



## Air Operations



At the end of this session participants will:

- Be familiar with AE capabilities and crews
- Have a better understanding of the airfield operating environment
- Be able to describe airfield and aircraft safety considerations




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## Air Operations



### Overview

- AE Mission
- AE Capabilities
- AE Configurations
- AE Crew Compliment
- PRT/AE Interface

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## Air Operations



### Overview (cont'd)

- Forms/Documentation
- Airport/Airfield Familiarity
- Aircraft Support
- Operating Around Military Aircraft
- Safety Considerations

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**Air Operations**

**Capabilities**

- *The Movement of Patients by Fixed-Wing Aircraft, under the Supervision of Aeromedical Evacuation Crews, to and between Medical Treatment Facilities*
- *Air Force is Executive Agent for AE*
- *AMC is Lead Command for AE*
- *AE is an AMC Core Competency*

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**Air Operations**

**Capabilities**

Expeditionary AE      Expeditionary AE  
 Mobility Hub      Secure Airfield MASF

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D

- *Minimize Evacuation Delay*
- *Utilize Retrograde Airlift*
- *Maintain Forward Capability*

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**Air Operations**

**Capabilities**

**LEGEND**

- ☀ Site of Injury
- Level 2 (Army Forward Surge Team)
- ⊕ Level 3 Facility
- ★ Secure Airfield
- ⊙ Air Mobility Base
- ◆ Strategic Airlift Hub
- ➔ Route of Evacuation (AE)

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**Air Operations**

**Capabilities**

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**Air Operations**

**Capabilities**

- *The AE System provides:*
  - *Integrated control of casualty movement by air*
  - *Command and control (C2) of theater AE*
  - *Forces and AE operations*
  - *Specialized clinical aircrew and augmentees*
  - *Operational Support Personnel*
  - *En-route staging facilities on or near air fields for care of in-transit patients*

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**Air Operations**

**Capabilities**

- *Medical in-flight equipment*
- *Support to the communication network between airlift C2 agencies*

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## Air Operations



### Configurations

- *AE is NOT tied to specific airframes*
- *Multi-platform capable AECMs enables AE crews to take advantage of transiting airlift*

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## Air Operations



### Configurations



### C-17

*36-48 Litters with additional seats for ambulatory/medical crew*

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## Air Operations



### Configurations



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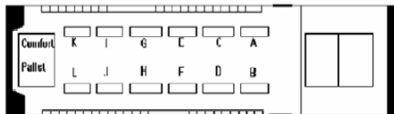
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# Air Operations



## AE-2 Configuration




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# Air Operations



## C-17 Configuration




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# Air Operations



## C-17 Configuration




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**Air Operations**  
**C-17 Configuration**



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**Air Operations**  
**C-17 Configuration**



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**Air Operations**  
**Configurations**



*C-130E/H/J*

- *50 Litters*
- *C-130J (stretch) 97 Litters*

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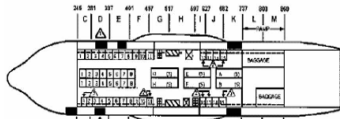
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# Air Operations



## AE-1 Configuration



- NOTES:
1. ■ EJECTOR SEAT
  2. ▲ AIRCRAFT EQUIPMENT NOT AVAILABLE TO
  3. ○ MAIL MAIL SYSTEM
  4. □ EQUIPMENT PLACEMENT DETERMINED BY
  5. ○ MAIL MAIL SYSTEM
  6. ▲ EJECTOR SEAT
  7. ▲ AIR SEATS

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# Air Operations



## C-130 Configuration




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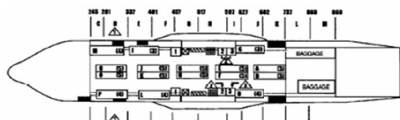
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# Air Operations



## AE-2 Configuration



- NOTES:
1. ■ EJECTOR SEAT
  2. ▲ AIRCRAFT EQUIPMENT NOT AVAILABLE TO
  3. ○ MAIL MAIL SYSTEM
  4. □ EQUIPMENT PLACEMENT DETERMINED BY
  5. ○ MAIL MAIL SYSTEM
  6. ▲ EJECTOR SEAT
  7. ▲ AIR SEATS

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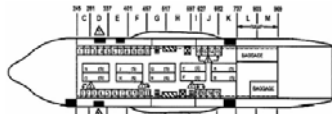
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# Air Operations



## AE-4 Configuration



- NOTE:
- 1. [Symbol] SPECIAL EQUIPMENT
  - 2. [Symbol] EQUIPMENT TO BE REMOVED OR NOT APPLICABLE TO THIS AIRCRAFT
  - 3. [Symbol] SPECIAL EQUIPMENT
  - 4. [Symbol] SPECIAL EQUIPMENT
  - 5. [Symbol] EQUIPMENT TO BE REMOVED OR NOT APPLICABLE TO THIS AIRCRAFT
  - 6. [Symbol] EQUIPMENT TO BE REMOVED OR NOT APPLICABLE TO THIS AIRCRAFT
  - 7. [Symbol] EQUIPMENT TO BE REMOVED OR NOT APPLICABLE TO THIS AIRCRAFT

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# Air Operations



## C-130 Configuration




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# Air Operations



## C-130 Configuration




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**Air Operations**

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**PSP Configuration**

AFRIS SAFETY ADDRESSING v. 07 MAY 2009

Figure 11. PSP-A

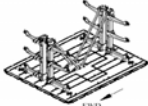



Figure 12. PSP-B



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**Air Operations**

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**PSP Configuration**

AFRIS SAFETY ADDRESSING v. 07 MAY 2009

Figure 13. PSP-A

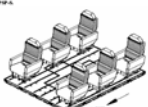
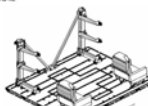


