Specialist Richard T. Beasley Exposed to Mustard (p. 1)
The blister on his leg was roughly the size of his hand.

Powerful Painkillers Required (p. 4)
A doctor ordered treatment with painkillers, antibiotics, burn cream and cleaning of the blisters — a sensation, another soldier who suffered chemical burns said, "like a having a wire dog brush being rubbed across your leg."

Specialist Andrew T. Goldman Exposed to Sulfur Mustard (p. 7)
The staff at a clinic at Camp Taji was unhelpful. "They said, 'Well, you're not showing any signs or symptoms, so you weren't exposed,'" Mr. Goldman said. On Aug. 23, the clinic informed him that he was fine, "Discontinue treatment. O.K. to resume normal mission," his records read. Only after a platoon leader sent photographs of Specialist Goldman's blisters to a supervisor in the United States were he and his team flown to Germany and then to Walter Reed Army Medical Center in Washington.

Specialist Andrew T. Goldman Treated at Walter Reed (p. 8)
The medical staff documented blisters, headache, nausea and difficulty breathing "consistent with mild pneumonia from inhalation injury."

Staff Sgt. James F. Burns 'Bit' by Sarin (p. 11)
Sergeant Burns and Pfc. Michael S. Yancell became "the only documented battlefield exposure to nerve agent in the history of the United States," said Col. Jonathan Newmark, an Army neurologist.

Private Yandell's Sarin Exposure (p. 13)
Private Yandell's irises were so constricted they seemed solid. "I didn't see pinpointed pupils," Sergeant Burns recalled. "I didn't see his pupils at all." They were both treated as if they were lying. "They suspected we were doing drugs or something," he recalled.

Sgt. Philip Dukett Exposed to Mustard (p. 15)
Blisters also rose on Sergeant Dukett's right thigh, as if someone had pressed a hot iron against his skin.
BEASLEY BLISTER PROGRESSION**PHIPPS CLINIC

DAY 1

DAY 3

DAY 5

DAY 7

DAY 7

DAY 8 After Debridement
SPC RICHARD BEASLEY
PHIPPS CLINIC, BALAD, IRAQ, LSA ANACONDA
12MARCH2007
BLISTER EXPOSURE FROM LIFTING ORDINANCE INTO VEHICLE

Ø symptoms
Patient: BEASLEY, RICHARD T
Facility: WX63AA
Date: 15 May 2007 1455 AST
Clinic: 206 ASMC (ANAconda)
Appt Type: ROUTN
Provider:

Problems:
INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS
visit for: follow-up exam
INJURY FROM TERRORIST EXPLOSION BLAST
violent traumatic event a terrorist attack

Active Medications

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Status</th>
<th>Sig</th>
<th>Refills Last Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILVER SULFADIA (SILVADENE)--TOP 1% CREA</td>
<td>Active</td>
<td>Q DAY WITH BANDAGE CHANGE</td>
<td>15 Mar 2007</td>
</tr>
<tr>
<td>CLINDAMYCIN--PO 300MG CAP</td>
<td>Active</td>
<td>TID X 20 DAYS</td>
<td>15 Mar 2007</td>
</tr>
<tr>
<td>HYDROCODONE/BITARTRATE/ACETAMINOPH</td>
<td>Active</td>
<td>2 PO 30 MINS PRIOR TO FOLLOW-UP</td>
<td>16 Mar 2007</td>
</tr>
<tr>
<td>EN - 5/500MG MORPHINE 10MG/ML CARPUJET</td>
<td>Active</td>
<td>10 MG IM</td>
<td>20 Mar 2007</td>
</tr>
<tr>
<td>SILVER SULFADIA (SILVADENE)--TOP 1% CREA</td>
<td>Active</td>
<td>WITH DRESSING CHANGE</td>
<td>28 Mar 2007</td>
</tr>
<tr>
<td>SILVER SULFADIA (SILVADENE)--TOP 1% CREA</td>
<td>Active</td>
<td>APPLY WITH DRESSING CHANGE</td>
<td>30 Mar 2007</td>
</tr>
<tr>
<td>CLINDAMYCIN--PO 300MG CAP</td>
<td>Active</td>
<td>TID</td>
<td>01 Apr 2007</td>
</tr>
<tr>
<td>SILVER SULFADIA (SILVADENE)--TOP 1% CREA</td>
<td>Active</td>
<td>APPLY WITH BANDAGE CHANGE</td>
<td>12 Apr 2007</td>
</tr>
<tr>
<td>CLINDAMYCIN--PO 300MG CAP</td>
<td>Active</td>
<td>2 PILLS BID</td>
<td>13 Apr 2007</td>
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<td>SILVER SULFADIA (SILVADENE)--TOP 1% CREA</td>
<td>Active</td>
<td>WITH BANDAGE CHANGE</td>
<td>13 Apr 2007</td>
</tr>
<tr>
<td>HYDROCODONE/BITARTRATE/ACETAMINOPH EN - 5/500MG</td>
<td>Active</td>
<td>1 Q 4-6 HRS FOR BREAKTHROUGH PAIN</td>
<td>13 Apr 2007</td>
</tr>
</tbody>
</table>

Allergies
Patient has no known allergies

Screening Written by @ 15 May 2007 1455 AST

Appointment Reason For Visit: Administrative Evaluation Services:

