EVALUATION OF THE

DOCUMENTATION CAPABILITIES OF THE NAVY’S FIELD

MEDICAL DATA COLLECTION PROTOTYPE DEVICE

(MEDTAG)

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BETHESDA, MARYLAND
MEDTAG Capabilities

EVALUATION OF THE DOCUMENTATION CAPABILITIES
OF THE NAVY'S FIELD MEDICAL DATA COLLECTION PROTOTYPE DEVICE
(MEDTAG)

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Abstract

The menu items in the MEDTAG, an automated medical data documentation system, were assessed to verify their comprehensiveness in the variety of injuries, illnesses, treatments, and other related information that can be encountered and documented in the battlefield. The menu items were compared to items from 13 sources of battlefield and trauma information. The source items were categorized by how well the MEDTAG could document them and were then reviewed and verified by staff members of the Field Medical Service School. The findings show that 93% of the source items could be documented by the MEDTAG, which suggests that the menu items are quite comprehensive. Most of the items that could not be documented fall into the category of "Patient Conditions." A new MEDTAG prototype is under development that will have increased memory expansion, which will allow for many menu item additions, especially in the "Patient Conditions" area.
EVALUATION OF THE DOCUMENTATION CAPABILITIES
OF THE NAVY’S FIELD MEDICAL DATA COLLECTION PROTOTYPE DEVICE
(MEDTAG)

Complete, accurate documentation of battle casualty management is essential (Department of the Navy, 1990). It provides important medical information to subsequent treatment facilities, it becomes a part of permanent clinical records, and it has significant administrative and epidemiological applications. For these reasons, current medical doctrine specifies that corpsmen carry booklets of the Field Medical Card-DD1380 (FMC) into battle and fill out one or more cards for each casualty encountered. The FMC is designed to chronicle important field medical information, including injury description and treatment given at the first echelon of care, as well as the casualty’s identification and other personal data. A study by Wilcox, Galarneau, and Fitzgerald (1993) showed that under simulated battlefield conditions it takes 3 min 26 s on average to fill out the FMC with complete, high-quality information.

Corpsmen on the battlefield, unfortunately, have a very limited time to spend with each casualty and, by necessity, most of that time is spent securing a safe position and administering lifesaving treatments to the patient. Thus, the critical nature of the injury and the urgency of the hostile situation often prevent medical personnel from completely and accurately filling out the FMC. In fact, a review of battlefield records indicates that FMCs are rarely used during combat (Wilcox et al., 1993).

Even when the card is properly completed, several other factors contribute to the deficiency of the current system: the booklets and cards are easily lost or damaged, they are difficult to use at night, a writing instrument is required but not always available, and handwriting is often illegible. Because of these drawbacks, the nature of the injury and the full extent of the treatment given can be unclear or unknown to the next care provider. This may create delays and misdiagnoses as the casualty is seen at successive echelons of care.

In response to these problems, the Navy developed the concept of an electronic medical data collection device (MEDTAG) that would be able to store important medical history items which could be viewed on a small display. It is proposed that such a device be worn by the troops when called to action and, if needed, used by medical personnel to retrieve information about the casualty and to enter data about the injury/illness and treatment provided.

Evaluations conducted by NHRC have tested the feasibility of the MEDTAG and have shown promising results. For example, the two-button (yes/no) method of entering data expedited data input, and field corpsmen quickly learned this process of data entry. The backlit screen, which the user can switch on or off, was shown to enhance nighttime use (Galarneau & Wilcox, 1993a).

In a field study, Navy corpsmen who had advanced field medical training used the
MEDTAG prototype and FMCs to record data under simulated battlefield conditions. The simulated "casualties" wore plastic moulages representing standard injuries (sucking chest wounds and amputated limbs). The results showed that: (1) The corpsmen using the MEDTAG took significantly less time to record the information and had significantly more accurate and reliable data, (2) more than 90% of the medical data for the standard injuries could be documented using the MEDTAG in an average of only 2 min 13 s, and (3) 80 to 90% of all information specified on the FMC could be captured in an average of approximately 40 s using the "activation sequence" (Galarneau & Wilcox, 1993b).

Since the MEDTAG prototype has shown the potential to provide faster, more accurate field medical data, it becomes important to know its capacity to document the full range of medical problems, treatments, and patient conditions which could be encountered on the battlefield. The purpose of this study was to review MEDTAG’s menu elements and determine if they are comprehensive enough to sufficiently fulfill the battlefield casualty documentation requirements.

Method

Description of MEDTAG Prototype

A functional MEDTAG prototype (Figure 1) was created that allows the user to maneuver through a series of menus that presents items in an ordered presentation. Two types of menu structures accomplish this (Fortney, Rosen, & Chu, 1991). The first, called the "activation sequence," consists of prompted menus designed to elicit the most crucial medical facts needed in the field in the most timely manner possible (Appendix A). The second, the "extended menu sequence," is used for documenting more detailed information when time permits (Appendix B). Documentation with the current MEDTAG prototype is achieved by moving through a series of menus and selecting one of more than 200 items which, when selected, are stored in memory as codes.

Two buttons are used in the documentation process. The "no" button moves a cursor through the menu items and the "yes" button selects what is to be documented. The items fall into the following categories: assessment, treatment, condition, disposition, and reassessment. An area in the MEDTAG software called "help" is designed to provide lifesaving information and list the items that have been documented. Within the assessment category, there are 62 (52 specific, 10 general/"other") possible injuries/illnesses available for documentation, as well as 71 possible anatomical locations. A total of 48 different treatments can be documented, along with 14 patient conditions. Several other items are designated as qualifiers, such as "right," "left," "open," or "closed." Also incorporated into the MEDTAG software is the automatic calculation of the Glasgow Coma Scale (Hedges, Feero, Moore, Haver, & Shultz, 1987) and the Revised Trauma Score (Champion, Sacco, & Copes, 1989).
Figure 1. MEDTAG II field test prototype.
Field Medical Documentation Material

Following an exhaustive review of battlefield medical treatment reports, as well as civilian accident and trauma cases, a set of 13 databases were assembled containing more than 2,500 documentable medical items. These items were derived from a wide variety of medical sources (Appendix C). They include data collection forms, hostile action databases, reports, and material derived from individuals with field medical knowledge. All data sources were chosen for their relevance to field medical documentation, especially in the combat environment.

Procedure

Each specific MEDTAG documentation element (menu item) was placed into a database, which became the master file against which all other elements were compared. Each source was similarly broken down into specific elements (i.e., types of injuries and illnesses, treatments, anatomical locations and conditions) and these were also entered into individual databases. A program was designed to compare the source items to the MEDTAG menu items. They were categorized based upon the precision with which they could be documented by the existing MEDTAG terms. Where possible, each source item was associated with a MEDTAG menu item and assigned a category number which represents the level of documentation precision achieved.

To assist in the comparison process, numerous references were assembled (Appendix D). Using those references, the filtering process was undertaken by comparing every source item to the menu items in the MEDTAG prototype. Depending on the precision of the match, source items were either assigned a category number, held for further review, determined to be outside the scope of first echelon documentation, or labeled as too general or inappropriate for comparison. Ultimately, those items held for review were later given a category number or were determined to be out of the scope of first echelon documentation. The following are the definitions of the category numbers and how they were assigned:

Category 1. Each item (e.g., fracture, morphine, respiratory illness, ear) from the source databases were compared to the menu items available in the MEDTAG. When a source element was labeled in precisely the same terminology as the MEDTAG item, it was considered to be an exact match and assigned to Category 1. Items which represented a subset of the MEDTAG elements were also considered matches (e.g. plurals). If the MEDTAG term matched only partially or not at all, the source item was deemed a nonmatch and considered for one of the other categories.

