
APPENDIX C: VIRTUAL CRITICAL CARE CONSULTATION GUIDE

1. Before calling, E-mail image of the casualty (wounds, environment, etc.), "capabilities" (back of page), & vital signs trends to _____
2. If call not answered: a) call next number on PACE or call back in 5 – 10 min.
3. If unable to provide information due to operational security, state so.

P:
A:
C:
E:

This is _____ I am a (job/ position) _____
My best contact info is: _____
YOUR best contact info is (Consultant's number): _____ Alternate e-mail: _____

***** 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) _____ that occurred in (location) _____

The injury/start of care occurred _____ hours ago. Anticipated evacuation time is (range) _____

Injuries/Problems/Symptoms:

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 reading this ECG," or "I need help stabilizing this patient," etc.)

Other Consultants have recommended:

***** PAUSE POINT for Remote Consultant 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: ABG: _____ Lactate: _____ Other: _____

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