

# 4A051, Module 7, Patient Movement



## Lesson 1: Aeromedical Evacuation (AE)

# Lesson 1: Aeromedical Evacuation (AE)

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*Click the video below to continue our journey!*



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**After completing this lesson, the student will be able to perform patient movement operations, in accordance with**

**(IAW) prescribed guidance and publications.**



### **AE System**

Improves casualty recovery rates by providing time-sensitive, mission critical, enroute care, and transportation for patients or casualties to and between medical treatment facilities when increased levels of care are required. AE forces may be tasked to evacuate injured or ill host nation personnel, enemy prisoners of war, detainees, and coalition forces in patient status.



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**The AE system provides patient movement by air, clinical specialty teams, specific patient movement item (PMI) equipment for in-flight care, patient staging facilities, Command and Control (C2) of AE forces and operations, and support to the communication network between airlift C2 agencies.**

### **AE Capability**

Constituted by a system of systems including AE liaison teams, AE crew stages, AE crews, critical care air transport teams (CCATT), other specialty teams, and en route patient staging systems. These forces execute patient movement aboard Mobility Air Force (MAF) aircraft (primarily), as



well as other service, contracted, and international partner air frames. AE forces operate as far forward as aerial port operations occur, to include remote and austere airfields.



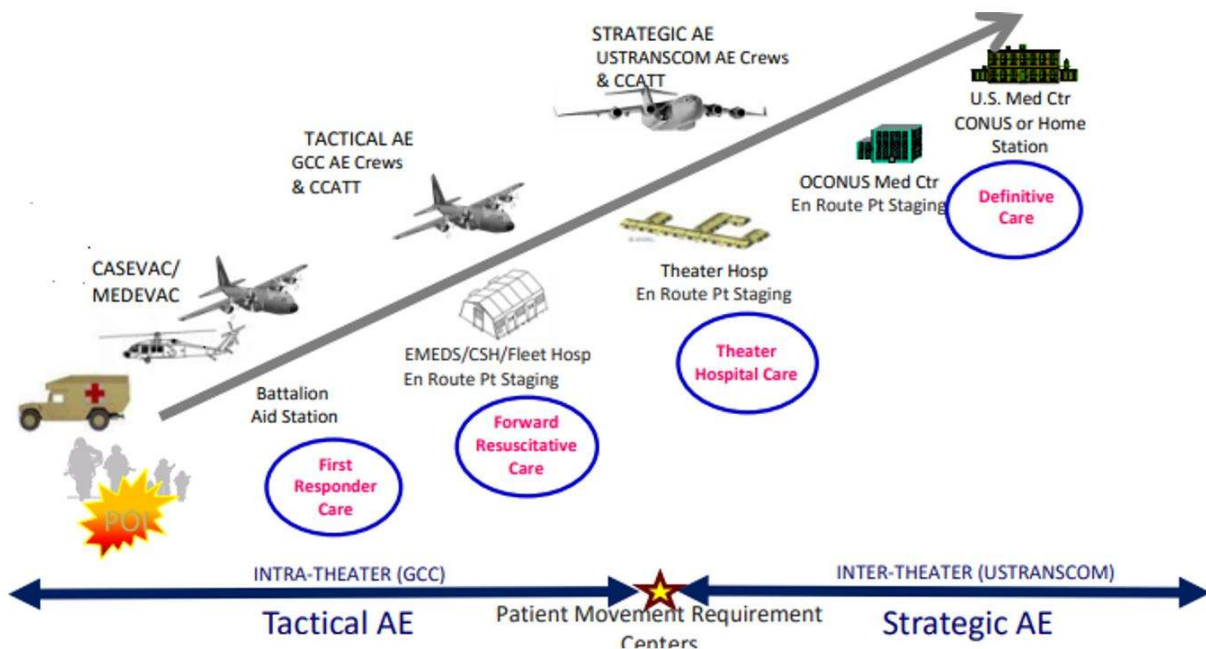
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The AE system is designed to be flexible and interface with joint, multinational, and Special Operations forces.

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## Patient Movement

Patients are transported from the point of injury (POI) via tactical AE, and to home station via strategic AE. *Tactical AE* is by any means possible to the next higher level of care within the area of responsibility (AOR). *Strategic AE* uses the TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES) to move validated, stabilized patients out of the AOR to a theater hospital and finally back to the United States. *See the image below.*

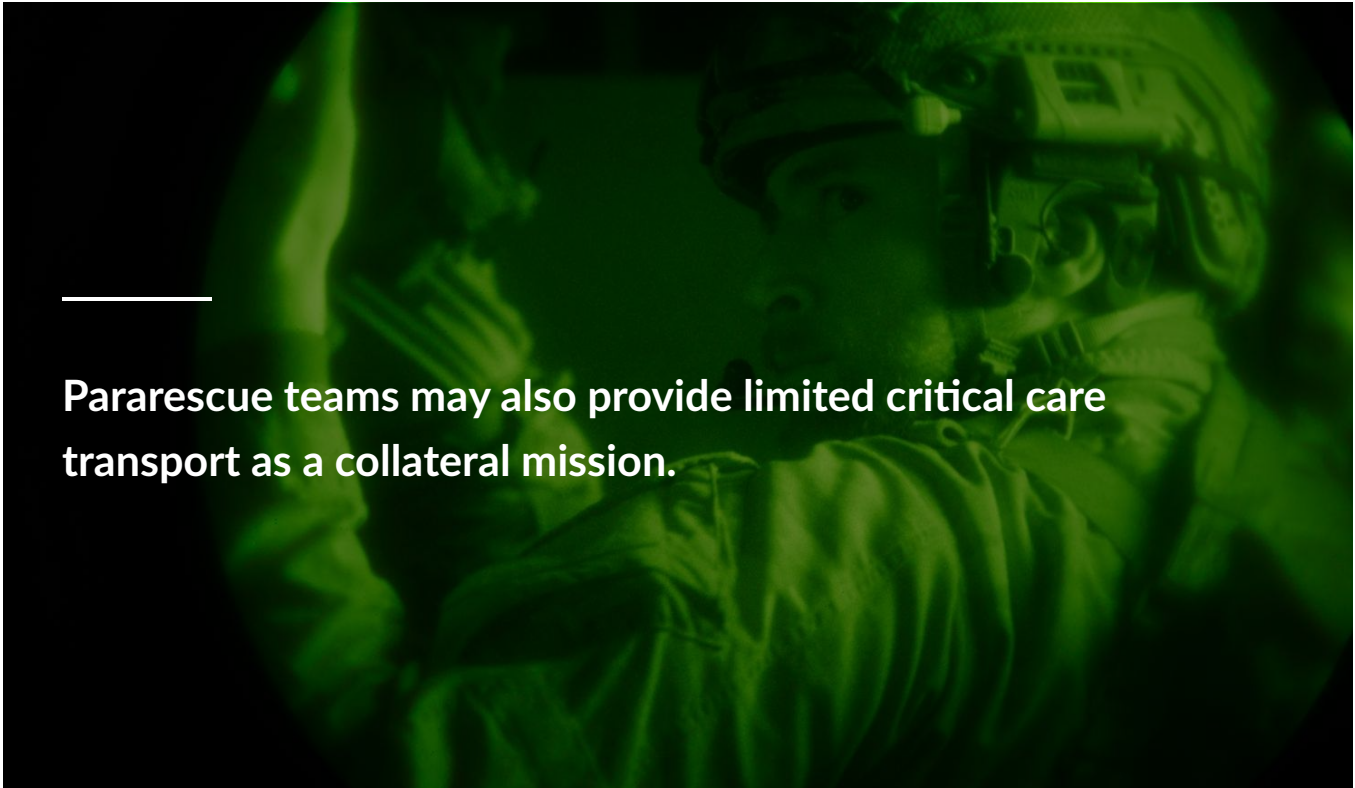


## En route Critical Care

En route critical care transport capabilities consist of specialized medical teams who assist in the global patient movement system. These teams can deploy rapidly and are available to maintain or enhance the standard of care provided to critically ill or injured patients requiring continuous stabilization and highly advanced care during transport.

