

**CMC
PCC**

**COMBAT MEDIC/CORPSMAN
PROLONGED CASUALTY CARE
MODULE 6:
COMMUNICATION AND
DOCUMENTATION**

**VIRTUAL CRITICAL CARE
CONSULTATION GUIDE**

01 JUNE 2024



**Committee on
Tactical Combat
Casualty Care
(CoTCCC)**

VIRTUAL CRITICAL CARE CONSULTATION GUIDE

01

Before calling, E-mail image of the casualty (wounds, environment, etc.), "capabilities" (back of page_, & vital signs trending to _____)

If call not answered - call next number on PACE or call back in 5-10 min.

If unable to provide information due to operational security, state so.

02

P:

A:

C:

E:

03

This is _____ I am a (job/position) _____

My best contact info is: _____

YOUR best contact if is - Consultant's number: _____

Alternate Email: _____

PAUSE POINT to CONFIRM CONTACT INFO

I have a _____ year-old _____ (sex) _____ (active duty/foreign national/OGA, etc.), who has the following:
Mechanism of injury or known diagnosis(es):

Injury/start of care occurred _____ hours ago. Anticipated evacuation time is _____ (hours) from now.

Symptoms/Injuries/Problems:

Treatments:

He/She is currently (circle) stable/unstable – getting better/getting worse/getting worse rapidly

Known Medication Allergies/Past Medical/Surgical history is:

I need help with (be specific, if possible, i.e. "I need help stabilizing this patient" etc.):

Other Consultants have recommended:

PAUSE POINT for Remote Consultation to ask clarification questions

VITALS (current & trend as of _____): HR _____ BP _____ RR _____ SpO2 _____ EtCO2 _____ Temp _____

UOP (mL/hr.) _____ over _____ (# hours) Mental Status (GCS/AVPU)

EXAM: Neuro Ext/MSK

Heart Pulses

Lungs Skin/Wounds

Abd

LABS (if available):

ABG:

Lactate:

Other:

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PAUSE POINT for **Remote Consultation to ask clarification questions**

Plans/Recommendations

PRIORITY	SYSTEM/PROBLEM	RECOMMENDATION
	Neuro or Problem #1	
	CV or Problem #2	
	Pulm or Problem #3	
	GI or Problem #4x	
	Renal or Problem #5	
	Endocrine or Problem #6	
	MSK/Wound or Problem #7	
	Tubes/Lines/Drains or Problem #8	
	Prophylaxis/Prevention or Problem #9	
	Other:	

TO-DO - FOLLOW-UP - TO-STOP	NOTES
1.	
2.	
3.	
4.	
5.	
6.	

PAUSE POINT for **Medic/Local Caregiver to ask clarification questions – READBACK**

Available "kit" (supplies, equipment, medications)!!
IF POSSIBLE, PHOTOGRAPH AND SEND VIA EMAIL BEFORE CALLING!!

Commo:	Tempusi2i ID: Other (FaceTime, Skype, Signal, etc.)			SAT#/Local Cell#		
IV Access:	IV	Central Line	IO (Location)	Other:		
Monitor:	Propag	Tempus	Foley	Graduated urinal	PulseOx Only	Exam Only
	Other:					
IV Fluids	Plasma-Lyte	LR	Normal Saline	3% Saline	Other:	
Colloids:	Hetastarch	Albumin	Other:			
Blood Products:	Whole Blood	PRBC	Plasma	FDP	Platelets	Other
Medications:	Antibiotics:	Names		Route	Dose #1	Dose #2
	Morphine	IV	PO	Other Opiod	IV	PO
	Fentanyl	IV	PO (OTFC)	Ketamine	IV	IM
	Midazolam	IV		Diazepam	IV	PO
	TXA			Other:		
Airway/ Breathing:	ETT	Cric Kit	LMA	BVM	O2	
	Suction (Type):		Ventilator (Model):			
Miscellaneous:						