Figure 14. PSP-B



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**Air Operations**

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**Configurations**



**KC-10**  
*Opportune Aircraft-single litter patient movement*

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**Air Operations**  
**Configurations**



*KC-135*  
*36 including crew max*

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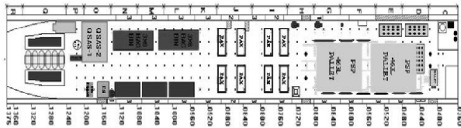
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**Air Operations**  
**AE-2 Configuration**



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**Air Operations**  
**Configurations**




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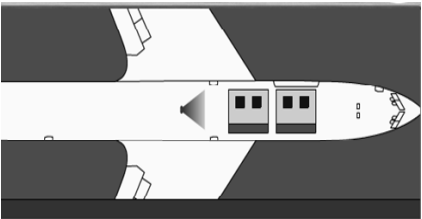
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**Air Operations**  
Configurations



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**Air Operations**  
AE Crew Compliment

- *Flight Nurses*
- *Medical Technicians*
- *Critical Care Aeromedical Transport Team*

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**Air Operations**  
AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### PRT/AE Interface

- *AE Crew*
- *Loadmaster (LM)*

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## Air Operations



### PRT/AE Interface



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## Air Operations

### PRT/AE Interface



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## Air Operations

### PRT/AE Interface



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## Air Operations

### PRT/AE Interface



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**Air Operations**  
**PRT/AE Interface**



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**Air Operations**  
**AE Crew Compliment**



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**Air Operations**  
**AE Crew Compliment**



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### AE Crew Compliment



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## Air Operations



### Forms / Documentation

- *AF IMT 3899a-k*
- *AF IMT 3854 Receipt Movement for Patient Valuables*
- *DD Form 602 Patient Evacuation Tag*

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## Air Operations



### AF IMT 3899

International Evacuation Form (I-EV)      21 November 2008

**Fig. 10 AF 2007 1009**

1. Patient Name (Last, First, Middle Initial)		2. Patient Number	
3. Patient Category		4. Patient Status	
5. Patient Location		6. Patient Destination	
7. Patient Condition		8. Patient Remarks	
9. Patient Signature		10. Patient Date	
11. Patient Initials		12. Patient Date	
13. Patient Signature		14. Patient Date	
15. Patient Signature		16. Patient Date	
17. Patient Signature		18. Patient Date	
19. Patient Signature		20. Patient Date	
21. Patient Signature		22. Patient Date	
23. Patient Signature		24. Patient Date	
25. Patient Signature		26. Patient Date	
27. Patient Signature		28. Patient Date	
29. Patient Signature		30. Patient Date	
31. Patient Signature		32. Patient Date	
33. Patient Signature		34. Patient Date	
35. Patient Signature		36. Patient Date	
37. Patient Signature		38. Patient Date	
39. Patient Signature		40. Patient Date	
41. Patient Signature		42. Patient Date	
43. Patient Signature		44. Patient Date	
45. Patient Signature		46. Patient Date	
47. Patient Signature		48. Patient Date	
49. Patient Signature		50. Patient Date	
51. Patient Signature		52. Patient Date	
53. Patient Signature		54. Patient Date	
55. Patient Signature		56. Patient Date	
57. Patient Signature		58. Patient Date	
59. Patient Signature		60. Patient Date	
61. Patient Signature		62. Patient Date	
63. Patient Signature		64. Patient Date	
65. Patient Signature		66. Patient Date	
67. Patient Signature		68. Patient Date	
69. Patient Signature		70. Patient Date	
71. Patient Signature		72. Patient Date	
73. Patient Signature		74. Patient Date	
75. Patient Signature		76. Patient Date	
77. Patient Signature		78. Patient Date	
79. Patient Signature		80. Patient Date	
81. Patient Signature		82. Patient Date	
83. Patient Signature		84. Patient Date	
85. Patient Signature		86. Patient Date	
87. Patient Signature		88. Patient Date	
89. Patient Signature		90. Patient Date	
91. Patient Signature		92. Patient Date	
93. Patient Signature		94. Patient Date	
95. Patient Signature		96. Patient Date	
97. Patient Signature		98. Patient Date	
99. Patient Signature		100. Patient Date	

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## Air Operations

### AF IMT 3899C





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## Air Operations

### AF IMT 3899D





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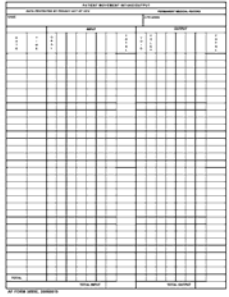
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## Air Operations

### AF IMT 3899E





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## Air Operations

### AF IMT 3899I





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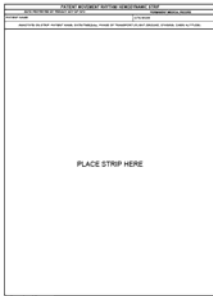
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## Air Operations

### AF IMT 3899J





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## Air Operations

### AF IMT 3899K





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## Air Operations

### AF IMT 3854





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## Air Operations

### DD Form 602





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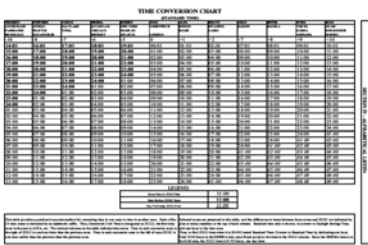
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## Air Operations