Selected Reason(s) For Visit:
Administrative Evaluation Services (New) Comments: LOD for Terrorist Attack / Chemical Exposure

Name: BEASLEY, RICHARD T
Sex: M
DOB: 
PCat: A11 USA AD
MC Status: 
Insurance: No

Sponsor: BEASLEY, RICHARD T
Rank: SPECIALIST 4 E4-A
Unit: WB60AA
Outpt Rec. Rm: 
PCM: 
Tel. PCM: 

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.
Patient: BEASLEY, RICHARD T
Facility: WX63AA
Date: 02 Apr 2007 1438 CST
Clinic: 206 ASMC (ANA CONDA)
Appt Type: ROUTN
Provider:

AutoCites Refreshed by @ 02 Apr 2007 2025 CST

Problem:
INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS
visit for: follow-up exam

Active Medications

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<td>2 PO 30 MINS PRIOR TO FOLLOW-UP</td>
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<td>CLINIDAMYCIN--PO 300MG CAP</td>
<td>Active</td>
<td>TID</td>
<td>01 Apr 2007</td>
</tr>
</tbody>
</table>

Allergies
Patient has no known allergies

Screening Written by @ 02 Apr 2007 1438 CST

Appointment Reason For Visit: CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS:

Selected Reason(s) For Visit:
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS (Follow-Up)

Vitals Written by @ 02 Apr 2007 1438 CST
Pain Scale: 3/10 Mild
Comments: no vitals needed

SO Note Written by @ 02 Apr 2007 1459 CST

History of present illness
The Patient is a 22 year old male.

Subjective
Pt is here for flu for exposure to a blister agent - mustard gas.

Physical findings

General appearance:
- Patient was awake
- Patient was alert
- Patient was oriented to time, place, and person
- Patient appeared well developed
- Patient appeared well nourished
- Patient appeared well hydrated
- Patient appeared healthy
- Patient appeared active
- Patient appeared to be in no acute distress
- Patient did not appear acutely ill
- Patient did not appear acutely exhausted
- Patient did not appear uncomfortable
- Body odor was normal

A/P Written by @ 02 Apr 2007 1500 CST

Name: BEASLEY, RICHARD T

<table>
<thead>
<tr>
<th>FMP/SSN:</th>
<th>M</th>
<th>Sponsor: BEASLEY, RICHARD T</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
<td>Rank: SPECIALIST 4 E4-A</td>
</tr>
<tr>
<td>PCat:</td>
<td></td>
<td>Unit: WB60AA</td>
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<td>MC Status:</td>
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<td>Outpt Rec. Rm:</td>
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<tr>
<td>Insurance:</td>
<td>No</td>
<td>PCM:</td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
<td>Tel. PCM:</td>
</tr>
</tbody>
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1. visit for: follow-up exam
Comments: pt's wound was covered and silvadene was used.

Disposition Written by: @ 02 Apr 2007 1501 CST
Released Without Limitations
Follow up: as needed in 2 day(s) or sooner if there are problems. - Comments: 1500 hours
Injury & Illness: Work Related; Onset Date: 4/2/2007; Battle Related; Category: Dermatological Cause: Battle Injury/Illness
Appointment Class: Outpatient
E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ 02 Apr 2007 2025

Name: BEASLEY, RICHARD T
FMP/SSN: 
DOB: 
PCat: AT1 USA KD 
MC Status: 
Insurance: No
Sex: M 
Tel H: 
Tel W: 
CS: 
WS: 
Sponsor: BEASLEY, RICHARD T
Rank: SPECIALIST 4 E4-A
Unit: WB60AA
Outpt Rec. Rm: 
PCM: 
Tel. PCM: 
A/P Written by @ 23 Aug 2008 0937 GST

1. CORNEA
   Comments:
   - Ophthalmological Prior Patient Start Intermediate Level Care

Disposition Written by @ 23 Aug 2008 0938 GST

Released Without Limitations
Follow up: as needed in the 179 OPTOMETRY clinic. - Comments: DISCONTINUE TREATMENT OK TO RESUME NORMAL MISSION

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.
Injury & Illness: Not Work Related; Not Battle Related; Category: Ophthalmologic Cause: Non-Battle Injury
Appointment Class: Outpatient
E&M Code: 99499 - Unlisted Evaluation And Management Service
10 minutes face-to-face/floor time.

Signed By @ 23 Aug 2008 0038

Name/SSN: GOLDMAN, ANDREW THOMAS
FMP/SSN: [Redacted]
DOB: [Redacted]
PCat: A11.2 USA ACTIVE DUTY ENLISTED
MC Status: No
Insurance:

Sex: M
Tel H: [Redacted]
Tel W: [Redacted]
CS:

Sponsor/SSN: GOLDMAN, ANDREW THOMAS/416235679
Rank: SERGEANT
Unit: WB/YYA (0003 OD HH D ORD BN EOD)
Outpt Rec. Rm: OKUBO AD HEALTH RECORDS
PCM:
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE
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HEALTH RECORD

Facility: WRNMMC Clinic: Case Management CI WR

08 Sep 2008 1654

Reason for Visit:
- CCP
- Initial Visit
  - Visit for: Transfer Information
  - MEDEVAC for
  - Outpatient care
  - Accepted to WTU
  - INITIAL RISK ASSESSMENT
  - Green
  - WTU Case Manager Intake.

