



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6040.47 Volume 6

June 28, 2021

Incorporating Change 2, March 19, 2026

DHA PH VSD

SUBJECT: Implementation Guidance for the Utilization of DD Form 3074, Canine Treatment and Resuscitation Record

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authorities of References (a) and (b), and in accordance with the guidance of References (c) through (j), establishes the Defense Health Agency's (DHA) procedures on the use of the DD Form 3074, Canine Treatment and Resuscitation Record, for standardized and consistent documentation of a military working dog (MWD) trauma injuries and related medical treatment and resuscitation care provided at all DOW veterinary treatment facilities (VTFs) or military medical treatment facilities (MTFs) regardless of operational environment.

2. APPLICABILITY. This DHA-PI applies to the Military Departments (MILDEP), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands (CCMDs), and the DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) and (e), to promote standardization of medical documentation at DOW VTFs and MTFs.

a. The DD Form 3074 will serve as the record of trauma care rendered at DoW VTFs or MTFs, regardless of operational environment, and disease and non-battle injury (DNBI) in an operational environment only. It is the preferred method of care documentation in accordance with Reference (d) and an approved form to document care in accordance with Reference (e) for all MWDs. Upon completion, it must be imported into the MWD's electronic veterinary health record (eVHR) and then forwarded to dha.mwdtraumaregistry@health.mil. Care will be provided using the current MWD Clinical Practice Guidelines and/or U.S. Army Veterinary Medical Standardization Board guidelines.

(1) The form can be completed electronically or printed.

(2) The disposition of the form after inclusion into the eVHR and forwarding to <mailto:dha.ncr.veterinary.mbx.mwd-trauma-registry@mail.mildha.mwdtraumaregistry@health.mil> must follow Service policy and regulations.

b. DD Form 3074 with accompanying instructions located in this DHA-PI, should be disseminated to the widest extent possible within each of the MILDEPs. The instructions in this DHA-PI for completing the DD Form 3074 are officially maintained on the Joint Trauma System website at: <https://jts.health.mil/index.cfm/CPGs/cpgs>.

c. The DD Form 3074 should be accessible in all medical facilities where trauma care may be rendered to MWDs to include, but not limited to, MTFs, VTFs, and hospital emergency departments throughout all roles of medical care, regardless of operational environment.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Assistant Director, Health Care Administration. When activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Assistant Director, Health Care Administration to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the DHA SharePoint site at: <https://militaryhealth.sharepoint-mil.us/sites/RPI-J1-AMP-PUBS>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS. DD Form 3074, Canine Treatment and Resuscitation Record can be found at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3074.pdf>.

10. SUMMARY OF CHANGES. This DHA-PI updates administrative information and references.



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Director, Defense Health Agency

Enclosures

1. References
 2. Responsibilities
 3. Procedures
 4. Appendix 1: Instructions for Completing DD Form 3074 (Part 1, Animal Technician/Nursing Flow Sheet)
 5. Appendix 2: Instructions for Completing DD Form 3074 (Part 2, Veterinarian/ Physician)
- Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (d) Joint Requirements Oversight Council Memorandum 031-14, "Force Health Protection DOTmLPP-P Change Recommendation," March 26, 2014
- (e) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (f) Joint Publication 4-02, "Joint Health Services," December 11, 2017, as amended
- (g) Office of the Chairman of the Joint Chiefs of Staff, "DoD Dictionary of Military and Associated Terms," November 8, 2010, as amended
- (h) DoD Instruction 6040.47, "Joint Trauma System (JTS)," September 28, 2016, as amended
- (i) DoD Directive 5200.31E, "DoD Military Working Dog (MWD) Program," August 10, 2011, as amended
- (j) DoD Instruction 6000.11, "Patient Movement (PM)," June 22, 2018

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, and in accordance with DOW policies and issuances, the Director, DHA, in their role as a Combat Support Agency will:

a. Provide guidance for the use and dissemination of DD Form 3074 for consistent documentation of hospital care by the MILDEPs.

b. Ensure the DD Form 3074 is current and available on the Washington Headquarters Service website.

c. Provide clarifying guidance to the MILDEPs and Combatant Commands on issues related to the implementation of the DD Form 3074 when requested.

d. Modify or supplement this DHA-PI, as needed.

e. Coordinate with the MILDEPs and the Director of the Joint Staff to develop an electronic version of the DD Form 3074, to facilitate electronic documentation of hospital care in accordance with Reference (d).

