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TOGETHER, WE DELIVER.

USTRANSCOM

UNITED STATES TRANSPORTATION COMMAND



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OVERVIEW

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- TPMRC's Role
- How is a PMR validated?
- PMR Clinical Requirements
- PMR COVID Requirements
- Patient Classifications
- Psychiatric Patients
- Pregnancy
- Other Common Diagnoses
- Commonly Missed Items
- Patient Preparation for Flight

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How is a PMR Validated?

- The Patient Movement Coordinator ensures all administrative information is correct and complete within the PMR
- The Patient Movement Clinical Coordinator (Flight Nurse) ensures all clinical information is complete, concise and ensures that the patient is stable for flight
- The Theater Validating Flight Surgeon (TVFS) validates the PMR allowing the pt to be manifested onto a mission



PMR Clinical Requirements Using ISBAR

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- Utilize the ISBAR tool to ensure all essential clinical information is standardized, clear and concise. Use the letters ISBAR when writing your medical history narrative as seen below.
- **ISBAR:**
- **I**dentification of patient: Include age, service affiliation/status, gender
- **S**ituation: What is the diagnosis? Date of injury/onset of symptoms, date presented to clinic/date of admission (clarify inpatient v. outpatient)
- **B**ackground: Past medical/surgical/social history, allergies, labs and radiology/imaging reports
- **A**ssessment/**A**ctivity: What is the current diagnosis/impression of the situation? Provide focused assessment. What treatments have been rendered? Has the patient improved or declined in clinical status? Can the patient SAM? Can the patient clear their ears? Can they ambulate? Can they egress without support in case of an emergency? Can they carry their own bags? History of TBI? CAR required? Combat/Battle injury?
- **R**ecommendation: Movement precedence recommended? What is the plan/specialty treatment/care needed? ie. surgical intervention/rehab etc.



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PMR COVID Requirements

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- IAW FHP 20, screen all patients and NMAs with the following questions: **MUST BE VERBATIM WITHIN THE PMR**
- Is the individual familiar with how to self-monitor and what actions to take if he/she develops COVID-19 symptoms or contracts COVID-19?
- Has the individual recently recovered from COVID-19? If so, when?
- Does the individual have documentation of a positive viral test & recovery attestation from a healthcare provider?
- Has the individual completed a COVID-19 immunization series? Date vaccination series completed?
- **ALL PATIENTS/NMAS NEED A NEGATIVE COVID TEST (PCR OR ANTIGEN TEST ACCEPTABLE, PCR PREFERRED) 1-3 DAYS PRIOR TO DEPARTURE. COVID QUESTIONNAIRE STILL REQUIRED 24 HRS PRIOR TO DEPARTURE*** CALL US WHEN COVID TEST AND VALID QUESTIONNAIRE HAVE BEEN COMPLETED**

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Patient Classifications

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Patient Classifications

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- **Inpatients Classifications: 1A, 1B, 1C, 2A, 2B, 3A, 3B, 3C**
- -Should have IV in place if necessary-- for meds, seizure precautions, Intravenous fluids
- -Be sure to add all invasive devices/equipment
- -All inpatients must have accepting provider listed and verification of doctor to doctor handoff noted
- Critical patients may require CCATT
- **Outpatients Classification: 5A, 5B, 5C, 5D**
- -MUST be able to self-administer medications (SAM)
- -All outpatients requiring specialty care must have accepting provider/appointment verification at end destination—Neurology, Oncology, Psychology, Complicated Orthopedics, Endocrine, Cardiology
- **Pediatric Classifications: 4A, 4B, 4C, 4D, 4E**
- -Parent or legal guardian required as NMA
- -A NICU pt will require NICU team

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Psychiatric Patients

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- **Assessment: Active SI/HI? Is pt calm, cooperative, agreeable to treatment plan? Any safety concerns? Does pt verbally contract for safety and verbalize understanding of treatment plan? Does pt have any communication barriers, fear, stress the crew should know about prior to flight?**
- **Standby “Ativan (AE Stock), 1 mg, PO, Q4hrs PRN” order is appropriate in most cases**
- **Primary dx cannot be suicidal ideation, but it can be secondary dx**
- **Ensure that NMA is same sex & equal rank or greater**

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Other Common Diagnoses

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Diabetic

- FSA--There is no glucose monitor or chemical strips in the AE flight kits
- Ensure pt has approved glucometer & strips for flight
 - Freestyle Freedom Lite
 - Contour Ascensia
 - Medisense Precisions XTRA
- Specific orders for blood sugar check & insulin orders listed in medication tab

Orthopedics

- List all orthopedic devices in ortho eqpt tab
- Casts may need to be bi-valved if <48hrs old. List date and time of cast application in clinical hx.



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Pregnancy

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- **Uncomplicated pregnancy is typically not an AE patient**
- **Patients who are beyond the 34th week of pregnancy are not routinely accepted for AE but are moved if determined necessary by a physician**
- **A qualified medical attendant accompanies high-risk OB patients**

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Commonly Missed Items

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- **Correct classification (inpatient vs outpatient)**
- **Past medical/surgical/social history**
- **Current clinical status or re-assessment of initial diagnosis**
- **Recommendation: What is the plan or specialty care that is needed at destination facility (surgical intervention v rehab, further diagnostic testing/imaging etc)? Include required timeline to explain precedence of movement (ie surgery required within 2 days of injury-recommended by accepting MD).**



Patient Preparation for Flight

SENDING FACILITY RESPONSIBILITIES FOR ALL PATIENTS:

1. Patient Arm Band with name, allergy, last 4 SSN, DOB
2. Signed AF Form 3899
 - How to print 3899 in Trac2es: Click PMR tab-click search PMR-search for pt using any identifier-click down carrot under action column-click report: 3899-select all pages-click view pages-print-ensure Physician signs and dates at bottom of page 1
3. Medications-if the medication does not state "AE stock" on PMR, the sending facility is responsible for supplying all medications needed for flight
4. Appropriate attire-No open toe shoes
5. Antihijack ALL patients and luggage
6. Medical personnel accompanying pt and NMAs for proper handoff/report



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TPMRC Contact Information

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TPMRC- Europe: EUCOM/CENTCOM/AFRICOM

Email address: tpmrc-e.3afsgz@us.af.mil

24 hour phone: DSN 314-480-8040/8041/8042

COM +49 6371 47 8040/8041/8042

TPMRC- Americas: NORTHCOM/SOUTHCOM

Email address: transcom.scott.tcsg.mbx.gpmrc-pmcc@mail.mil

24 hour phone: DSN 779-1679/4200

COM 618-229-1679/4200

TPMRC- West: INDOPACOM

Email address: tpmrp.ustranscom@us.af.mil

24 hour phone: DSN 315-448-1602/1620

COM 808-448-1602/1620

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