History of present illness:
The patient is a 24 year old male. Source of patient information was patient. Past medical history reviewed Denies.

In the Army for 4 years, currently on active duty, and visit is deployment-related.
No depression, not thinking about suicide, and not having a suicide plan.

Allergies:
No allergies Reviewed allergy information.

Past medical/surgical history:

Reported History:
- Physical trauma: No physical trauma from explosion of improvised explosive device. No trauma to the head
- N/A

Dietary: Unremarkable diet and a nutritious and satisfying diet 24 year old OIF/AC 11B Specialist was A/E from LRMC:
downrange c/o denuded skin, headache, chest tightness, and exertional dyspnea s/p exposure to mustard agent 16 Aug
08. EOD team in MOPP 0 while handling and exposed to unknown chemical rounds which were under empty stell rounds
which were decontaminated. After getting positive results for HD using M8 paper, the patient decontaminated his hands
and assumed MOPP 4 to confirm the results. The SM developed blisters on his left buttocks, right thigh, and bilateral shins.
The areas are still erythematous with denuded areas. He also complains of constant HA at the top of the head which
began the day of the incident. Describes pain as sharp, ranging from 2-7/10. HA is exacerbated by sound and light
when severe. denies alleviating factors. Report nausea but denies visual disturbance, emesis. He complains of
exertional dyspnea and chest tightness. Reports intermittent palpitations. There are no cardiac issues. Was sent to
LRMC for further treatment Pulmonary functions tests were performed: *Supranormal lung volumes. Mild air trapping.
No obstruction. The diffusion capacity is slightly diminished consistent with mild pneumonitis from inhalation injury.
Recommend PFT in 3-6 months. Dermatologist states burns is healing. Ambulatory in NAD, alert and oriented x 3.
Denies nightmares and insomnia. Denies no other health problems.

Personal history:
Behavioral history: A violent traumatic event Denies.
Activities: Functioning activity level
Ability to do tasks as instructed.

Functional status: Instrumental activities of daily living
- Will require 6 + months medical care.

Review of systems:
- Systemic symptoms: Not feeling tired (fatigue) and no recent weight gain.
- Head symptoms: After asthma attack controlled with using inhalers Headache.
- Neck symptoms: No neck symptoms and no neck stiffness.
- Eye symptoms: No eye symptoms and no blurry vision.
- Otolaryngeal symptoms: No otolaryngeal symptoms, no ear symptoms, and no nasal symptoms.
- Cardiovascular symptoms: With asthma attack Palpitations.
- Pulmonary symptoms: Dyspnea, cough, and wheezing controlled with inhalers.
- Gastrointestinal symptoms: No gastrointestinal symptoms.

Physical findings:
- Musculoskeletal system:
  Functional Exam:
  General/bilateral: Self-care capability was assessed No deficit with mobility but experience SOB with running, climbing
  stairs and increased physical.

Tests:
- General:
  Tests Pulmonary function test

Labs

Name/SSN: GOLDMAN, ANDREW THOMAS

FMP/SSN: [redacted]
DOB: [redacted]
PCat: A11 2 USA ACTIVE DUTY
ENLISTED
MC Status: [redacted]
Insurance: No

Sex: M
Tel H: [redacted]
Tel W: [redacted]

Sponsor/SSN: GOLDMAN, ANDREW THOMAS
Rank: SERGEANT
Unit: WBOYAA (0003 OD HDH ORD BN EOD)
Outpt Rec: RM: OKUBO AD HEALTH RECORDS

PCM: [redacted]
Tel: [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
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STANDARD FORM 606 (REV. 5)
Prepared by GSA and ICMR
FIRM (41 CFR) 201-45.505
Patient: GOLDMAN, ANDREW  
Facility: WJAXCO (BJSB)

Date: 31 Aug 2008 1431 GST
Clinic: CHCS-II T Clinics
Appl Type: ROUTN
Provider: 

AutoCites Refreshed by @ 01 Sep 2008 1347 GST

Problems
No Problems Found.

Active Medications
No Active Medications Found.

Allergies
No Allergies Found.

Vitals Written by @ 01 Sep 2008 1347 GST
BP: 118/68, HR: 69, RR: 16, T: 98.7; O2: 99; Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 2/10 Mild

AP Written by @ 01 Sep 2008 1351 GST

1. POISONING BY MUSTARD GAS

Comments: exposed to cracked mustard munition 16 days ago as part of EOD team, pt has about 3% 1st deg burns on right ant thigh, buttocks, and b/l shins with less than 1% blisters that have already unroofed. burns appear to be healing well and don't look infected. initial eye symptoms have resolved and cleared by optometry. here today bia 1SG who wanted a second opinion because this soldier and two others are still have sob, cough and doo. on exam no airway mucosa issues and lungs clear. CXR clear. CBC and ISTAT normal.

Dw BAC Toc LTC (Dr Berry) who referred me to the email traffic and AF SOP concerning this mustard exposure. Dw CPT (Dr Longmire) who initially saw these soldiers and has arranged for pulmonary eval at LRMC for bronch to 1/o delayed onset of respiratory disease.