## *En route critical care units include:*

- 1 CCATT
- 2 Special operations surgical team
- 3 Special operations medical element



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**Pararescue teams may also provide limited critical care transport as a collateral mission.**

### **Enabling Capabilities**

Other enabling capabilities include, but are not limited to, point of injury care, and post-surgical critical care. CCATTs provide intensive care in conjunction with AE crews, to evacuate critical patients requiring advanced care during transportation. These teams are medically responsible for their patients.

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**For more information, attached below are Air Force  
Doctrine Publication 3-36, *Air Mobility  
Operations*, and Department of the Air Force  
Instruction (DAFI) 48-107 V2, *En Route Critical Care*.**



**3-36 Air Mobility Ops.pdf**

2.3 MB



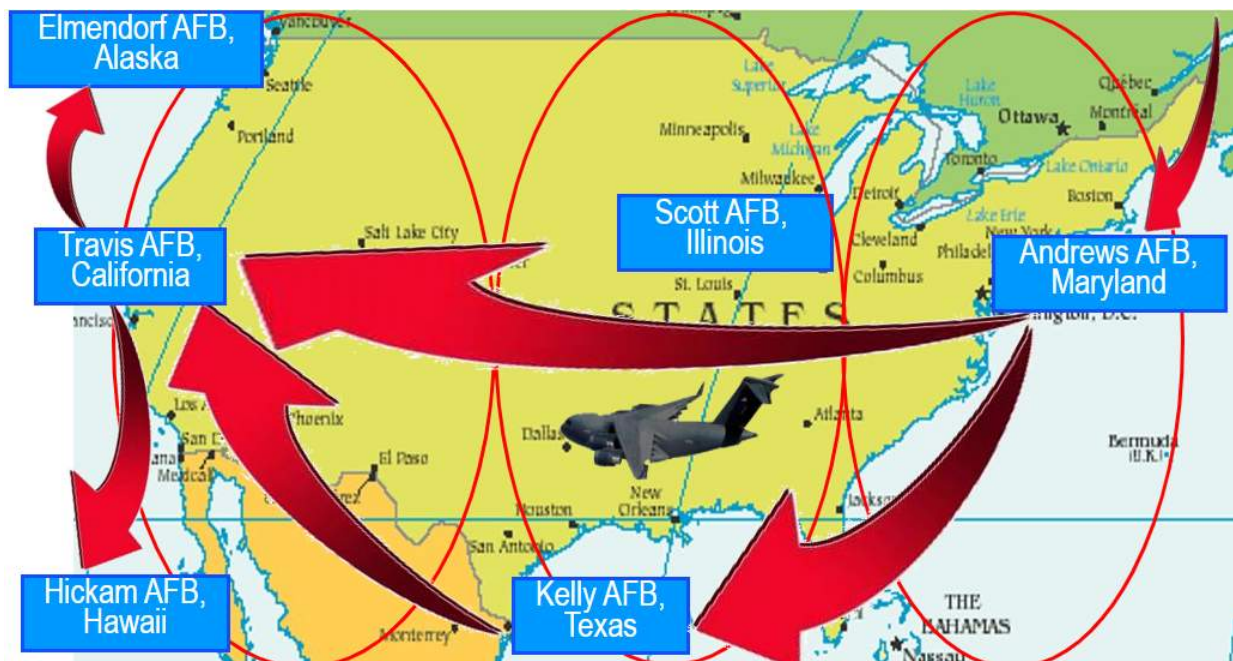
**DAFI 48-107v2.pdf**

988.4 KB



## Continental United States (CONUS) Laydown

After the patients are transported back to the United States, they arrive at Andrews AFB, Maryland, and are redistributed across the country. *See the image below.*





CONTINUE

**Knowledge Check.** Select and submit the best option to complete the statement below.

A CCATT is a \_\_\_\_\_ .

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- ☐ Critical Care Air Transport Team
- ☐ Crisis Contingency and Trauma Team
- ☐ Critical Care and Trauma Team
- ☐ Crisis Care Air Transport Team

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the statement below.

AE forces may be tasked to evacuate injured or ill host nation personnel, enemy prisoners of war, detainees, and coalition forces in patient status.

---

☐

True

☐

False

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the statement below.

AE forces operate as far forward as aerial port operations occur, to include remote and austere airfields.

---

☐

True

☐

False

SUBMIT



Complete the content above before moving on.

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***Next, we'll discuss mission documentation.***

trac2es.transport.mil

**TRAC<sup>2</sup>ES**  
TRANSCOM Regulating and Command & Control Evacuation System **ACCESS POINT**

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- At any time, the USG may inspect and seize data stored on this IS.
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The following specific sections within TRAC2ES contain Quality Assurance Documents that are protected under 10 U.S.C., section 1102: PMQ-R, Reports/PMQ-R Summary, and Reports/PMQ-R Downloads.  
**Do Not Release information from these sections without proper authority.**

**Please select the PIV Authentication certificate when prompted.**

☐ I agree

**CAC Login**

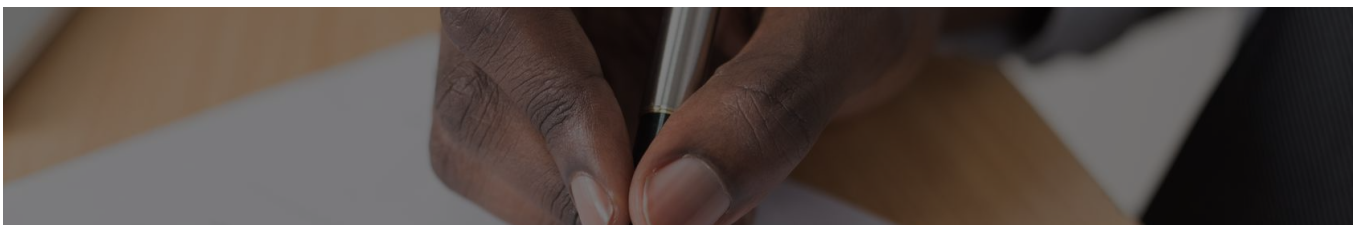
**For Account Administration/Requests Please Contact The TRAC2ES Help Desk**  
Duty Hours U.S. CT, M-F (0730-1630 CT / 1230Z-2130Z)  
Comm: (618) 229-8523 / DSN: (312) 779-8523  
Email: [transcom.scott.lcsg.mbx.trac2es@mail.mil](mailto:transcom.scott.lcsg.mbx.trac2es@mail.mil)

**For Functional System Use or Patient Movement/Mission Operations Questions**  
Contact your supporting Patient Movement Requirements Center  
TPMRC-A (Scott AFB): Comm: (618) 817-4200 / DSN: (312) 779-4200  
TPMRC-E (Ramstein): Comm: 011-49-6371-8040 / DSN: 314-480-8040/2235  
TPMRC-W (Hickam): Comm: 808-448-1602/1604 / DSN: 315-448-1602/1604

**For Urgent System Outages Outside CONUS Weekday Duty Hours**  
\*\*\*\*Mission Essential Calls Only\*\*\*\*  
Comm: (618) 624-3090

## United States Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC<sup>2</sup>ES)

Patient and flight information will be found in TRAC<sup>2</sup>ES. However, in a contingency environment with limited internet, knowing the hard copy forms becomes important!