Category 2. An item was accepted and assigned to Category 2 if the difference was only in semantics and not in meaning between the MEDTAG’s menu element and the source item. This applies to synonyms (immersion foot vs. trench foot), forms of the word (abraded wound vs. abrasion), and abbreviations (G.S.W. vs. gunshot wound). As long as the definitions of the two elements were determined to be identical, then the term used in the MEDTAG was deemed sufficient for documenting that particular element.
Category 3. The third category addressed the issue of acceptable alternatives for elements not in the MEDTAG. To be considered a Category 3 item, the source item would have to reflect only a very minor change in meaning from the MEDTAG menu item. For a location item, the alternative would have to be in close proximity or have a similar function to be "acceptable" (e.g., thumb vs. finger). For treatment and injuries/illnesses, the alternative would have to allow the next care provider to be able to correctly determine what treatment was given or what was assessed and to be able to make the correct medical decisions (e.g., incision vs. laceration).

Category 4. For all elements remaining, a determination was made as to whether a source item could be appropriately documented in a general manner, or as "other" at a higher, more general level without losing vital information. If so, it was assigned to Category 4. It is important to note that a generalization is acceptable (and often desirable) if: (1) the care provider’s understanding of the situation is limited, (2) the event occurs extremely infrequently, (3) the condition is beyond the knowledge or capabilities of the care provider (e.g., determination of an injury by an x-ray when an x-ray machine is not available), and/or (4) it does not affect the next provider’s understanding and decision-making capability.

Category 5. Source items that could not be associated with one of the MEDTAG items (i.e., assigned to Categories 1 through 4) were assigned to Category 5.

Review of Category Assignments

After all of the source items were assigned a category number, a compilation was made of Categories 2, 3, 4, and 5. Each MEDTAG menu item was placed on a separate page, followed by the Category 2, 3, and 4 items that were associated with it. Category 5 items were on a separate list since they were not associated with a specific MEDTAG menu item. All of these items were then reviewed by instructors at the Field Medical Service School (FMSS; Camp Pendleton, CA), one of two facilities where Fleet Marine Force (FMF) corpsmen are trained. They evaluated, altered, and/or verified each item to ensure its appropriateness.

Example of Categorization Process. The source item is "X-RAY." "X-RAY" is not in the MEDTAG, so it does not belong in Category 1. There is not a different term in the MEDTAG that means "X-RAY," so it does not belong in Category 2. No item similar to "X-RAY" is a good alternative, nor is there an item in the MEDTAG that it could be generalized to. Therefore, it does not belong in Category 3 or 4. The term is assigned to Category 5, until it is reviewed. Upon review, it is determined that "X-RAY" is not an option at the first echelon and is therefore deemed an inappropriate item for the MEDTAG.

Results

The 13 databases yielded 2,612 items. Some items (700) were duplicated between the different databases. There were 848 items found to be inappropriate for first echelon battlefield documentation (see Appendix E for examples). This left a total of 1064 unique and relevant items which fell into Categories 1 through 5. Of the unique items, 986 were found to be
appropriately documented by the MEDTAG and fell into Categories 1 through 4, according to the FMSS personnel. All of the categorized items that could be documented are included in a list that shows how MEDTAG can sufficiently record each term (Appendix F). Overall, 93% of the unique items considered for this study were documentable by the MEDTAG (Figure 2).

The 78 items that could not be adequately documented (Category 5) are listed in Appendix G. They fall into 11 areas, 9 of which are related to patient conditions. This accounts for 67 of the 78 nondocumentable items. Ten of the remaining eleven items relate to treatment, and one is a problem type.

Discussion

Overall, it appears that the current MEDTAG prototype is capable of documenting a very high percentage of all relevant information needed at the first echelon of care, especially concerning injuries, physical locations, and treatments. It is important to note that although many items were generalized as "OTHER" (Category 4), this is acceptable and often warranted at the first echelon where diagnostic and treatment capabilities are limited. Since 9 of the 11 general areas of nondocumentable items relate to patient conditions, it appears that this is the one area of the current MEDTAG prototype that should be expanded. With additions and revisions, primarily to capture the data identified in Appendix G, the MEDTAG will be able to provide comprehensive documentation capabilities to the combat casualty care providers.
Figure 2. Results of MEDTAG documentation capability evaluation
References


Author Notes

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Appendix A: MEDTAG's Activation Sequence

START

'PATIENT ALLERGIC TO:'
"PENICILLIN"
HOSTILE ACTION?
PRESS 'YES' OR 'NO'

PATIENT LAST NAME,
FIRST NAME, INITIAL
TREATED FOR SHOCK?
PRESS 'YES' OR 'NO'

PROBLEM:
→ BAT-INJ NON-BAT-INJ
DISEASE OTHER
> 'NO' MOVES ARROW

BLOOD LOSS:
→ NONE UNKNOWN MILD
MODERATE SEVERE
> 'YES' SELECTS ITEM

BLEEDING CONTROL:
→ BATTLE OTHER NONE
PRESS Tourn BOTH
> BATTLE DRESS 07:00

RESPIRATION PER MIN:
→ NONE 1-5 6-9
10-29 30+ EXIT
> NONE 07:00

PULSE:
→ NONE 1-59 60-99
100+ EXIT
> NONE 07:00

CONSCIOUSNESS LEVEL:
→ ALERT VERBAL PAIN
UNRESPONSIVE EXIT
> ALERT 07:00

MEDICATIONS:
→ NONE ATROP VALIUM
2PM IV MORPH OTHER
> NONE 07:00

IF 'YES' IF 'NONE'

MEDICATIONS AMOUNT
SCREEN / IV'S MENU

YOU ARE SELECTING: ...

IS THIS CORRECT?
PRESS 'YES' OR 'NO'

IF 'YES' IF 'NO'

WERE OTHER
MEDICATIONS GIVEN?
PRESS 'YES' OR 'NO'

IF 'YES' IF 'NO'

ACTION TAKEN:
→ EVACUATED RETURNED
EXPIRED EXIT
> EVACUATED 07:00

EVACUATION TYPE:
→ MEDEVAC AMBULATORY
EXIT
> MEDEVAC 07:00

MEDICAL PROVIDER:
→ CORPSMAN BUDDY SELF
DOCTOR OTHER EXIT
> CORPSMAN 07:00

→ ASSESS TREAT COND
DISP REASSESS HELP
YES = ENTER, NO=CHANGE
> ASSESSMENT 07:00
Appendix B: Cont.