2. THE SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs should:

a. Develop policy for the implementation and full utilization of the DD Form 3074 to facilitate uniform and consistent documentation of hospital care by the MILDEPs during the full range of military operations.

b. Ensure the DD Form 3074 is accessible in all medical facilities where trauma care may be rendered to MWDs to include, but not limited to, MTFs, VTFs, and hospital emergency departments throughout all roles of medical care, regardless of operational environment. Stocking the DD Form 3074 should occur with expediency to support the appropriate documentation of care in the hospital environment during all contingencies.

c. Review and update current Service-specific doctrine and training plans to incorporate use of the DD Form 3074 by veterinary and medical providers.

d. Coordinate with the Director, DHA, to facilitate development and deployment of an electronic DD Form 3074.

3. THE COMMANDERS OF THE COMBATANT COMMANDS. The Commanders of the Combatant Commands, in coordination with Service Component Commanders, should ensure uniform and consistent documentation of hospital care through the full utilization of the DD Form 3074 within their respective areas of responsibility.

ENCLOSURE 3

PROCEDURES

1. BACKGROUND

a. The DD Form 3074 is used for documenting a MWD's traumatic injuries or illness and related medical treatment and resuscitation care provided at all DoW VTFs or MTFs, regardless of operational environment. It is to be used to document all instances of trauma (whether deployed or at home station) and DNBI (deployed only).

b. In cases of DNBI, complete only the applicable sections.

c. The DD Form 3074 is comprised of two parts. Part I (pages 1-3), Nursing Flow Sheet, is completed by the animal care specialist (Military Occupational Specialty 68T), veterinary technician, or healthcare personnel fulfilling the role as a scribe or providing bed side care. Part II (pages 4-6), Physician History and Physical, is completed by the veterinarian or physician providing care for the MWD.

d. DD Form 3074 promotes DOW goals of capturing documentation of VTF or MTF medical interventions for trauma and DNBI. It is designed for use by all clinical providers. Capture of this information is essential to maintaining the relevance and revision of the Clinical Practice Guidelines for MWDs.

2. INSTRUCTIONS

a. Commanders and directors will ensure that all veterinary and medical providers use DD Form 3074 to document VTF or MTF care. Such care relates to both trauma and DNBI of MWD patients.

b. Once completed, the DD Form 3074 becomes part of the MWD's permanent DOW medical record. For U.S. Special Operations Command canines, the DD Form 3074 will be completed and returned to the handler or operator. The handler or operator will route the record(s) to their respective veterinarian to be added to the MWD Trauma Registry and the canine's eVHR.

c. The DD Form 3074 will be accessible in all medical facilities where trauma care may be rendered to MWDs to include, but not limited to MTFs, VTFs, and Role 2-4 veterinary facilities and hospital emergency departments.

d. Animal care specialists, veterinary technicians, or nurses will complete Part I (Animal Technician/Nursing Flow Sheet) and veterinarians or physicians will complete Part II (Veterinarian/Physician) as fully as possible on the DD Form 3074 unless under extreme

conditions whereby the casualty and/or provider's safety may be at additional risk.

(1) Detailed instructions for preparing DD Form 3074 are provided in Appendix 1 and Appendix 2.

(2) All abbreviations authorized for use in DOW health records or DOW trauma registries may also be used on DD Form 3074.

(3) All entries on the DD Form 3074, if not completed electronically, will be made using a non-smearing pen or marker.

(4) All entries on the DD Form 3074, if not completed electronically, should be printed clearly, including Vet/Tech/Healthcare Provider (HCP) signature, facility name, and facility location on the bottom of each page.

APPENDIX 1

INSTRUCTIONS FOR COMPLETING DD FORM 3074, CANINE TREATMENT AND RESUSCITATION RECORD (PART I, ANIMAL TECHNICIAN / NURSING FLOW SHEET)

GENERAL INSTRUCTIONS

To be completed by the animal care specialist, veterinary technician, or healthcare personnel fulfilling the role as a scribe or providing care.

Time Zones: Record all times using local 24-hour military format, hhmm.

A “+” (plus sign) means positive test result; a “-” (minus sign) means negative test result.

Record date on top of each page. The date should be the day when care is initiated. If the patient receives multiple days of care, use a new, correctly dated form each day.

PATIENT IDENTIFICATION (at bottom of each page). As stated.

NAME—Name of the MWD.

TATTOO #—Tattoo identifier (located on the inner surface of the MWD’s left ear).

MICROCHIP #—9, 12 or 15 digit number specific to the MWD. Record if known; verify with scanner if available.

DOB—Date of Birth as listed on the record or in the eVHR

AGE—Dog’s age in years.

WEIGHT—Enter patient weight, ensure unit of measure is recorded (lb., or kg.).

SEX—Male or Female.

BREED—Dog’s breed as listed on the record or in the eVHR. Recognized abbreviations are acceptable (e.g., German Shepherd Dog—GSD, Dutch Shepherd—DS, Belgian Malinois—B Mal, Labrador Retriever—Lab).

MWD TYPE—MWD’s type of service, (e.g., PEDD, multi-purpose canine (MPC)).

