AFRRI Adult/Pediatric Field Medical Record

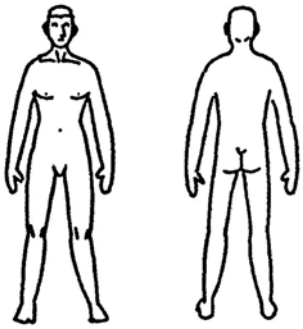
Adapted from DD Form 1380, U.S. Field Medical Card

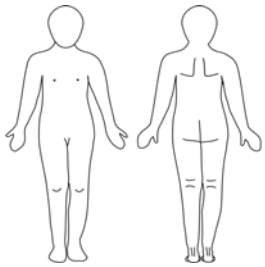
1. Name (last, first)	Rank/Grade	☐ Male ☐ Female
SSN	Specialty code	Religion
2. Unit	Force	Nationality
☐ A ☐ AF ☐ N ☐ MC ☐ Civilian		
☐ BC ☐ NBI	☐ Disease	☐ Psych

3. Injury

Adult: Front, Back

Child: 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	Time	**8.** IV / 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