAL HYGIENE	DATE			NV ✓	7 Vitals	Glasses
Other		Self		FEEDING	DATE	FLUIDS		Hearing defect
✓ Elevate @ E 4/14		Needs assistance		Self		Forced to:		Other
		Special		Needs assistance		Restricted to:		
				Gavage		I & O	Q3x18	

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/10		HOB ↑ 30°		4/15		DSNS 100/hr	
4/16		Straight Cath Q6° Encourage to void on own	02, 08, 14, 20	4/14		PT for OASIS chair	
4/16		Dry drsg to @ thigh JP drain W→D drsg to medial calve					
4/11	4/15	wound care team					
4/11		Dx WU changes, call WMO to assess ↓ burrow cast if present					
4/11		Dx WU < 30cc/hr, Bedw 500cc NS and Assess results. Call WMO if NO improvement.					
<del>4/16</del>		<del>Cast for cast</del>					
4/14		Reinforce RLE drsg pant				Detho - D.	

ADDRESSOGRAPH

(b)(6)-4

DIAGNOSIS

⑤ Tib/Fib fx c Ex fix

⑥ Femur Fx c Ex fix

4/11 S/P @ IM Nailing Tibia

4/14 S/P IM Nailing @ Prox Femur

FINDINGS:

*Gurney*

MEDCOM - 5303

AGE HEIGHT WEIGHT

PATIENT CLASSIFICATION

Stable

	DATE ON	DATE OFF
SI		
VSI		
RELIGIOUS RITES		

ALLERGIES:

DATE ORD.	DATE RENEW	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/CONSULTATIONS	DATE SENT	DATE COMP
<del>4/14</del>		<del>Aspirin 325mg BID</del>	<del>09:21</del>	4/16	Cbc in AM 4/17		<del>X</del>
<del>4/11</del>		<del>Toradol 30mg IM Q</del>		4/18	QAM Coags		
4/13		MOM 30cc BID PO	09:21	4/18	CBC, ESR IN AM	4/18	
4/13		Serjak 1 PO QD	09	↓	TES 2U PRBCs	4/18	
4/15		Hydrocortisone Cream 1% TID		4/18	PT/INR 4/19		<del>X</del>
4/18		Valium 5mg POTID		4/18	CBC 4/19		<del>X</del>
		Hold if pt is to sedated	at 4/18	4/19	REPEAT PT/INR		<del>X</del>
4/19		Coumadin 5mg PO QD	800	4/19	REPEAT PT/INR AT 1400	4/19	4/19
4/17		Morphine 1mg Q2H			<del>Give Olanzapine</del>		<del>X</del>
		Hold if pt is to sedated			IV TOR 10		
4/17		Valium 10mg PO QD @ 0800		4/20	PT/INR in AM 4/21		<del>X</del>
4/17		Valium 5mg PO @ 1400 & 2000		4/21	PT/INR AT 1600	4/21	
4/18		VALIUM 5mg PO TID	08-14-20	4/22	PT/INR AT 1800	4/22	
		HOLD IF SEDATED		4/22	VA	4/22	
4/22		LOVENOX 30mg SQ BID	09-21	4/23	PT/PT/INR IN AM (4/23)		
4/22		MOTRIN 800mg PO TID	06-14-22				
4/22		ACIFEX 20mg PO BID	09-21				
4/22		FeSO4 325mg PO QDAY	0900				
4/21		VIT K 1mg IV x 1 DSE					
4/22		MVITAB PO QDAY	0900				
4/23		VIT K 10mg SQ X 3 days (START TODAY)					
4/18		MSO4 2-10mg IV Q3-4° PAIN PRN					
<del>4/11</del>		<del>Morphine 1mg IV Q2°</del> HOLD IF SEDATED					
4/14		Benadryl 25-50mg PO Q6° PRN					
4/14		Tylenol 650mg PO Q4° PRN					
4/14		Percocet 1-2 Tabs PO Q3° PRN					
4/14		Rheugen 25mg IM/IV Q4° PRN					
4/14		Morphine 1mg IM/IV Q4° PRN					