### ZULU Time Conversion Chart





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## Air Operations



### Airport / Airfield Familiarity

- *Military versus Civilian Airfields*
- *Command and Control (C2)*
- *Flight Line*
- *Taxiways*
- *Entry Control Points*
- *FOD*
- *Vehicle Movement Guidelines*

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## Air Operations



### Airport / Airfield Familiarity



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## Air Operations



### Airport / Airfield Familiarity

- **Taxiway**: Yellow centerline, yellow signs with black letters
- **Runway**: White edge and centerline, red signs with white numerals
- **Lights**: Blue lights indicate taxiways, white or amber lights bound runway
- **Parking Ramp**: Yellow lead in lines with yellow nose wheel spots
- **Runway Hold Lines**: Two solid yellow lines followed by two broken yellow lines across all taxiways approximately 100 feet before entering the runway

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## Air Operations



### Airport / Airfield Familiarity

- Stay within marked traffic lanes
- Do not cross "Red Lines" except at designated FOD access points




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## Air Operations



### Airport / Airfield Familiarity

- Enter and exit through FOD access points
- Give right of way to taxiing aircraft
- Upon meeting a moving aircraft, pull well to the side, stop, and wait until the aircraft has passed before proceeding. Obey the commands of the aircraft, move team personnel while aircraft is passing
- Use spotters to guide vehicle approach to an aircraft




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## Air Operations



### Airport / Airfield Familiarity

- Operators will stop at the FOD entry point and check tires and exposed surfaces of vehicles, towed vehicles, bicycles, scooters, and other mobile equipment for foreign objects (rocks, nails, metal shavings, and any other debris)
- Upon completing the initial tire inspection the operator will move the vehicle forward so that the remainder of the tire can be inspected




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**Air Operations**

**Airport / Airfield Familiarity**

- *Observe warning lights and signals*




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**Air Operations**

**Airport / Airfield Familiarity**

- *Use seatbelts in all vehicles that are equipped with them*
- *Pedestrians and aircraft always have the right-of-way*
- *Obey all posted traffic signs and speed limits*




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**Air Operations**

**Airport / Airfield Familiarity**

- *Standing on moving vehicles is prohibited*
- *Park in designated areas only*
- *Do not block aisles, stairways, intersections, emergency exits, or emergency equipment*
- *Never leave a vehicle unattended with the engine running*
- *Do not exceed maximum load or seating capacity of the vehicle*

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## Air Operations



### Airport / Airfield Familiarity

- *All vehicles must follow posted speed limits and traffic signs*
- *All vehicles must stay within the white lines*
- *Keep vehicles off grass*
- *No attempt should be made to pass any moving or stationary aircraft in the taxiway, if engines are running. If a towed aircraft has stopped, passing is permitted provided there is a minimum 50-foot clearance between the vehicle and aircraft*

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## Air Operations



### Airport / Airfield Familiarity

- *Never park a vehicle pointing directly toward an aircraft*
- *When parking the vehicle:*
  - *Always turn the engine off*
  - *Set the parking brake*
  - *Verify the doors are unlocked*
  - *Leave the keys in the ignition*

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## Air Operations



### Airport / Airfield Familiarity

- *Only those operators with proper clearances can drive across taxiways or runways*
- *At night, vehicles moving toward aircraft will turn off headlights and use parking lights only*
- *Personnel operating vehicles on the Flightline must comply with all additional training and certification requirements*

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## Air Operations



### Airport / Airfield Familiarity

- Approach aircraft with the driver's side toward the aircraft
- Do not park in front of run station/hangar doors
- With the exception of authorized emergency vehicles, vehicles shall not be parked or driven within 25 ft to the front of, or 200 ft to the rear of any aircraft, except when the aircraft is being serviced, loaded, or off-loaded, and spotters are used to guide the vehicle's approach to the aircraft. Vehicles shall not be driven under any part of the aircraft

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## Air Operations



### Airport / Airfield Familiarity

- Do not use a vehicle for towing unless properly equipped
- Set brakes when parked
- Use wheel blocks/chocks when loading/unloading trucks or trailers




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## Air Operations



### Aircraft Support

- Patient Loading System (PLS)
- K-Loader
- HDPLP (High Deck Loading Patient Platform)
- Fleet Service
- Fire Protection
- Follow-me Truck
- Power Carts
- Fire Extinguisher
- Lighting

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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support



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## Air Operations

### Aircraft Support



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## Air Operations

### Aircraft Support



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## Air Operations

### Aircraft Support



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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support

- Hazards
- Noise
- Tripping (Cable)




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## Air Operations



### Aircraft Support

- Hazards
- Loud Noise
- Hot exhaust
- Plane of Rotation




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## Air Operations



### Aircraft Support

- Hazard
- Noise




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## Air Operations



### Aircraft Support



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## Air Operations



### Aircraft Support

- Hazards
- Noise
- Tripping (Ducts)
- Heat
- Carbon monoxide



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## Air Operations



### Aircraft Support



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## Air Operations



### Operating Around Military Aircraft

- *Situational Awareness*
- *Circles of Safety*
- *Prop Wash*
- *Who is in charge in and around aircraft*
- *Security / Military Police / Canines*

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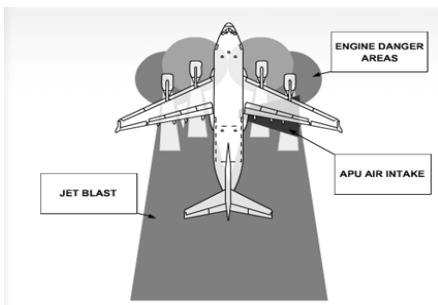
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## Air Operations