HANDLER NAME—Name of the person accompanying MWD (Name and Rank).

DEPLOYED/ASSIGNED UNIT—MWD’s owning unit.

VET/TECH/HCP NAME—Name of the person responsible for the care of the MWD.

VET/TECH/HCP SIGNATURE—Signature of the responsible healthcare provider completed after reviewing the form for accuracy and completeness.

FACILITY NAME—Record your VTF or MTF unit identifier.

FACILITY LOCATION—Record FOB, COB, or geographic site.

1.0. PATIENT/CANINE INFORMATION

1.1. TRAUMA TEAM DATA. As stated. Record all times using local 24-hour military format, hhmm.

1.2. ARRIVAL. As stated.

1.3. EVAC FROM. Check all that apply. Location is the facility name.

1.4. MODE OF ARRIVAL. Check one.

WALKED/CARRIED—As stated.

CASEVAC—Air. Casualty Evacuation via non-medical rotary wing aircraft.

CASEVAC—Ground. Casualty Evacuation via non-medical ground transport vehicle.

MEDEVAC—Air includes DUSTOFF. Medical Evacuation via helicopter. Record mission number when known.

MEDEVAC—Ground. Medical Evacuation via ambulance. Record mission number when known.

CCATT—Critical Care Air Transport Team.

SHIP EVAC—Evacuation via US Navy vessel.

AE—Aeromedical Evacuation. Casualty Evacuation via United States Air Force fixed-wing aircraft.

OTHER—Describe the method by which the patient arrived, such as United States Air Force Pararescue (PJ or Pedro) or United Kingdom Medical Emergency Response Team (MERT), but not DUSTOFF, which is included under MEDEVAC—Air.

1.5. INJURY TYPE. Check all that apply.

1.6. INJURY CLASSIFICATION. Check one.

1.7. TRIAGE CATEGORY. Check one.

Immediate—Patients who require rapid, immediate intervention in order to preserve life and/or limb AND are likely to survive because of the intervention—damage control surgery (e.g., respiratory obstruction, unstable casualty with chest or abdominal injuries, uncontrolled hemorrhage, hypovolemic shock, emergency amputation).

Delayed—Patients who require surgery or other specific therapeutic intervention, but who will not be severely compromised if the intervention is delayed to a later time (e.g., closed fracture without neurovascular compromise, moderate burns of < 50 percent total body surface area (TBSA), large muscle wounds, intra-abdominal and/or thoracic wounds).

Minimal—Non-Urgent: Minor Injuries; MWD can be safely cared for by veterinary staff or be monitored by handler (e.g., minor lacerations, abrasions, fractures of digits/distal tail, and minor burns). Can safely wait 12-24 hours or longer for care.

Expectant—Patients whose injuries are so severe that even with the benefit of optimal medical resources, their survival would be unlikely (e.g., massive open head injury with brain matter present, high spinal cord injuries, mutilating explosive wounds involving multiple anatomical sites and organs, second/third degree burns in excess of 60 percent TBSA, profound shock with multiple injuries and agonal respirations).

1.8. SAFETY—Check all that apply.

1.9. PATIENT CATEGORY—Check one.

USA MWD—United States Army-owned MWD.

USAF MWD—United States Air Force-owned MWD.

USMC MWD—United States Marine Corps-owned MWD.

USN MWD—United States Navy-owned MWD.

USCG MWD—United States Coast Guard-owned MWD.

Contractor MWD—Specify Contractor Company.

NATO-Coalition MWD—NATO country military forces-owned MWD. Specify country.

Non-NATO Coalition MWD—Non-NATO military forces-owned MWD. Specify country.

Other—If other, describe the patient’s classification as it relates to military, government or civilian organizations.

1.10. PERSONAL PROTECTIVE EQUIPMENT (PPE)—Check all that apply. Collect the PPE and ensure it is transported with the MWD.

1.11. INJURY CAUSE—Check all that apply. If other, describe cause of the injury.

IED—Improvised Explosive Device

MVC—Motor Vehicle Crash

GSW—Gunshot Wound

UXO—Unexploded Ordinance

CBRNE—Chemical, Biological, Radiological, Nuclear and High-Yield Explosives. Specify the hazard category (e.g., chemical, biological) and specific agent, if known.

Mortar/Rocket/Artillery Shell—Includes Indirect and Direct Fire

2.0. CARE DONE PRIOR TO ARRIVAL

GENERAL INSTRUCTIONS

- Information for this section should be taken from any medical records that accompany the MWD. This may include a DD 3073, K9 Tactical Combat Casualty Card (K9TCCC), Standard Form 600 notes, Veterinary Services Systems Management (VSSM) digital medical records (eNote), or handler recollection. Complete as thoroughly and with as much detail as possible.