ADDRESSOGRAPH

(b)(6)-4

MEDCOM - 5304

**PATIENT PROFILE**

NAVME0 6550112 (5-80) S/N 0105-LF-206-5560

✓	ACTIVITY	DATE	✓	BATH	DATE	DIET	DATE	✓	VITAL SIGNS	FREQ	✓	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower					Pulse			Speech Impediment
	Up in chair	4/14		Tub		Reg	4/14		Resp	Q8		Language barrier
	Ambulate			Needs assistance					B/P			Prosthetic device
	Commode								Other			Visual impairment
	Needs assistance											Blind
	Restricted to unit											Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE				NN ✓	vitals		Glasses
	Other			Self		FEEDING	DATE		FLUIDS			Hearing defect
				Needs assistance		Self			Forced to:			Other
				Special		Needs assistance			Restricted to:			
						Gavage			I & O	Q8		

4/17 VAD to chair  
4/17 TID

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/10		HOB ↑ 30°		4/18		H/L when Ps	
4/16		Elevate sodium		4/21		PT-ROM Bil LE (called 0935 4/21)	
4/16		Diy Dig Δ to @ High				WBC CRUTCHES - TRAINING	
		W-D dig to Medical calms					
4/11		If N/V Changes Call WMO to assess					
4/11		If W/O < 30cc/hr Bolus 500cc NS and assess results. Call WMO if no improvement.					

Do new file

Ortho - (b)(6)-2

<b>ADDRESSOGRAPH</b> (b)(6)-4	<b>DIAGNOSIS</b> (D) Femoral fx (B) Tib-fib fx	AGE HEIGHT WEIGHT
	<b>OP/SPECIAL PROCEDURES</b> S/P IMMOBILIZ (D) FEMORAL IM ROD TIBIA X 2	<b>PATIENT CLASSIFICATION</b>
<b>FINDINGS:</b>	DATE ON DATE OFF	SI VSI
MEDCOM - 5305	<b>RELIGIOUS RITES</b>	

ALLERGIES:

DATE ORD.	DATE RENEW	MEDICATIONS	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/CONSULTATIONS	DATE SENT	DATE COMP
4/13		MOM 30cc PO BID	09-21	4/24	send swab of d/c from ankle for culture		
4/13		SUREAK + CAP PO QD	0900				
4/15		HYDROCORTISONE CREAM 1% TID <sup>TO</sup> ABDOMEN	06-14-22				
4/15		VALIUM 5mg POTID <sup>HOLD IF SEDATED</sup>	08-14-20				
4/22		MOTRIN 800mg PO TID	06-14-22				
4/22		ALIFEX 20mg PO BID	09-21				
4/22		FeSO4 325mg PO QDAY	0900				
4/22		MVI + TAB PO QDAY	0900				
4/22		Vit K 10mg SQ 3 days <sup>no e/p 24 hr</sup>					
4/24		Impiprenem 500mg IV q6h	06 12 18 24				
4/24		Vancomycin 1gm IV q12h	09 21				
4/24		Lovenox 30mg SQ BID	09 21				
4/14		MSO4 2-10mg IV Q3-4°	PRN				
4/14		BENADRYL 25-50mg PO Q6°	PRN				
4/14		TYLENOL 650mg PO Q4°	PRN				
4/14		PERCOCET + TABS PO Q3°	PRN				
4/14		PRENERGAN 25mg IM/IV Q4°	PRN				
ADDRESSOGRAPH		<div style="border: 1px solid black; padding: 5px; width: fit-content;">(b)(6)-4</div>					

MEDCOM - 5306

**PATIENT PROFILE**

NAVMED 6550/12 (5-80) S/N 0105-1F-206-S560

✓	ACTIVITY	DATE	✓	BATH	DATE	DIET	DATE	✓	VITAL SIGNS	FREQ	✓	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower		REG	4/14		Pulse	Q5		Speech Impediment
X	Up in chair	4/14		Tub					Resp			Language barrier
	Ambulate			Needs assistance					B/P			Prosthetic device
	Commode								Other	NI		Visual Impairment
X	Needs assistance	4/14										Blind
	Restricted to unit											Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE							Glasses
	Other			Self		FEEDING	DATE		FLUIDS			Hearing defect
X	↑ HOB 30° L	4/14		Needs assistance		Self			Forced to:			Other
				Special		Needs assistance			Restricted to:			
						Gavage			I & O	Q5		

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/16		- DR Y DRESSING @ THIGH		4/18		(b)(6)-2	
		- W → D DRESSING TO MEDIAL CALVES					
4/21		PT - ROM BIL LE					
		WB E CRUTCH TRAINING		4/23		(b)(6)-2	Completed
		ORTHO - DR.				(b)(6)-2	

