

General Instructions for Canine Treatment and Resuscitation Record

PURPOSE: The Canine Treatment and Resuscitation Record is for documenting a canine's illness or traumatic injuries and related medical treatment and resuscitation care provided at DOD veterinary medical treatment facility (VTFs) or medical treatment facilities (MTFs). It is to be used at all DoD VTFs & MTFs which have a surgical capability or emergency department (ED). It is also to be used to document all instances of Disease Non-Battle Injury (DNBI) seen at Role II VTFs. In cases of DNBI, complete only the applicable sections. A canine trauma patient is defined as a canine who has an injury or illness with the potential of requiring a surgical intervention. The form is comprised of two parts. Part I, Nursing Flow Sheet is completed by the veterinary technician or nurse fulfilling the role as a scribe or the nurse providing bed side care. Part II, Physician H&P (History and Physical) is completed by the trauma veterinarian or physician providing care for the patient. The Canine Treatment and Resuscitation Record becomes part of the patient's permanent DOD medical record. For US Special Operations Command canines, the Canine Treatment and Resuscitation Record will be filled out 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 canine's record.

PART I: ANIMAL TECHNICIAN / NURSING FLOW SHEET

GENERAL INSTRUCTIONS

- To be completed by the technician / nurse fulfilling the role as a scribe or the technician / nurse providing care.
- Time Zones: Record all time local 24 hour military format, hh:mm
- 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 dog 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 Military Working Dog (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 scan if available.

DOB. Date of Birth as listed on the record or in the Remote Online Veterinary Record (ROVR)

AGE. Dog's age in years

WEIGHT. In kilograms

SSN. In known, please enter the MWD registry generated pseudo-number.

GENDER. Male, Female, Neutered (used for both genders)

BREED. Dog's breed as listed on the record or in ROVR. 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, SSD, MPC, IEDD

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 FOB, COB, or geographic site

1.0 PATIENT / CANINE INFORMATION

1.1 TRAUMA TEAM DATA. As stated. Record all time local 24 hour military format, hh:mm

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 USAF fixed-wing aircraft.

If Other, describe the method by which the patient arrived, such as USAF Pararescue (PJ or Pedro) or United Kingdom Medical Emergency Response Team (MERT), but not DUSTOFF.

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% 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% 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

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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 canine.

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 Explosives. If known, specify the agent.

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 Canine - Tactical Combat Casualty Card (cTCCC), SF 600 notes, ROVR 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, hh:mm
- 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. Combat Application 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 unsedated 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 stuffable 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.

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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.

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

If 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

E-Collar. Elizabethan collar. One of a number of devices placed around the neck of a 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 below for the explanation of how to determine pain in a MWD.

CPR. Cardiopulmonary resuscitation

CBRNE decon. What was used?

3.0 PRIMARY ASSESSMENT

3.1 VITALS. As stated. For Pain Scale, enter level that you estimate the dog to be experiencing. Zero indicates the least pain; 10 is the most severe pain.

0 – Pain free.

1 – Very minor annoyance-occasional minor twinges.

2 – Minor annoyance-occasional.

3 – Annoying enough to be distracting.

4 – Can be ignored if you are really involved in your work, but still distracting.

5 – Can't be ignored for more than 30 minutes.

6 – Can't be ignored for any length of time, but you can still go to work and participate in social activities.

7 – Make it difficult to concentrate, interferes with sleep, you can still function with effort.

8 – Physical activity severely limited. You can read and converse with effort. Nausea and dizziness may occur.

9 – Unable to speak, crying out or moaning uncontrollable - pain makes you pass out

10 – Unconscious. Pain makes you pass out.

3.2 NEURO / MENTAL STATUS. As stated. If Other, describe the not otherwise specified.

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

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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 like 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.

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

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.

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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 a MWD. If unседated 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 S, W, D, 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, then 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 a 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 with hemostats until a response is seen. 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. NKDA is No Known Drug Allergies. If Other, describe not otherwise specified allergy.

4.6 CURRENT MEDICATIONS. As stated. Current Meds: List medication, dose and route.

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

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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%

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 a MWD: 15 x BW (kg) = mL TV

Notes. As stated

4.10 INTRAVENOUS / INTRAOSSEOUS 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

INR. International Normalized Ratio

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 section 1.4 Mode of Arrival. If no additional information will be completed on this form, refer to the Completion Instructions on Page 10 for instructions on how to finalize and submit this form.

VMCE. Veterinary Medical Center Europe

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

PART II: VETERINARIAN / PHYSICIAN H&P

GENERAL INSTRUCTIONS:

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- To be completed by the veterinarian / trauma physician providing care for the patient.
- Time Zones: Record all time local 24 hour military format, hh:mm
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- Record date on top of each page. The date should be the day when care is initiated. If the dog 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 Military Working Dog (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 Remote Online Veterinary Record (ROVR)

AGE. Dog's age in years

WEIGHT. In kilograms

SSN. If known, please enter the MWD registry generated pseudo-number.

GENDER. Male, Female, Neutered (used for both genders)

BREED. Dog's breed as listed on the record or in ROVR. 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, SSD, MPC, IEDD

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 FOB, 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.

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Seizure Protocol. Control seizures that develop with diazepam or midazolam (0.3 mg/kg; IV, IO, or intranasally), repeated every 15-30 minutes if necessary. If available, give phenobarbital (15 mg/kg IV or IO) loading dose, and 2.5 mg/kg IV every 12 hours thereafter if seizures persist or status epilepticus develops.

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

Intraosseous / Intravenous 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 CBC. As stated.

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

2.3 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-RAY 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. More guidance will be forthcoming on where to send.

3.4 PENDING STUDIES. As stated.

3.5 RESULTS. As stated. Include TEG / Rotem results if performed. Refer to the CPG to evaluate canine TEG results.

4.0 IMPRESSION / ASSESSMENT

Enter impressions and findings.

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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 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.

Euthanized. Record medication(s) used, volume administered and route. Complete Canine Death Certificate (DD Form 1743).

Necropsy by DVM. Record necropsy date and time (local). Record time between death and start of necropsy if known. Estimate time if unknown.

Gross Pathology Report. Annotate if a gross necropsy was performed, and gross pathology report (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

- After the form has been completed, it should be reviewed by the responsible HCP listed in the Patient Identification block for completeness and detail. The responsible HCP should then sign each page.
- The signed form needs to be submitted to the DOD Military Working Dog Veterinary Services DAILY 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 dog.consult@us.af.mil. The subject line should include the MWD Name, Tattoo and Date, i.e. 'Canine Treatment and Resuscitation Record MWD Ayaks L332 16 August 2018'. For US Special Operations Command canines, the Canine Treatment and Resuscitation Record(s) will be filled out 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 canine's record.
- 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.
- A completed copy of the record will be uploaded into the MWD's ROVR record when access is available. This should happen in theater if possible, but if ROVR access is not available, then all records need to be uploaded at the first Role III facility or at the MWD's home station veterinary clinic.
- To upload a form in ROVR:
 - Open the MWD's record, select Imported Files from the Patient Tools menu on the right
 - Select the Upload File button in the upper left hand corner of the screen
 - Find the appropriate file by selecting the browse button, then complete each field. Document date is

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the date listed on the Treatment and Resuscitation Record. Document Type should be 'Other' and Specialty should be 'Emergency Care.' In the Comments, record as 'Canine Treatment and Resuscitation Record'. Select Upload to finish.

- Repeat as necessary for each completed record.