- Time Zones: Record all time local 24-hour military format, hhmm.
- A “+” (plus sign) means positive test result; a “-” (minus sign) means negative test result.

2.1. PREHOSPITAL TOURNIQUET. Check all that apply.

CAT—Combat Application Tourniquet.

SOFFT—SOF Field Tourniquet.

Other—If other, describe the type of tourniquet.

Effective—An effective tourniquet controls active hemorrhage. May be combined with a dressing.

2.2. PREHOSPITAL VITALS. As stated.

SpO₂—Do not attempt to obtain an O₂ saturation measurement from the lip or tongue of an un-sedated MWD. Use the prepuce, vulva, toe webbing or ear pinna as an alternate location.

2.3. HEMORRHAGE CONTROL. Check all that apply.

Celox—Granules, applicator or gauze. Stops bleeding by bonding with red blood cells and gelling with fluids to produce a sticky pseudo clot. This clot sticks to moist tissue to plug the bleeding site. Celox is made with chitosan, a natural polysaccharide.

ChitoFlex—A packable wound dressing conducive to narrow wound tracks.

Combat Gauze—Combat Gauze™ is a 3-inch x 4-yard roll of sterile gauze. The gauze is impregnated with kaolin, a material that causes the blood to clot.

Direct Pressure—Pressure applied directly to a wound, usually with sterile, low-adherent gauze between the wound and source of bleeding.

Field Dressing—A casualty's dressing applied to a wound to control hemorrhaging.

QuikClot—Emergency dressing, combat gauze, interventional bandage, QuikClot ACS+™, QuikClot 1st Response™. When QuikClot® comes into contact with blood in and around a wound, it takes in the smaller water molecules from the blood. The larger platelet and clotting factor molecules remain in the wound in a concentrated form. This promotes rapid natural clotting and prevents severe blood loss.

None—Check if no hemorrhage control measures.

Unknown—Check if hemorrhage control measures are unknown.

Other—Describe the not otherwise specified hemorrhage control measure.

2.4. PREHOSPITAL WARMING. Check all that apply.

Hypothermia Prevention and Management Kit (HPMK)—Check only if all three components were used: Hat/Hood, Activated Liner, and Outer Shell.

Other—Describe the not otherwise specified warming device.

2.5. PREHOSPITAL MEDS—Enter medication, dose and route.

2.6. PREHOSPITAL INTERVENTIONS. As stated.

IO Infusions–Intra-osseous administration of fluids.

IV Fluids–Intravenous administration of fluids.

Elizabethan collar (E-Collar)–One of a number of devices placed around the neck of an MWD to prevent licking or chewing at a wound or device. May be a commercial product or a bucket with the bottom removed.

Pain Scale–See Table 1 for the explanation of how to determine pain in an MWD.

CPR–Cardiopulmonary resuscitation

3.0. PRIMARY ASSESSMENT

3.1. VITALS–As stated.

Pain Scale – See Table 1 for the explanation of how to determine pain in an MWD.

TABLE 1. Pain Scale Values

Score	Behavioral	Palpation	Body Tension
0	Comfortable when resting	Nontender to wound palpation	Minimal
1	Slightly unsettled or restless	Reacts to wound palpation	Mild
2	Uncomfortable at rest, whimpers, licks at wound	Flinches, whimpers, cries	Mild to Moderate
3	Unsettled, crying, groaning, biting, chewing wound	Increased respiratory rate, sharp cry, growl	Moderate
4	Constantly groaning or screaming when unattended, may bite wound	Cries at non-painful palpation, may react aggressively	Moderate to Severe

3.2. NEURO/MENTAL STATUS. As stated.

HYPERACTIVE – Stressed, overly excited MWD that is alert and conscious but will not follow commands due to repeated panting, pacing and/or aggression. MWD may exhibit frantic searching behavior or excessive, unfocused aggression. Special care should be taken when handling a hyperactive MWD to avoid being bitten.

ALERT—Characterized by a normal level of consciousness. The MWD responds to external stimuli and is able to follow commands when asked.

SEDATED—As stated. The MWD has been administered sedative medication but was alert or hyperactive before administration.

DEPRESSED—Characterized by a conscious but lethargic state. The MWD is relatively unresponsive to the environment and tends to sleep when undisturbed. Often caused by systemic problems like fever, anemia or metabolic disease. When associated with a primary brain problem, indicates diffuse cerebral cortex disease.

DISORIENTED—The MWD can respond to its environment but does so in an inappropriate manner. Special care should be taken when handling a disoriented MWD to avoid being bitten.

STUPOR—Characterized by an animal that tends to sleep when undisturbed, and that is not arousable with gentle stimuli such as sound or touch. The MWD will respond slightly to painful stimuli and have some voluntary movements.