MORPHINE MENU
MORPHINE (mg)
PAST 24 hr. TOTAL: 0
→ 8 16 24 32 EXIT
>8 mg 12:00

RESPIRATION MENU
RESPIRATION PER MIN:
→ NONE 1-5 6-9
   10-29 30+ EXIT
> NONE 12:00

OTHER TREATMENTS MENU
OTHER TREATMENTS:
→ AFFECTED-SIDE CPR
   SHOCK OTHER EXIT
> PLACED ON SIDE 12:00

DISPOSITION MENU
DISPOSITION:
→ ACTION TAKEN
   PROVIDER EXIT
> ACTION TAKEN 12:00

CONDITION MENU
PATIENT CONDITION:
→ SHOCK CONSCIOUSNESS
   PULSE RESP EXIT
   > PATIENT IN SHOCK 12:00

DISPOSITION TAKEN MENU
ACTION TAKEN:
→ EVACUATED RETURNED
   EXPIRED EXIT
> EVACUATED 12:00

CONSCIOUSNESS MENU
CONSCIOUSNESS LEVEL:
→ ALERT VERBAL PAIN
   UNRESPONSIVE EXIT
   > ALERT 12:00

EVACUATION MENU
EVACUATION TYPE:
→ MEDEVAC AMBULATORY
   EXIT
> MEDEVAC 12:00

PULSE MENU
PULSE:
→ NONE 1-59 60-99
   100+ EXIT
> NONE 12:00

PROVIDER MENU
MEDICAL PROVIDER:
→ CORPSMAN BUDDY SELF
   DOCTOR OTHER EXIT
> CORPSMAN/MEDIC 12:00
Appendix B: Cont.

RESASSESSMENT MENU

RESASSESSMENT:
→ VITALS RELIGION
ORDERS SHOCK EXIT
>VITAL SIGNS 12:00

EYE OPENING MENU

EYE OPENING LEVEL:
→ SPONTANEOUS VOICE
PAIN NONE EXIT
>SPONTANEOUS 12:00

VITALS MENU

VITALS:
→ BP BLOOD LOSS PULSE
GLASGOW RESP EXIT
>SYSTOLIC BP 12:00

VERBAL MENU

VERBAL LEVEL:
→ ORIENT CONFUS INAPP
INCOMP EXIT
>ORIENTED 12:00

BLOOD PRESSURE MENU

SYS. BLOOD PRESSURE:
→ 90+ 76-89 50-75
1-49 NONE EXIT
>90+ 12:00

MOTOR MENU

MOTOR LEVEL:
→ OBEYS-COMMAND LOCAL
PAIN-RESPONSE EXIT
>OBEYS-COMMAND 12:00

BLOOD LOSS MENU

BLOOD LOSS:
→ NONE UNKNOWN SEVERE
MODERATE MILD EXIT
>NONE 12:00

PAIN RESPONSE MENU

RESPONSE TO PAIN:
→ WITHDRAWS FLEXION
EXTENSION EXIT
>WITHDRAWS 12:00

GLASGOW MENU

GLASGOW COMA SCALE:
→ EYE VERBAL MOTOR
EXIT
>EYE OPENING 12:00

RELIGIOUS SERVICES MENU

RELIGIOUS SERVICES
→ BAPT ANOINT CONFESSION
PRAY COMMUNION EXIT
>BAPTISM 12:00
ORDERS MENU

ORDERS:
⇒ ANTIBIOTICS  TETANUS
MEDS  OTHER  EXIT
⇒ ANTIBIOTICS  12:00

HELP/SHOW DATA MENU

HELP/SHOW-DATA:
⇒ SHOW-DATA  SHOW-ID
HELP/HOW-TO  EXIT
⇒ SHOW-DATA  12:00

MEDICATIONS MENU

MEDICATIONS:
⇒ ATROP  2PAM  VALIUM
IV  MORPH  OTHER  EXIT
⇒ ATROPINE  12:00

HELP MENU

HELP ON HOW TO:
⇒ ENTER-DATA
STOP-CHOKING  EXIT
⇒ ENTER DATA  12:00
Appendix C: Sources Used to Compare to the MEDTAG Items

1. General and Medical Cards
   A. NHRC Compilation From Research
   B. Original Field Medical Card (DD Form 1380)
   C. Revised Field Medical Card

2. Medical Checklists
   A. Medical Encounter Data Sheet (MEDS, NHRC6320.20)
   B. Triage Trauma Flow Sheet
   C. Admitting & Sorting Worksheet
   D. Triage and Revised Trauma Score (NHRC + SF600back)

3. Medical Forms
   C. Vital Signs Record (SF511)
   D. Casualty Receiving Trauma Flow Sheet (SF509)

4. Other Data
   C. Miscellaneous Data Sets
      i. Desert Storm Data - Raw data taken directly from Triage and Revised Trauma Score forms completed at a trauma center in Al Khanjar.
      ii. Fleet Data - Raw data taken directly from various medical data forms.

5. Reports
Appendix D: References Used for Justification

1. General
   A. Common Knowledge of a Nonmedical Nature
      Standard Abbreviations
      Commonly Used Terms
   B. Dictionary:
      Publishing Company.
   C. Medical Dictionary:
      Company.
   D. NHRC Medical Researcher Consensus (ICD-9 Codes)

2. Training Manuals
   A. Field Medical Service School Student Manual/Fleet Marine Force Manual
   B. Nursing Procedures Manual (NAVMED P-5066-A)

3. Field Medical Authorities From FMSS and Other Areas
   A. Combat Medical Personnel
Appendix E: Typical Examples of Items Inappropriate for First Echelon Documentation

X-RAY
VISION SCREENING
AUDIOGRAM
ESOPHAGEAL OBTURATOR AIRWAY
AIDS

LAB TEST(S)
NITROGLYCERINE
WARD NO.
PRESENTING PROBLEM
REGULAR DIET
Appendix F:

This list shows the MEDTAG items (those followed by * *** ) and then source items that can be documented by each MEDTAG item. Source items can sometimes be documented by more than one MEDTAG term. Source items are written out as found in the original source.

<table>
<thead>
<tr>
<th>Category No.</th>
<th>Reference</th>
<th>Item</th>
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</thead>
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<tr>
<td>*</td>
<td>***</td>
<td>TIME AND DATE OF DOCUMENTATION</td>
</tr>
<tr>
<td>2</td>
<td>1A</td>
<td>TODAY’S DATE</td>
</tr>
<tr>
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<td>1A</td>
<td>DATE</td>
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<tr>
<td>3</td>
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<td>1A</td>
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<td>1A</td>
<td>HOUR TAGGED</td>
</tr>
<tr>
<td>3</td>
<td>1A</td>
<td>DATE TAGGED</td>
</tr>
</tbody>
</table>

| *            | ***       | TIME AND DATE OF TREATMENT                    |
| 3            | 1A        | MEDICATIONS TIME                              |
| 4            | 1A        | HOUR AND DATE MORPHINE                        |
| 4            | 1A        | HOUR AND DATE A.T. SERUM                      |
| 4            | 1A        | HOUR AND DATE ANTIBIOTICS                     |

| *            | ***       | TIME AND DATE OF ASSESSMENT                   |
| 3            | 1A        | DATE INJURED                                  |
| 3            | 1A        | TIME INJURED                                  |
| 3            | 1A        | HOUR INJURED                                  |
| 3            | 1A        | REASSESSMENT DATE                             |
| 3            | 1A        | REASSESSMENT TIME                             |
| 3            | 1A        | TIME OF INJURY                                |

| *            | ***       | REVISED TRAUMA SCORE (COMPUTED)               |
| 2            | 1A        | TRAUMA SCORE CALCULATION                      |
| 2            | 1A        | TRAUMA SCORE                                  |
| 3            | 1A        | PREDICTED SURVIVAL                            |

| *            | ***       | GLASGOW COMA SCORE (COMPUTED)                 |
| 2            | 1A        | G.C.S.                                        |
| 2            | 1A        | GLASGOW COMA SCALE                            |
4 3A STABLE CONDITION
4 3A MILD CONDITION
4 3A MODERATE CONDITION
4 1A CRITICAL CONDITION
4 1A UNSTABLE CONDITION

