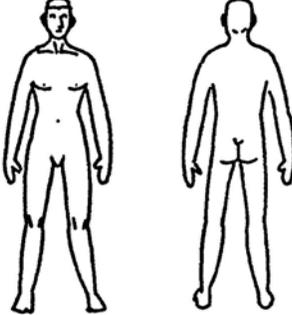
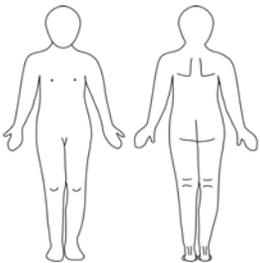


AFRRI Adult/Pediatric Field Medical Record

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

1. Name (last, first)		Rank/Grade		<input type="checkbox"/> Male <input type="checkbox"/> Female	
SSN		Specialty code		Religion	
2. Unit		Force		Nationality	
<input type="checkbox"/> A <input type="checkbox"/> AF <input type="checkbox"/> N <input type="checkbox"/> MC <input type="checkbox"/> Civilian					
<input type="checkbox"/> BC <input type="checkbox"/> NBI		<input type="checkbox"/> Disease		<input type="checkbox"/> Psych	
3. Injury <u>Adult</u> Front Back 		<u>Child</u> Front Back 		<input type="checkbox"/> Airway <input type="checkbox"/> Head <input type="checkbox"/> Wound <input type="checkbox"/> Neck/back injury <input type="checkbox"/> Burn <input type="checkbox"/> Amputation <input type="checkbox"/> Stress <input type="checkbox"/> Other (specify)	
4. Level of consciousness					
<input type="checkbox"/> Alert <input type="checkbox"/> Verbal response		<input type="checkbox"/> Pain response <input type="checkbox"/> Unresponsive			
5. Pulse		Time		6. Tourniquet <input type="checkbox"/> No <input type="checkbox"/> Yes	
7. Morphine <input type="checkbox"/> No <input type="checkbox"/> Yes		Dose		8. IV	
		Time		Time	
9. Treatment/observations/current medication/allergies/NBC (antidote)					
10. Disposition		<input type="checkbox"/> Returned to duty <input type="checkbox"/> Evacuated <input type="checkbox"/> 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		<input type="checkbox"/> Returned to duty <input type="checkbox"/> Evacuated <input type="checkbox"/> Deceased		Time	
17. Religious services		<input type="checkbox"/> Baptism <input type="checkbox"/> Anointing <input type="checkbox"/> Confession		<input type="checkbox"/> Prayer <input type="checkbox"/> Communion <input type="checkbox"/> Other Chaplain	