COMATOSE—Characterized by a state of deep unconsciousness, where the MWD cannot be aroused even with significant painful stimuli. Simple reflexes may still be intact, and their presence should not be confused with level of consciousness.

Modified Glasgow Coma Scale (MGCS)—See Table 2. Score interpretation: 3–8 Grave; 9–14 Guarded; 15–18 Good.

TABLE 2. Canine Modified Glasgow Coma Scale

TABLE 2. CANINE MODIFIED GLASGOW COMA SCALE

Level of Consciousness	Score	Pt Score
Occasional periods of alertness and responsive to environment	6	
Depression or delirium, capable of responding to environment but response may be inappropriate	5	
Stupor, responsive to visual stimuli	4	
Stupor, responsive to auditory stimuli	3	
Stupor, responsive only to repeated noxious stimuli	2	
Coma, unresponsive to repeated noxious stimuli	1	
Motor Activity		
Normal Gait, normal spinal reflexes	6	
Hemiparesis, tetraparesis, or decerebrate activity	5	
Recumbent, intermittent extensor rigidity	4	
Recumbent, intermittent extensor rigidity with opisthotonus	3	
Recumbent, constant extensor rigidity with opisthotonus	2	
Recumbent, hypotonia of muscles, depressed or absent spinal reflexes	1	
Brainstem Reflexes		
Normal pupillary light reflexes and oculocephalic reflexes	6	
Slow pupillary light reflexes and normal to reduced oculocephalic reflexes	5	
Bilateral unresponsive miosis with normal to reduced oculocephalic reflexes	4	
Pinpoint pupils with reduced or absent oculocephalic reflexes	3	
Unilateral, unresponsive mydriasis with reduced or absent oculocephalic reflexes	2	
Bilateral, unresponsive mydriasis with reduced or absent oculocephalic reflexes	1	

3.3. HYPO / HYPERTHERMIA CONTROL MEASURES. As stated. Other includes Body Bag.

3.4. AIRWAY. As stated.

OPA–Oral Pharyngeal Airway

BVM–Bag-Valve-Mask (Ambu bag)

3.5. BREATHING. As stated.

3.6. NOTES. As stated.

3.7. CIRCULATION–As stated. Use caution when assessing the mucous membranes of an MWD. If un-sedated or variably conscious, ask the handler to show you the mucous membrane color and perform the CRT evaluation. Also, consider using an alternate location to approximate CRT. The mucosa of the conjunctiva, prepuce or vulva are acceptable alternative locations to evaluate CRT.

4.0. SECONDARY SURVEY

4.1. HEAD / NECK ENT—As stated.

JVD—Jugular Venous Distention

NR—Non-Reactive

4.2. HEART

Rhythm—As stated. If other, describe not otherwise specified rhythm.

NSR—Normal Sinus Rhythm

PEA—Pulseless Electrical Activity

V-Fib—Ventricular Fibrillation

V-Tach—Ventricular Tachycardia

Pulses—Enter Strong (S), Weak (W), Doppler (D), or Absent (A) as appropriate. Doppler includes non-palpable, but detected with Doppler. Absent means no pulse, non-palpable and not detected with Doppler.

4.3. ABDOMINAL—As stated.

FAST—Focused Assessment with Sonography for Trauma. Check “+” (plus) if fluid present. Check “-” (minus) if no fluid present. Check in the appropriate block if fluid is identified in the evaluated quadrant. Leave blank if not performed.

DH—Diaphragmatic-Hepatic

CC—Cysto-Colic

SR—Spleno-Renal

HR—Hepato-Renal

4.4. EXTREMITIES—Check all that apply. To evaluate for Motor in an extremity: once the MWD has been cleared for spinal fracture, assist to stand if necessary and evaluate each leg for motor as the dog is walked. If the MWD cannot be walked, then touch each paw and evaluate the response. While testing a recumbent dog, do not confuse the withdrawal reflex with motor function. To evaluate for sensation in an MWD: superficial pain can be elicited by gently pinching between the toes and watching for a head turn or growl; deep pain is assessed by

clamping a digit firmly between hemostat shanks (rather than tips) and observing for a response. For Pulses Present (positive) enter S, W, D, or A. Doppler includes non- palpable, but detected with Doppler. Absent means no pulse, non-palpable and not detected with Doppler.

4.5. ALLERGIES–Check one. If other, describe not otherwise specified allergy.

NKDA–No Known Drug Allergies.

4.6. CURRENT MEDICATIONS–As stated. List medication, dose, frequency and route of administration.

4.7. MEDICAL HISTORY–As stated.

4.8. PROCEDURES–As stated. Hemorrhage Control Measures. Refer to Prehospital Hemorrhage Control Measures.

NOTE: In the ‘performed by’ block, in addition to name, record the Title/AOC/MOS/ Rate of the person performing each intervention.