### Operating Around Military Aircraft




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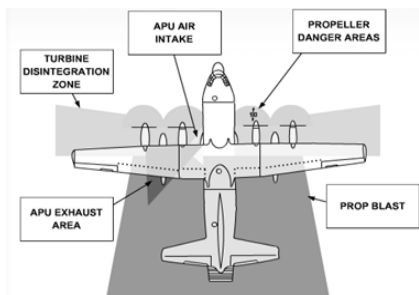
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## Air Operations



### Operating Around Military Aircraft




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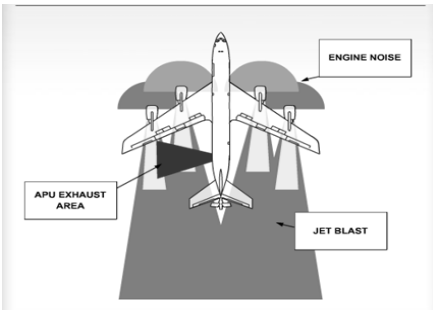
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**Air Operations**

**Operating Around Military Aircraft**



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**Air Operations**

**Safety Considerations**

- *Tripping hazards*
- *Noise*
- *Smoking*
- *Fuel/LOX*

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**Air Operations**

**Safety Considerations**

- *Required individual safety items*
- *Gloves*
  - *Goggles*
  - *Reflective belt / vest*
  - *Ear plugs*
  - *Remove jewelry, hair pins, hats*
- *Low visibility in C-130 and KC-135*
- *Limited space to maneuver*

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**Air Operations**  
**Safety Considerations**



01/18/2007

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**Air Operations**  
**Safety Considerations**



01/18/2007

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**Air Operations**  
**Safety Considerations**



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 **Air Operations**   
**Safety Considerations**



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 **Air Operations**   
**Summary**

- *AE Mission*
- *AE Capabilities*
- *AE Configurations*
- *AE Crew Compliment*
- *PRT/AE Interface*

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 **Air Operations**   
**Summary**

- *Forms/Documentation*
- *Airport/Airfield Familiarity*
- *Aircraft Support*
- *Operating Around Military Aircraft*
- *Noise, Hazards, Vehicle Movement*
- *Safety Considerations*

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<b>PATIENT MOVEMENT PHYSICAL ASSESSMENT</b>		
DATA PROTECTED BY PRIVACY ACT OF 1974		PERMANENT MEDICAL RECORD
NAME ( Last, First, Middle Initial )	CITE#/SSN	DATE/TIME(ZULU)
<b>Instructions: Assess the patient. Circle/annotate the appropriate findings. Chart "exceptions", ongoing assessments, maximum cabin altitude, and treatments on AF IMT 3899a, Patient Movement Record Progress Note and/or indicated AF IMT.</b>		
Print Provider's Name/Signature/Initials/Unit & Location		Date/Time
<b>1. Initial Vital Signs:</b>		
BP: _____ Pulse _____ Resp _____ Temp _____ Pulse Ox/SaO2 _____		
Use AF IMT 3899 D Patient Movement Hemodynamic/Respiratory Flow Sheet		
<b>2. Neurological:</b> Alert & oriented to person, place & time. Behavior appropriate to situation. Active ROM with symmetry of strength. No paresthesia. Verbalization/speech clear and appropriate. Gag reflex present. Take fluids and solids without choking. YES NO		
Pupils _____ Glasgow Coma Score _____ Head Position: Forward/AFT _____		
Sedated NO YES/Medication _____		
Head Elevated: NO YES/Degrees _____		
Ventriculostomy NO YES/Location/Description _____		
Intracranial Pressure Monitor NO YES/Type/Location/Pressure: _____		
Use AF IMT 3899 H Patient Movement Neurological Assessment or AF IMT 3899 D Patient Movement Hemodynamic /Respiratory Flow Sheet		
<b>3. Cardiovascular:</b> Regular apical pulse. Neck veins flat at 45 degrees. Capillary refill <2 sec. No edema, calf tenderness or chest pain. Peripheral pulses palpable. YES NO		
Cardiac Rhythm/Rate: _____ N/A Last episode chest pain: Date/Time (Zulu) _____		
Heart Sounds: _____ Murmur: YES NO N/A Rub: YES NO N/A		
IV Line(s)/Solution/Location: _____ N/A		
Hemodynamic Monitoring Line: _____ N/A		
Hemodynamic Monitoring Line: _____ N/A		
Hemodynamic Monitoring Line: _____ N/A		
Hemodynamic Monitoring Line: _____ N/A		
Homan's Sign: YES/Location: _____ NO		
Use AF IMT 3899 D Patient Movement Hemodynamic/Respiratory Flow Sheet and/or AF IMT 3899 E Patient Movement Intake/Output Flow Sheet		
<b>4. Respiratory:</b> Respirations regular, even and unlabored. Chest symmetrical; lungs clear. Nail beds & mucous membranes pink. YES NO		
Breath Sounds: _____ Last episode of shortness of breath: Date/Time (Zulu) _____		
ETT: NO YES/Location/size _____ Tracheostomy: NO YES/Size _____		
CO <sub>2</sub> Indicator: _____ N/A Cuff Pressure: _____ N/A		
Minimal Leak Technique: NO YES/Normal Saline Amount: _____		
Ventilator Settings: _____ N/A		
O <sub>2</sub> Delivery/Rate/Percentage: _____ N/A		
Sputum: _____ Suction Cough N/A		
Chest Tube(s) YES/Location/Description _____ with Heimlich Valve: YES N/A		
Chest Drainage Unit/Description: _____ cm Suction _____		
Use AF IMT 3899 D Patient Movement Hemodynamic/Respiratory Flow Sheet and/or AF IMT 3899 E Patient Movement Intake/Output Flow Sheet		
<b>5. Gastrointestinal:</b> Tolerates diet without nausea and vomiting. Normal Bowel Sounds present. Having BM within own normal pattern and consistency. Drinking fluids every two hours. YES NO		
Diet: _____		
Abdomen: _____		
NG Tube: NO YES/Size/Description/Suction: _____		
Other Tube(s): NO YES/Location/Description: _____		