*** SPECIAL CONDITION FIELD 1
2 2B ALLERGIES
4 1A FOOD ALLERGY

*** SPECIAL CONDITION FIELD 2
2 1A DRUG REACTION

*** RELIGION
2 2B REL.

*** SPECIALTY CODE
2 1A N.E.C.
2 1A M.O.C.

*** UNIT
2 1A ASSIGNED TO UNIT
2 1A ASSIGNED TO SHIP
2 1A ASSIGNED TO BATTALION
2 1A ASSIGNED TO SQUADRON
3 1A PATIENT UNIT
4 1A POST

*** FORCE
2 1A BRANCH
2 1A B.O.S.
2 1B BRANCH OF SERVICE NAVY
2 1B BRANCH OF SERVICE MARINE CORPS
2 1B BRANCH OF SERVICE ARMY
2 1B BRANCH OF SERVICE AIR FORCE
2 1B BRANCH OF SERVICE OTHER
3 1A BRANCH AND TRADE
2 1A U.S.N.
2 1A U.S.M.C.
2 1A U.S.A.F.
2 1A U.S. ARMY
2 1A OTHER BRANCH

*** NATION
* *** SEX
2 1B SEX MALE
2 1B SEX FEMALE

1 *** SOCIAL SECURITY NUMBER
2 1A S.S.N.
2 1A PATIENT NUMBER
2 1A PATIENT S.S.N.
3 1A SERVICE NUMBER
4 1A NUMBER

* *** BLOOD TYPE
2 1A B.T.
1A TYPE SPECIFIC

* *** RANK
2 1B GRADE
2 1B PAYGRADE
2 1B PAYGRADE E
2 1B PAYGRADE W
2 1B PAYGRADE O
2 1A RATE
2 1A PATIENT RANK

* *** DATE OF BIRTH
2 2B DOB
3 1A PATIENT AGE
3 1A AGE

* *** MIDDLE INITIAL
2 1A NAME MI
2 1A NAME-MIDDLE
2 1A MIDDLE NAME

* *** FIRST NAME
2 1A NAME FIRST
2 1A NAME-FIRST

* *** LAST NAME
2 1A NAME LAST
3 1A NAME
3 1A PATIENT NAME
2 1A NAME-LAST
*** LACERATION
2 1B LACERATED WOUND
2 1A LAC

*** GUNSHOT WITH EXIT WOUND
3 1A EXIT WOUND?
4 1A PERFORATION
4 1A THRU & THRU

*** GUNSHOT WITHOUT EXIT
3 1A GUNSHOT WOUND
2 2B G.S.W.
3 1A 9MM WOUND
2 1A GUNSHOT WOUND
2 1A BULLET WOUND
4 1A PENETRATING
4 1A HOW MANY GUNSHOTS?
4 1A ENTRANCE WOUND

*** FRAGMENTATION WOUND
2 1A FRAG WOUND
3 1A GRENADE WOUND
3 1A SHRAPNEL INJURY
2 1A SHRAPNEL WOUND
3 3A METAL FRAGMENTS
4 1A MULTIPLE FRAGMENT WOUNDS

*** Evisceration

*** STAB WOUND
2 1A KNIFE WOUND
3 1A BAYONET WOUND
4 1A HOW MANY STAB WOUNDS?

*** PUNCTURE WITH EXIT WOUND
3 1A EXIT INJURY

*** PUNCTURE WITHOUT EXIT
3 1A PUNCTURE
3 1A PUNCTURE WOUND

*** BITE
3 3A INSECT BITE
3 3A ANIMAL BITE
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AVULSION

TEAR

TRAUMATIC AVULSION

SPRAIN

SPRAIN/STRAIN

SPRAIN OF JOINT

STRAIN

CERVICAL STRAIN

PULL

OTHER MUSCLE/SKELETAL INJURY

TENDONITIS

JOINT DERANGEMENT

INTERVERTEbral DISC DISORDER

MUSCULOSKELETAL OTHER

MUSCULOSKELETAL PROBLEM

MUSCULOSKELETAL

LIGAMENT DAMAGE

JOINTS GENERALLY

CRUSHING

LIGAMENT TEAR

CREPITUS

TORN CARTILAGE

BURSITIS

CRUSHING INJURY

CONCUSSION

HEAD INJURY

BRAIN INJURY

HEAD TRAUMA

CRANIO INJURY

BLUNT TRAUMA

HIT BY FIST OR KICKED

CONTUSION

BRUISE

ECCHYMOSIS

HEMATOMA

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  3 1A HEAT INJURY (SECONDARY)
  3 1C HYPERThERMIA
  3 1A EFFECTS OF HEAT

* *** FROSTBITE

* *** OTHER COLD PROBLEM
  3 1A COLD INJURY
  3 1A OTHER EFFECTS OF COLD
  4 1A DEHYDRATION (COLD)

* *** HYPOThERMIA

* *** THERMAL BURN DEGREE 1

* *** THERMAL BURN DEGREE 2

* *** THERMAL BURN DEGREE 3

* *** THERMAL BURN DEGREE UNSPECIFIED
  2 1A BURN (HEAT)
  2 1A THERMAL BURN
  2 1A FIRE BURN

* *** CHEMICAL BURN DEGREE 1

* *** CHEMICAL BURN DEGREE 2

* *** CHEMICAL BURN DEGREE 3

* *** CHEMICAL BURN DEGREE UNSPECIFIED
  2 1A CHEMICAL BURN
  4 3A PHOSPHOROUS BURN
  2 1A BURN (CHEMICAL)

* *** OTHER BURN DEGREE 1
  3 1A 1ST DEGREE BURN

* *** OTHER BURN DEGREE 2
  3 1A 2ND DEGREE BURN
* *** OTHER BURN DEGREE 3
  3 1A 3RD DEGREE BURN

* *** OTHER BURN DEGREE UNSPECIFIED
  3 1A BURN
  4 3A ELECTRICAL BURN
  4 3A ELECTROCUTION
  4 3A ELECTRIC SHOCK
  4 3A ELECTRICAL SHOCK
  4 3A HOT LIQUID BURN
  4 3A ELECT. SHOCK, WIRE
  4 3A ELECT. SHOCK, LIGHTNING

* *** INHALATION (SMOKE)

