

GPMRC
MINIMUM REQUIREMENTS
FOR PATIENT MOVEMENT REQUEST (PMR)
Type I - Military to Military

PATIENT DEMOGRAPHICS:

- Name, Status, SSN, Grade, Gender, Age, Precedence, Classification and Nationality.

UNIT INFORMATION:

- Unit Name and Duty Station of home unit.

ADMINISTRATIVE DATA:

- Originating MTF- (Pt's physical location), Destination MTF- (Where Pt is actually going); Reason Regulated and date pt is ready.
- The Attending and Accepting Physician contact numbers must be valid.
- If the Pt is currently an inpatient a Ward name (i.e.; ICU not 47b) and number must be provided.
- AE Office contact number must be updated and valid.
- Specify whether Pt's condition will restrict Stops, RON's or Altitude.
- OCONUS to CONUS outpatient requests do not require accepting physician conformation. Casualty event if applicable.

CLINICAL DATA:

- Primary Medical Specialty is the clinic or facility for which Pt is being transferred (pulled from diagnosis).
- Primary Diagnosis MUST reflect Pt's current nature of illness or injury.
- Patient History MUST contain a brief summary of past pertinent history, to include dates of injury / illness, surgery and exam findings. The Pt history MUST also include why the Pt is being transferred. For example: care needed is unavailable at current location.

MEDICATIONS:

(Military to Military)

- All CURRENT medications MUST be listed so the Air Crew may administer if necessary.
- If pt has any allergies to medications, they MUST be listed.
- IV Location, solution type and rate MUST be entered. Also, if a heplock is in place, enter location.
- Special Diet MUST state either “none” or Pt’s type and route of dietary intake.

VITAL SIGNS:

- All inpatients MUST have vital signs within 72 hours, to include temperature in Fahrenheit, weight in Pounds and date taken.
- If the Pt is in the ICU, vital signs will be within 24 hours of ready date.
- This section also contains Pt’s Oxygen requirement. If Pt is on O2 or may require O2 for transport, this section MUST contain LPM and route of delivery.
- HGB, HCT and WBC lab values (if requested) MUST be entered in this section.
- If the Pt’s HGB is below 10, pt’s O2 saturation level on RA must be provided.

DRAINAGE:

- If the Pt has any drainage equipment, Foley catheters or otherwise, enter this information to include location, type etc.

PMI DATA:

- This section is for any additional equipment needed for patient care. All equipment necessary must be marked accordingly. If pt has a wound VAC, will need to know if pt has a JP drain and if it is a bulb syringe or a mechanical VAC.
- This includes a litter, litter straps, mattress, wheelchair (manual or electric) etc.

ADMINISTRATION REMARKS:

(Military to Military)

- Any pertinent information and ALL issues relating to Pt care that is not history specific and transportation confirmation MUST be entered in this section.
- If the Pt is traveling with a wheelchair or cooler for meds, etc. the wt and dimensions along with manual or electric type specified for wheelchairs must be provided.

ATTENDANTS:

- Any Medical Attendant (MA) or Non-Medical Attendant (NMA) being requested to travel with the Pt MUST be entered in this section. Under normal circumstances only one NMA is authorized unless prior arrangements are made with GPMRC DO approval. Exceptions to this MUST be requested through GPMRC Regulator Section. Administrations remarks must state reason for additional NMA's.
- CCATT or additional Medical Attendant consideration must be entered when appropriate. If a PMR is determined by the GPMRC DO that the Pt will travel Civilian Air Ambulance (CAA) the requesting Air Evacuation (AE) office will be instructed to have the additional personnel stand down.

*References DODI 6000.11, AFI 41-301, AFJI 41-315 pjf/jam 265JD.