ADDRESSOGRAPH

(b)(6)-4

DIAGNOSIS	AGE	HEIGHT	WEIGHT
Ⓚ FEMORAL FX			
Ⓚ TIB - FIB FX	PATIENT CLASSIFICATION		
OP/SPECIAL PROCEDURES		DATE ON	DATE OFF
S/P NAILING @ FEMUR IM ROD TIBIA x 2	SI		
FINDINGS:	VSI		
	RELIGIOUS RITES		

MEDCOM - 5307

**MEDICAL RECORD** **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS MONTH April 19 2003 DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/24	4/25	4/26	4/27	4/28	4/29	4/30
4/24	Timipenem 500mg IV q6h	06 12 18 24	X	(b)(6)-2					
4/24	Vancomycin 1gm IV q12h	09 21	X	(b)(6)-2					
4/24	Roxidox 30mg SQ BID	09 21							
4/15	Hydrocortisone Cream 1% TID - liberally apply	06 14 22		(b)(6)-2					
4/13	MOM 30cc PO BID	09 21							
7/13	Sulfak 1 Tab po QD	09							
4/18	Valium 5mg PO TID Haldol sedated	0800 1400 2000	X	X	X	X	X	X	X
4/22	Motrin 800mg PO TID	0600 1400 2200	X	X	X	X	X	X	X
4/22	Acifex 20mg PO QD	0900 2100	X	X	X	X	X	X	X
4/22	FeSO4 325mg PO QD	0900	X	X	X	X	X	X	X

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	HN	(b)(6)-2
					(b)(6)-2

ADDRESSOGRAPH PLATE

(b)(6)-4

1 of 2

**Injection Site Code**

- ① = Left Buttock
- ② = Right Buttock
- ③ = Left Deltoid
- ④ = Right Deltoid
- ⑤ = Left Leg
- ⑥ = Right Leg
- ⑦ = Left Arm
- ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE.  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

MEDCOM - 5308

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION - DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																																																											
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.																																												
4/14	Percocet 1-2 tabs PO Q3° PRN PAIN	4/24	4:15	2	(b)(6)-2	4/25	4:15	2	(b)(6)-2	4/26	08:00	2	(b)(6)-2	4/26	18:00	2	(b)(6)-2	4/27	08:00	2	(b)(6)-2	4/27	18:30	2	(b)(6)-2	4/27	20:00	2	(b)(6)-2	4/28	08:00	2	(b)(6)-2	4/28	18:15	2	(b)(6)-2	4/29	08:30	2	(b)(6)-2	4/29	18:00	2	(b)(6)-2																
4/14	Phenergan IV/ IM Q4° PRN																																																												
4/16	Tylenol 650mg PO Q4° PRN	4/25	17:00	650	(b)(6)-2	4/29	17:25	650	(b)(6)-2																																																				
4/14	MOM 70cc PO Q4° PRN																																																												
4/14	Benadryl 25mg PO Q4° PRN	4/25	23:45	25	(b)(6)-2	4/26	23:45	25	(b)(6)-2																																																				
4/18	MSO4 2-10mg IV Q3-4° PRN PAIN Hold if sedated	4/20	02:49	10mg	(b)(6)-2	4/26	23:45	5	(b)(6)-2	4/27	13:30	5	(b)(6)-2	4/27	19:50	5	(b)(6)-2	4/28	08:30	5	(b)(6)-2	4/28	15:15	5mg	(b)(6)-2	4/28	14:30	5mg	(b)(6)-2	4/29	00:40	5mg	(b)(6)-2	4/29	03:28	5mg	(b)(6)-2	4/29	04:45	5mg	(b)(6)-2	4/29	11:00	5mg	(b)(6)-2	4/29	16:45	5mg	(b)(6)-2	4/29	20:45	5mg	(b)(6)-2								



**MEDICAL RECORD** **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS			MONTH <u>APRIL 192003</u>					DATES GIVEN		
ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/18	4/19	4/20	4/21	4/22	4/23	4/24	
4/18	VALIUM 5mg PO TID HOLD IF SEDATED	0800 1400 2000	X	X	X	X	(b)(6)-2	(b)(6)-2	(b)(6)-2	
4/22	LOVENOX 30mg <del>80</del> BID	0900 2100	X	X	X	X	(b)(6)-2	(b)(6)-2	(b)(6)-2	
4/22	MOTRIN 800mg PO TID	0600 1400 2200	X	X	X	X	(b)(6)-2	(b)(6)-2	(b)(6)-2	
4/22	ACIFEX 20mg PO BID	0900 2100	X	X	X	X	(b)(6)-2	(b)(6)-2	(b)(6)-2	
4/22	MULTI TAB PO QDAY	0900	X	X	X	X	X	X	X	
4/22	FeSO4 325mg PO QDAY	0900	X	X	X	X	X	X	X	
4/22	VITK 10mg SQ x 3 days (D/C p 4/24 dose)	2200	X	X	X	X				