* *** OTHER HEAT/COLD PROBLEM

* *** IMMERSION FOOT
  2 2A TRENCH FOOT
  2 2A BOMB SHELTER FOOT
  2 2A WATER BITE

* *** CHEMICAL AGENT EXPOSURE
  2 1A CHEMICAL CONTAMINATION
  4 1A DELETERIOUS EFFECTS OF GAS

* *** RADIOLOGICAL EXPOSURE

* *** BIOLOGICAL AGENT EXPOSURE
  4 3A ANTHRAX

* *** RESPIRATORY DISEASE
  4 2A TONSILLITIS
  4 2A INFLUENZA
  4 2A BRONCHITIS
  4 2B U.R.I.
  4 1D PHARYNGITIS
  4 1D ASTHMA
  4 1D SINUSITIS
  4 1D INHALATION DISORDER
  4 1A LUNG DISEASE
  4 1A HAY FEVER
  4 3A RESPIRATORY VIRAL SYNDROME
  4 1D PNEUMONIA
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FOOT DISEASE
WEIL'S DISEASE
ENCEPHALOMYELITIS
RABIES
FUNGI DISEASE
HELMINTH DISEASE
ARTHROPOD INFESTATION
CANCER
AMENORRHEA
ANEMIA
FEBRILE ILLNESS
GANGRENE
PARASITIC DISEASE
BONE DISEASE
RHEUMATIC FEVER
BLOOD DISEASE
JAUNDICE
RICKETTSIAL DISEASE
KERATOCONJUNCTIVITIS
SANDFLY FEVER
PARATYPHOID FEVER
SMALL POX
SICK
INFECTIONOUS ENCEPHALITIS
INFECTIONOUS MONONUCLEOSIS
SPIROCHETES DISEASE
KALA-AZAR
TRYPANOSOMIASIS
GLANDERS
DIPHTHERIA
BACTERIAL INFECTION, OTHER
WHOOPING COUGH
LEISHMANIASIS
DENGUE
UNDULANT FEVER
PROTOZOAN DISEASE
BRUCELLOSIS
PLAGUE
TULAREMIA
YELLOW FEVER
MALARIA
1A JOINT DISEASE
1A CYSTITIS
1A MENSTRUAL DISORDER
1A DISEASE OTHER
1A DISEASE
1C INFECTIOUS HEPATITIS
1A MENINGITIS
1C MUMPS
1C TYPHOID
1C DIPHTHERIA
1C LARYNgitis
1C RUBEOLA
1C SCARLET FEVER
1C STREPTOCOCCAL SORE THROAT
1C TONSILLITIS
1C TUBERCULOSIS
1C RUBELLA
1C CHICKEN POX
1C MENINGITIS, MENINGOCOCCAL
1C STREPTOCOCCAL INFECT OTHER
1A CONJUNCTIVAL
1C CRUSH SYNDROME
1A INFECTIOUS DISEASE
1A BACTERIAL DISEASE
1A INTOXICATION
1A NEUROLOGICAL ABNORMALITY
1D HEMORRHOIDS
1D MOTION SICKNESS
1A EMBOLISM

*** POISON
1B POISONING
1C SEPTICEMIA
3A MORPHINE POISONING
3A FOOD POISONING
3A ACUTE POISONING
3A TOXIC INHALATION
3A BACTERIAL INTOXICATION

*** STROKE

*** STRESS
2 3A MENTAL STRESS
3 3A PSYCHOLOGICAL PROBLEM
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3A PARATHYROID
3A PLEURAE
1C URETERS
3A NUCLEUS PULPOSUS
1A CARTILAGE/LIGAMENT
3A LOWER EXTREMITY NERVES
1A LOWER EXTREMITY ART/VEINS
1A CARTILAGE
1A BURSA
1A MUSCLE
1A TENDON
1A LIGAMENT
1A SCIATIC NERVE
1A ANTERIOR CRUCIATE
3A MEDIASTINUM
1A NERVES, GENERALLY
1A ARTERIES/VEINS, GENERALLY
1A SPINAL VEINS

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1A BODY GENERALLY
1A SKIN GENERALLY
1A GENERAL LOCATION
1A SOFT TISSUES GENERALLY

* *** MENTAL
1A PSYCHOGENIC
1A PSYCH

* *** NONSPECIFIC BODY LOCATION
1A OTHER LOCATION
1A UNSPECIFIC LOCATION
1A OTHER PARTS AFFECTED
1A UNKNOWN LOCATION

* *** BASE OF THE SKULL
3A HEAD
3A SKULL
1A CEREBRAL
1C OCCIPITAL LOBE
3A BRAIN & COVERINGS
3A CRANIAL NERVES
1A HEAD, OTHER
1A HEAD ARTERIES/VEINS
1A CRANIO
1B BASILAR
3A FACIAL NERVE

*** TOP OF SKULL
3A SCALP
1C PARIETAL

*** FOREHEAD
2B FRONTAL REGION
1C FRONTAL LOBE

*** JAW
3A JAW BONES
3A JAW JOINT
3A MANDIBLE
1C TEMPOROMANDIBULAR JOINT

*** EAR

*** TEMPLE
2B TEMPORAL REGION

*** LEFT SIDE OF THE BODY, HEAD OR EXTREMITIES
1A LEFT

*** RIGHT SIDE OF THE BODY, HEAD OR EXTREMITIES
1A RIGHT

*** BOTH SIDES OF THE BODY, HEAD OR EXTREMITIES
1C BILATERAL

*** EYE
1C EYEBALL
1C EYELID
1C CORNEA
1C CORNEAL

*** NOSE
1B NASAL
MOUTH

1B TONGUE
1C LIPS
3A CANINES (CUSPIDS)
1C CEMENTUM
3A DENTIN
3A GINGIVA (GUMS)
3A INCISORS
3A MOLARS
3A PREMOLARS (BICUSPID)
3A PULP
3A ROOT CANAL
1A ENAMEL
1A TEETH

CHIN

FACE

3A FACIAL (INJURY)
3A FACIAL
3A CHEEK
1A FACIAL BONES
1C ZYGOMA
3A OTHER BONES OF FACE
3A FACE, OTHER
3A MAXILLARY
3A SINUSES

NECK

3A NECK INJURY
3A NECK NERVES
1A BASE OF NECK
3A LARYNX
3A PHARYNX
3A GLANDS IN NECK
1C HYOID BONE
3A NECK, OTHER
3A NECK ARTERIES/VEINS
3A UPPER NECK
3A ESOPHAGUS
3A EPIGLOTTIS
1C TRACHEA
3A THROAT
1C CERVICAL
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<tr>
<td><strong>SHOULDER</strong></td>
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</tr>
<tr>
<td>3</td>
<td>1B</td>
<td>DELTOID</td>
</tr>
<tr>
<td>4</td>
<td>1B</td>
<td>CLAVICLE</td>
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<tr>
<td>4</td>
<td>1A</td>
<td>SHOULDER JOINT</td>
</tr>
<tr>
<td>4</td>
<td>1C</td>
<td>ACROMIOCLAVICULAR JOINT</td>
</tr>
<tr>
<td>3</td>
<td>1A</td>
<td>SHOULDER, OTHER</td>
</tr>
<tr>
<td>2</td>
<td>1C</td>
<td>ACROMION</td>
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| **SUCKING CHEST WOUND** |   |   |
| 2 | 2A | OPEN PNEUMOTHORAX |
| 3 | 2A | PNEUMOTHORAX |
| 3 | 2A | TENSION PNEUMOTHORAX |
| 4 | 3A | HEMOPNEUMOTHORAX |

| **NONSUCKING CHEST WOUND** |   |   |
| 3 | 3A | PERICARDIAL TAMPOANE |
| 4 | 1C | HEMOTHORAX |
| 4 | 1A | BRONCHI |
| 3 | 1A | UPPER QUAD |
| 4 | 1A | PULMONARY |
| 3 | 3A | CHEST |
| 3 | 1C | THORAX- CHEST |
| 3 | 1C | LUNGS |
| 3 | 1A | THORAX |
| 4 | 1A | BRONCHI/TRACHEA |
| 4 | 1A | THORAX JOINTS |
| 4 | 1A | THORAX ARTERIES/VEINS |
| 4 | 1A | THORAX NERVES |
| 4 | 1A | HEART |
| 3 | 1C | THORAX OTHER |
| 4 | 3A | SUPRACLAVICULAR AREA |
| 4 | 3A | INTERCOSTAL (RIB) MUSCLES |
| 4 | 3A | RIBS |
| 4 | 1C | ALVEOLI |
| 4 | 3A | STERNUM |
| 4 | 3A | DIAPHRAGM |