No new issues at this time.

Disposition Written by @ 01 Sep 2008 1352 GST
Evacuation
Follow up: with PCM.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 90216 - Estab Outpatient Comprehensive H&P - High Complex Decision

40 minutes face-to-face/face time. >50% of appointment time spent counseling and/or coordinating care.

Signed By @ 01 Sep 2008 1352 GST
MAJ MC
Emergency Med Physician

Name/SSN: GOLDMAN, ANDREW THOMAS
DOB: [ ]
PCat: A112 USA ACTIVE DUTY ENLISTED

MC Status: 
Insurance: 

Sponsor/SSN: GOLDMAN, ANDREW THOMAS
Rank: SERGEANT
Unit: WB0YAA (0003 OD HHD ORD BN EOD)
Outpt Rec. Rm: OKUBO AD HEALTH RECORDS

PCM: 
Tel: PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE
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STANDARD FORM 690 (REV. S)
Prescribed by GSA and ICNR
FIRMER (41 CFR) 201-45.505
NO BRIEF COMMENT

Mustard Gas exposure Aug '08, now with persistent dyspnea, please perform Hi Res CT scan for assessment of any abnormalities to include inspiratory/expiratory views.

CHCS 09100075

History: Mustard gas exposure now with persistent dyspnea.

PROCEDURE: High-resolution chest CT protocol with high resolution images obtained at 1.25 mm slice thickness at 10 mm intervals acquired during inspiration, expiration, and prone imaging. No contrast material was administered. Images were processed using an edge enhancement algorithm.
Reason for Referral: SFC James Burns is a 34 year-old, Caucasian male who is approximately 8 months status post Sarin (GB) nerve agent exposure, while serving in OIF.

History of Presenting Illness: SFC Burns was exposed to Sarin in May 2004, when handling and transporting an IED in Iraq. Specifically, SFC Burns reports that he and his partner, both Explosive Ordnance Disposal specialists, were called to the scene of an IED explosion when it was believed that there was a risk for a secondary explosive in the spent device. He states that he picked up the device wearing gloves, unaware that it had contained Sarin. Once he and his partner determined there was no risk for a secondary explosion, they placed the device in their vehicle and transported it back to their site.

During this approximately 15 minute drive he states that they both began experiencing symptoms suggestive of exposure, to include nausea, headaches, blurred vision, weakness, motor incoordination, decreased visual field, and confusion. Upon arrival at their unit they walked to the medical clinic to seek help and SFC Burns reports that it was during this time that his confusion increased significantly, and his recall of the events over the next two days is “fuzzy.” He reports that he does not believe he received an atropine injection, but knows he received a shower, oxygen, and eye drops. Medical records note the use of atropine ophthalmic ointment. SFC Burns remained inpatient for two days and was placed on quarters for two weeks. He states that his eyesight returned to normal during this time, but that it took several weeks for his stamina and endurance to return. Available medical records note that twelve days after the incident his symptoms were resolved or resolving. However, this specifically referred to the fact that he had been headache free for two days, and that his vision had returned (although records note that after 30 minutes of reading he’d experience ocular pain). SFC Burns remained in Iraq until August 2004, when he returned to the states with his unit.

Currently SFC Burns reports the following persisting symptoms: brief headaches that occur daily and mass without intervention; decreased manual motor dexterity (he’s apt to drop utensils, tools, pencils, etc.); imbalance (he has fallen when bending to tie his shoes, trips downstairs, and has bumped into the wall in a hallway when carrying his 5 year-old); and difficulty with “recalling things.” Examples he provides for recall difficulties include forgetting to pick up his 5 year-old from the bus stop twice, the first time having left work (approximately 1 mile from home) with the specific intent to pick him up but having driven on to another task not remembering his intended task until 10-15 minutes later. SFC Burns also reports decreased ability to multi-task and a decreased “sense of direction” as evidenced by having recently become lost in a very familiar hunting/hiking location. SFC Burns reports that he believes these symptoms have generally remained stable since his acute recovery from the exposure. He states that when he dropped items during his remaining months in Iraq he simply assumed that it was due to his gloves and the high temperature there, however since the symptoms remained upon his return he has become increasingly concerned. He denies any change in emotional well being, personality, language function, and sensory functioning. He continues to work a full duty day at Pine Bluff Arsenal, however he is not permitted to work with explosives or handle a weapon.

BURNS, JAMES

DOB: [REDACTED]

USA
M

Evaluation dates: 19 & 21 Jan 05
MEMORANDUM FOR RECORD

SUBJECT: Current Medical Complications of SSG James F. Burns

1. Since returning from Operation Iraqi Freedom, 10 Aug 04, I have been dropping items such as tools, soda cans, cups of water, pens, and pencils. I will stumble or nearly fall while standing up from a chair or turning around to change directions. While speaking, I will stutter or stammer and lose my thought in mid-sentence. In addition to these, I tend to be very forgetful and have very little short term memory.

2. I will get headaches that do not last very long but are more intense after physical training, mainly running. I will also feel a tingling sensation in my legs and hands on occasion but will subside after a short while.

