

AEROMEDICAL EVACUATION (AE) PATIENT HANDOFF CHECKLIST

I <small>(Identify)</small>	DATE/TIME: _____	CITE #: _____	PATIENT NAME: _____	AGE: _____	RANK: _____
	CURRENT SENDING FACILITY: _____			RECEIVING FACILITY: _____	
	HANDOFF TO AE CREW BY FACILITY			REPORT BY: _____	
HANDOFF BY AE CREW					
HANDOFF TO AE CREW BY FACILITY			REPORT BY: _____		
S <small>(Situation)</small>	Diagnosis: _____ Date of injury/admission: _____ Date of surgery: _____ Current status: <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Confused/Disoriented <input type="checkbox"/> Responds to verbal <input type="checkbox"/> Responds to pain <input type="checkbox"/> Unconscious Patient onload method: <input type="checkbox"/> Unassisted <input type="checkbox"/> Crutches/cane <input type="checkbox"/> Litter Code status: <input type="checkbox"/> DNR Attendant: <input type="checkbox"/> Medical <input type="checkbox"/> Non-medical				
B <small>(Background)</small>	Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List: _____ Medications: <input type="checkbox"/> None <input type="checkbox"/> Self-Administered <input type="checkbox"/> Given to Flight Nurse <input type="checkbox"/> See 3899 for list Recent: Pain Meds/Route/Time Given (zulu) _____ Antiemetic/Route/Time Given (zulu) _____ Antibiotics/Route/Time Given (zulu) _____ Other Meds/Route/Time Given (zulu) _____ Other pertinent information/history: _____				
A <small>(Assessment)</small>	Vitals: BP _____ P _____ R _____ SpO2 _____ T _____ Time: _____ Pain level: ____/10 Location: _____ Airway: <input type="checkbox"/> No devices <input type="checkbox"/> Trach <input type="checkbox"/> Other: _____ Breathing: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Labored <input type="checkbox"/> Assisted Oxygenation: <input type="checkbox"/> Room Air <input type="checkbox"/> NC <input type="checkbox"/> NRB Rate: _____ LPM Circulation: <input type="checkbox"/> Adequate <input type="checkbox"/> Altered (location): _____ Skin: <input type="checkbox"/> Skin Intact/No Pressure Ulcers (PU) or concerns <input type="checkbox"/> Braden Scale score: _____ <input type="checkbox"/> Skin issue/Location: _____ IV: <input type="checkbox"/> 0.9% NS <input type="checkbox"/> LR <input type="checkbox"/> D5W <input type="checkbox"/> Other: _____ Rate: _____ mL/hour <input type="checkbox"/> Packed RBCs <input type="checkbox"/> Saline Lock Location: _____ <input type="checkbox"/> Fluids brought onboard w/ patient <input type="checkbox"/> Tubing/fluids/medications labeled Devices: <input type="checkbox"/> Suction <input type="checkbox"/> Orthopedic device <input type="checkbox"/> NG tube <input type="checkbox"/> Pt Monitor <input type="checkbox"/> Restraints <input type="checkbox"/> Foley <input type="checkbox"/> Chest tube <input type="checkbox"/> IV pump <input type="checkbox"/> Cast <input type="checkbox"/> Neg Pressure Wound Therapy Device(s) x _____ <input type="checkbox"/> SCDs <input type="checkbox"/> Feeding tube <input type="checkbox"/> Drain <input type="checkbox"/> Epidural <input type="checkbox"/> PCA pump <input type="checkbox"/> Peripheral Nerve Block <input type="checkbox"/> Other: _____ Pain equipment safety check: <input type="checkbox"/> Site: _____ <input type="checkbox"/> Line patent <input type="checkbox"/> Pump functional <input type="checkbox"/> Right Medication/concentration <input type="checkbox"/> Right infusion rate/settings <input type="checkbox"/> Tubing unclamped Wound vac safety check: <input type="checkbox"/> Site(s): _____ <input type="checkbox"/> Tube unclamped <input type="checkbox"/> Pump functional Abnormal labs: <input type="checkbox"/> H/H <input type="checkbox"/> Cardiac enzymes Other pertinent information: _____				
R <small>(Recommendation/Request)</small>	Specific inflight orders/instructions for AE Crew (AF 3899, Section III: Other Orders): _____				
Standard Patient Preparation Items Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No ** See back of checklist**					
			<input type="checkbox"/> No change in status/situation Status change: <input type="checkbox"/> A/O <input type="checkbox"/> Confused <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unconscious Pt offload method: <input type="checkbox"/> Unassisted <input type="checkbox"/> Crutches/cane <input type="checkbox"/> Litter Other information: _____		
			<input type="checkbox"/> No change in medication Inflight: Last Pain Meds/Route/Time Given (zulu) _____ Last Antiemetic/Route/Time Given (zulu) _____ Last Antibiotics/Route/Time Given (zulu) _____ Other Meds/Time Given (zulu) _____ Other information: _____		
			Last Vitals: BP _____ P _____ R _____ SpO2 _____ T _____ Pain level: ____/10 Location: _____ Airway: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ Breathing: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ Oxygenation: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ at _____ LPM Circulation: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ Skin: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ IV: <input type="checkbox"/> No change <input type="checkbox"/> Changed to: _____ at _____ mL/hour Devices: <input type="checkbox"/> No change <input type="checkbox"/> Changed to/Issues during flight: _____ Device safety checks completed: <input type="checkbox"/> Yes <input type="checkbox"/> No* * If "No" is checked, please explain why below. Other information: _____		
			<input type="checkbox"/> Inflight orders/instructions accomplished Other information: _____		