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE  
(b)(6)-4

*2 of 2*

**Injection Site Code**

- ① = Left Buttock
- ② = Right Buttock
- ③ = Left Deltoid
- ④ = Right Deltoid
- ⑤ = Left Leg
- ⑥ = Right Leg
- ⑦ = Left Arm
- ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE.  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

MEDCOM - 5310

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL
1mg Nit K IV x 1 now	4/21	8010	(b)(6)-2				
<del>10mg SQ x 1 now</del>							

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN											
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.
4/14	Percocet $\bar{i}$ $\bar{i}$ po q3 prn PRN	4/20	4/22	4/22	4/23	4/24							
		1126	1550	1920	2355	2400							
		$\bar{i}$	$\bar{i}$	$\bar{i}$	2	2							
					(b)(6)-2								
4/14	Phenergan 25 mg IM/IV Q4H PRN												
4/16	Tylenol 650 mg po q4h PRN												
4/14	MDM 30cc po q4h PRN												
4/14	Benadryl 25 mg po q4h PRN												
4/18	M504 2-10mg IV Q3-4h Pain PRN Hold if sedated	4/21	4/23										
		141	2530										
				16	10mg								
					(b)(6)-2								

MEDICAL RECORD      MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS				MONTH <u>192003</u>				DATES GIVEN		
ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	17	18	19	20	21	22	23	
4/15	Hydrocortisone Cream 1% TID liberally apply	0600 1400 2200	X	(b)(6)-2	(b)(6)-2	(b)(6)-2				
4/13	MOM 30cc PO BID	0900 2100	X							
4/13	Surfak 1 Tab PO QD	0900	X							
4/17	Coumadin 5mg PO QD	1800	X							
4/17	Morphine 10mg Q2° IUP	0000 0200 0400 0600 0800 1000 1200 1400 1600 1800 2000 2200	X X X X X X X X X X X X	(b)(6)-2 HOLD HOLD HOLD						
	*Hold if pt is to sedate & record									
	4/24/03 see new MAR									
4/17	Valium 10mg PO QD	0800	X	(b)(6)-2 HOLD						
4/17	Valium 5mg PO	1400 2000	X X	(b)(6)-2						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2 <i>JHN</i>	(b)(6)-2	(b)(6)-2 <i>JRN</i>
		(b)(6)-2	(b)(6)-2 <i>CO</i>	(b)(6)-2	(b)(6)-2 <i>LEDR</i>
		(b)(6)-2	(b)(6)-2 <i>AN</i>	(b)(6)-2	(b)(6)-2 <i>EN</i>
		(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE

(b)(6)-4

1 of 2

Injection Site Code

- ① = Left Buttock      ⑤ = Left Leg
- ② = Right Buttock    ⑥ = Right Leg
- ③ = Left Deltoid      ⑦ = Left Arm
- ④ = Right Deltoid     ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE.  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

MEDCOM - 5312

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL
Coumadin 10mg PO	4/17	1800	(b)(6)-2				
Valium 10mg PO	4/18	0800	held				
Valium 5mg at 1400	4/18	1400	(b)(6)-2				
Valium 5mg at 2000	4/18	2000	(b)(6)-2				
DIUCOLAX SUPP PR MAY REPEAT TOMORROW PRN	4/18	1500	(b)(6)-2				
VITK 1.0mg IV	4/19	1200	(b)(6)-2				
VITK 1.0mg IV	4/21						

