



UNITED STATES TRANSPORTATION COMMAND
508 SCOTT DRIVE
SCOTT AIR FORCE BASE ILLINOIS 62225-5233

17 MAY 2010

MEMORANDUM FOR SEE DISTRIBUTION

FROM: USTC/SG
508 Scott Drive
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HQ AMC/SG
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SUBJECT: Medication Administration, Self-Medicating Patients and Controlled Substance
Accountability within the Patient Movement (PM) System

1. Purpose: To clarify the management policy and medication requirements for patient movement related to self-medication management for inpatient and outpatients, outlines amount of medications required for movement, clarifies documentation requirements, and outlines steps to prevent inappropriate self-medication of controlled substances by patients.
2. Background: Ensuring every patient has an ample medication supply to meet their individual requirements throughout the patient movement system is the responsibility of every care provider at every hand-off location. Variables such as the patient's inpatient or outpatient status, the geographic location and the capability of the originating and final destination MTF, along with patient safety, must be considered when determining the required amount of medications. The general intent is to minimize the logistical demand on deployed locations while meeting medication requirements for all patients en route to their final destination medical treatment facility (MTF) and/or follow-up outpatient appointment.
3. Applicability: This policy letter provides guidance to physicians and other health care providers who select and prepare patients for medical transport to higher levels of care or to receive care not available locally. This guidance is not intended to usurp the provider's authority to prescribe. It applies to all Department of Defense facilities utilizing the PM system and providing services to patients transiting the PM system from point of origin to destination.
4. Medication Management Procedure for Aeromedical Evacuation
 - a. Inpatients will receive controlled substance medications from the in-flight kits and will not be issued individual supplies of these drugs. MTFs should not send a supply of those medications with the patient. The list of controlled substance medications routinely available within the PM system is listed in **Attachment 1**. If an inpatient requires a controlled medication not listed in attachment 1, it must be provided by the sending MTF (i.e. Patient Controlled Analgesia, Narcotic drips) prior to movement. If the inpatient will be traveling via Commercial Air Ambulance, MTFs will check with the Patient Movement Requirements Center (PMRC) arranging transport to determine what medications will need to accompany the patient. Aeromedical Staging Facility (ASF) patient care providers and AE crewmembers (AECMs) are responsible for the accounting and administration of all controlled and non-controlled medications prescribed to inpatients.

b. Outpatients may carry their own supply of controlled substances, if determined by the sending provider to be competent to self-medicate. NOTE: Outpatient mental health patients (5C) will only be cleared to self-medicate after consultation by a provider licensed or credentialed in Mental Health. Prior to flight, a registered nurse must personally interact with the patient to verify the patient's understanding and knowledge, and provide additional education as appropriate, on proper self-administration of medications (SAM). Healthcare professionals must remain cognizant of potential abuse and misuse of controlled medications and must follow the below guidance as applicable.

(1) Outpatients deemed compliant and competent to self-medicate may carry and administer their own supply of controlled and non-controlled medications if the following is clearly documented on the AF Form 3899, *Patient Movement Record*:

- (a) Provider's order for "SAM."
- (b) "Will self-medicate" boxes must be marked on the front and back of the AF 3899.
- (c) The following statement written and signed by the verifying provider or nurse stating that the patient is compliant and competent to self-medicate: "Patient is hand-carrying medication(s); has been instructed on self-administration of (list medication name[s]) and verbalizes understanding"

(d) At a minimum, SAM patients will be reassessed at every hand-off for continued competency and compliance.

(2) If an outpatient is deemed not compliant and/or not competent of SAM at any point of the patient movement process, the respective care provider (e.g. Medical Crew Director, Flight Nurse, Aeromedical Staging Facility personnel, etc.) will:

- (a) Immediately assume responsibility for and administration of that patient's medication(s).
- (b) Clearly document the change in the patient's SAM status on the AF Form 3899.
- (c) Verbally communicate that change in status to the accepting care provider at the next patient hand-off.
- (d) Initiate a DD Form 2852, AE Event and Near Miss Report and submit to AMC Patient Safety representative.

c. MTFs at en route stops will refill the controlled substance as required for onward movement. This will reduce excessive quantities of controlled medications being moved through the PM system. All medication will be appropriately labeled with the patient's name and directions for administration by the sending facility.

d. Deployed locations should send a 1-day supply for all patients moving from a role two to a role three facility in the combat operations theater (e.g. Bastion to Bagram) and a 2-day supply for all patients moving from the role three to the role four medical center (e.g. Bagram to Landstuhl). With the exception of controlled substances listed in **Attachment 1**.

e. OCONUS to CONUS PM

(1) Inpatients moving directly from an OCONUS MTF to port of entry accepting MTF/Final Destination require a 2-day supply (e.g. Landstuhl Regional Medical Center [LRMC] to Bethesda).

(2) Inpatients moving from an OCONUS MTF to port of entry ASF, remain overnight (RON) and then move on to accepting MTF/Final Destination require a 3-day supply (e.g. LRMC to Andrews ASF to Ft Benning).

(3) All Outpatients require a 5-day supply.

f. CONUS to CONUS: The majority of CONUS to CONUS moves are completed in an 8- 12 hour time frame; therefore a 1-day supply is adequate.

g. CONUS to OCONUS inpatients follow 4.e.(1), 4.e.(2) and outpatients follow 4.e.(3).

h. Documentation

(1) All patients will have an up-to-date medication administration record (MAR) (AF IMT Form 3899I) to ensure accurate and timely medication administration is conveyed and documented throughout the continuum of care.

