

GPMRC
MINIMUM REQUIREMENTS
FOR PATIENT MOVEMENT REQUEST (PMR)
Type V - Civilian/VA to Military

PATIENT DEMOGRAPHICS:

- Name, Status, SSN, Grade, Gender, Age, Precedence, Classification and Nationality.

UNIT INFORMATION:

- Unit Name and Duty Station of home unit.

ADMINISTRATIVE DATA:

- Originating Civilian Hospital- (Pt's physical location), Destination MTF- (Where pt is actually going), Reason Regulated and date pt is ready.
- The Attending and Accepting Physician contact numbers must be valid.
- If Pt is currently an inpatient a ward (i.e.; ICU not 47b) name and number **MUST** be provided.
- AE Office contact number must be updated and valid.
- Specify whether Pt's condition will restrict Stops, RON's or Altitude.
- Originating facility must include location of Hospital, address and good contact number.
- The case manager's name and number needs to be included.
- OCONUS to CONUS outpatient requests do not require accepting physician confirmation. Also list casualty event if applicable.
- Fax AF 3899 and summary of care to GPMRC. AF 3899 needs to be filled out in completion to include being signed and stamped by the attending physician. The AF 3899 must contain all medications and a brief summary of care. It cannot state "see attached" documentation.

CLINICAL DATA:

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- Primary Medical Specialty is the clinic or facility for which Pt is being transferred (pulled from diagnosis).
- Primary Diagnosis MUST reflect Pt's current nature of illness or injury.
- Patient History MUST contain a brief summary of past pertinent history, to include dates of injury / illness, surgery and exam findings. The Pt history MUST also include why the Pt is being transferred. For example: care needed is unavailable at current location.

MEDICATIONS:

- All CURRENT medications MUST be listed so the Air Crew may administer if necessary.
- If the Pt has any allergies to medications they MUST be entered.
- IV Location, solution type and rate MUST be entered. Also, if a heplock is in place, enter the location.
- Special Diet MUST state either "none" or Pt's type and route of dietary intake.

VITAL SIGNS:

- All inpatients must have vital signs within 72 hours, to include temperature in Fahrenheit, weight in Pounds and date taken.
- If the Pt is in the ICU, vital signs will be within 24 hours of ready date.
- This section also contains Pt's Oxygen requirement. If Pt is on O2 or may require O2 for transport, this section MUST contain LPM and route of delivery.
- HGB, HCT and WBC lab values (if requested) MUST be entered in this section.
- If the Pt's HGB is below 10, Pt's O2 saturation level on RA must be provided.

DRAINAGE:

- If the Pt has any drainage equipment, Foley catheters or otherwise, enter this information in the appropriate drainage section to include location, type etc.

PMI DATA:

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- This section is for any additional equipment needed for patient care. All equipment necessary must be marked accordingly. If pt has a wound VAC, will need to know if Pt has a JP drain and if it is a bulb syringe or a mechanical VAC.
- This includes a litter, litter straps, mattress, wheelchair (manual or electric) etc.

TRANSPORTATION INFORMATION:

- ALL transportation considerations MUST have a point of contact and a valid 24hr contact number.
- Transport provider must be contacted by A/E office prior to submitting PMR. This is due to billing and fund site information.
- If the Pt is being moved outside the Military MTF system origination and destination transportation MUST be entered. For example if a Pt is being transferred FROM a VA facility or a Civilian facility origination transportation MUST be provided. Also, if a Pt is transferring TO a VA or Civilian facility destination transportation MUST be provided.
- Need the number for the Transportation Company being used, not case manager or transport coordinator making the arrangements.

ADMINISTRATION REMARKS:

- Any pertinent information and ALL issues relating to Pt care that is not history specific, and transportation confirmation MUST be entered in this section.
- If the Pt is traveling with a wheelchair or cooler for meds, etc. the wt and dimensions along with manual or electric type specified for wheelchairs, must be provided.

ATTENDANTS:

- Any Medical Attendant (MA) or Non-Medical attendant (NMA) being requested to travel with the Pt MUST be entered in this section. Under normal circumstances only one NMA is authorized unless prior arrangements are made with GPMRC DO approval. Exception considerations MUST be requested through GPMRC Regulator Section. Administration remarks must state reason for additional NMA's.

*Reference DODI 6000.11, AFI 41-301, AFJI 41-315 pjf/jam 265JD.