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
4/14	Phenergan 25mg IM/IV Q4° PRN	DATE																TIME																DOSE																INIT.														4/14	Percocet 1-2 Tabs PO Q3° PRN Moderate Pain	DATE	4/18	4/19	4/19	4/19	4/19	4/19	4/20	4/20	4/20	4/20	4/20	4/21	4/21	4/22	4/22			TIME	1915	0001	0320	1320	1712	2040	1230	0530	1646	1945	0230	1700	2400	0330	0630			DOSE	2T	2	2	2	2	2	2	2	2	2	2	2	2	2	2			INIT.	(b)(6)-2															4/14	Tylenol 650mg PO Q4° PRN	DATE	4/12																	TIME	2045																	DOSE	650mg																	INIT.	(b)(6)-2															4/14	MOM 30cc PO Q4° PRN	DATE	4/20	4/20	4/21															TIME	0245	1135	0130															DOSE	30cc	30cc	30cc															INIT.	(b)(6)-2															4/14	Benadryl 25mg PO Q4° PRN	DATE	4/19	4/19	4/21	4/22	4/23													TIME	0000	2338	2000	2245	2355													DOSE	50mg	50mg	25	50	50													INIT.	(b)(6)-2															4/18	MSO4 2-10mg IV Q3-4 HRS PAIN PRN HOLD IF SEDATED	DATE	4/18	4/19	4/20	4/20	4/20	4/20	4/21	4/21	4/21	4/21	4/21	4/22	4/22	4/23	4/24			TIME	2115	0330	0245	1800	2000	0245	1600	1726	0030	0050	0430	1212	1700	0310	0700			DOSE	5mg	5mg	5mg	2mg	2	10mg	10mg	6mg	10mg	10	10mg	5mg	10mg	10mg	10mg			INIT.	(b)(6)-2																	DATE																		TIME																		DOSE																		INIT.															
		TIME																DOSE																INIT.														4/14	Percocet 1-2 Tabs PO Q3° PRN Moderate Pain	DATE	4/18	4/19	4/19	4/19	4/19	4/19	4/20	4/20	4/20	4/20	4/20	4/21	4/21	4/22	4/22			TIME	1915	0001	0320	1320	1712	2040	1230	0530	1646	1945	0230	1700	2400	0330	0630			DOSE	2T	2	2	2	2	2	2	2	2	2	2	2	2	2	2			INIT.	(b)(6)-2															4/14	Tylenol 650mg PO Q4° PRN	DATE	4/12																	TIME	2045																	DOSE	650mg																	INIT.	(b)(6)-2															4/14	MOM 30cc PO Q4° PRN	DATE	4/20	4/20	4/21															TIME	0245	1135	0130															DOSE	30cc	30cc	30cc															INIT.	(b)(6)-2															4/14	Benadryl 25mg PO Q4° PRN	DATE	4/19	4/19	4/21	4/22	4/23													TIME	0000	2338	2000	2245	2355													DOSE	50mg	50mg	25	50	50													INIT.	(b)(6)-2															4/18	MSO4 2-10mg IV Q3-4 HRS PAIN PRN HOLD IF SEDATED	DATE	4/18	4/19	4/20	4/20	4/20	4/20	4/21	4/21	4/21	4/21	4/21	4/22	4/22	4/23	4/24			TIME	2115	0330	0245	1800	2000	0245	1600	1726	0030	0050	0430	1212	1700	0310	0700			DOSE	5mg	5mg	5mg	2mg	2	10mg	10mg	6mg	10mg	10	10mg	5mg	10mg	10mg	10mg			INIT.	(b)(6)-2																	DATE																		TIME																		DOSE																		INIT.																															
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4/14	MOM 30cc PO Q4° PRN	DATE	4/20	4/20	4/21															TIME	0245	1135	0130															DOSE	30cc	30cc	30cc															INIT.	(b)(6)-2															4/14	Benadryl 25mg PO Q4° PRN	DATE	4/19	4/19	4/21	4/22	4/23													TIME	0000	2338	2000	2245	2355													DOSE	50mg	50mg	25	50	50													INIT.	(b)(6)-2															4/18	MSO4 2-10mg IV Q3-4 HRS PAIN PRN HOLD IF SEDATED	DATE	4/18	4/19	4/20	4/20	4/20	4/20	4/21	4/21	4/21	4/21	4/21	4/22	4/22	4/23	4/24			TIME	2115	0330	0245	1800	2000	0245	1600	1726	0030	0050	0430	1212	1700	0310	0700			DOSE	5mg	5mg	5mg	2mg	2	10mg	10mg	6mg	10mg	10	10mg	5mg	10mg	10mg	10mg			INIT.	(b)(6)-2																	DATE																		TIME																		DOSE																		INIT.																																																																																																																																																																																																																															
		TIME	0245	1135	0130															DOSE	30cc	30cc	30cc															INIT.	(b)(6)-2															4/14	Benadryl 25mg PO Q4° PRN	DATE	4/19	4/19	4/21	4/22	4/23													TIME	0000	2338	2000	2245	2355													DOSE	50mg	50mg	25	50	50													INIT.	(b)(6)-2															4/18	MSO4 2-10mg IV Q3-4 HRS PAIN PRN HOLD IF SEDATED	DATE	4/18	4/19	4/20	4/20	4/20	4/20	4/21	4/21	4/21	4/21	4/21	4/22	4/22	4/23	4/24			TIME	2115	0330	0245	1800	2000	0245	1600	1726	0030	0050	0430	1212	1700	0310	0700			DOSE	5mg	5mg	5mg	2mg	2	10mg	10mg	6mg	10mg	10	10mg	5mg	10mg	10mg	10mg			INIT.	(b)(6)-2																	DATE																		TIME																		DOSE																		INIT.																																																																																																																																																																																																																																																	
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*Rewriter*