| **SPINE** |   |   |
| 4 | 1A | SPINAL CORD |
| 4 | 1A | CERVICAL SPINE |
| 3 | 1A | BELOW CERVICAL SPINE |

| **ABDOMEN** |   |   |
| 2 | 2B | ABD |
4  1B  STOMACH
2  1A  ABDOMINAL
4  1A  ABDOMEN, OTHER
4  1C  COLON MESENTERY
4  1A  LARGE BOWEL
4  3A  SMALL BOWEL
4  1C  ABDOMINAL WALL
4  1C  APPENDIX
4  1C  ABDOMINAL NERVES
4  3A  INTESTINES
4  3A  MESENTERY
4  1C  OMENTUM
4  1C  PERITONEUM
4  3A  PANCREAS
4  1C  LIVER
4  1C  GALLBLADDER
4  1C  BILE PASSAGES
4  1C  SPLEEN
4  3A  BLADDER
4  3A  COLON
4  1A  ABDOMINAL ARTERIES/VEINS
4  1C  ABDOMINAL CAVITY
4  3A  ABDOMINOThoracic
2  3A  DUODENAL

*  ***  MID SIDE OF BODY

*  ***  BACK
2  3A  BACK INJURY
3  1B  LUMBAR REGION
4  3A  VERTEBRA
4  3A  VERTEBRAL JOINT
4  3A  SCAPULA

*  ***  HIP
3  1C  PELVIS
4  1B  SACRUM
4  1A  PELVIC NERVES
4  1A  PELVIS BONES
4  1C  SACROILIAC JOINT
4  1A  PELVIS OTHER
4  1A  HIP JOINT
** BUTTOCKS
4  3A  ANUS
4  3A  ANAL REGION
2  1C  GLUTEAL
4  3A  RECTUM

** GENITALS
3  3A  GROIN/GENITAL
4  3A  PENIS
2  1A  GENITALIA
4  1A  GROIN
4  3A  TESTES
4  3A  SCROTUM
4  3A  GENITAL ORGANS, FEMALE
3  3A  G.U.
3  1C  PERINEAL REGION
4  3A  URETHRA
2  2B  EXTERNAL REPRODUCTIVE ORGANS

** UPPER ARM
3  1C  HUMERUS
3  1C  BICEPS
4  1A  UPPER EXTREMITY
4  1A  UPPER EXTREMITY NERVES
4  1A  UPPER EXTREMITY ART/VEINS
4  1A  ARM OTHER
2  1A  UPPER EXTREMITY OTHER
4  1A  EXTREMITY
3  1A  ARM
4  1A  FULL ARM
3  1C  TRICEPS

** ELBOW
4  1A  ELBOW JOINT
3  3A  GLENOHUMERAL JOINT

** FOREARM
3  3A  ULNA
3  3A  RADIUS
4  1A  FULL ARM
3  3A  RADIUS/ULNA BOTH

** WRIST
2  1C  CARPAL BONES
4 1C WRIST JOINT

* *** HAND
  3 1A FIST
  4 1C METACARPAL BONES
  4 1A KNUCKLES
  4 3A HAND JOINT

* *** FINGER
  3 3A THUMB
  3 3A LITTLE FINGER
  3 3A MIDDLE FINGER
  3 3A INDEX FINGER
  2 3A FINGERTIPS
  2 3A PHALANGES
  4 3A FINGER JOINT

* *** UPPER LEG
  3 1C FEMUR
  2 1B THIGH
  3 1C RECTUS FEMORIS
  4 1A LOWER LIMB
  4 1C HAMSTRINGS
  4 3A ABOVE KNEE

* *** KNEE
  3 1C PATELLA
  2 1A KNEE JOINT
  4 1C MENISCUS OF THE KNEE
  3 1B KNEE CAP

* *** SHIN/CALF
  3 1C TIBIA
  3 1C FIBULA
  3 1A CALF
  4 1C TIBIAL NERVE
  3 1A BELOW KNEE
  4 1A LOWER LIMB
  3 1A TIB
  3 1A FIB
  4 1A EXTREMITIES
  3 1A LOWER LEG
  2 1A LOWER EXTREMITIES
  2 1A FIBULA/TIBIA BOTH
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<tr>
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<td>*** FOOT</td>
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<tr>
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<td>*** TOE</td>
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<tr>
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<td>*** BATTLE DRESSING</td>
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<td>*** WET DRESSING</td>
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<tr>
<td>2</td>
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<td>WET DRSG</td>
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<td>*** PRESSURE DRESSING</td>
</tr>
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<td>ACE WRAP</td>
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<td>4</td>
<td></td>
<td>*** OCCLUSIVE DRESSING</td>
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<tr>
<td></td>
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<td>*** MUSLIN DRESSING</td>
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<tr>
<td></td>
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<td>*** ROLLER GAUZE</td>
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<tr>
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<td>*** WATER GEL</td>
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<tr>
<td></td>
<td></td>
<td>*** VASELINE GAUZE</td>
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<tr>
<td>2</td>
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<td>DRSG</td>
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<tr>
<td>2</td>
<td>1A</td>
<td>TOURNIQUET TIME &amp; DATE</td>
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<tr>
<td>3</td>
<td>1A</td>
<td>PRESSURE POINTS</td>
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<tr>
<td>3</td>
<td>3A</td>
<td>AIRSPLINT</td>
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<tr>
<td>3</td>
<td>3A</td>
<td>SOFT SPLINT</td>
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<tr>
<td>3</td>
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<td>BULKY SPLINT</td>
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<tr>
<td>3</td>
<td>1A</td>
<td>DECONTAMINATE</td>
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<th></th>
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<th>CHEST TUBE</th>
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<tr>
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<th>IMMobilize Patient</th>
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<tr>
<td>3</td>
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<td>IMMobilize</td>
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<tr>
<td>3</td>
<td>1A</td>
<td>IMMobilizing Board</td>
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<tr>
<td>3</td>
<td>1A</td>
<td>COLLAR</td>
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<th>IMMobilize Object</th>
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<tr>
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<th>ASSisted Ventilation</th>
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<td>3</td>
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<td>RESP. ASSISTED</td>
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<td>2</td>
<td>3A</td>
<td>ENDOTRACHEAL TUBE</td>
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<td>2</td>
<td>3A</td>
<td>ENDOTRACHEAL INTUBATION</td>
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<tr>
<td>3</td>
<td>3A</td>
<td>INTUBATION</td>
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<tr>
<td>3</td>
<td>3A</td>
<td>INTUBATED AIRWAY</td>
</tr>
<tr>
<td>3</td>
<td>3A</td>
<td>ORAL INTUBATION</td>
</tr>
<tr>
<td>3</td>
<td>3A</td>
<td>OET</td>
</tr>
<tr>
<td>3</td>
<td>3A</td>
<td>NET</td>
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</table>
* *** NG TUBE
2 2B NASOGASTRIC TUBE
2 2B NG