PATIENT MOVEMENT PHYSICAL ASSESSMENT (Continuation)	
DATA PROTECTED BY PRIVACY ACT OF 1974	PERMANENT MEDICAL RECORD
NAME ( Last, First, Middle Initial )	CITE#SSN
Gastrointestinal: Continued Drain(s): NO YES/Location/Description/Suction _____ Colostomy: NO YES/Location/Assessment: _____ Colostomy Bag Vented for Flight (Required): YES N/A Use AF IMT 3899 E Patient Intake/Output Flow Sheet	
<b>6. Genitourinary:</b> Voiding adequate clear yellow urine; no dysuria YES NO Bladder Distended: YES NO Foley: YES/Appearance: _____ N/A Ileostomy YES/Location/Assessment _____ N/A Other Tube(s): YES/Location/Description _____ N/A Use AF IMT 3899 E Patient Movement Intake/Output Flow Sheet	
<b>7. Musculoskeletal:</b> Moves upper and lower extremities symmetrically. Ambulates without assistance. YES NO Crutches: YES NO Cane: YES NO Muscle Weakness: NO Sedated YES/Location/Description _____ Swelling/Tenderness: NO YES/Location/Description _____ Affected Extremity: Warm, color and sensation normal, no tingling, pulse palpable, capillary refill < 2 sec. YES NO Device/Cast: NO YES: Location/Description: _____ Bivalved NO YES Drain(s): NO YES: Location/Description _____	
<b>8. Integumentary:</b> Skin color within patient's norm. Skin warm, dry and intact. Mucous membranes moist YES NO On litter with Mattress Pad: YES NO Back Rest: YES NO Position Change/Range of Motion Exercises Every Two Hours (Required): YES NO Rashes/Ulcerations: NO YES/Location/Description _____ Dressing(s): NO YES/Location/Description _____	
<b>9. Dressing(s):</b> NO YES/Location(s)/Description: _____ Last Dressing Change (MTF/ASF Only) _____ N/A Reinforced YES NO _____	
<b>10. Pain Management:</b> Sedated: YES NO History of Pain: YES/Location/Description: _____ NO Last pain medication/dose/time: _____ N/A Patient's acceptable level of pain: Verbalizes ___ /10 or Wong-Baker FACES Pain Scale ___ /10 Current level of pain: Verbalizes ___ /10 or Wong-Baker FACES Pain Scale ___ /10	
<b>Wong-Baker FACES Pain Rating Scale</b>  From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: <i>Wong's Essentials of Pediatric Nursing</i> , ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission	
Brief word Instructions: Point to each face using the words to describe the pain intensity. Ask the child/patient to choose face that best describes own pain and record the appropriate number. Use AF IMT 3899 Patient Movement Medication Record.	
<b>11. Self-Medicates:</b> YES NO N/A Knows Use: YES NO Has Adequate Supply: YES NO N/A Use AF IMT 3899 I Patient Movement Medication Record Medication(s): _____	
<b>12. Ears/Sinus/Teeth:</b> No recent history of cold, sinus infection or dental caries; able to valsalva. YES NO UNKNOWN SEDATED	
Print Provider's Name/Signature/Initials/Unit & Location	Print Provider's Name/Signature/Initials/Unit & Location







PATIENT MOVEMENT PHYSICIAN ORDERS FOR BEHAVIOR MANAGEMENT AND RESTRAINTS			
DATA PROTECTED BY PRIVACY ACT OF 1974		PERMANENT MEDICAL RECORD	
FOR EACH SET OF ORDERS RECORD THE DATE AND TIME, SIGN AND CROSS OUT THE UNUSED LINES.			
PATIENT IDENTIFICATION:			
NAME:		CITE #/SSN	ALLERGIES:
ORIGINATING FACILITY:		DESTINATION FACILITY:	LAST MENSTRUAL PERIOD:
DATE/TIME(ZULU)	Physician Patient Movement Orders For Behavior Management and Restraints		NURSE'S SIGNATURE      DATE/TIME
	PRN Orders are prohibited . Attach to DD IMT 3899		
	1. Type of Restraints <input type="checkbox"/> Leather <input type="checkbox"/> Soft <input type="checkbox"/> Other		
	<input type="checkbox"/> 4 Point <input type="checkbox"/> Other		
	<input type="checkbox"/> Posey Vest <input type="checkbox"/> Padded Mitts (Therapeutic Devices)		
	2. Position <input type="checkbox"/> Supine <input type="checkbox"/> Other		
	3. Justification: Danger to: <input type="checkbox"/> Self <input type="checkbox"/> Other		
	<input type="checkbox"/> Too agitated/violent to administer sedatives		
	4. Least Restrictive Means to Attempt:		
	<input type="checkbox"/> Medication Type/Route/Frequency: <i>Required</i> for 1A, 1B		
	<input type="checkbox"/> Other		
	5. Time Limited Orders For Restraints (24 Hours Only)		
	<input type="checkbox"/> 4 hours for ages 18 and older		
	<input type="checkbox"/> 2 hours for children and adolescents age 9 to 17		
	<input type="checkbox"/> 1 hour for patients under age 9		
	Date/Time (ZULU) the restraint application will start:		
	6. Level of Observation for Restraints (Behavior Management)		
	Q15 mins circulation checks of all extremities- <i>Required</i>		
	Line-of-Sight- <i>Required</i>		
	<input type="checkbox"/> One-to-One		
	<input type="checkbox"/> Other:		
	7. Therapeutic Devices <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Q 60 mins circulation check of all extremities- <i>Required</i>		
	Line-of-Sight- <i>Required</i>		
	8. Expected Outcomes		
	Flight Nurse may remove restraints when patient is:		
	<input type="checkbox"/> Calm/Cooperative <input type="checkbox"/> Decreased agitation <input type="checkbox"/> Reliably contracts		
	<input type="checkbox"/> Heavily <input type="checkbox"/> Other		
	9. Will receive a patient care team assessment if in restraints for more than 72 hours.		
	Physician Signature/Date/Time:		
	Initiated by Flight Nurse/Date/Time:		
	Physician (name, location) notified by Flight Nurse/Date/Time(Zulu)		