**MEDICAL RECORD** **MEDICATION ADMINISTRATION RECORD** *4/17*

SCHEDULED DRUGS MONTH *April 29 2003* DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/14	4/15	4/16	4/17	4/18	4/19	4/20
4/14	<i>Amcef 1gm IVPB @ 8° x 48°</i>	0500 1300 2100	X X X	(b)(6)-2		X X X			
4/14	<i>Zovenox 30mg SQ BID</i>	0900 2100	X X	(b)(6)-2		X X			
4/14	<del><i>Tobramycin 150mg IV @ 8°</i></del>	0600 1400 2200	<del>X X X</del>	<del>(b)(6)-2</del>	<del>X X X</del>	<del>X X X</del>	<del>X X X</del>	<del>X X X</del>	<del>X X X</del>
4/15	<i>Hydrocortisone cream 1% TID</i> <i>liberally</i>	0600 1400 2200	/	/	(b)(6)-2				
4/16	<i>Valium 5mg PO TID</i> <i>Hold if pt is too sedated</i>	0600 1400 2200	X X X	X X X	(b)(6)-2				
4/13	<i>Mom 30cc BID PO</i>	0900 2100	X X	X X	(b)(6)-2				
4/13	<i>Sunjak 1PO OD</i>	0900	X	X	(b)(6)-2				
4/17	<i>Morphine</i>	1800	X	X	X	X			

**INITIAL CODE**

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE

(b)(6)-4

*4 of 5*

Injection Site Code

- ① = Left Buttock
- ② = Right Buttock
- ③ = Left Deltoid
- ④ = Right Deltoid
- ⑤ = Left Leg
- ⑥ = Right Leg
- ⑦ = Left Arm
- ⑧ = Right Arm
- ⑨ = Abdomen

WARD NO.

SINGLE DOSE.  
PRE- OP PRN  
& VARIABLE  
DOSE ORDERS  
SEE REVERSE

MEDCOM - 5314

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL
Coumadin 10mg K <sup>PO</sup>	4/17	1800					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION - DOSAGE FREQUENCY ROUTE OF ADMINISTRATION		DOSES GIVEN														
			DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE
4/14	Morphine 1mg IM/IV Q4 <sup>PRN</sup> Significant Pain		4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28
			2:00	03:30	14:20	14:18	00:40	04:30	04:45	10:00	13:25	21:45	04:20	12:00			
			1mg	5mg	1mg	2mg	5mg	6mg	5	1mg	1mg	1mg	5mg	5mg			
			(b)(6)-2														
4/14	Phenorecan 25mg IM/IV Q4 <sup>PRN</sup>																
4/14	Percocet 1-2 Tabs PO Q3 <sup>PRN</sup> Moderate Pain		4/14	4/14	4/15	4/15	4/16	4/16	4/17	4/17	4/18	4/18	4/19	4/19	4/20	4/20	4/21
			1:10	2:20	08:00	02:00	13:00	20:00	00:00	16:00	19:00	23:40	06:50	11:20			
			2	2	2	2	2	2	2	2	2	2	2	2			
			(b)(6)-2														
4/14	Tylenol 150mg PO Q4 <sup>PRN</sup>																
4/14	MOM 30cc PO Q4 <sup>PRN</sup>																
4/14	Benadryl 25mg PO Q4 <sup>PRN</sup>		4/16	4/16													
			16:00	08:30													
			750	1000													
			(b)(6)-2														
4/14	Serflak 240mg PO BID PRN																

STATE:

(b)(6)-4

WING FLOW SHEET  
AC 6530/12/Temp Form

Date: 4/19/03

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100		•																					•	
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60		^																	•			^		
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RR										5									18			19		
TEMP		97.8								99.0									99.8			99.9		
SAO2		99																	96			97		
MAP																								
O2 Mode																								
SD										RC/66									140/70					

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**NURSING FLOW SHEET**  
MEDTREFAC 6550/12/Temp Form