## How to prepare mission documentation?

### **Air Force Form 3899, *Patient Movement Record (PMR)***

The PMR form is used to order patient movement. It has detailed documentation that a validating flight surgeon uses to ensure a patient is safe in flight. This paper patient record is tailored for each patient based on conditions and treatments needed during patient movement. The form is used to document a patient's care, as applicable. *See the image below.*

<b>PATIENT MOVEMENT RECORD</b> <small>DATA PROTECTED BY PRIVACY ACT OF 1974</small> <span style="float: right;"><small>PERMANENT MEDICAL RECORD</small></span> <small>(S) - Information needed to submit patient movement record</small>																	
<b>SECTION I PATIENT IDENTIFICATION</b>																	
(S) NAME (Last, First, Middle Initial)										(S) SSN		DATE OF BIRTH					
(S) AGE	(S) SEX		(S) STATUS	(S) SERVICE	(S) GRADE	(S) UNIT OF RECORD AND PHONE NUMBER				CITE NUMBER							
		M F															
<b>SECTION II VALIDATION INFORMATION</b>																	
(S) Medical Treatment Facility Origination and Phone Number						(S) Ready Date (Julian Date)		APPOINTMENT DATE		NUMBER OF ATTENDANTS							
										(S) MEDICAL		(S) NON-MED					
(S) Medical Treatment Facility Destination and Phone Number						(S) CLASSIFICATION 1A-5F											
								AMBULATORY		LITTER		(S) PRECEDENCE					
(S) Reason Regulated	Max # Stops	Max # RONS	Altitude Restriction		(S) CCATT Required		Name, sex, weight, rank of attendants:				U	P	R				
					yes no												
<b>SECTION III OTHER INFORMATION</b>																	
(S) Attending Physician name, Phone Number and e-mail								(S) Accepting Physician name, Phone Number and e-mail									
(S) Origination Transportation 24 Hour Phone Number								(S) Destination Transportation 24 Hour Phone Number									
(S) Insurance Company		Address				Phone #		Policy #		Relationship to policy holder							
(S) Waivers (med equip, etc)																	
<b>SECTION IV CLINICAL INFORMATION</b>																	
(S) Diagnosis			(S) Allergies		LABS (Date and time drawn in Zulu)												
					WBC		HGB		HCT		Other Labs						
(S) WEIGHT:		(S) Blood type:		Vital Signs (Date and time taken in Zulu)													
				Date	Time (Zulu)	B/P	Pulse	Resp	Pain Level:	Last Pain Med:	O <sub>2</sub> /LPM:	Route:					
battle casualty		disease								/10							
non-battle injury																	
<b>CLINICAL ISSUES</b>				Baseline O <sub>2</sub> Sat If Applicable Temp													
Infection Control Precautions:				LMP:		<b>SPECIAL EQUIPMENT (Check all that apply)</b>				OTHER:							
Date of last bowel movement:						Suction								Traction			
High Risk for Skin Breakdown				yes no		NG Tube								Monitor			
						Foley								Trach			
Initial appropriate boxes:						Incubator				IV Pumps				IV Location:			
Yes	No	Yes	No			Cast Location:				Bivalved:				yes no			
				Hearing Impaired		Ventilator				Ventilator Settings:							
				Communication Barriers						<b>DIET INFORMATION (Check all that apply)</b>							
				Vision Impaired						NPO				Soft			
				Cardiac Hx						Full Lig				Cl Liq			
				Diabetes						Renal				Gm Protein			
				Motion Sickness										Gm Na			
				Ears/Sinus Problems										Meq K			
				Respiratory difficulty										Mag Sulfate			
*Medication listed on physician's orders																	

### **Air Force Form 3899, *Patient Movement Record (continuation)***

The reverse side of the page is initiated by a privileged provider and is used to document privileged provider orders only.

This section is *not* used as a continuation for progress note documentation. This area of the form is used by the licensed physician to document orders received while enroute.

*See the image below.*

AF IMT 3899, 20060819, V1 (REVERSE)



In a perfect world, patients would be manifested by the PMRC and added to a mission in TRAC<sup>2</sup>ES. However, in a contingency environment, you may find the need to document what patients are arriving at the tail of an aircraft. This form can be used. *See the image below.*

PATIENT MANIFEST		TRIP IDENTIFIER		MANIFEST NUMBER		PAGE      OF      PAGES	
NAME:      RANK:		NAME:      RANK:					
DX:		DX:					
BT/TAG NO:      PW:		BT/TAG NO:      PW:					
E/PS	D/PS	CLASS	CAT	DIAG C	O-E	UPRS	AGE/SEX
OH/C:		OH/C:					
DH/C:		DH/C:					
RON DAYS		INTERTHEATER		DOMESTIC INTRATHEATER		REMARKS	
1. INTERT	2. INTRAT	3. O-DATE	4. D-DATE	5. O-DATE	6. D-DATE		
7. PICKUP	8. EX/BC	9. DAYS	10. COND	11. ASMRO	12. ENTRY		
CITE #:		CITE #:					
NAME:      RANK:		NAME:      RANK:					
DX:		DX:					
BT/TAG NO:      PW:		BT/TAG NO:      PW:					
E/PS	D/PS	CLASS	CAT	DIAG C	O-E	UPRS	AGE/SEX
OH/C:		OH/C:					
DH/C:		DH/C:					
RON DAYS		INTERTHEATER		DOMESTIC INTRATHEATER		REMARKS	
1. INTERT	2. INTRAT	3. O-DATE	4. D-DATE	5. O-DATE	6. D-DATE		
7. PICKUP	8. EX/BC	9. DAYS	10. COND	11. ASMRO	12. ENTRY		
CITE #:		CITE #:					
NAME:      RANK:		NAME:      RANK:					
DX:		DX:					
BT/TAG NO:      PW:		BT/TAG NO:      PW:					
E/PS	D/PS	CLASS	CAT	DIAG C	O-E	UPRS	AGE/SEX
OH/C:		OH/C:					
DH/C:		DH/C:					
RON DAYS		INTERTHEATER		DOMESTIC INTRATHEATER		REMARKS	
1. INTERT	2. INTRAT	3. O-DATE	4. D-DATE	5. O-DATE	6. D-DATE		
7. PICKUP	8. EX/BC	9. DAYS	10. COND	11. ASMRO	12. ENTRY		
CITE #:		CITE #:					
NAME:      RANK:		NAME:      RANK:					
DX:		DX:					
BT/TAG NO:      PW:		BT/TAG NO:      PW:					
E/PS	D/PS	CLASS	CAT	DIAG C	O-E	UPRS	AGE/SEX
OH/C:		OH/C:					
DH/C:		DH/C:					
RON DAYS		INTERTHEATER		DOMESTIC INTRATHEATER		REMARKS	
1. INTERT	2. INTRAT	3. O-DATE	4. D-DATE	5. O-DATE	6. D-DATE		
7. PICKUP	8. EX/BC	9. DAYS	10. COND	11. ASMRO	12. ENTRY		
CITE #:		CITE #:					

AF IMT 3830, 19940901, V2

## **Air Force Form 3829, *Summary of Patients Evacuated by Air***

In addition to the *Patient Manifest* form above, this form can also be used to document what patients are arriving at the tail of an aircraft. *See the image below.*

AF IMT 3829, 19940901, V2



This is a form to become familiar with. It is used in military treatment facilities (MTFs) and in the back of an aircraft to document patient encounters. *See the image below.*

[illegible]

CONTINUE

**Knowledge Check.** Select and submit the best option in response to the statement below.

In a contingency environment, you may find the need to document what patients are arriving at the tail of an aircraft on an Air Force Form 3830, *Patient Manifest*.

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☐

True

☐

False

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the question below.

What form is used to order patient movement?

- ☐ Air Force Form 3899
- ☐ Standard Form 600
- ☐ Air Force Form 1206
- ☐ Air Force Form 469

SUBMIT



Complete the content above before moving on.

***Now that you're familiar with the forms, let's cover patient movement requests.***



Select each tab to learn more about initiating patient movement (*click images to zoom*).

TRAC<sup>2</sup>ESAIR FORCE FORM  
3899PATIENT  
CLASSIFICATIONADDITIONAL  
ATTACHMENTS

TRAC<sup>2</sup>ES is the system used to submit an Air Force Form 3899, *Patient Movement Request (PMR)*, to the Patient Movement Requirements Center (PMRC).

Submit a PMR as soon as the need for movement is determined. The patient movement process begins when the referring MTF electronically submits the PMR to the PMRC through TRAC<sup>2</sup>ES. If the MTF does not have access to TRAC<sup>2</sup>ES, call the PMRC for assistance in obtaining access and/or submitting the PMR. The PMR contains fields for clinical data and administrative data.



trac2es.transport.mil

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☐ I agree

**CAC Login**

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TRAC<sup>2</sup>ESAIR FORCE FORM  
3899PATIENT  
CLASSIFICATIONADDITIONAL  
ATTACHMENTS

- The cite number will be left blank and given to you by the PMRC

- Urgent moves in less than 12 hours
- Priority moves in less than 24 hours
- Routine will move on the next scheduled mission

- Determined by the clinical requirement for saving life, limb, or eyesight and is consistent with the delivery date to the destination medical facility.

AF IMT 3899, 20060819, V1



TRAC2ES	AIR FORCE FORM 3899	PATIENT CLASSIFICATION	ADDITIONAL ATTACHMENTS
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Patients are classified according to the severity of their symptoms. Shown below is the Patient Classification table from DAFI 48-107 Volume 1, *En Route Care and Aeromedical Evacuation Medical Operations*.

**Table 3.2. Patient Classification.**

<b>CLASS 1 Neuropsychiatric Patients</b>	
1A	Severe Psychiatric Litter Patients. Psychiatric patient requiring the use of a restraining apparatus, sedation, and close supervision at all times (reference <b>paragraph 3.7.2.3.</b> ).
1B	Psychiatric Litter Patients of Intermediate Severity. Psychiatric patients may require tranquilizing or sedating medications to prevent harm to self, aircrew members, or the aircraft. These patients have a restraint order for applied restraints or restraints immediately available at the litter. Once available restraints are applied to the patient, the AECM contacts the validating flight surgeon for an applied restraint order (reference <b>paragraph 3.7.2.4.</b> ).
1C	Psychiatric Ambulatory Patients of Moderate Severity. Psychiatric patients who are cooperative and who have proved reliable under observation. May or may not require an attendant for movement (reference <b>paragraph 3.7.2.5.</b> ).
<b>CLASS 2 Inpatient Litter Patients (Other than Psych)</b>	
2A	Immobile Litter Patients. Patients unable to move about on their own volition under any circumstances and requires assistance with egress.
2B	Mobile Litter Patients. Patients able to move about on their own volition in an emergency. Able to sit in a seat if desired.
<b>CLASS 3 Inpatient Ambulatory Patients (Other than Psych)</b>	
3A	Ambulatory patients, non-psychiatric and non-substance abuse, going for treatment or evaluation, requiring care en route.
3B	Recovered ambulatory patient returning to home station.
3C	Ambulatory, drug, or alcohol (substance) abuse, going for inpatient treatment.
<b>CLASS 4 Infant Category</b>	
4A	Infant under 3 years. of age, occupying an aircraft seat, going for treatment.
4B	Infant under 3 years. of age, occupying a seat and returning from treatment.
4C	Infant requiring an approved air worthy incubator.
4D	Infant under 3 years of age, occupying a litter.
4E	Outpatient under 3 years of age.
<b>CLASS 5 Outpatient Category</b>	
5A	Ambulatory outpatient, non-psychiatric, non-substance abuse, going for treatment.
5B	Ambulatory outpatient, drug, or alcohol (substance) abuse, going for treatment (reference <b>paragraph 3.7.2.7.</b> ).
5C	Psychiatric outpatient going for treatment (reference <b>paragraph 3.7.2.8.</b> ).
5D	Outpatient on litter for comfort, going for treatment.
5E	Returning outpatient, on litter for comfort.
5F	Returning outpatient, returning to duty.
<b>CLASS 6 Attendant Category</b>	
6A	MA: Physician/Nurse/Tech required for specific medical needs based on the patient's condition and treatments required in flight.
6B	NMA: family/unit member for the purpose of providing assistance on an AE mission in accordance with DoDI 6000.11 (reference <b>paragraph 6.5.</b> ).

TRAC2ES	AIR FORCE FORM 3899	PATIENT CLASSIFICATION	ADDITIONAL ATTACHMENTS
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The Air Force Form 3899, *Patient Movement Request*, has additional pages and attachments that can be used as needed. The PMRC may request this additional information from the sending physician, or Aeromedical crews may add additional documentation as needed in flight. Shown below are additional patient movement pages that can be retrieved from [e-Publishing](#).

Product Number	Product Title
AF3899	PATIENT MOVEMENT RECORD
AF3899A	Patient Movement Record Progress Note
AF3899B	PATIENT MOVEMENT PHYSICIAN ORDERS
AF3899C	PATIENT MOVEMENT PHYSICAL ASSESSMENT
AF3899D	PATIENT MOVEMENT HEMODYNAMIC/RESPIRATORY FLOWSHEET
AF3899E	Patient Movement Intake/Output
AF3899F	Patient Movement Physician Orders for Behavior Management and Restraints
AF3899G	PATIENT MOVEMENT RESTRAINT OBSERVATION FLOWSHEET
AF3899H	PATIENT MOVEMENT NEUROLOGICAL ASSESSMENT
AF3899I	PATIENT MOVEMENT MEDICATION RECORD
AF3899J	PATIENT MOVEMENT RHYTHM/HEMODYNAMIC STRIP
AF3899K	PATIENT MOVEMENT/IN-FLIGHT RESUSCITATION FLOW SHEET
AF3899L	PATIENT MOVEMENT RECORD EN ROUTE CRITICAL CARE
AF3899M	PATIENT MOVEMENT RECORD PCA/PNB EPIDURAL HAND-OFF
AF3899N	PATIENT MOVEMENT PAIN ADJUNCT FLOW SHEET

Further details of the Air Force Form 3899 additional attachments can be found below in DAFI 48-107 Volume 3, *En Route Care Documentation*.



**dafi48-107v3.pdf**  
740.2 KB





Complete the content above before moving on.

**Knowledge Check.** Select and submit the best option in response to the question below.

What is the system used by PMRCs?

---

☐

TRAC<sup>2</sup>ES

☐

GDSS

☐

TMT

☐

DCAPES

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the statement below.

To initiate patient movement, a provider will need to fill out and sign an Air Force Form 3899.

---

☐ True

☐ False

SUBMIT

**Knowledge Check.** Select and submit the best option to complete the statement below.

An urgent patient would move in less than \_\_\_\_\_ hours.

---

☐ 3

☐ 6

☐ 12

☐ 24

SUBMIT

**Knowledge Check.** Select and submit the best option to complete the statement below.

Precedence is determined by the \_\_\_\_\_ .

---

☐ rank

☐ clinical requirement for saving life, limb, or eyesight

☐ location of the patient



availability of aircraft

SUBMIT



Complete the content above before moving on.

***Next, let's discuss anti-hijacking procedures.***







**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 375TH AIR MOBILITY WING (AMC)**

13 September 2023

MEMORANDUM FOR RECORD

TO: AE CREW/MEDICAL CREW DIRECTOR

FROM: MTF

SUBJECT: USAF Anti-Hijacking Form

1. Anti-hijacking of all patients and bags completed IAW AFI 13-207 for the follow individuals:

- 1- Johnson, Calvin
- 2- Datsyuk, Pavel
- 3- Ford, Martha
- 4- Ford, Babygirl
- 5- Holmes, Brad
- 6- Cabrera, Miguel
- 7- Wallace, Ben
- 8- Zetterberg, Henrik
- 9- Stafford, Matthew

//SIGNED/(MD)//  
Irving Washington, O3, USAF  
MTF

## **Anti-hijacking Procedures for Patients and Baggage**

The originating facility is responsible for patient documentation and transfer of comprehensive patient information. Originating MTFs initiate applicable paperwork in accordance with DAFI 48-107 Volume 3; *En Route Care Documentation*, for the patients entering the AE system. (e.g., Air Force Form 3899 series, baggage/anti-hijacking forms, baggage tags, etc.).

Medical facility commanders are responsible for anti-hijacking inspection of patients.

---

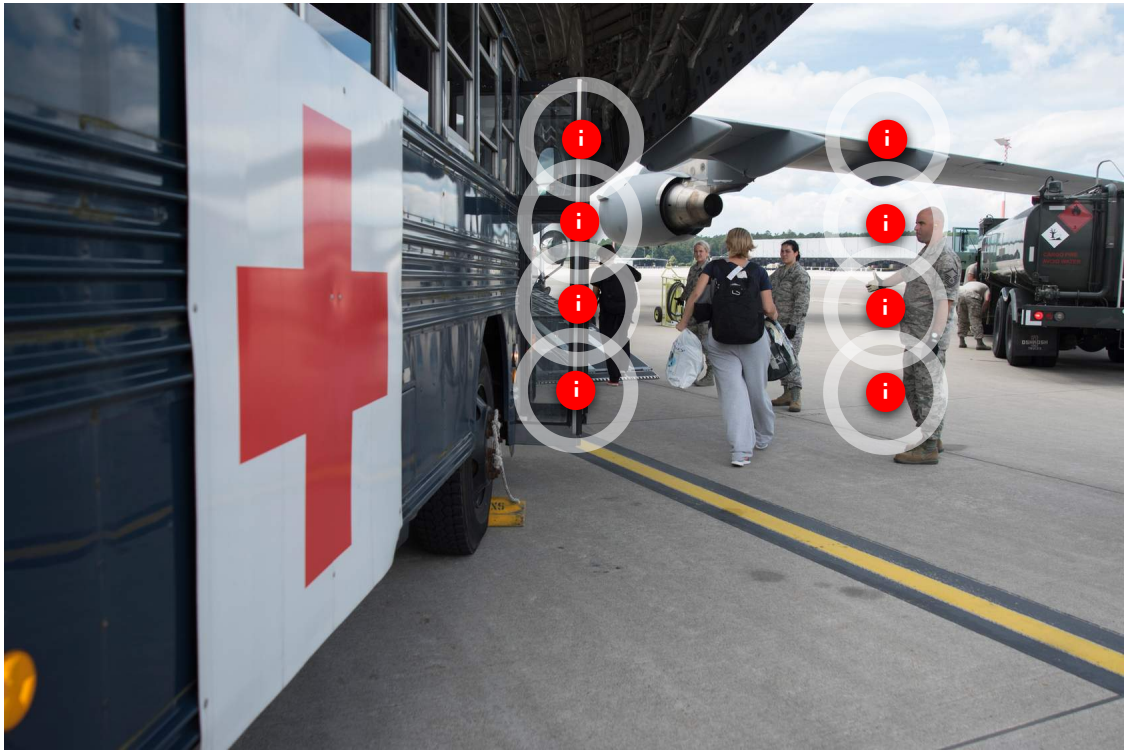
## Screening

Conduct screening procedures in accordance with:

- AFI 13-207-O, *Preventing and Resisting Aircraft Piracy (Hijacking)*
- Federal Aviation Administration (FAA) directives on all patients
- Medical attendants (MAs) and non-medical attendants (NMAs), and /or baggage

Prepare the certificate for the Aeromedical Evacuation Crew Member (AECM) with names of the individuals searched and completion of anti-hijacking procedures. If a patient or attendant refuses to comply with the requirements, do not transport this individual to the aircraft.







### **Inform Everyone**

Inform all patients and passengers regarding baggage restrictions and prohibitions, to include the current Federal Aviation Administration (FAA) provisions on liquids, and the general prohibition on bringing weapons and explosives onboard the aircraft.



## Diligence

Identify any patient or attendant showing suspicious behavior to the medical crew.





## Inspect

Inspect patients and attendants either with a hand held or walk through metal detector, X-ray machine, or by a physical check. Honor requests for visual inspection instead of using X-ray or metal detectors.



## Baggage

Inspect all hand carried items.



## Escorting

Escort guards for prisoner patients are military non-medical attendants who accompany prisoner patients to their destination. Classified materials held by official couriers are exempt from anti-hijacking procedures.



## Professionalism

Restrict inspected patients and attendants to a holding area and redo the inspection for personnel who leave a holding area. Conduct all inspections with the highest standard of military courtesy.





## Identification

All patients and attendants including active component, dependents, retirees, and others require an identification (Department of Defense [DoD] identification card, passport, driver's license, common access card), copy of their Travel Order (Department of Defense [DD] Form 1610, Request and Authorization for TDY Travel of DoD Personnel or equivalent), and patients and attendants require an identification (ID) wristband while in the AE system.



## Safety

Check each patient traveling to seek mental health treatment to ensure patient is not carrying objects that could inflict harm to self or others, to include weapons in checked luggage. Notify security police if you find suspicious items.

When patients are delivered to the aircraft by civilian sources, the aircrew will perform required inspections prior to loading. The medical crew director (MCD) will be provided a written statement that all patients and baggage were anti-hijacked in accordance with AFI 13-207-O, *Preventing and Resisting Aircraft Piracy (Hijacking)*.

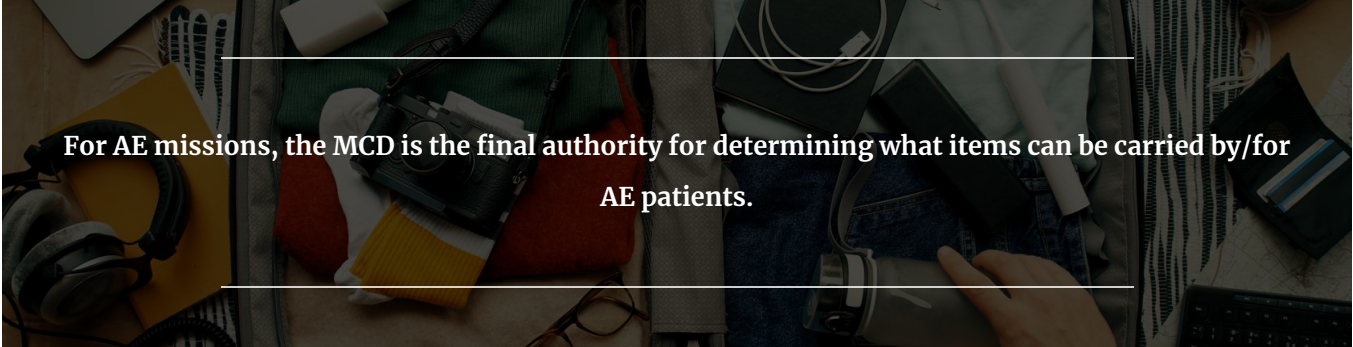
During exercises, or contingencies in support of combat operations involving the movement of large groups of personnel, the unit being supported should manifest passengers and perform anti-hijacking inspections. Passengers will not carry weapons or ammunition on their person or in hand-carried baggage aboard an aircraft.



**NOTE:** Special agents, guards of the Secret Service or State Department, RAVEN team members, and other individuals are exempt



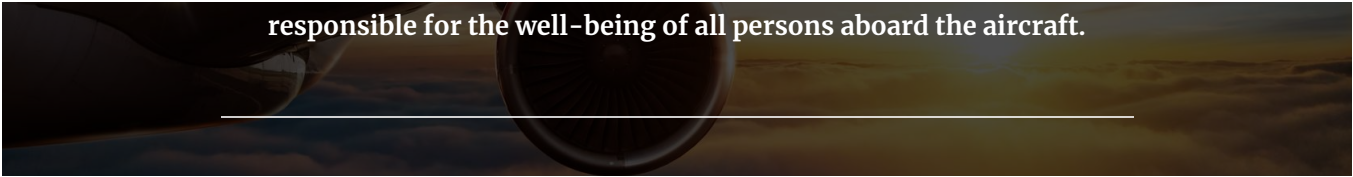
and specifically authorized to carry weapons.



For AE missions, the MCD is the final authority for determining what items can be carried by/for AE patients.



If a safety concern exists, the pilot in command (PIC) is the final mission authority and is



responsible for the well-being of all persons aboard the aircraft.

---

CONTINUE

**Knowledge Check.** Select and submit the best option in response to the statement below.

The originating facility is responsible for patient documentation and anti hijacking.

---

☐

True

☐

False

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the question below.

Patients and baggage should be screened using what regulation?

---

- ☐ DAFI 36-2903, *Dress and Appearance*
- ☐ AFI 13-207-O, *Preventing and Resisting Aircraft Piracy*
- ☐ DAFI 48-107V1, *En Route Care*
- ☐ AFMAN 11-2C-130J, *C-130J Operations Procedures*

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the statement below.

If a patient or attendant refuses to comply with the requirements, transport this individual to the aircraft and have the pilot counsel them.

---

- ☐ True



False

SUBMIT



Complete the content above before moving on.

---

***Let's wrap up this lesson with Patient Movement Requirement Centers (PMRCs).***



**NOTE:** United States Transportation Command (USTRANSCOM) coordinates with theater components for designation of portions of theater-assigned transportation and bed assets for use by PMRCs. Theater PMRCs (TPMRCs) should be responsive to the geographic combatant command's patient movement requirements.



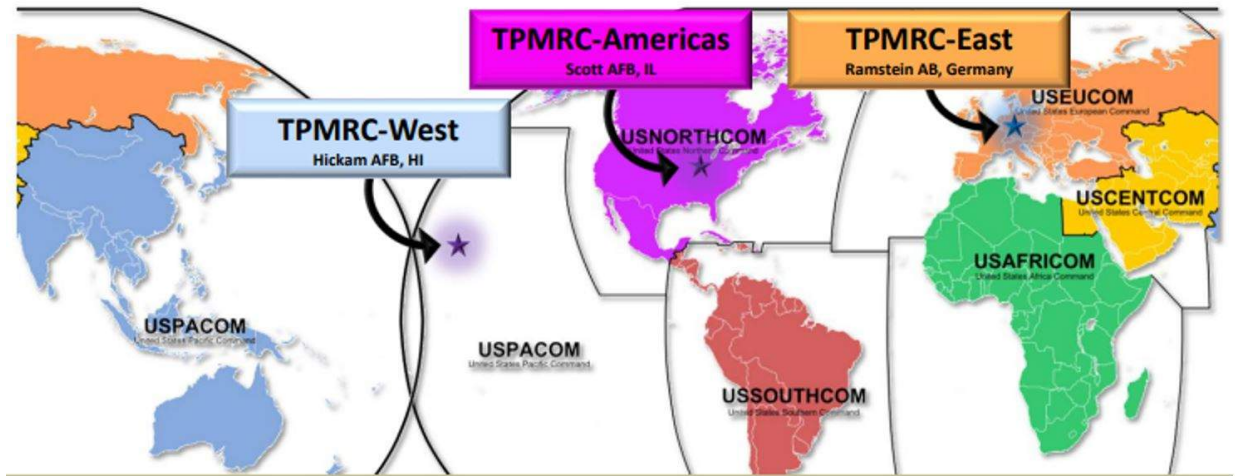
## TPMRC

En route care capabilities will be integrated to support the treatment and movement of patients throughout the evacuation continuum, from point of injury (POI), wounding, illness, or infectious agent exposure (suspected or known) and through successive roles of medical care to final destination or higher echelon of care.

---

***Shown below are the three TPMRCs.***





Click each tab below to learn more about TPMRCs.

**TPMRC-A (AMERICAS)**

**TPMRC-E (EAST)**

**TPMRC-W (WEST)**

located at Scott Air Force Base, Illinois and is responsible for patient movement within US Northern Command (USNORTHCOM), from US Southern Command (USSOUTHCOM), and from USNORTHCOM. TPMRC-A coordinates with outside the continental United States (OCONUS) combatant commands (CCMDs) to receive patient movement (PM) inbound to USNORTHCOM.





TPMRC-A (AMERICAS)

TPMRC-E (EAST)

TPMRC-W (WEST)

located at Ramstein Air Base (AB), Germany, and is responsible for patient movement within and from United States European Command (USEUCOM), United States Africa Command (USAFRICOM), and United States Central Command (USCENTCOM) (when there is no Joint PMRC). *Click the video to learn more.*

 DVIDS



## Air Force Report: Holiday TPMRC-E

This edition features a story on the mission of the Theater Patient Movement Requirement Center – Europe. Hosted by Airman 1st Class Alina Richard.

**UNDEFINED DVIDS >**

TPMRC-A (AMERICAS)

TPMRC-E (EAST)

TPMRC-W (WEST)

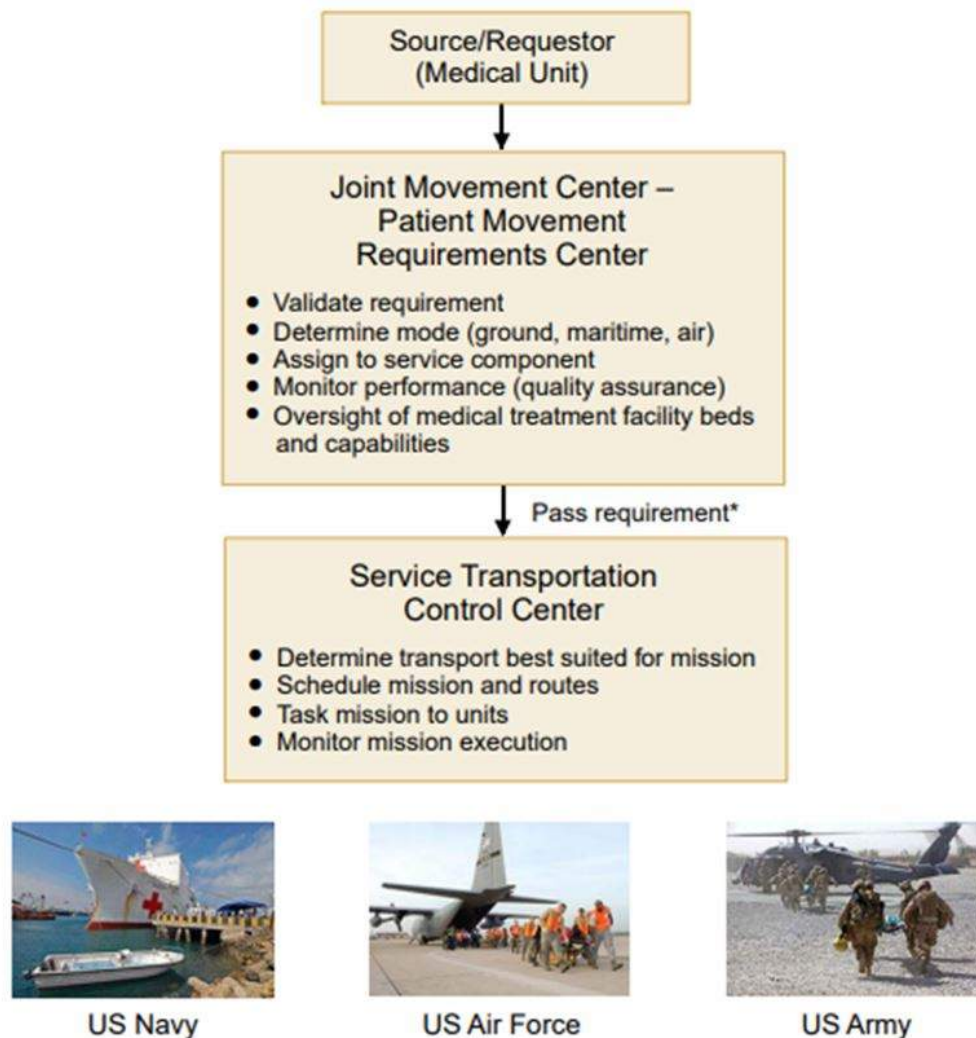
located at Joint Base Pearl Harbor-Hickam and is responsible for patient movement within and from United States Pacific Command (INDOPACOM).



---

***The image below shows the sequence of events for AE.***

## Patient Movement Requirements Center Component Lift Interface



\*Pass requirement:

- Number of patient requirements
- Originating location(s)
- Destination location(s)
- Pick-up and deliver times
- Special considerations



Click through the slides below to learn more about Aeromedical Evacuation (AE).

## **AE**

Once the patient movement technician receives the request from the attending physician, the process is set in motion.

Each step is explained in further detail to help you understand the process a little better.

More detailed information is located in DAFI 48-107 Volume 1, *En Route Care and Aeromedical Evacuation Medical Operations*.



## Step 2

### Requesting AE for Patients



The referring privileged provider assesses risks associated with patient movement and determines the need for evacuation. The requesting provider obtains an accepting provider at the receiving facility. The request for patient movement (PM) begins with the initiation of a Patient Movement Request (PMR) by the referring privileged provider. Patient eligibility for movement is in accordance with DoDI 6000.11, *Patient Movement*.



### Step 3

## Submit a Patient Move Request (PMR)

PATIENT MOVEMENT RECORD											
DATA PROTECTED BY PRIVACY ACT OF 1974											
PERMANENT MEDICAL RECORD											
(5) - Information needed to submit patient movement record											
<b>SECTION I - PATIENT IDENTIFICATION</b>											
(a) NAME (Last, First, Middle Initial)				(b) SSN				(c) DATE OF BIRTH			
(d) AGE	(e) SEX	(f) STATUS	(g) SERVICE	(h) GRADE	(i) UNIT OF RECORD AND PHONE NUMBER				(j) CITE NUMBER		
(d) AGE	(e) SEX	(f) STATUS	(g) SERVICE	(h) GRADE	(i) UNIT OF RECORD AND PHONE NUMBER				(j) CITE NUMBER		
<b>SECTION II - VALIDATION INFORMATION</b>											
(a) Medical Treatment Facility Origination and Phone Number				(b) Ready Date (Julian Date)				(c) APPOINTMENT DATE		(d) NUMBER OF ATTENDANTS	
(a) Medical Treatment Facility Destination and Phone Number				(b) CLASSIFICATION - IASB				(c) MEDICAL		(d) NON-MED	
(a) Reason Regulated				(b) CLASSIFICATION - IASB				(c) MEDICAL		(d) NON-MED	
(a) Reason Regulated				(b) CLASSIFICATION - IASB				(c) MEDICAL		(d) NON-MED	
<b>SECTION III - OTHER INFORMATION</b>											
(a) Attending Physician name, Phone Number and e-mail						(b) Accepting Physician name, Phone Number and e-mail					
(a) Origination Transportation 24 Hour Phone Number						(b) Destination Transportation 24 Hour Phone Number					
(a) Insurance Company				(b) Address				(c) Phone #			
(a) Insurance Company				(b) Address				(c) Phone #			
(a) Insurance Company				(b) Address				(c) Phone #			
<b>SECTION IV - CLINICAL INFORMATION</b>											
(a) Diagnosis				(b) Allergies				(c) LABS (Date and time drawn in Zulu)			
(a) Diagnosis				(b) Allergies				(c) LABS (Date and time drawn in Zulu)			
(a) Diagnosis				(b) Allergies				(c) LABS (Date and time drawn in Zulu)			
<b>SECTION V - PERTINENT CLINICAL HISTORY (Transfer Summary)</b>											
Physician's Signature											
Signature of Clearing Flight Surgeon											
Date/Time											
Date/Time											

AF IMT 3899, 20060819, V1

Submit a PMR as soon as the need for movement is determined. The patient movement process begins when the referring MTF electronically submits the PMR to the PMRC through [TRAC<sup>2</sup>ES](#).

If the MTF does not have access to TRAC<sup>2</sup>ES, call the PMRC for assistance in obtaining access and/or submitting the PMR.

**NOTE:** Users may apply for new accounts by contacting the TRAC<sup>2</sup>ES help desk at: [transcom.scott.tcj6.mbx.service-desk@mail.mil](mailto:transcom.scott.tcj6.mbx.service-desk@mail.mil)

The help desk can provide forms and assist with guidance to register for a new account.

## Step 4

# TRAC2ES

trac2es.transport.mil

**UNITED STATES DEPARTMENT OF DEFENSE WARNING STATEMENT**

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

**PRIVACY ACT WARNING**

INFORMATION CONTAINED IN THIS SYSTEM IS SUBJECT TO THE PRIVACY ACT OF 1974 (5 U.S.C. 552A AS AMENDED). PERSONAL INFORMATION CONTAINED IN THIS SYSTEM MAY BE USED ONLY BY AUTHORIZED PERSONS IN THE CONDUCT OF OFFICIAL BUSINESS. ANY INDIVIDUAL RESPONSIBLE FOR UNAUTHORIZED DISCLOSURE OR MISUSE OF PERSONAL INFORMATION MAY BE SUBJECT TO FINE OF UP TO \$5,000.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT WARNING**

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THIS SYSTEM IS SUBJECT TO THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND DOD 6025.18-R, "DOD HEALTH INFORMATION PRIVACY REGULATION." THIS INFORMATION MAY ONLY BE USED AND/OR DISCLOSED IN STRICT CONFORMANCE WITH THAT AUTHORITY. THE MHS IS REQUIRED TO AND WILL APPLY APPROPRIATE SANCTIONS AGAINST INDIVIDUALS WHO FAIL TO COMPLY WITH ITS PRIVACY POLICIES AND PROCEDURES.

**QUALITY ASSURANCE DOCUMENTS PROTECTED UNDER 10 U.S.C., SECTION 1102**

The following specific sections within TRAC2ES contain Quality Assurance Documents that are protected under 10 U.S.C., section 1102: PMQ-R, Reports/PMQ-R Summary, and Reports/PMQ-R Downloads.  
**Do Not Release information from these sections without proper authority.**

**Please select the PIV Authentication certificate when prompted.**

☐ I agree

[CAC Login](#)

**For Account Administration/Requests Please Contact The TRAC2ES Help Desk**  
Duty Hours U.S. CT, M-F (0730-1630 CT / 1230Z-2130Z)  
Comm: (616) 228-8523 / DSN: (312) 779-8523  
Email: [transcom.scott.bsg.mbx.trac2es@mail.mil](mailto:transcom.scott.bsg.mbx.trac2es@mail.mil)

**For Functional System Use or Patient Movement/Mission Operations Questions**  
Contact your supporting Patient Movement Requirements Center  
TPMRC-A (Scott AFB): Comm: (616) 817-4200 / DSN: (312) 779-4200  
TPMRC-E (Ramstein): Comm: 011-49-6371-8040 / DSN: 314-480-8040/2235  
TPMRC-W (Hickam): Comm: 808-448-1602/1604 / DSN: 315-448-1602/1604

**For Urgent System Outages Outside CONUS Weekday Duty Hours**  
\*\*\*Nelson Essential Calls Only\*\*\*  
Comm: (616) 624-3090

TRAC<sup>2</sup>ES is the Automated Information System supporting patient movement which links the originating and destination MTFs with medical transportation assets and Command & Control (C2) infrastructure to plan and manage PM, and to maintain continuous global awareness of the PM system.

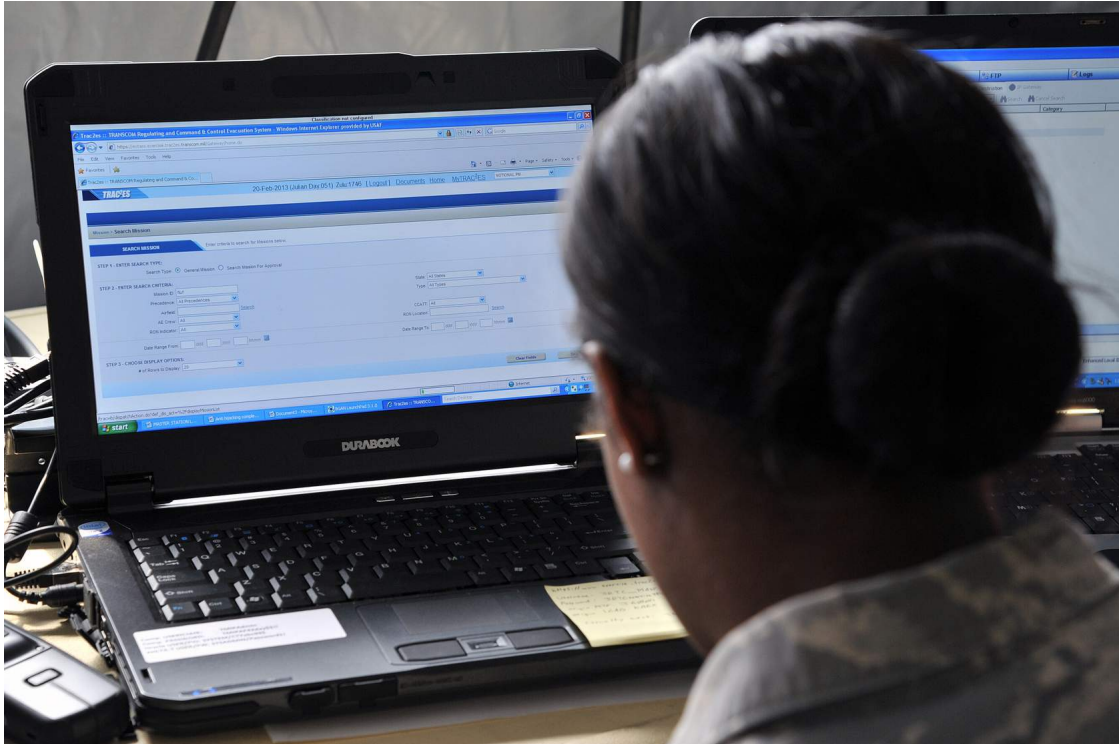
The system is used by:

- PMRCs
- Fixed and deployed MTFs
- PM C2 elements

- Headquarters of Joint Task Forces, combined task forces, and Combatant Commanders (CCDRs)

## Step 5

### PMRs and Air Force Form 3899s



These are generated at the referring MTF by entering patient information into TRAC<sup>2</sup>ES. The Air Force Form 3899 has the referring privileged provider's signature and orders for AE (ground transport, staging, in-flight, and remain-overnight phases).

The Air Force Form 3899 is the authorizing document for in-flight care, as well as part of the patient's permanent medical record. Significant changes in the patient's condition require updates to the PMR.

**NOTE:** The PMRC technician will transcribe the completed Air Force Form 3899 into TRAC<sup>2</sup>ES to initiate PMR.

## Step 6

### Urgent, Priority, Routine



For ROUTINE moves, if the patient is going to a civilian facility, a TRICARE authorization number is needed for care prior to PMR validation. Additionally, if the patient is moved by civilian ambulance on either end of the move, a TRICARE authorization number for ground transportation is needed prior to PMR validation. For URGENT or PRIORITY moves, authorizations can be acquired at a later time.

## Validation



When the PMR is submitted with required information and all approvals are completed, a patient movement clinical coordinator (PMCC) or the validating flight surgeon (VFS) *clinically* validates, as appropriate. The patient movement operations officer (PMOO) *administratively* validates the PMR.

The airlift C2 agency, after receiving a validated PMR, selects the most advantageous mission for the patient and notifies the PMRC of the mission, who then notifies the facilities and ground transportation agencies.

The PMOO builds the mission in TRAC<sup>2</sup>ES, as required, and the duty controllers make appropriate notifications to originating and destination facilities prior to the mission and during execution.





**NOTE:** Required information and documentation (e.g., scanned copies of passports, contractor letters of authorization) vary by patient situation and theater of operation. Contact your servicing PMRC for detailed guidance.



Complete the content above before moving on.



Click the video below to learn more about patient movement training.

 **DVIDS**



## Patient Movement Training

Airmen practice configuring a C-17 Globemaster III Aircraft for aeromedical evacuation at Alexandria International Airport, La. during Joint Readiness Training Center (JRTC) 13-04. The airmen from the 86th Aeromedical Evacuation Squadron (AES), Ramstein Air Base, the 628th Medical Group, Joint Base Charleston, the

439th Communications Squadron, Westover Air Reserve Base, and the 18th AES, Kadena Air Base also practiced patient onload, offloads, and plane deconfiguration.

**READ MORE DVIDS >**

**CONTINUE**

**Knowledge Check.** Select and submit the best option in response to the statement below.

The request for patient movement begins with the initiation of a Patient Movement Request.

---

☐ True

☐ False

**SUBMIT**

**Knowledge Check.** Select and submit the best option in response to the question below.

Who can state a patient is ready to fly?

---

- ☐ The patient's doctor
- ☐ The admin working the PMR
- ☐ The validating flight surgeon
- ☐ The patient's home station commander

SUBMIT

**Knowledge Check.** Select and submit the best option in response to the statement below.

The Air Force Form 3899 is the authorizing document for in-flight care, as well as part of the patient's permanent medical record.

---

☐

True

☐

False

SUBMIT



Complete the content above before moving on.