(2) The use of AF IMT Form 3899I is mandatory. Every effort will be made to ensure the physical form as well as the electronic form in the TRANSCOM Regulating And Command & Control Evacuation System (TRAC2ES) are in agreement.

EXCEPTION: Outpatients traveling via commercial air do not need a physical IMT Form 3899I. However, all medications ordered for and carried by the outpatient must be documented in TRAC2ES.

(3) Medication administration schedules will be documented in Zulu time. The five rights of medication administration will also be documented; patient name, medication name, route, dose, time. The sending MTF is responsible for ensuring the MAR is completed and sent with the patient. The person responsible for ensuring medication is administered at the sending facility (doctor, nurse and technician) will complete the MAR. All self-administered medication will be included on the MAR.

(4) En route documentation will be completed at the MTF, CASF, ASF, and in-flight (physical form) to include date and time in Zulu and route of last dose of medication, medication changes or changes in self-medication status. These changes must be updated on the physical AF IMT Form 3899I and annotated in TRAC2ES by the facility initiating the change utilizing the electronic AF IMT Form 3899A within TRAC2ES. If changes occur in flight or at an en route staging or RON facility, the PMCC will be notified to update the AF IMT 3899A in TRAC2ES. The staging personnel will update the IMT 3899I hard copy. (If an unscheduled RON occurs at a civilian facility, the MCD should instruct the receiving facility to contact the theater PMRC to update TRAC2ES with any medication changes.)

5. Variations to this policy regarding amount and type of medication to be sent with outpatients are authorized only if transportation is arranged using an alternate mode of travel such as commercial air, rail or ground movement based on anticipated length of travel. However, IAW DODI 6000.11, documentation in TRAC2ES for all patient movement greater than 100 miles is mandatory, regardless of conveyance.

6. This policy letter supersedes related guidance in AFI 41-307; *Patient Considerations and Standards of Care*, AFI 41-301; *Worldwide Aeromedical Evacuation System*, and AFI 44-165; *Administering Aeromedical Staging Facilities* and will be updated in future revisions of these instructions. It also supersedes USTC policy letter dated 10 Jul 06 and AMC policy letter dated 5 Oct 06. Any service specific policy regarding patient movement must remain in compliance with USTRANSCOM policy directives, and may be more restrictive, but will not be more lenient.

7. This is a coordinated US Transportation Command and Air Mobility Command, Command Surgeon policy letter. Any questions may be directed to the USTRANSCOM Patient Safety Office at USTCSGPatientMove@USTRANSCOM.MIL or 618-229-5807 or the Chief, AE Clinical Operations and Patient Safety at beverly.johnson@scott.af.mil or 618-229-6038.



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Enclosures:

1. Distribution List
2. References
3. Attachment 1 – Medication List

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References:

1. DoDI 6000.11; Patient Movement, 9 Sep 98
2. USTRANSCOM Pamphlet 41-3; A Quick Reference Guide for Reporting Patients and Attendants for Movement, 1 Oct 00 (under revision)
3. USTRANSCOM MEMORANDUM: Medication Administration, Self-Medicating Patients and Controlled Substance Accountability within the Patient Movement (PM) System, 10 July 2006 (hereby rescinded)
4. USCENCOM Guidance on Through Regulation of Patients Outside of Area of Responsibility (AOR), 28 Jun 2005
5. USCENCOM Command Surgeon's Policy Directive, Policy for Patient Medications for Intra and Inter Theater Aeromedical Evacuations (AE), 6 Apr 04
6. AFI 11-2AEv3, Aeromedical Evacuation Operations Procedures, 18 May 2005, Incorporating Change 1, 1 May, 2006
7. AF1 41-301, Worldwide Aeromedical Evacuation System, 01 Aug 1996
8. AFI 41-307; Aeromedical Evacuation Patient Considerations and Standards of Care, 20 Aug 03, IC1, 10 Aug 07
9. AFI 44-165, Administering Aeromedical Staging Facilities, 6 November 2007
10. AFTTP 3-42.5; Aeromedical Evacuation (AE) – AF Tactics, Techniques, and Procedures, 1 Nov 03
11. *AMC/SG MEMORANDUM: Reference USTRANSCOM/SG Policy Letter dated 10 Jul 06 "Medication Administration, Self-Medicating Patients and Controlled Substance Accountability within the Patient Movement (PM) System", 5 Oct 2006 (hereby rescinded)*

Attachment 1
MEDICATION LIST
IN-FLIGHT KIT STANDARDS

CODEINE & ACETAMINOPHEN TABS (200 EA)

DIAZEPAM INJ 5 MG/ML, 2ML (20 EA)

DIAZEPAM TABS 5 MG INDIVIDUALLY SEALED (200 EA)

LORAZEPAM TAB 1 MG (100 EA)

MEPERIDINE HYDROCHLORIDE INJ 100 MG/ML 1ML (20 EA)

MORPHINE SULFATE INJ 10 MG/ML 1ML (80 EA)

MORPHINE SULFATE INJ 4 MG/ML 1ML CARPUJECT (80 EA)

OXYCODONE AND ACETAMINOPEN TABS (100) EA

PHENOBARBITAL TABS 100MG (100 EA)