PATIENT MOVEMENT RESTRAINT OBSERVATION FLOWSHEET			
DATA PROTECTED BY PRIVACY ACT OF 1974		PERMANENT MEDICAL RECORD	
PATIENT NAME		MISSION # /DATE	
CITE #/SSN		TIME APPLIED	PREFLIGHT/ IN-FLIGHT
REASON FOR RESTRAINTS	DANGER <input type="checkbox"/>	TO SELF <input type="checkbox"/>	TO OTHERS <input type="checkbox"/>
OTHER <input type="checkbox"/>			
LEAST RESTRICTIVE MEASURES ATTEMPTED			
<input type="checkbox"/>	VERBAL DE-ESCALATION	<input type="checkbox"/>	VERBAL CONTRACT
<input type="checkbox"/>	FAMILY INTERVENTION	<input type="checkbox"/>	EXPLAINED CONSEQUENCES FOR NOT CHANGING BEHAVIOR
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	
<input type="checkbox"/> MEDICATION / DATE / TIME / INITIALS			
RESTRAINT TYPE	LEATHER <input type="checkbox"/>	SOFT <input type="checkbox"/>	4 <input type="checkbox"/>
			3 <input type="checkbox"/>
			2 <input type="checkbox"/>
			1 <input type="checkbox"/>
			<input type="checkbox"/> MITTS <input type="checkbox"/>
			<input type="checkbox"/> POSEY BELT POINTS
POSITION	<input type="checkbox"/>	SUPINE	<input type="checkbox"/>
		PRONE	<input type="checkbox"/>
		LATERAL	right/left
OBSERVATION	<input type="checkbox"/>	LINE - OF - SIGHT (REQUIRED)	<input type="checkbox"/>
		ONE -TO - ONE	<input type="checkbox"/>
		OTHER	<input type="checkbox"/>
FREQUENCY IF LESS THAN 15 MINUTES			
<input type="checkbox"/> RESTRAINTS FOR MORE THAN 24 HOURS INTAKE AND OUTPUT (REQUIRED)			
<b>EVERY 15 MINUTES OBSERVATION LEGEND FOR PATIENTS WITH BEHAVIORAL HEALTH NEEDS IN LEATHER RESTRAINTS OR SOFT RESTRAINTS</b>			
<p>Will be on a litter unless otherwise noted. For Patients with Behavioral Health needs in Leather Restraints or Soft Restraints Document appropriate number(s) on Page 2. Document abnormal findings, variations and actions taken on AF IMT 3899A.</p>			
1	Neurovascular assessment of all extremities in restraints is adequate pulse is present, no cyanosis, capillary refill is less than two seconds, no loss of sensation, numbness or tingling	8	Wrist restraints off
2	Neurovascular check is abnormal (Requires further documentation)	9	Ambulated to lavatory with assistance
3	Restless/combative, and requires additional physical restraint to maintain safety while on litter (Requires further documentation)	10	Up to seat
4	Restless/loud but does not require additional physical restraint to maintain safety while on litter	11	Restraints removed one extremity at a time to check skin integrity, perform skin care, and range of motion (Required every two hours)
5	Quiet but disoriented/confused and unable to follow directions	12	Drank fluids (Required every two hours)
6	Quiet, cooperative, and follows directions	13	Nutrition, skin integrity, positioning, and toileting needs assessed and attended to (Required every two hours)
7	Sleeping/sedated	14	Eating
		15	Take - off/ landing/ turbulence
Print Name, Unit of assignment		Signature/ Initials	

PATIENT MOVEMENT RESTRAINT OBSERVATION FLOWSHEET					
DATA PROTECTED BY PRIVACY ACT OF 1974		Every 15 Minutes Observations Annotate number (s) and Initial		PERMANENT MEDICAL RECORD	
NAME			CITE #/SSN		DATE
DATE (ZULU) / OBSERVATIONS/ INITIALS		DATE (ZULU) / OBSERVATIONS/ INITIALS		DATE(ZULU) / OBSERVATIONS/ INITIALS	
2400		0800		1600	
0015		0815		1615	
0030		0830		1630	
0045		0845		1645	
0100		0900		1700	
0115		0915		1715	
0130		0930		1730	
0145		0945		1745	
0200		1000		1800	
0215		1015		1815	
0230		1030		1830	
0245		1045		1845	
0300		1100		1900	
0315		1115		1915	
0330		1130		1930	
0345		1145		1945	
0400		1200		2000	
0415		1215		2015	
0430		1230		2030	
0445		1245		2045	
0500		1300		2100	
0515		1315		2115	
0530		1330		2130	
0545		1345		2145	
0600		1400		2200	
0615		1415		2215	
0630		1430		2230	
0645		1445		2245	
0700		1500		2300	
0715		1515		2315	
0730		1530		2330	
0745		1545		2345	
PRINT NAME INITIALS      UNIT/ LOCATION/ DSN				SIGNATURE	