3. POC is the undersigned at DSN [REDACTED].

JAMES F. BURNS
SSG, USA
Team Leader
15 May 04 1005

1042
Vitals: B/P 112/64 9-75 Resp 16 SpO2 97 room air
Temp 97.6

1120
Vitals: B/P 110/74 9-74 Resp 14 SpO2 94 room air
Pt still cla H/A. pupils still pin pointed. D chest pain
Pt states he feels pretty crappy.

1150
Vitals: B/P 110/76 9-68 Resp 18 SpO2 94 D tightness of chest & chest pain, still has a H/A

1245
Pt given 650 mg of Tylenol P.O.

1620
Vitals: B/P 118/70 9-69 Resp 14 Temp 97.6 SpO2 94 Pt states H/A.
but his head is still throbbing.

1530
Started eye irrigation 11.05, 11.06 finished 11.02 100% burning

1604

1823
B/P 115/61 9-52 SpO2 92 Resp 14 Temp

1904
Pt given 650 mg of Tylenol P.O. SpO2 98%
27 May 04

Neuro (cont). Strength 5/5 (B) UE/LEs. DTR 2+ (Cont). Sensation intact to LT. "Toes & v.v.

AP: 19 yrs old. 3½ years ago, chemically exposed (88 Serin) 12 days ago. Currently asymptomatic. Ache assay 6/14: CSIA 6 days ago revealed level to be below lower limit of normal range; although baseline pre-exposure values were on a different assay and results are not readily compared.

Plan: I have initiated contact with SMHs & Pine Bluff Arsenal. Will repeat Ache assay 6/14; CSIA tomorrow; and consult SMHs.

Clearbut Chemical Company Center states, for guidance regarding SMH's ability to return to full duty.

- Continue Light/Fund Duty for now.
**JOINT THEATER TRAUMA NURSING RECORD**

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

**ARRIVAL STATUS**
- Date: 10/7/2003
- Time of Injury: 1800
- Time of arrival:
- Transit time: Y
- C-spine immobility: Y
- Functional IV: Y
- Needle Decompr. Y

**CPR IN PROGRESS**
- Yes: Yes
- Time on: 07:49
- Time started: 07:49
- Time ended: 07:49

**TOUR QUERTY**
- C-spine immobility: Y
- Functional IV: Y
- Needle Decompr. Y

**PAIN**
- PAIN: 0 1 2 3 4 5 6 7 8 9 10

**Last Tetanus:**
- GCS: (Check/circle all that apply)
- CPR in Progress
- GENDER: Male
- Blanket
- Space blanket
- Body bag
- Other

**AIRWAY**
- Patient
- Stridor
- Drooling
- Obstructed
- Oral/Nasal Airway
- BVM
- Combi Tube
- Intubated
- Other

**BREATHING**
- Unlabor
- Labored
- Absent
- Flaring
- Midline
- Deviated

**CIRCULATION**
- Without
- Rales
- Wheezes
- Other

**SPEECH**
- Alert
- Stridor
- Labored
- Clear
- Other

**HEART SOUNDS**
- Tachy/brady
- Dry
- Moist
- Other

**SECONDARY SURVEY**
- Head/Neck EENT
- Heart/Thoracic
- Abdominal/GU
- Extremities
- Log Roll Time

**PAST MED HX**
- Allergies
- Current Medications

**ALLERGIES**
- Unknown
- NKDA
- PCN
- Sulfonamide
- Morphine
- Codeine
- ASA
- Other

**PAST MED HX**
- None
- Respiratory hx
- Seizure hx
- Cardiac hx
- DM
- Other

**CURRENT MEDICATIONS**
- None
- List Current Meds:

---

**Subject to the Privacy Act of 1974**

Page 1 of 3
## Joint Theater Trauma Nursing Record

### Secondary Survey

- (AB)rasion
- (AMP)utation
- (AV)ulsion
- (BL)eeding
- (B)urn
- (C)repitus
- (D)efority
- (DG)Degloving
- (E)ccymosis
- (FX)Fracture
- (F)oreign Body
- (GSW)Gun Shot Wound
- (H)ematoma
- (LAC)eration
- (PW)Puncture Wound
- (P)lain
- (SS)Seatbelt Sign
- (SW)Stab Wound

### Pre-Hospital Hemostatic Devices

- Unknown
- Quick Clot
- None
- Fibrin Bandage (Type)
- Direct Pressure
- Field Dressing
- Other:

### Protective Gear

- Helmet (Kevlar / ACH / MICH / CVC / AVN / USMC)
- Flak Vest / IBA (circle XSM / SML / XL / XXXL / XXXXL)
- Ceramic Plate (circle XSM / SM / XL / XXXL)
- Eyewear (SPECS / SG-1 / BLPS / UVEX / XCE / ESS / NVG / SWDG)

### Time and Procedure

- ET Intubation
- Gastric Tube
- Urinary
- Chest tube #1
- Chest tube #2
- A-line
- Thoracotomy
- Tourniquet

### Clinical Results

- ETCO₂ Change
- BBS Post Int.
- Verified
- Suction Y/N
- Heme Dip + / -
- Results

### X-Ray

- Time
- Type
- Time
- Type
- Chest
- Head
- Abdom.
- C-spine
- Pelvis
- Extrem.