Date: \_\_\_\_\_

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MEDCOM - 5317



Name: (b)(6)-4

NURSING V. SHEET  
MEDTRAC-111 12 Times Form

Date: 12/17/03

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Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
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RR	18								16										18						
TEMP	98.7					98.9			98.4										97.9						
SAO2	93%	93%				98%			99%										98%						
MAP																			67						
O2																			67						
Mode																			122/168						

DRIP  
DOSE


Name: (b)(6)-4

NURSING FLOW SHEET  
MEDITRAC 27 Temp Form

Date: 18 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06		
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RR	18									19																
TEMP	98.9									99.4																
SAO2	95%									93																
MAP																										
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Mode										RD																

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NURSING MEDICAL SHEET  
TEMP Form

Date: 12/10/03

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40																									
RR	18								16																
TEMP	98.7								98.4																
SAO2	98%								97%																
MAP	73%								71%																
O2																									
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Name: [REDACTED]

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NURSING V SHEET  
MEDTRAC 2/Temp Form

Date: 16 Apr 03

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Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
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RR	20								20																
TEMP	98.9								98.6					97.9											
SAO2	99%								98%					97%											
MAP	0								0					0											
O2 Mode	RA																								
BP	115/100																								

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40																									
RR																									
TEMP		98.7		98.7			98.0											99.3				98.6			
SAO2				99			98											95.6				97.9			
MAP				88			88											88				88			
O2				88			88											88				88			
Mode				RA			RA											RA				RA			

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TIME	BP	HR	RR	TEMP	SAO2	O2
0700	100/50	92	16	99.3	99	PA
0800	100/80	92	16	99.5	99	PA
0900	100/78	92	16	99.4	99	PA
1000	100/76	92	16	99.5	99	PA
1100	100/74	96	16	100.1	98	PA
1200	100/72	96	16	100.1	98	PA
1300	100/70	94	16	99.7	98	PA
1400	100/70	94	16	99.8	98	PA
1500	100/70	100	18	100.0	98	PA
1600	100/70	100	18	100.0	98	PA
1700	100/70	100	18	100.1	98	PA
1800	100/70	98	18	99.9	98	PA
1900	100/70	98	18	99.9	98	PA
2000	100/70	98	18	99.9	98	PA
2100	100/70	98	18	99.9	98	PA
2200	100/70	98	18	99.9	98	PA
2300	100/70	98	18	99.9	98	PA
2400	100/70	98	18	99.9	98	PA

1st 5 gds 1st 15 gds 2nd 15 gds 3rd 15 gds 4th 15 gds 5th 15 gds

1st 15 gds

Unit #1

INPUT/OUTPUT

IN	PO	IVPB
07		
08		
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TOTAL		

OUT	FOLEY	UOP	BM	IF#1	IF#2
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08					
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11					
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06					
TOTAL					

PREVIOUS 24 HOUR INPUT  
PREVIOUS 24 HOUR OUTPUT  
PREVIOUS WEIGHT

PRESENT 24 HOUR INPUT  
PRESENT 24 HOUR OUTPUT  
PRESENT WEIGHT

MEDCOM - 5325



Date: 14 April

NURSING WORK SHEET  
MEDICAL AC 5550/127 Equip Form

Name: [Redacted]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
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TEMP																									
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MAP																									
O2																									
Mode																									

RR 14  
 TEMP 99.8  
 SaO2 97%  
 MAP 62  
 O2 134  
 Mode 160

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**FREQ. VITAL SIGNS**

TIME																									
BP																									
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**INPUT/OUTPUT**

MEDCOM - 5327

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

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
KEY															700				1000			500			2000	
POP																										
BM																										
JP1											KS				70	202	47			70		60		50		
JP2											KS				90	102	25			40		40				

PREVIOUS 24 HOUR INPUT \_\_\_\_\_

PREVIOUS 24 HOUR OUTPUT \_\_\_\_\_

PREVIOUS WEIGHT \_\_\_\_\_

PRESENT 24 HOUR INPUT \_\_\_\_\_

PRESENT 24 HOUR OUTPUT \_\_\_\_\_

PRESENT WEIGHT \_\_\_\_\_

(b)(6)-4

Date: 3/20/05

NURSING V-SHEET  
MEDTRAC-655012/Temp Form

Name:

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140		V	V			V				V					V									
120																								
100																								
80																								
60																								
40																								
RR		20	20			16				24					20									
TEMP		97.8	97.8			96.3				100.6					100.3									
SaO2		98	98			98.6				99					99									
MAP																								
Oz										RA					RA									
Mode																								