DATE		NAME				CITE#/SSN				PERMANENT MEDICAL RECORD			
		<b>TIME(ZULU):</b>											
EYES	Spontaneously	4											
	<input type="checkbox"/> OPEN	To speech	3										
	<input type="checkbox"/> CLOSED	To pain	2										
	<input type="checkbox"/> SWOLLEN	None	1										
BEST VERBAL RESPONSE	Oriented T/P/P	5											
	<input type="checkbox"/> TRACH/ET TUBE PRESENT	Confused	4										
		Inaprop speech	3										
		Incomprehensible	2										
	None	1											
BEST MOTOR RESPONSE	Obeys commands	6											
		Localizes pain	5										
	<input type="checkbox"/> SEDATED	Withdraws to pain	4										
	TYPE _____	Decorticate (in)	3										
	Decebrate (out)	2											
	None	1											
<b>Glasgow Coma Score</b>		<b>Total</b>											
Normal = 15; Stuporous = 11; Severely Obtunded = 10; Coma <=7; Brain Death <=3													
Pupils	RIGHT	Size	2-9 mm										
		Reaction											
	LEFT	Size	2-9 mm										
		Reaction											
Reaction: Brisk = 2; Sluggish = 1; None = 0													
MOTOR STRENGTH	RIGHT	Grasp											
		Arm											
		Leg											
	RIGHT	Grasp											
		Arm											
		Leg											
Normal = 5; Lifts against resistance = 4; Lifts against gravity = 3; Moves limb across bed = 2; Slight Movement = 1; Flacid = 0 Grasp code: Strong = 4; Weak = 2; absent = 0													
<b>RESPIRATIONS</b>		<b>RATE:</b>											
BREATHING PATTERNS	Normal												
	Hypernia												
	Cheyne-Stokes												
	Kussmull												
	Apneustic												
<b>PUPIL SIZE</b>													
		2mm	3mm	4mm	5mm	7mm	8mm	10m					

**PATIENT MOVEMENT MEDICATION RECORD**

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

**SECTION I. PATIENT IDENTIFICATION**

1. NAME (Last, First, Middle Initial)	2. GRADE	3. CITE#/SSN
4. ALLERGIES	5. ORIGINATION MTF	6. DESTINATION MTF

**SECTION II. MEDICATION ADMINISTRATION RECORD**

7. DATE GIVEN:							9c. <b>PROVIDER IDENTIFICATION</b>
8. DATE ORDERED	9. SCHEDULED MEDICATION/ IVs	10. SCHEDULE ZULU	11. INITIALS	INITIALS	INITIALS	INITIALS	
S-A-M/Self-Administered Medication as ordered by physician							Initials/Signature, print first and last name, Title, local Unit of assignment

<b>PATIENT MOVEMENT MEDICATION RECORD</b>											
<b>SINGLE DOSE AND PRN MEDICATIONS</b>											
<b>SECTION I. PATIENT IDENTIFICATION</b>											
1. NAME <i>(Last, First, Middle Initial)</i>					2. Grade	3. ALLERGIES:			4. CITE #/SSN		
<b>SECTION II. MEDICATION ADMINISTRATION RECORD</b>								<b>SECTION III. PROVIDER IDENTIFICATION</b>			
5. MEDICATION/DOSE/ROUTE	6. DATE	7. TIME (ZULU)	8. PROBLEM/ COMPLAINT	9. INITIAL	10. PATIENT RESPONSE	11. TIME EVAL	12. INITIAL				
								PROVIDER IDENTIFICATION Initials/Signature, print last name, Title, Local unit of assignment			

**PATIENT MOVEMENT RHYTHM/ HEMODYNAMIC STRIP**

*DATA PROTECTED BY PRIVACY ACT OF 1974*

PERMANENT MEDICAL RECORD

PATIENT NAME

CITE #/SSN

ANNOTATE ON STRIP: PATIENT NAME, DATE/TIME(Zulu), PHASE OF TRANSPORT:(FLIGHT,GROUND, STAGING, CABIN ALTITUDE)

PLACE STRIP HERE

PATIENT MOVEMENT/ IN-FLIGHT RESUSCITATION FLOW SHEET									
DATA PROTECTED BY PRIVACY ACT OF 1974				PERMANENT MEDICAL RECORD					
1. Patient's Name (Last, First, Middle Initial)		2. Cite #/SSN		3. Sex	4. Age	5. Date		6. Mission Number/ Destination	
7. Diagnosis/ History				8. Type of Arrest		9. Time(Local/Z)		10. BCLS Started (Local/Z)	11. ACLS Started (Local/Z)
				12. Time Intubated		13. Size of ETT		14. ETT Placement verified with EtCO <sub>2</sub> /auscultate	15. C2/AC Notified (Local/Z)
16. Date/Time (Zulu/Local)	17. Diagnosis/Rhythm	18. Vital Signs BP/Pulse/Resp Rate/SaO2		19. INTERVENTIONS (Defibrillation Joules/Medications/Procedures)			20. OUTCOME/ ASSESSMENT		
21. Notes(Continue on page 2)									
22. Outcome of Resuscitation				23. ACLS/BCLS Ceased (Local/Z)		24. Pronounced by (Local/Z)		25. Command Control Notified (Local/Z)	
26. Names of ACLS Team Members(Printed)				27. Name/Signature of Recorder			28. Name/Signature of Physician		