### Laboratory Tests

- CBC
- ABG
- Chemistry
- PT / PTT
- TEG

### Intravenous Access

- Time
- Test
- Test
- Time
- #
- Gauge
- IVF Type
- Site
- Amt Up
- Amt In

### Patient Identification

- Name: (Last/First/Rank)
- DOB: (ddmmmyy)
- Age
- Deployed Unit

---

### Notes

- Subject to the Privacy Act of 1974
PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974 PERMANENT MEDICAL RECORD

(S) - Information needed to submit patient movement record

SECTION I

PATIENT IDENTIFICATION

- NAME (Last, First, Middle Initial): Quintin Philip J
- AGE: 24
- SEX: M
- STATUS: Active
- SERVICE: Army
- GRADE: E5
- UNIT OF RECORD AND PHONE NUMBER: Schofield Barracks
- SSN: [redacted]
- DATE OF BIRTH: [redacted]

SECTION II

VALIDATION INFORMATION

- Medical Treatment Facility Origination and Phone Number: LACME
- Medical Treatment Facility Destination and Phone Number: Schofield Barracks
- CLASSIFICATION: 1A-5F
- AMBULATORY
- LITTER
- PRECEDENCE: U
- NAME, sex, weight, rank of attendants: [redacted]

SECTION III

OTHER INFORMATION

- Attending Physician name, Phone Number and e-mail: [redacted]
- Accepting Physician name, Phone Number and e-mail: [redacted]
- Origination Transportation 24 Hour Phone Number: [redacted]
- Destination Transportation 24 Hour Phone Number: [redacted]
- Insurance Company: [redacted]
- Address: [redacted]
- Phone #: [redacted]
- Policy #: [redacted]
- Relationship to policy holder: [redacted]
- Waivers (med equip, etc): [redacted]

SECTION IV

CLINICAL INFORMATION

- Diagnoses: Thigh musculogas exposure
- Allergies: NKA
- WEIGHT: 165
- Blood type: O Pos
- Battle casualty: yes
- Disease: [redacted]
- Non-battle injury: yes
- Ears/Sinus Problems: [redacted]
- Vision Impaired: [redacted]
- Cardiac Hx: [redacted]
- Respiratory difficulty: [redacted]
- Diabetes: [redacted]
- Motion Sickness: [redacted]
- Initial appropriate boxes: Hearing Impaired: yes, Communication Barriers: yes, Vision Impaired: yes, Cardiac Hx: yes, Diabetes: yes, Motion Sickness: yes, Ears/Sinus Problems: yes, Respiratory difficulty: yes

LABS

- WBC
- HGB
- HCT
- Other Labs

VITAL SIGNS

- Date: 20 AUG 09
- Time (Zulu): 11:54
- B/P: 131/76
- Resp: 16
- Pulse: 99
- Pain Level: 4
- Last Pain Med: O2
- O2 /LPM: Route: [redacted]
- Temp: 97.7

CLINICAL ISSUES

- Infection Control Precautions: Baseline 02 Sat If Applicable
- LMP:

SPECIAL EQUIPMENT

- Suction: Ventilator
- Traction: Ventilator Settings:
- Orthopedic devices: OTHER:
- NG Tube: None
- Monitor: None
- Restraints: None
- Foley: None
- Trach: None
- Chest Tubes: None
- Incubator: None
- IV Pumps: None
- IV Location: None
- Cast Location: Bivalved: yes, No
- Ventilator: None
- Ventilator Settings:
- DIET INFORMATION

- NPO: NPO
- Soft: Soft
- Full Lik: Full Lik
- CI Lik: CI Lik
- Reg:
- Renal: Gm Protein
- Gm Na: Gm Na
- Meq K: Meq K
- Mag Sulfate: Mag Sulfate
- Tube Feeding: Type: cchh
- Discontinue for Flight: Infant formula: Pediatric Age: None
- TPN: Other(specify):

SECTION V

PERTINENT CLINICAL HISTORY (Transfer Summary)

- 24 yr. male, AD Army, Exposed to mustard gas on 16 Aug while handling unexploded ordnances. Decontaminated in Balad. Now with large painful eczematous blisters on anterior right thigh. Consult Derm prior to dressing supplies, sent to convos.

Physician's Signature: [redacted]

Signature of Clearing Flight Surgeon: [redacted]

Date/Time: 20 AUG 09/1210

AF IMT 3899, 20060819, V1
### SECTION I: PATIENT IDENTIFICATION

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. NAME (Last, First, Middle Initial)</td>
<td>2. GRADE</td>
<td>3. SSN#</td>
</tr>
</tbody>
</table>

### SECTION II: MEDICATION ORDERS (Drugs and IVs)

- **Tylenol 650 mg PO q 6 h** for pain
- **Percoet 5/250 mg 1 q 2 H** for pain

### SECTION III: OTHER ORDERS (Procedures, Treatment, V/S Frequency, ETC)

- DWMMC Clinic
- Diagnosis: *
- Cleared by provider for EVAC TBI SCREEN
- Negative □ May fly commercial □
  - Positive □ With Symptoms □
  - Without Symptoms □
- Mild □ Moderate □ Severe □
- Mace Score: *
- Radiology Results: *

**Signature:**

**DWRUSNMSC MPAS Emergency Medicine DWMMC Clinic**

**A/5 DWMMC**

See attached for A/5

Nursing documentation cor verified
History:

DWMMC PROGRESS NOTES
DO NOT REMOVE
### PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

#### 1. MEDICAL CONDITION: (Description in lay terminology) [ ] Injury? Or [ ] Illness/Disease?
- s/p kidney removal left

#### 2. CODES (Table 7-2 AR 40-501)

<table>
<thead>
<tr>
<th></th>
<th>PULHES</th>
<th>3</th>
<th>1</th>
<th>1</th>
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<th>1</th>
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</thead>
<tbody>
<tr>
<td>Temporary</td>
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<tr>
<td>Permanent</td>
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</table>

#### 4. PROFILE TYPE

<table>
<thead>
<tr>
<th>(Expiry date YYYY/MM/DD)</th>
<th>2009/11/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Limited to 3 months duration)</td>
<td>Yes</td>
</tr>
<tr>
<td>b. PERMANENT PROFILE (Reviewed and validated as a minimum every two years)</td>
<td>Yes</td>
</tr>
<tr>
<td>c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS? (IF USER/ARNG/ANGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 &amp; 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (if any answer (a-f) is NO then the profile should be at least a 3)

| a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON | Yes |
| b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.) | Yes |
| c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT | Yes |
| d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.) | Yes |
| e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE | Yes |
| f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT? | Yes |

#### 6. APFT

| 2 MILE RUN | Yes |
| APFT SIT-UPS | Yes |
| APFT PUSH UPS | Yes |

#### 7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)

- UNLIMITED RUNNING OR RUN AT OWN PACE & DISTANCE | Yes |
- UNLIMITED WALKING OR WALK AT OWN PACE & DISTANCE | Yes |
- UNLIMITED BIKING OR BIKE AT OWN PACE & DISTANCE | Yes |
- UNLIMITED SWIMMING OR SWIM AT OWN PACE & DISTANCE | Yes |

#### 8. LOWER BODY WEIGHT TRAINING (See FM 21-20)

- YES |

#### 9. OTHER: e.g. Functional limitations and capabilities and other comments. (May continue on page 2)

- PT tolerance. Crunches ok. No sit-ups. No gear. 

#### 10. OTHER: e.g. Functional limitations and capabilities and other comments. (May continue on page 2)

- This temporary profile is an extension of a temporary profile first issued on:

#### 11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED

- Lifting or carrying max weight ________ 45 or over distance
- Running maximum distance ________ tolerance
- Prolonged standing - maximum time per episode
- Marching with standard field gear except rucksack max distance
- Impact activities such as jumping max # reps in one day

#### 12. TYPE NAME & GRADE OF PROFILING OFFICER

| Amy E Hawkins, MPAS, PA-C | CPT, SP |

#### 13. SIGNATURE

- 14. DATE (YYYY/MM/DD)

- Approved

#### 15. ACTION BY APPROVING AUTHORITY

- NOT APPROVED

#### 16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY

- SIGNATURE

#### 17. SIGNATURE

- 18. DATE (YYYY/MM/DD)

- Approved

#### 19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)

- THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS OR DUTY ASSIGNMENT

- YES |

#### 20. COMMENT

- If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c

#### 24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name(last, first), grade, SSN, hospital or medical facility)

- Dukett, Philip James

- SGT

- SB TMC

#### 25. UNIT

- WALUB0 - 0014 IN BN 01 B CO

#### 26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER

- PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPD.
# 2nd Brigade Combat Team Reintegration Checklist

All required items on this list must be complete prior to Soldier departing for block leave.

### 1. Name (Last, First, MI)

| Duke, Philip J. |

### 2. Unit

| ACO 2-84ID |

### 3. SSN

| xxx-xx-xxxx |

### 4. Plane/Load #

| 15 |

### 5. Date Returned to Ft. Hood

| Nov. 7, 2006 |

### 6. Requested Leave Dates

| Dec |

### 7. Original Deployment Date

| 25 Nov 05 |

### 8. Email Address (AKO)

| xxxxx |

### 9. Separation Date (From Unit)

| Nov. 27, 2007 |

### 10. Separation Date (From Army)

| Nov. 27, 2007 |

### 11. Orders In Hand (YES / NO)

| YES |

## Garrison Tasks

- Complete Installation Reintegration Training
- Complete Reverse SRP - Raider Gym
- Reset Common Access Card (CAC) PIN - Copeland Center Front Desk (as required)
- *Phantom Express Registration - MP Station on 58th St. (Must have readable CAC)
- *Attend ACAP Career Counseling (as required) - Copeland Center, 3rd Floor
- Sign for / Inventory Barracks Room (as required)

### Unit (CDR / 1SG)

<table>
<thead>
<tr>
<th>Bldg #</th>
<th>Room #</th>
</tr>
</thead>
</table>

- Update Alert Roster Information
- Update Personnel Data Sheet
- Assemble Leave Packet w/ BN (Rear) Signatures

### 31

- *Verify completion of Evaluation Report (OER or NCOER as required)
- *Verify completion of Deployment Award(s) (as required)
- Verify PERSTEMPO
- Sign for Meal Card (as required)
- Complete Change of Address card (DA Form 3955) (as required)
- Turn in Medical Records with DD Form 2766 Insert upon completion of R-SRP
- Leave Packet (DA31, Counseling, POV Insp., Risk Assessment) Turned In

