

VIRTUAL CRITICAL CARE CONSULTATION (VC3) GUIDE – 8 July 2017 (v3)

To be used with Prolonged Field Care Card

1. Before calling, E-mail image of the casualty (wounds, environment, etc.), "capabilities" (back of page), & vital signs trends to dod.VC3@mail.mil
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)

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

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 *****

Plans/Recommendations		
PRIORITY	SYSTEM/PROBLEM	RECOMMENDATION
	Neuro or problem #1	
	CV or problem #2	
	Pulm or problem #3	
	GI or problem #4	
	Renal or problem #5	
	Endocrine or problem #6	
	MSK/ Wound or problem #7	
	Tubes, lines, drains or problem #8	
	Prophylaxis/prevention or prob#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: Tempus i2i ID: _____ SAT#/Local Cell# _____
 Other (FaceTime, VSee, Skype, WhatsApp ,etc.): _____

IV access: IV Central line IO (location) Other: _____
Monitor: Propaq 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: name/route/dose _____
 Morphine IV/ PO Other opioid (name/ IV/ PO): _____
 Fentanyl IV/ PO (pop) Ketamine
 Midazolam Diazepam (IV/ PO)
 TXA Other(s): _____

Airway/Breathing: ETT Cric kit LMA BVM O2 Suction (type): _____ Ventilator(model): _____

Miscellaneous:

