

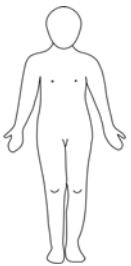



AFRRI Adult/Pediatric Field Medical Record

Adapted from DD Form 1380, U.S. Field Medical Card

1. Name (last, first)				Rank/Grade		Male Female	
SSN			Specialty code			Religion	
2. Unit			Force		Nationality		
A AF N MC Civilian							
BC NBI			Disease		Psych		
3. Injury <u>Adult</u>				<u>Child</u>			
Front		Back		Front		Back	
							
				Airway			
				Head			
				Wound			
				Neck/back injury			
				Burn			
				Amputation			
				Stress			
				Other (specify)			
4. Level of consciousness							
Alert				Pain response			
Verbal response				Unresponsive			
5. Pulse		Time		6. Tourniquet		No Yes	
						Time	
7. Morphine		No Yes		Dose		8. IV	
				Time		Time	
9. Treatment/observations/current medication/allergies/NBC (antidote)							
10. Disposition				Returned to duty Evacuated Deceased		Time	
11. Provider/unit						Date (YYMMDD)	
12. Reassessment							
Date (YYMMDD)				Time of arrival			
Time							
BP							
Pulse							
Resp							
Date/time		13. Clinical comments/diagnosis					
		14. Orders/antibiotics (specify)/tetanus/IV fluids					
15. Provider						Date (YYMMDD)	
16. Disposition				Returned to duty Evacuated Deceased		Time	
17. Religious services		Baptism Anointing Confession		Prayer Communion Other		Chaplain	