### 32

- Verify Status of Security Clearance (as required)

### 33

- Enroll in MOS required DA / Troop Schools (as required)
- Enroll in Fort Hood Specific Training (as required)
- TDY - Resolve outstanding vouchers (as required)

- *Schedule Household Goods Delivery (as required)
- *Retrieve stored POV (as required)
- *File claim for loss / damage to HHG or POV (as required)

### 34

- Turn in computer for DOIM Re-imaging and Updates (as required)
- *Complete Ft. Hood LAN Users Agreement (for Hood e-mail account holders)
- *Complete On-line DOIM Users training (for Hood e-mail account holders)

### 35

- Receive Unit Safety Brief
- Receive Post-Deployment Suicide Prevention Brief
- Complete POV Inspection Checklist
- Reactivate Auto Insurance
- Update expired drivers license / vehicle registration / TX vehicle inspection

### Verification - Completion of Reintegration Tasks

Accuracy Statement: I understand I am certified for reintegration and, to the best of my knowledge, all the information on this form is correct and accurate.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

Battalion (Rear) CDR / 1SG Verification

CDR / 1SG Signature & Date

* More information on these topics can be found in the Iraqi Freedom Reintegration Handbook included in your welcome packet.
OCCUPATIONAL ILLNESS / INJURY REPORT  

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

I.  PATIENT IDENTIFICATION

1. NAME (Last, First, MI)  
   Dukett, Phillip

2. SSAN

3. GRADE 
   □ MIL  □ CIV

4. SEX
   □ M  □ F  
   Age
   24

6. WORK LOCATION  
   JSS Roward, Iraq

7. DUTY PHONE

8. ORGANIZATION AND SYMBOL
   BCI 114/2 BRIG 25

9. INSTALLATION
   JSS Roward, Iraq

10. OCCUPATION (Job Title/AFSC)  
    Infantry Troop

11. SUPERVISOR (Name and Duty Phone)

II.  INCIDENT / ILLNESS DATA

12. DATE AND TIME OF EXPOSURE: 16 Aug 08@1830  
   ILLNESS: 17 Aug 08 @ 0900

13. STATUS AT TIME OF EXPOSURE
   □ ON DUTY  □ OFF DUTY  □ LEAVE  □ TDY  □ OTHER

14. DURATION OF EXPOSURE
    Unknown

15. WITNESS (Name and Phone)
    Dukett, Phillip

16. DESCRIPTION OF SYMPTOMS AT ONSET OF ILLNESS
    Noticed a small yellow puss filled blister on right thigh while showering, immediately sought medical attention.

III.  MEDICAL DATA

17. DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body parts)
    DX: Chemical burns to right thigh from Blister agent (positive for H Compound Mustard Gas)

18. CLASSIFICATION
    □ OCCUPATIONAL SKIN DISEASE 21
    □ DUST DISEASE OF LUNGS 22
    □ RESPIRATORY CONDITION DUE TO TOXIC AGENT 23
    □ SYSTEMATIC EFFECT OF TOXIC MATERIAL (poisoning) 24
    □ DISORDER DUE TO PHYSICAL AGENT (Other than toxic material) 25
    □ DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss) 26
    □ OTHER OCCUPATIONAL DISEASE 29

19. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS
    16 Aug @ 1900 Initial Decon/17 Aug @ 1500 See block 17

20. MEDICAL FACILITY
    332 EMDG, Joint Base Balad, Iraq

21. TREATMENT ADMINISTERED (Check One)  
    □ FIRST AID 1  
    □ DEFINITIVE CARE (Specify in Remarks)

22. DISPOSITION OF PATIENTS

   □ RETURN TO NORMAL DUTY  
   □ REFER TO PRIVATE PHYSICIAN
   □ EXCUSED FOR REST OF DUTY DAY

   □ ADMITTED TO HOSPITAL 2
   □ PLACED ON QUARTERS 2
   □ RETURN TO LIMITED DUTY 2

23. NAME OF MEDICAL OFFICER  
    Martin Ottolini, Col, USAF, MC

24. REMARKS
    Member was rapid deconned on site by Platoon Medic, he was then transferred to his Company Medic where again he was Deconned. Upon arrival he was throughly deconned using initially soap and water then a dilluted bleach solution, all personnel effects were removed and member was given alternate clothing.

IV.  ENVIRONMENTAL DATA

25. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIALS / AGENTS (Specify the material/agent)
    While helping out EOD with controlled detonations at an Old Cache, came across 32 old rusted 155 MM rounds. EOD asked member to help move the rounds so they could control detonate them, member then grabbed a round that was leaking a fluid (later testing positive for H compound Mustard Gas). Member states that he was unaware that the round was leaking, he used his leg to support the round while he was throwing it into the pit.

V.  CASE CLASSIFICATION

26. OCCUPATIONAL INCIDENT  
    □ YES  □ NO

27. TYPE
    □ INJURY  □ ILLNESS

28. WORKPLACE IDENTIFIER

29. REVIEWING OFFICER

30. DATE (YYYYMMDD)
    20080817

Remarks:

1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional care.
2. See AFR 127-12.