

NATO STANDARD

AMedP-8.1

DOCUMENTATION RELATIVE TO INITIAL MEDICAL TREATMENT AND EVACUATION

Edition A Version 2

SEPTEMBER 2016



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

**Published by the
NATO STANDARDIZATION OFFICE (NSO)
© NATO/OTAN**

INTENTIONALLY BLANK

NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

6 September 2016

1. The enclosed Allied Medical Publication AMedP-8.1, Edition A, Version 2, DOCUMENTATION RELATIVE TO INITIAL MEDICAL TREATMENT AND EVACUATION, which has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2132.
2. AMedP-8.1, Edition A, Version 2, is effective upon receipt and supersedes AMedP-8.1, Edition A, Version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.
3. No part of this publication may be reproduced, stored in a retrieval system, used commercially, adapted, or transmitted in any form or by any means, electronic, mechanical, photo-copying, recording or otherwise, without the prior permission of the publisher. With the exception of commercial sales, this does not apply to member or partner nations, or NATO commands and bodies.
4. This publication shall be handled in accordance with C-M(2002)60.



Edvardas MAZEIKIS
Major General, LTUAF
Director NATO Standardization Office

INTENTIONALLY BLANK

RESERVED FOR NATIONAL LETTER OF PROMULGATION

INTENTIONALLY BLANK

RECORD OF RESERVATIONS

[illegible]

INTENTIONALLY BLANK

RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
DEU	For cost reason expiring makeshift IT solutions for electronic medical records like for example the DP module “Ärztliches Berichtswesen im Einsatz (ABE)” (Medical reporting system during operations) will not be adapted to the new Field Medical Card (FMC) to cover the period until DP systems currently being developed will be implemented. The copies of the Field Medical Card (FMC; SanBw/0900) still available in the German logistic chain are to large extent compatible with the minimum data set of the new STANAG 2132 and use German, English and French terminology. Remaining copies will be used up for economical reasons.
FRA	France will develop a national field medical card (FMC) that will be in line with the medical content of Annex A to AMedP-8.1 and also reserves the right to add the data elements required for its own conception of patient management or to exclude some data elements that fall outside the remit of the French healthcare personnel (cf. 3.b.). The format or the diagrams of the national FMC may vary.
HRV	Refer to the part of the data listed in Section 5c of the respective NATO standard from no. XVII.) Related to hypersensitivity / allergy, which cannot be adequately recorded in impairment of consciousness of the patient, and in such cases will not be entered. The authority for registration of certain data, listed in item 5 of the respective NATO standard, will be for the national purposes clearly delimited to combat lifesaver, medical
USA	The United States developed and employs Department of Defence (DD) Form 1380, Tactical Combat Casualty Care Card, JUN 14; The USA judges that the DD Form 1380, TCCC Card meets the essential information requirements specified in the STANAG/AMedP and will continue to use the DD Form 1380 to document and relay casualty data. The USA acknowledges and accepts that other countries will use the format prescribed in the STANAG/AMedP as well as variants based on National preference.
<p>Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.</p>	

INTENTIONALLY BLANK

TABLE OF CONTENTS

CHAPTER 1	INTRODUCTION.....	1-1
1.1.	GENERAL.....	1-1
1.2.	AIM	1-1
1.3.	AGREEMENT	1-1
CHAPTER 2	MINIMUM CORE MEDICAL DATA	2-1
2.1	MINIMUM CORE MEDICAL DATA.....	2-1
ANNEX A	NATO FIELD MEDICAL CARD	A-1
A.1.	NATO FIELD MEDICAL CARD.....	A-1
ANNEX B	LIST OF REFERENCES	B-1
B.1.	REFERENCE PUBLICATIONS	B-1

INTENTIONALLY BLANK

CHAPTER 1 INTRODUCTION

1.1. GENERAL

Although electronic documentation of medical data is quickly developing it is considered that a hard copy Field Medical Card (FMC) is still necessary for initial documentation in the prehospital environment. Several Working Groups and Panels of the Committee of the Chiefs of Military Medical Services in NATO (COMEDS WG/P) have been involved in defining minimum core medical data elements relative to the different types of nationally developed FMC. The data elements were originally defined with the scope to secure at least compatibility between NATO nations developing electronic medical documentation systems and a NATO Trauma Registry. Data elements found relevant up to and including Role 1 are considered essential for FMC use.

1.2. AIM

This agreement is to establish common procedures and standardized documents for the reporting of patient's initial treatment, on a FMC. The FMC will provide documentation of casualties' identity, first aid, initial medical treatment and care in transit up to and including medical treatment facilities (MTF) Role 1. The FMC is to be initially used by the first responder and follow the casualty en route.

1.3. AGREEMENT

Participating nations agree to include a defined set of minimum core medical data elements into nationally developed FMC or to make use of the FMC found in Annex A. Minimum core medical data elements are listed below. Nationally developed FMC will carry English and/or French text as supplement to national language instructions. Nations may include other registrations in their FMC, but cannot exclude any item listed in this STANAG.

INTENTIONALLY BLANK

CHAPTER 2 MINIMUM CORE MEDICAL DATA
--

2.1 MINIMUM CORE MEDICAL DATA

The defined minimum core medical data elements that must be represented on a FMC can be grouped into the following subgroups covering a varying number of data elements:

- a. Identification:
 - (1) Name/Surname
 - (2) Other names
 - (3) Sex
 - (4) Service number
 - (5) Date of birth
 - (6) Rank
 - (7) Unit of origin
 - (8) Armed Forces of origin (Nationality)
- b. Cause:
 - (9) Nature of casualty or illness (WIA, DNBI, Mental)
- c. Assessment:
 - (10) Date of casualty or illness
 - (11) Time of examination
 - (12) Diagnosis
 - (13) Sensitivity to anesthetics (type)
 - (14) Sensitivity to antibiotics (type)
 - (15) Sensitivity to immunizing agents (type)
 - (16) Sensitivity to biological products (specify)
 - (17) Sensitivity to other agents/materials (specify)
 - (18) Blood group

- (19) Rhesus factor
- (20) Basic vital signs
- (21) History of patient pertinent to condition for which treatment is given
- (22) Report of physical examination and observations made by professional staff during patients stay in an MTF
- (23) Conclusions including final diagnosis
- d. Treatment:
 - (24) Fluids
 - (25) Central Analgesia, time/dose/date
 - (26) Antibiotics, time/dose/date
 - (27) Tetanus, time/dose/date
 - (28) Tourniquet Y/N
 - (29) Tourniquet Time
 - (30) Report of surgical procedure and findings (if any)
 - (31) Recommendations for further treatment
 - (32) MTF Unit
- e. Movement:
 - (33) Evacuating Unit
 - (34) Isolate Y/N
 - (35) To be kept into observation Y/N
 - (36) Priority of treatment and evacuation
 - (37) Transport category
 - (38) Special conditions relevant for evacuation (STANAG 2347)
 - (39) Classification of patients for aero medical evacuation class (STANAG 3204)
 - (40) Evacuating Medical Officer Name and rank

MEDICAL IN CONFIDENCE WHEN COMPLETED

[illegible]

MEDICAL IN CONFIDENCE WHEN COMPLETED

INTENTIONALLY BLANK

ANNEX B LIST OF REFERENCES
--

B.1. REFERENCE PUBLICATIONS

The following are the principal references used for this document:

- a. STANAG 2347, Edition 2 - Medical Warning Tag
- b. STANAG 3204 Edition 8 - AAMedP-1.1(A) Aeromedical Evacuation

AMedP-8.1(A)(2)