

PATIENT MOVEMENT RECORD ENROUTE CRITICAL CARE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

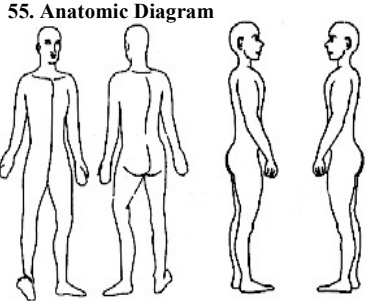
1. Name		2. SSN		3. Cite #		4. Age	5. Sex	6. WT	7. HT	8. Allergies		9. Precedence G B D		10. Date/Time			
11. Originating facility				12. Destination Facility				13. AC / Tail #		14. AE/CCAT unit		15. CCAT pts Total #		16. Hrs En Route			
17. Diagnosis:		D NBI BI															
18. Preflight Procedures:																	
19. Alt. Restriction		20. Max Cabin Alt.		21. O2 Req/Delivery		Ventilator		Mode		FiO2	TV	Rate	Peep	22. ETT size / location			
Y-FL: _____ N				Type: _____ Lpm / %		LTV 731		AC SIMV PC						_____ cm @ _____ Nasal Oral Trach			
23. Pre-flight		T	SpO2	RR	HR	BP/MAP	ICP/ CPP	CVP	Bladder P	pH / BE	PaO ₂ / PCO ₂	Na / K	Hgb / Hct	ICa / HCO ₃			
Time						/ ()	/			/	/	/	/	/			
24. Post-flight		T	SpO2	RR	HR	BP/MAP	ICP/ CPP	CVP	Bladder P	pH / BE	PaO ₂ / PCO ₂	Na / K	Hgb / Hct	ICa / HCO ₃			
Time						/ ()	/			/	/	/	/	/			
25. Pre-flight assessment / Time:					26. Post-flight Assessment / Time:					27. IVF		28. Lines		29. Tubes		30. Drains/Dressing	
Neurologic: E: _____ M: _____ V: _____ GCS: _____ Pupils R: _____ mm Reactive Y N L: _____ mm Reactive Y N					Neurologic: E: _____ M: _____ V: _____ GCS: _____ Pupils R: _____ mm Reactive Y N L: _____ mm Reactive Y N					LR NS 5%Alb 1/2NS _____ meq K Rate: _____ ml/hr		Line #1 _____		Foley Y Size: _____		Type/location	
Sedated: Y N Paralyzed Y N					Sedated: Y N Paralyzed Y N					LR NS 5%Alb 1/2NS _____ meq K Rate: _____ ml/hr		Line #2 _____		NG R L OG Gravity Suct _____ Int Cont		Type/location	
Cardiovascular Rhythm Regular Irregular Tachy Murmurs Gallops Rubs Cap Refil: _____					Cardiovascular Rhythm Regular Irregular Tachy Murmurs Gallops Rubs Cap Refil: _____					LR NS 5%Alb 1/2NS _____ meq K Rate: _____ ml/hr		Line #3 _____		CT#1 R L Suct Y _____ cmH2O Air Leak Y N		Other	
Other: _____ Rate: _____ ml/hr										Other: _____ Rate: _____ ml/hr		A - Line Y N R L Rad Brac Axil Fem Ped		CT#2 R L Suct Y _____ cmH2O Air Leak Y N		Other	
Respiratory Wheezing R L B CTA Bilat Dimin Bases Otherwise Clear Rales R L B Rhonchi R L B					Respiratory Wheezing R L B CTA Bilat Dimin Bases Otherwise Clear Rales R L B Rhonchi R L B					31. Major Events/Location: Airway Loss Cardiac Arrest SpO ₂ <90% ΔHR>20% ↑ O2 Requirement >10% FiO2 or ↑>2 lpm ΔMAP >20% Temp < 96 F Arrhythmia Tachy Brady Narrow Wide Loss Extremity Pulse: Loss of Line: _____ Loss of Tube/Drain: Type/Site: _____ Bleeding: Site: _____ Est Vol: _____ ICP>20 CPP<60mm Hg ΔBladder Pressure: _____ ETT Cuff Rupture Rapid Decompression Fire/Fumes AC Divert Tail Swap Pre-Flight Facility Post-Flight Facility Ambus To Ambus From Enplaning Deplaning Ascent Descent Altitude Trauma/Critical Incident Activation Code # _____ Other: _____							
Gastrointestinal Open Abdomen Soft Distended Tympanitic Pain Mass Hernia Bowel Sounds Present					Gastrointestinal Open Abdomen Soft Distended Tympanitic Pain Mass Hernia Bowel Sounds Present					32. Procedures Enroute: Intubate Surgical Airway CPR Chest Tube Art Line Rad Fem Central Line PIV Splint Modification Hemorrhage Control ABG VBG Dressing Change Foley NG/OG Escharotomy Other: _____							
Musculoskeletal Weakness Pain X-Fix RUE LUE RLE LLE Pelvis Normal Sensation Normal ROM Pulses Right Left Carotid Radial Fem Pedal					Musculoskeletal Weakness Pain X-Fix RUE LUE RLE LLE Pelvis Normal Sensation Normal ROM Pulses Right Left Carotid Radial Fem Pedal					33. Equipment Used Enroute/ Issues: Propaq HeartStart MRx IV Pump ambIT Suction EZ-IO iStat SMEED Ventric Parynch ICP Interface Ctrl Unit Codman Exprs VAC C-Collar VSB NATO Litter OSL Floor PSP Stanchion SLS Head First Feet First Front Rear Rt Lt AC Power ECAS Freq PTLOX AC O ₂ Power Loss User Error Eq Failure Other: _____							
Integumentary Warm Cool Dry Diaphoretic Rash Freq Position Change Skin Breakdown Noted					Integumentary Warm Cool Dry Diaphoretic Rash Freq Position Change Skin Breakdown Noted					34. Care In Flight: O ₂ Administration Std Mech Ventilation Adv Mech Ventilation J-Tube Feeding ET Cuff Pressure Check Oral Care Wright Respirometer Ventric Parynch IBP Monitor NIBP Monitor ICP Monitor Chest Tube Management Drain Management Blood Product Transfused Antibiotics IV Narcotic Analgesia IV Sedation NMB Complex Wound/Dressing Δ VAC Δ 3% NaCl Mannitol Inhaled Bronchodilators DVT Prophylaxis Burn Flowsheet Other: _____							
36. Meds/Drips/Tube Feeds/Dose/Time					37. RX-received/waste/ turn-over					35. Medical Decision Making in Flight / Comments: Cardiovascular Pulmonary Thoracic Neurologic Abdominal Renal Analgesia/Sedation							
1.																	
2.																	
3.																	
4.																	
5.					38. RT Rank/Name/Skill level:												
6.					Signature:												
7.					39. RN Rank/Name/AFSC:												
8.					Signature:												
9.					40. MD Rank/Name/AFSC:												
10.					Signature:												

41. PATIENT NAME: _____

42. CITE # / SSAN: _____ / _____

AF 3899L, 20140107, V2.0 (REVERSE)

43.	44.	45. CARDIOVASCULAR				46. RESPIRATORY				47. NEURO		48. PAIN	49. INTAKE		50. OUTPUT		51. In Flight Notes
53. Grand Total / Balance																	
Total:																	
52. Totals:																	



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