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D R I P / D O S E

**FREQ: VITAL SIGNS**

TIME																								
BP																								
HR																								
RR																								
TEMP																								
SAO <sub>2</sub>																								

Notes: \_\_\_\_\_

**INPUT/OUTPUT**

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL	
MEDCOM - 5329																											
B																											

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL	
OUT																											
FOLEY		500				1200					1200	500			700		550				600		800				
UOP																											
BM																											

PREVIOUS 24 HOUR INPUT \_\_\_\_\_ PREVIOUS 24 HOUR OUTPUT \_\_\_\_\_ PREVIOUS WEIGHT \_\_\_\_\_

PRESENT 24 HOUR INPUT \_\_\_\_\_ PRESENT 24 HOUR OUTPUT \_\_\_\_\_ PRESENT WEIGHT \_\_\_\_\_

Name:

(b)(6)-4

NURSING WORK SHEET  
MEDTREFAC 6550/12/Temp Form

Date: 12 APR 03

0350

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●  
HR

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
200																									
180																									
160																									
140																									
120																									
100																									
80																									
60																									
40																									

RR			20			20				20	20							18			18				
TEMP			99.4			100.5				100.6								99.5			99.3				
SAO2			96.2			97.0				99	97							97			97				
MAP																									
O2 Mode																					RA			RA	

~~DRIP DOSE~~


FREQ. VITAL SIGNS

TIME	BP	HR	RR	TEMP	SAO2
2500	158/52	94	18	99.5	97
0330	158/52	96	18	99.3	97

INPUT/OUTPUT

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

MEDCOM - 5331

T	SOLEY	UOP	BM
07			
08			
09	100		
10			
11			
12			
13	100		
14			
15			
16	100		
17	200		
18			
TOTAL			
19			
20			
21			
22			
23			
24			
01			
02	1350		
03			
04			
05			
06			
TOTAL			

PREVIOUS WEIGHT

PREVIOUS 24 HOUR OUTPUT

PREVIOUS 24 HOUR INPUT

PRESENT WEIGHT

PRESENT 24 HOUR OUTPUT

PRESENT 24 HOUR INPUT

NURSING FLOW SHEET  
 MEDFORM PAC-6550/127 Temp Form

Date: 10 APR 93

11:15  
 (08:48)

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
200																									
180																									
160																									
140																									
120																									
100																									
80																									
60																									
40																									
RR																									
TEMP																									
SAO2																									
MAP																									
O2 Mode																									

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D R I P / D O S E

FREQ. VITAL SIGNS

TIME	0040																						
BP	150/00	140/60																					
HR	93	92																					
RR	18	18																					
TEMP	98.0	98.0																					
SAO <sub>2</sub>	98%PA	98%PA																					

Notes: \_\_\_\_\_

INPUT/OUTPUT

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

MEDCOM - 5333

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

0040 PA

PREVIOUS 24 HOUR INPUT \_\_\_\_\_

PREVIOUS 24 HOUR OUTPUT \_\_\_\_\_

PREVIOUS WEIGHT \_\_\_\_\_

PRESENT 24 HOUR INPUT \_\_\_\_\_

PRESENT 24 HOUR OUTPUT \_\_\_\_\_

PRESENT WEIGHT \_\_\_\_\_



(b)(6)-4

Name: \_\_\_\_\_

**NURSING FLOW SHEET**  
MEDTRAC 6550/12 Temp Form

Date: 4-11-88

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
200																									
180																									
160													✓						✓				✓		
140																									
120																									
100													•					•							
80																									
60												^													
40																									^
RR													15												18
TEMP													100.6												101.0
SAO2													97%												97
MAP																									74
O2																									74
Mmode																									100/50
B/P																									

> CUFF <  
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~~DRIP DOSE~~

**FREQ. VITAL SIGNS**

TIME	2400	0400																																							
BP	162/72	109/50																																							
HR	100	102																																							
RR	18	18																																							
TEMP	100.8	101.0																																							
SAO <sub>2</sub>	97%	97%																																							

Notes:

**INPUT/OUTPUT**

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

MEDCOM - 5335

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

PREVIOUS 24 HOUR INPUT \_\_\_\_\_

PREVIOUS 24 HOUR OUTPUT \_\_\_\_\_

PREVIOUS WEIGHT \_\_\_\_\_

PRESENT 24 HOUR INPUT \_\_\_\_\_

PRESENT 24 HOUR OUTPUT \_\_\_\_\_

PRESENT WEIGHT \_\_\_\_\_