	-12.	-11.	-10.	-9.	-8.	-7.	-6.	-5.	-4.	-1.	GMT.	+1.	+2.	+3.	+4.	+5.	+5:30	+7.	+8.	+9.	+9:30.	+10.	+12.
	New Zealand	Mid. West	Hawaii	Elmerford	PST. (US)	MST. (US)	CST. (US)	EST. (US)	Puerto Rico	Azores	Ireland, England	Germany, Italy, Spain	Turkey, Greece, Egypt	Bah. rain	Tehran	Korea, CH.	New. Bell.	Thailand	Taiwan, Philip. Inds.	Japan, Korea	Alice Springs, (AUS)	Qatar, Rich. mond. (AUS)	New. Zealand
	0600	0700	0800	0900	1000	1100	1200	1300	1400	1700	1800	1900	2000	2100	2200	2300	2330	0100	0200	0300	0330	0400	0600
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1800	1900	2000	2100	2200	2300	2400	0030	0200	0300	0400	0430	0500	0700
	0800	0900	1000	1100	1200	1300	1400	1500	1600	1900	2000	2100	2200	2300	2400	0100	0130	0300	0400	0500	0530	0600	0800
	0900	1000	1100	1200	1300	1400	1500	1600	1700	2000	2100	2200	2300	2400	0100	0200	0230	0400	0500	0600	0630	0700	0900
	1000	1100	1200	1300	1400	1500	1600	1700	1800	2100	2200	2300	2400	0100	0200	0300	0330	0500	0600	0700	0730	0800	1000
	1100	1200	1300	1400	1500	1600	1700	1800	1900	2200	2300	2400	0100	0200	0300	0400	0430	0600	0700	0800	0830	0900	1100
	1200	1300	1400	1500	1600	1700	1800	1900	2000	2300	2400	0100	0200	0300	0400	0500	0530	0700	0800	0900	0930	1000	1200
	1300	1400	1500	1600	1700	1800	1900	2000	2100	2400	0100	0200	0300	0400	0500	0600	0630	0800	0900	1000	1030	1100	1300
	1400	1500	1600	1700	1800	1900	2000	2100	2200	0100	0200	0300	0400	0500	0600	0700	0730	0900	1000	1100	1130	1200	1400
	1500	1600	1700	1800	1900	2000	2100	2200	2300	0200	0300	0400	0500	0600	0700	0800	0830	1000	1100	1200	1230	1300	1500
	1600	1700	1800	1900	2000	2100	2200	2300	2400	0300	0400	0500	0600	0700	0800	0900	0930	1100	1200	1300	1330	1400	1600
	1700	1800	1900	2000	2100	2200	2300	2400	0100	0400	0500	0600	0700	0800	0900	1000	1030	1200	1300	1400	1430	1500	1700
	1800	1900	2000	2100	2200	2300	2400	0100	0200	0500	0600	0700	0800	0900	1000	1100	1130	1300	1400	1500	1530	1600	1800
	1900	2000	2100	2200	2300	2400	0100	0200	0300	0600	0700	0800	0900	1000	1100	1200	1230	1400	1500	1600	1630	1700	1900
	2000	2100	2200	2300	2400	0100	0200	0300	0400	0700	0800	0900	1000	1100	1200	1300	1330	1500	1600	1700	1730	1800	2000
	2100	2200	2300	2400	0100	0200	0300	0400	0500	0800	0900	1000	1100	1200	1300	1400	1430	1600	1700	1800	1830	1900	2100
	2200	2300	2400	0100	0200	0300	0400	0500	0600	0900	1000	1100	1200	1300	1400	1500	1530	1700	1800	1900	1930	2000	2200
	2300	2400	0100	0200	0300	0400	0500	0600	0700	1000	1100	1200	1300	1400	1500	1600	1630	1800	1900	2000	2030	2100	2300
	2400	0100	0200	0300	0400	0500	0600	0700	0800	1100	1200	1300	1400	1500	1600	1700	1730	1900	2000	2100	2130	2200	2400
	0100	0200	0300	0400	0500	0600	0700	0800	0900	1200	1300	1400	1500	1600	1700	1800	1830	2000	2100	2200	2230	2300	0100
	0200	0300	0400	0500	0600	0700	0800	0900	1000	1300	1400	1500	1600	1700	1800	1900	1930	2100	2200	2300	2330	2400	0200
	0300	0400	0500	0600	0700	0800	0900	1000	1100	1400	1500	1600	1700	1800	1900	2000	2030	2200	2300	2400	0030	0100	0300
	0400	0500	0600	0700	0800	0900	1000	1100	1200	1500	1600	1700	1800	1900	2000	2100	2130	2300	2400	0100	0130	0200	0400
	0500	0600	0700	0800	0900	1000	1100	1200	1300	1600	1700	1800	1900	2000	2100	2200	2230	2400	0100	0200	0230	0300	0500

ZULU Time Chart: The "clock" at Greenwich, England aka Greenwich Mean Time(GMT) is used as an international reference of time in military activities and patient care that cross time zones. The letter designator for this clock is **Z**. **NOTE:** For those areas that practice Daylight Savings Time; add one hour (+1)