AEROMEDICAL EVACUATION (AE) PATIENT HANDOFF CHECKLIST (BACKSIDE)

STANDARD PATIENT PREPARATION ITEMS

(TO BE COMPLETED BY THE ORIGINATING FACILITY/CASF/ASF PRIOR TO ARRIVING AT THE AIRCRAFT)

TASK	DESCRIPTION	SUPPORTING REGULATION
Medication <input type="checkbox"/> N/A		
<input type="checkbox"/> Adequate supply of medications given to the patient or flight nurse	Role 2 to Role 3 (i.e. Bastion to Bagram) movements in combat operations theater: 1-day minimum ; Role 3 to Role 4 (i.e. Bagram to LRMC) movements: 2-day minimum ; inpatients from OCONUS MTF to port of entry MTF CONUS (i.e. LRMC to Bethesda): 2-day minimum ; inpatients from OCONUS MTF to other locations in CONUS with RON: 3-day minimum ; all outpatient movements OCONUS to CONUS: 5-day minimum; CONUS to CONUS movements: 1-day minimum .	AFI 44-165, <i>Administering Aeromedical Staging Facilities</i> , para 2.5.3., 2.10.3.1., 2.10. 2.10.4, 2.10.7., 2.12.5.; USTRANSCOM Memorandum, <i>Medication Administration, Self-Medicating Patients and Controlled Substance Accountability within the Patient Movement System</i> , dated 17 May 2010.
<input type="checkbox"/> Patient is pre-medicated prior to flight	<ul style="list-style-type: none"> • Pain medication within 1 hours of departure (if applicable) • Antiemetic (if applicable) • Medication that would be scheduled to be given during patient loading and through 1 hour after takeoff (if applicable) 	
<input type="checkbox"/> Patient medication verified	<ul style="list-style-type: none"> • Medication delivered to the aircraft is for the right medication for the right patient with the right time/frequency of administration annotated, and is the correct form/route • All medications are verified with order on AF Form 3899/DD Form 602 • All medications have been documented and timed on MAR/PMR 	
Equipment <input type="checkbox"/> N/A		
<input type="checkbox"/> Working condition confirmed	Equipment must work properly and battery must be fully charged prior to leaving facility.	AFI 41-307, <i>Aeromedical Evacuation Patient Considerations and Standards of Care</i> . AFI 10-2909, <i>Aeromedical Evacuation Equipment Standards</i> .
<input type="checkbox"/> Approved for flight	Originating MTF must use only flight-certified medical equipment for use on AE missions. All "approved equipment" questions must be directed to GPMRC or appropriate theater AECC/TPMRC.	
<input type="checkbox"/> Equipment waiver obtained		
<input type="checkbox"/> All auxiliary parts present	Power cords/adapters, canisters, litter brackets/securing device, tubing	
Supplies <input type="checkbox"/> N/A		
<input type="checkbox"/> Adequate amount of supplies given to the patient or flight nurse	Role 2 to Role 3 (i.e. Bastion to Bagram) movements in combat operations theater: 1-day minimum ; Role 3 to Role 4 (i.e. Bagram to LRMC) movements: 2-day minimum ; inpatients from OCONUS MTF to port of entry MTF CONUS (i.e. LRMC to Bethesda): 2-day minimum ; inpatients from OCONUS MTF to other locations in CONUS with RON: 3-day minimum ; all outpatient movements OCONUS to CONUS: 5-day minimum; CONUS to CONUS movements: 1-day minimum .	AFI 44-165, <i>Administering Aeromedical Staging Facilities</i> , para 2.6.3., 2.10.7.; USTRANSCOM Memorandum, <i>Medication Administration, Self-Medicating Patients and Controlled Substance Accountability within the Patient Movement System</i> , dated 17 May 2010.
Documentation		
<input type="checkbox"/> Documentation verified	<ul style="list-style-type: none"> • Physician has signed the AF 3899/DD Form 602 • Flight surgeon has cleared the patient; documented on form • AF Form 3899/DD Form 602, medical record, x-rays placed in an envelope affixed with completed DD Form 2267 or with the following information: patient's name, rank/status, SSN, nationality (if not a US citizen), organization, date of departure, and destination) • Military ID card with the patient or in envelope listed above • ID bracelet on patient with last name, first name, middle initial, cite #, and date of birth 	AFI 44-165, <i>Administering Aeromedical Staging Facilities</i> , para 2.2.8.1.5, , 2.5.3., 2.9., 2.10.7., 2.12.5; USTRANSCOM Policy Letter, dated 9 October 2009.
Anti-hijacking/Baggage		
<input type="checkbox"/> Completion confirmed	<ul style="list-style-type: none"> • Patients, attendants, and their baggage are inspected with a hand-held or walk-through metal detector, x-ray machine, or physical check for weapons or explosives. • All baggage is tagged appropriately and baggage manifest is provided to the AE crew. 	AFI 44-165, <i>Administering Aeromedical Staging Facilities</i> , para 2.8.2.1, 2.8.1.5., 2.12.4.2., 2.13.