* *** TRACHEOTOMY
2 1A TRACH

* *** CRICOTHYROIDOTOMY
2 1A CRICH

* *** OTHER AIRWAY TREATMENT NOT SPECIFIED
3 3A NASOPHARYNGEAL
3 3A NASAL AIRWAY
3 3A NASAL INTUBATION
3 3A ORAL AIRWAY

* *** ATROPINE 1 INJECTION
2 1A ATROPINE

* *** ATROPINE 2 INJECTIONS

* *** ATROPINE 3 INJECTIONS

* *** ATROPINE 4 INJECTIONS

* *** ATROPINE 5 INJECTIONS

* *** TWOPAM CHLORIDE 1 INJECTION
2 1A 2PAM CHLORIDE
4 2A N.B.C. ANTIDOTES

* *** TWOPAM CHLORIDE 2 INJECTIONS

* *** TWOPAM CHLORIDE 3 INJECTIONS

* *** TWOPAM CHLORIDE 4 INJECTIONS

* *** TWOPAM CHLORIDE 5 INJECTIONS

* *** VALIUM 5 MG
3 1A VALIUM

* *** VALIUM 10 MG
* *** RINGERS LACTATE
  2 3A RINGERS
  2 1A RINGERS LACTATE (IV)
  2 2B R.L.
  2 3A L.R.
  3 3A BLOOD VOLUME EXPANDERS

* *** NORMAL SALINE SOLUTION
  2 1A SALINE (IV)

* *** D5W - 5% DEXTROSE SOLUTION
  4 3A REPLACE FLUIDS

* *** BLOOD PRODUCT
  4 3A WHOLE BLOOD (IV)
  4 3A BLOOD REPLACEMENT
  3 1A BLOOD UNIT
  3 1A BLOOD (CC)
  4 3A TOTAL BLOOD
  4 3A TYPE SPECIFIC

* *** MORPHINE 8 MG
  4 1A MORPHINE
  3 1A DOSE MORPHINE
  3 1A MORPHINE-1ST

* *** MORPHINE 16 MG
  3 1A MORPHINE-2ND

* *** MORPHINE 24 MG
  3 1A MORPHINE-3RD

* *** MORPHINE 32 MG

* *** OTHER MEDICATION
  4 3A PRESCRIPTION(S)
  4 3A IMMUNIZATION(S)
  4 3A CURRENT MEDICATION
  4 3A ANESTHETICS
  4 3A ANTIFUNGAL (S.T.D.) TREATMENT
  4 3A ASPIRIN
  4 3A BUPIVICAINE
  4 3A CHLOROQUINE (MALARIA)
  4 3A EPINEPHRINE
LASIX
LIDOCAINE
NARCAN
MS04
I.V.
MEDICATIONS
A.T. SERUM
BACITRACIN
BETADINE
50% DEXTROSE SOLUTION
PROPHYLACTIC
PRIMAQUINE
DOXYCYCLINE

PLACE ON AFFECTED SIDE
AFFECTED SIDE

CPR
CARDIOPULMONARY RESUSCITATION

TREATED FOR SHOCK
LEG ELEVATION
ELEVATE FEET (HEAT EXHAUSTION)

OTHER TREATMENT NOT SPECIFIED
OTHER MINISTRATIONS
DEBRIDE MENT
OTHER TREATMENT
TREATMENT
C SPINE
FOLEY CATH
C-SPINE PRECAUTIONS
O2

IN SHOCK
SHOCK
SEPTIC BLOOD STREAM SHOCK
ANAPHYLACTIC

ALERT

RESPONSIVE TO VERBAL STIMULUS
VERBAL
RESPONSIVE TO VOICE
*  
***  
RESPONSIVE TO PAIN 
2  
3A  
PAIN RESPONSE 
2  
3A  
PURPOSEFUL RESP. TO PAIN 
3  
3A  
UNPURPOSEFUL RESP. TO PAIN 
3  
3A  
PAIN 
3  
3A  
PURPOSEFUL MOVEMENT TO PAIN 

*  
***  
UNRESPONSIVE 
2  
3A  
UNCONSCIOUS 
2  
3A  
TOTALLY UNRESPONSIVE 
2  
3A  
BLACKOUT 
3  
3A  
PREVIOUSLY UNCONSCIOUS 
3  
3A  
COMATOSE 
3  
1A  
NO VERBAL ABILITY 
3  
1A  
NO SPEECH 
3  
1A  
NO VERBAL RESPONSE 
2  
1A  
VERBAL RESPONSE NONE 

*  
***  
NO PULSE 
2  
3A  
ABSENT PULSE 

*  
***  
PULSE 1 TO 59 
3  
1C  
HEART RATE 
4  
3A  
DISTAL PULSE 
4  
3A  
MAST PULSE 
3  
3A  
CAROTID PULSE 
3  
3A  
FEMORAL PULSE 
3  
3A  
RADIAL PULSE 
3  
3A  
QUAL PULSE 
3  
3A  
CAP PULSE 

*  
***  
PULSE 60 TO 99 

*  
***  
PULSE OVER 99 

*  
***  
NO RESPIRATION 
2  
1A  
RR(O) 
3  
3A  
ABSENT LUNG SOUNDS 

*  
***  
RESPIRATIONS 1 TO 5 
4  
1A  
RESPIRATORY RATE 
2  
1A  
RR (1-5)
* *** RESPIRATIONS 6 TO 9
  2 1A RR (6-9)

* *** RESPIRATIONS 10 TO 29
  2 1A RR (10-29)

* *** RESPIRATIONS OVER 29
  2 1A RR (>29)

* *** MEDEVAC
  2 3A EVACUATED
  2 3A EVACUATION
  2 1B TRANSFER
  2 1A AIR EVACUATION

* *** AMBULATORY

* *** RETURNED TO DUTY
  2 1A R.T.D.
  3 1A FULL DUTY
  3 1A LIGHT DUTY

* *** EXPIRED
  2 1B DECEASED
  2 1A DIED
  4 1A VITAL SIGNS, NONE PRESENT
  2 2B DEAD

* *** CORPSMAN MEDIC
  2 1A MEDIC
  3 1A AIDMAN
  3 1A MEDICAL AID
  2 1A HOSPITAL CORPSMAN

* *** BUDDY AID

* *** SELF AID

* *** DOCTOR
  3 1A MEDICAL OFFICER (SIGNATURE)

* *** OTHER MEDICAL PROVIDER
  3 1A NURSE
  4 1A CHAPLAIN (SIGNATURE)
2  1A  PROVIDER
4  1A  CHAPLAIN

*  ***  BLOOD PRESSURE OVER 89
  2  1A  SBP >89
  3  1A  SYSTOLIC BLOOD PRESSURE

*  ***  BLOOD PRESSURE 76 TO 89
  2  1A  SBP (76-89)

*  ***  BLOOD PRESSURE 50 TO 75
  2  1A  SBP (50-75)

*  ***  BLOOD PRESSURE 1 TO 49
  2  1A  SBP (1-49)

*  ***  NO BLOOD PRESSURE
  2  1A  SBP (0)

*  ***  NO BLOOD LOSS

*  ***  UNKNOWN BLOOD LOSS
  3  1A  HEMORRHAGE
  3  1A  BLEEDING
  3  1C  HEMORRHAGIC

*  ***  SEVERE BLOOD LOSS

*  ***  MODERATE BLOOD LOSS

*  ***  MILD BLOOD LOSS

*  ***  EYE OPEN SPONTANEOUS
  3  1A  SPONTANEOUS

*  ***  EYE OPEN TO VOICE
  3  1A  TO VOICE

*  ***  EYE OPEN TO PAIN
  3  1A  TO PAIN
  3  1A  PAIN RESPONSE

*  ***  NO EYE OPENING
  3  1A  EYE OPENING, NONE
* *** OIENTED
  1A VERBAL RESPONSE
  1A SPEECH CHARACTERISTICS
  1A COHERENT SPEECH
  1A VERBAL RESPONSE ORIENTED

* *** CONFUSED
  1A DISORIENTED
  1A VERBAL RESPONSE CONFUSED

* *** INAPPROPRIATE VERBAL RESPONSE
  1B INCOHERENT SPEECH
  1A INAPPROPRIATE
  1A VERBAL RESPONSE INAPROPR.

