

General Instructions for the K9TCCC Card (DD Form 3073)

PURPOSE: The K9TCCC Card is to provide standardized and consistent documentation of prehospital care by the Military Departments (MILDEPs) for Department of Defense (DoD) Working Dogs for trauma and disease non-battle injuries (DNBI).

The K9TCCC Card is filled out by the handler or provider who attends to the K9's injuries or DNBI. After medical treatment and resuscitation care is provided, the K9TCCC Card must stay with the K9 when handed off to the next treatment facility to provide information regarding continuity of care.

At conclusion of care, the K9TCCC Card must be uploaded to the K9's electronic Veterinary Health Record (eVHR). The K9TCCC Card will also be emailed to dha.mwdtraumaregistry@health.mil for inclusion into the DoD Military Working Dog Trauma Registry.

INSTRUCTIONS FOR COMPLETING DD FORM 3073 (FRONT OF CARD):

EVACUATION CATEGORY (Mark as appropriate.)

- **URGENT** – K9 who should be evacuated as soon as possible and within **1** hour to save life, limb, or eyesight and to prevent complications of serious illness and to avoid permanent disability.
- **PRIORITY** – K9 who should be moved within **4** hours, or their condition will deteriorate to such a degree that they will become an urgent precedence or whose requirements for special treatment are not available locally or who will suffer unnecessary pain or disability.
- **ROUTINE** – K9 whose condition requires evacuation but whose condition is not expected to deteriorate significantly and who will require evacuation in the next **24** hours.

EVACUATION TYPE (Mark as appropriate.)

K9 IDENTIFICATION

- **UNIT** – Record the unit the MWD is assigned.
- **K9 NAME** – Self-explanatory.
- **TATTOO** – Self-explanatory.
- **DATE** – DD-MM-YY

- **TIME** – Record all time local 24-hour military format as hh:mm.
- **SEX** – Mark as appropriate.
- **MECHANISM OF INJURY** – Mark as appropriate—use other for Disease Non-Battle Injuries or if unknown-describe.

INJURY (Mark the diagram where the trauma/injury or disease is located—if there is more than one injury, identify each with the mechanism of injury.)

- The percentage numbers are provided as a reference when estimating K9 casualty burn injuries. If burn injuries have been sustained, the estimated percent burned should be annotated in the notes.

VITAL SIGNS (Input vital signs at least hourly.)

Pain Score:

0: Pain free

1 – 2: Mild pain; subtle weight shifting or subtle delay in lying down; enjoys being touched and petted.

3 – 4: Moderate pain; intermittent panting; delayed or slowed movement, subdued, weight shifting, likes to be touched except near or on injury, mild body tension.

5 – 6: Moderate to severe pain; looks uncomfortable when resting, anxious; pulls away when injury touched, moderate body tension.

7 – 8: Severe pain; unsettled, crying, biting or chewing at wound; difficulty maintaining comfortable position; increased respiratory rate, guards painful area, significant body tension when injury touched.

9 –10: Worst pain possible; panting; constantly groaning or screaming when unattended, may be aggressive to palpation, cries at non-painful palpation, severe body tension.

NOTES (Include any additional information such as location/country, euthanized/KIA, treatment regiments that were used to the treat the patient, etc.)

FIRST RESPONDER NAME (Self-explanatory)

AOC/MOS (Self-explanatory)

INSTRUCTIONS FOR COMPLETING DD FORM 3073 (BACK OF CARD):

TREATMENTS (Mark as appropriate and annotate location where appropriate.)

M (Muzzle): Mark as appropriate.

M (Massive Hemorrhage): Mark as appropriate.

A (Airway Control): Mark as appropriate.

R (Respiratory Support): Mark as appropriate.

C (Circulation):

CATHETHER (Mark as appropriate.)

FLUIDS (Fill out as appropriate and complete as much as possible.)

H (Hypo/hyperthermia): Self-explanatory.

H (Head Injury): Self-explanatory.

MEDICATIONS (Mark the medication given and write the route and time.)

OTHER (Self-explanatory.)

For additional information regarding the use of the DD Form 3073, please refer to the Defense Health Agency – Procedural Instruction 6040.47-V5.