ET Intubation–Endotracheal Intubation. List endotracheal tube size if used. List tracheostomy tube size if used. Check block if End Tidal CO₂ (ETCO₂) changes post-intubation. Check block if patient has bilateral breath sounds (BBS) post-intubation.

Chest Tube–75% of MWDs have a fenestrated mediastinum so both sides of the chest should be tapped if there is significant pneumothorax.

4.9. VENT SETTINGS

MODE–Manual or Mechanical

FiO₂–Fraction of inspired O₂. Start at 100% then reduce to <60 percent

Rate–Number of breaths delivered per minute. For MWDs, set between 8–20 bpm to maintain end tidal CO₂ between 35–45 mmHg

PEEP–Positive End-Expiratory Pressure. For normal lungs 0-2 cmH₂O; for abnormal lungs 2–8 cmH₂O

TV–Tidal Volume. To calculate tidal volume in an MWD: $15 \times BW \text{ (kg)} = \text{mL TV}$

4.10. INTRAVENOUS/INTRA-OSSEOUS ACCESS AND FLUIDS/BLOOD PRODUCTS–As stated. Initials: Legible initials of person who performed task. Enter time as stated.

4.11. MEDICATIONS–As stated. Initials: Legible initials of person who performed task.

4.12. LABS—As stated. Enter time as stated.

CBC—Complete Blood Count

Chem 7—Actual test will vary based on location and available equipment. Typically includes Sodium (Na), Potassium (K), Chloride (Cl), Bicarbonate (HCO₃), Blood Urea Nitrogen (BUN), Creatinine (Cr), and Glucose.

Chem 12—Actual test will vary based on location and available equipment. Typically includes the tests in a CHEM 7 plus Alkaline Phosphatase (ALP), Alanine aminotransferase (ALT), Aspartate aminotransferase (AST), Bilirubin, Total Protein, Albumin and Calcium (Ca).

H&H—Hematocrit and Hemoglobin

ABG—Arterial Blood Gas

VBG—Venous Blood Gas

PT / PTT—Prothrombin Time / Partial Thromboplastin Time. If known, record the reference range OR analyzer used for PT/PTT in the comments.

U/A—Urinalysis

4.13. CT—As stated. Enter time as stated.

4.14. X-RAY—Enter time as stated.

4.15. PENDING STUDIES—Record any additional tests that have been ordered or completed if there is not adequate space in 4.12 LABS, 4.13 CT or 4.14 X-RAY.

4.16. RESULTS. As stated. Excludes results for labs, CT and X-Ray that should be recorded in Part II, Section 2 Laboratory Results and Section 3 X-RAYS and CT.

4.17. VITAL SIGNS—As stated.

ICP—Intracranial Pressure Measurement

4.18. DISPOSITION—Describe patient disposition. If death, complete Part II, Section 8.3 Death Information. For mode of transport, refer to Part I, Section 1.4 Mode of Arrival. If no additional information will be completed on this form, refer to the Completion Instructions on page 13 for instructions on how to finalize and submit DD Form 3074.

VMCE—Veterinary Medical Center Europe

4.19. NOTES—Enter additional information relevant to the patient's nursing care.

APPENDIX 2

INSTRUCTIONS FOR COMPLETING DD FORM 3074, CANINE TREATMENT AND
RESUSCITATION RECORD (PART 2, VETERINARIAN/PHYSICIAN)

GENERAL INSTRUCTIONS:

To be completed by the veterinarian/trauma physician providing care for the patient.

Time Zones: Record all times using local 24-hour military format, hhmm.

A “+” (plus sign) means positive test result; a “-” (minus sign) means negative test result.

Record date on top of each page. The date should be the day when care is initiated. If the patient receives multiple days of care, use a new, correctly dated form each day.

PATIENT IDENTIFICATION (at bottom of each page)—As stated.

NAME—Name of the MWD.

TATTOO #—Tattoo identifier (located on the inner surface of the MWD’s left ear).

MICROCHIP #—Nine, 12 or 15 digit number specific to the MWD. Record if known or scanner available.

DOB—Date of Birth as listed on the record or in the eVHR.

AGE—Dog’s age in years.

WEIGHT—Enter patient weight, ensure unit of measure is recorded (lb., or kg.).

SEX—Male or Female.

BREED—Dog’s breed as listed on the record or in the eVHR. Recognized abbreviations are acceptable (e.g. German Shepherd Dog—GSD, Dutch Shepherd—DS, Belgian Malinois—B Mal, Labrador Retriever—Lab).

MWD TYPE—MWD’s type of service, e.g. PEDD, MPC.

HANDLER NAME—Name of the person accompanying MWD.

DEPLOYED/ASSIGNED UNIT—MWD’s owning unit.