* *** INCOMPREHENSIBLE SPEECH
  1A GARbled SPEECH
  1A INCOMPREH
  1A VERBAL RESPONSE INCOMPR.

* *** OBEYS COMMANDS
  1A OBEY COMM

* *** LOCAL PAIN RESPONSE
  1A LOCAL PAIN

* *** WITHDRAW FROM PAIN
  1A WITHDRAW PAIN
  1A WITHDRAW TO PAIN

* *** FLEXION TO PAIN
  1A FLEXION PAIN

* *** EXTENSION TO PAIN
  1A EXTENSION PAIN

* *** NO MOTOR SIGNS
  1A MOTOR FUNCTION
  1A NO MOTOR RESPONSE
  1A MOTOR RESPONSE

* *** BAPTISM
** ANOINTMENT
2  ANOINTING

** CONFESSION

** PRAYER
4  OTHER RELIGIOUS SERVICE

** COMMUNION
2  HOLY COMMUNION

** ANTIBIOTICS
4  DOSE ANTIBIOTICS

** TETANUS
4  DOSE TETANUS TOXOID
4  HOUR DATE TETANUS TOXOID
2  TETANUS SHOT
2  TETANUS TOXOID

** OTHER MEDICAL ORDER
2  ORDERS
3  DOCTOR’S ORDERS

** INTERNAL INJURY

** HOSTILE ACTION
2  ENEMY ACTION YES/NO
4  LINE OF DUTY
2  HOSTILE FIRE

** BATTLE INJURY
4  INJURED ASHORE
4  INJURED ABOARD
2  B.C.
4  INJURED ON DUTY
2  COMBAT WOUND

** NONBATTLE INJURY
2  N.B.I.
4  INJURED OFF DUTY
* *** OTHER PROBLEM CATEGORY
4  1D  DRUG ABUSE
4  1D  ALCOHOL ABUSE
4  1A  DRUG ADDICTION
4  1A  ALCOHOL DEPENDENCY
4  1A  ALCOHOL MISUSE
4  1D  GENERAL MALAISE/FATIGUE
4  1D  HEADACHE
4  1A  PREGNANCY
2  1D  OTHER MEDICAL PROBLEM
4  3A  EXHAUSTION
4  1A  SEIZURE

* *** NO DRESSING USED

* *** PRESSURE DRESSING AND Tourniquet
4  1A  BLEEDING CONTROL
4  1A  BLEEDING CONTROLLED
Appendix G: Items That Cannot Be Sufficiently Documented By The MEDTAG Prototype

The items are listed by category, followed by each specific item (bolded items):

I. Eye conditions
   A. PUPIL SIZE, PUPIL REACTION
      i. P.E.R.L.A.
      ii. PUPILS PINPOINT
      iii. PUPILS UNEQUAL
      iv. PUPILS DILATED & FIXED
   B. VISUAL IMPAIRMENT

II. Skin conditions
   A. SKIN COLOR
      i. NORM SKIN COLOR
      ii. PALE SKIN
      iii. FLUSHED/RED SKIN
      iv. CYANOTIC SKIN
      v. ASHEN SKIN
   B. Skin moisture
      i. NORMAL SKIN MOIST.
      ii. MOIST SKIN
      iii. DRY SKIN
   C. Skin temperature
      i. HOT SKIN
      ii. WARM SKIN
      iii. NORMAL SKIN
      iv. COOL SKIN
      v. COLD SKIN

III. Symptoms
   A. NUMBNESS
   B. SWELLING, EDEMA
   C. CLEAR DRAINAGE FROM EAR
   D. BLOOD FROM EAR
   E. CLEAR DRAINAGE FROM NOSE
   F. BLOOD FROM NOSE
   G. BLOOD FROM MOUTH
   H. Extremity movement
      i. MOVES ALL FOUR EXTREM., MOVES EXTREMITIES ON COMMAND
      ii. MOVEMENT RIGHT ARM, MOVES RIGHT ARM
      iii. MOVEMENT LEFT ARM, MOVES LEFT ARM
      iv. MOVEMENT RIGHT LEG, MOVES RIGHT LEG
v. MOVEMENT LEFT LEG, MOVES LEFT LEG
I. COMPROMISED AIRWAY
J. TENDERNESS
K. BATTLE’S SIGN

IV. Respiration
A. Lung sounds
   i. CLEAR LUNG SOUNDS
   ii. ABSENT LUNG SOUNDS
   iii. COURSE/FINE RALES
B. Respiratory effort/quality
   i. RESPIRATORY EFFORT NORMAL
   ii. RESPIRATORY EFFORT SHALLOW
   iii. LABORED BREATHING
   iv. IRREGULAR BREATHING
   v. DEEP BREATHING

V. CAPILLARY REFILL, BLANCH TIME
A. CAP. REFILL NORMAL
B. CAP. REFILL DELAYED
C. CAP. REFILL NONE

VI. Pulse/blood pressure
A. DIASTOLIC BLOOD PRESSURE
B. Pulse strength
   i. STRONG PULSE
   ii. WEAK PULSE

VII. PERCENT OF BSA
A. BSA <10%
B. BSA 10-19%
C. BSA 20-29%
D. BSA 30-39%

VIII. Chest/heart conditions
A. FLAIL CHEST
B. CARDIAC ARREST

IX. Treatment
A. FRACTURE REDUCTION
B. WASH W/SOAPY WATER
C. OROPHARYNGEAL AIRWAY
D. I.V.
   i. I.V. LOCATION, I.V. SITE
ii. I.V. VOLUME
E. PYRIDOSTIGMINE BROMIDE
F. Chest tube side
   i. CHEST TUBE RIGHT SIDE
   ii. CHEST TUBE LEFT SIDE
   iii. CHEST TUBE BOTH SIDES

X. Body temperature
   A. TEMP. C
   B. TEMP. F

XI. Problem type
   A. HEAT CRAMPS
The menu items in the MEDTAG, an automated medical data documentation system, were assessed to verify their comprehensiveness in the variety of injuries, illnesses, treatments, and other related information that can be encountered and documented in the battlefield. The menu items were compared to items from 13 sources of battlefield and trauma information. The source items were categorized by how well the MEDTAG could document them and were then reviewed and verified by staff members of the Field Medical Service School. The findings show that 93% of the source items could be documented by the MEDTAG, which suggests that the menu items are quite comprehensive. Most of the items that could not be documented fall into the category of "Patient Conditions." A new MEDTAG prototype is under development that will have increased memory expansion, which will allow for many menu item additions, especially in the "Patient Conditions" area.