VET/TECH/HCP NAME–Name of the person responsible for the care of the MWD.

VET/TECH/HCP SIGNATURE–Signature of the responsible provider completed after reviewing the form for accuracy and completeness.

FACILITY NAME–Record your VTF or MTF unit identifier.

FACILITY LOCATION–Record forward operating base (FOB), contingency operating base (COB), or geographic site.

1.0. HISTORY & PHYSICAL – INJURY DESCRIPTION

1.1. ARRIVAL–As stated.

1.2. TRIAGE CATEGORY–Check one. Refer to 1.7 for definitions from Part I Animal Care Technician / Nursing Flow Sheet.

1.3. CHIEF COMPLAINT, HISTORY AND PRESENTING ILLNESS–As stated.

1.4. INJURY DESCRIPTION–As stated. Annotate on the diagram using the appropriate injury abbreviation. Doppler includes non-palpable, but detected with Doppler. Absent means no pulse, non-palpable and not detected with Doppler. Calculate %TBSA using the guide in section 1.8.

1.5. HISTORY AND PHYSICAL–As stated. Interventions Prior to Arrival is any intervention performed in a prehospital or transferring facility.

1.6. PRE / INITIAL PROCEDURES / DIAGNOSTICS–As stated. Pre means prior to arrival.

Pericardial FAST–Check if presence of fluid or free air. Describe findings as needed.

Thoracic FAST–Check if presence of fluid or free air at Left or Right Chest Tube Site (CTS).

Pericardiocentesis–Check block if performed and record volume of fluid obtained in the space below to distinguish from fluid or blood obtained from the thorax.

DPL–Diagnostic Peritoneal Lavage. Describe technique, locations attempted / performed and findings.

Serial AFAST–Refer to Part I, Section 4.3 Abdominal for location definitions.

Front / Rear Extremities—As stated. Also record and describe if other type of bandage is placed.

Seizure Protocol—Check box if medications were administered to control seizures.

Central Line—Describe location, catheter size and number of ports.

IO/IV Catheter—Describe location and catheter size.

1.7. PUPILS / VISION—As stated.

1.8. BURN—As stated. Describe the cause of burn.

%TBSA—Percent of Total Body Surface Area affected. Head: 9%; Thorax: 18%; Abdomen: 18%; Forelimb: 9% each; Hindlimb: 18% each.

Super—Superficial—First Degree.

Super PT—Superficial Partial Thickness—Second Degree.

Deep PT—Deep Partial Thickness—Severe Second Degree.

Full—Full Thickness—Third Degree if injury limited to the skin and subcutaneous tissues. Fourth Degree if the burn involves muscle and bone.

1.9. EXTREMITIES—As stated. Evaluate and record Motor, Sensory and Range of Motion (ROM) for each extremity.

2.0. LABORATORY RESULTS

2.1. COMPLETE BLOOD COUNT (CBC)—As stated.

2.2. CHEMISTRY 7/12 (14)—As stated. Refer to Part I, Section 4.12 for abbreviation descriptions.

2.3. COAGULATION (COAG)

PT / PTT / INR—Prothrombin Time / Partial Thromboplastin Time / International Normalized Ratio. As stated.

2.4. BLOOD TYPE—Record if patient is DEA 1.1 positive or negative. Record full blood type if known.

2.5. VBG / ABG—Venous Blood Gas / Arterial Blood Gas. As stated.

2.6. URINALYSIS—As stated.

SpGr—Urine Specific Gravity. Canine USG should be measured on a refractometer, as urine test strips are not always accurate.

LEU—Leukocytes

PRO—Protein

GLU—Glucose

KET—Ketones

UBG—Urobilinogen

BIL—Bilirubin

HGB—Hemoglobin

2.7. OTHER LABS—Record any additional labs performed and appropriate results.

3.0. X-RAYS AND CT

3.1. CT OBTAINED—As stated.

3.2. X-RAYS OBTAINED—As stated.

3.3. FOREIGN BODY—Check all that apply. Collect the foreign body and save for handler. Document in medical record.

3.4. PENDING STUDIES—As stated.

3.5. RESULTS—As stated. Include Thromboelastography (TEG) / Rotational thromboelastometry (Rotem) results if performed.

4.0. IMPRESSION/ASSESSMENT—Enter impressions and findings.

4.1. SEVERITY—Mark the most appropriate.

4.2. IMPRESSION/ASSESSMENT COMMENTS—Fill in as appropriate.

5.0. DIAGNOSES—Enter diagnoses and findings, up to 12. If more than 12, record the most

life-threatening findings.

6.0. PLAN

6.1. PLAN—Enter the treatment plan and any additional procedures that were or will be performed.

7.0. DNBI / NBI CATEGORY—Check all Disease and Non-Battle Injuries/Non-Battle Injuries that apply. Describe any injury not otherwise specified.

8.0. CAUSE OF DEATH—If death, complete all appropriate sections. Leave blank if patient is alive.

8.1. ANATOMIC—As stated. If other, describe not otherwise specified anatomy.

8.2. PHYSIOLOGIC—As stated. If other, Specify, describe not otherwise specified physiology.

MOF—Multi Organ Failure

CNS—Central Nervous System Failure

8.3. DEATH INFORMATION Complete Death Certificate of a Military Animal (DD Form 1743).

Euthanized—Record medication(s) used, volume administered and route.

Postmortem examination by Doctor of Veterinary Medicine (DVM)—Record postmortem examination, also referred to as a necropsy, date and time (local). Record time between death and start of postmortem examination if known. Estimate time if unknown.

Gross Pathology Report—Annotate if a gross postmortem examination was performed, and if the Veterinary Postmortem Examination Report Checklist and Guidelines (DD Form 1626) was completed, and if samples were submitted to the Joint Pathology Center (JPC) or other pathology center. Record where the tissue samples were submitted and date of submission if known.

Death Remarks—Annotate any other information that may be pertinent to the patient's case.

CANINE TREATMENT AND RESUSCITATION RECORD COMPLETION AND SUBMISSION

1. After the form has been completed, it should be reviewed by the responsible care provider listed in the Patient Identification block for completeness and detail. The responsible care provider should then sign each page.

2. The signed form needs to be submitted to the DOW MWD Trauma Registry by clicking on one of the 'Submit by Email' buttons located on the bottom of each page. If the button does not work, then submit the form to dha.mwdtraumaregistry@health.mil. The subject line should include the MWD Name, Tattoo number and Date, i.e., 'Canine Treatment and Resuscitation Record MWD Ayaks L332 16 August 2018.' For U.S. Special Operations Command canines, the DD Form 3074 will be completed and returned to the handler or operator. The handler or operator will route the record(s) to their respective veterinarian to be inputted into the MWD Trauma Registry and the MWD's record.

3. A printed copy of each signed form must be included in the MWD's paper record to ensure continuity of care, especially if the dog will be transferred to another level of care.

4. A completed copy of the record will be uploaded into the MWD's eVHR record when access is available. This should happen in theater if possible, but if eVHR access is not available, then all records need to be uploaded at the first Role 3 facility or at the MWD's home station veterinary clinic.

5. To upload a form in VSSM:

5.1. Open the MWD's record, select Imported Files from the Patient Tools menu in the left hand navigation pane.

5.2. Select the Upload File button in the upper left-hand corner of the screen.

5.3. Find the appropriate file by selecting the browse button, then complete each field. Document date is the date listed on the Treatment and Resuscitation Record. Document Type should be 'Canine Treatment and Resuscitation Record, DD Form 3074'. Select Upload to finish.

5.4. Repeat as necessary for each completed record.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

COB	contingency operating base
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DNBI	Disease and Non-Battle Injury
DOW	Department of War
DVM	Doctor of Veterinary Medicine
eVHR	electronic veterinary health record
FOB	forward operating base
HCP	healthcare provider
MILDEP	Military Department
MPC	multi-purpose canine
MTF	military medical treatment facility
MWD	military working dog
PEDD	patrol explosive detector dog
PT	prothrombin time
PTT	partial thromboplastin time
ROM	Range of Motion
TBSA	total body surface area
VSSM	Veterinary Services Systems Management
VTF	veterinary treatment facility

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this DHA-PI.

MTF. A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. In this document, the term, "military medical treatment facility or MTF," is used to collectively describe all types of MTFs in garrison and operational areas.

MWD. As defined in Reference (i). For the purposes of this publication, an MWD includes U.S. Special Operations Command MPCs unless otherwise noted.

patient. Defined in Reference (j). For purposes of this DHA-PI, the term patient refers only to working dogs treated within a VTF or MTF, regardless of duty status or affiliation.

roles of veterinary medical care. The characterization of veterinary health support for the distribution of medical resources and successive and increasing capabilities to provide care to injured and wounded MWDs. The majority of veterinary assets in the operational area are assigned to echelons above brigade veterinary units and must be projected forward to provide care in the brigade area. See FM 4-02, "Army Health System," current edition for further information.

trauma. A physical injury or wound caused by blunt or penetrating external force or violence (e.g., any penetrating wound, fall, contact with motor vehicle of any configuration, dog fight, overpressure or blast injury, fracture or orthopedic injury, vehicle roll-over, or similar event)

VTF. Any DOW facility established for the purpose of furnishing DOW veterinary services. In this document, the term, "veterinary treatment facility or VTF," is used to collectively describe all types of military veterinary medical facilities in garrison and operational areas.