

da form 4700

DA Form 4700: A Comprehensive Guide to Its Purpose, Usage, and Importance

Introduction

In the landscape of military administration and personnel management, various forms facilitate the smooth functioning of processes, record-keeping, and compliance with regulations. Among these, DA Form 4700 stands out as a significant document used within the U.S. Army. Whether you're a service member, administrative professional, or an individual involved in military healthcare or personnel management, understanding what DA Form 4700 is, its purpose, how to complete it, and its relevance is essential.

This article provides an in-depth overview of DA Form 4700, exploring its definition, usage, components, and importance in military administrative procedures.

What is DA Form 4700?

DA Form 4700 is a Department of the Army (DA) administrative form used primarily for documenting and reporting specific personnel or administrative information within military health and personnel systems. It functions as an official record that captures essential data related to individual soldiers, units, or administrative actions.

While the exact designation and purpose of DA Form 4700 can vary depending on the context—such as medical records, administrative updates, or personnel data—it is predominantly associated with healthcare documentation, particularly in relation to military medical services.

Purpose and Usage of DA Form 4700

Primary Functions

- Medical Documentation: Often used to record medical status, treatments, or health-related information of soldiers.
- Personnel Records: Used for updating or verifying personnel data, such as medical readiness or administrative status.
- Administrative Reporting: Serves as an official report for medical or personnel actions that require documentation within military systems.

Common Scenarios Where DA Form 4700 Is Used

- Recording a soldier's medical condition or treatment history.
- Documenting medical evaluations or assessments.
- Updating personnel records related to medical readiness.
- Reporting administrative actions involving medical or personnel data.

- Ensuring compliance with military health and personnel policies.

Components of DA Form 4700

While the specific format and fields of DA Form 4700 may vary depending on the purpose and the version, typical sections include:

1. Header Information

- Form title and number
- Date of submission
- Identifying information such as soldier's name, rank, and service number
- Unit or organization details

2. Medical or Administrative Data

- Medical assessment or condition details
- Dates of treatment or evaluation
- Medical provider or administrative officer's signatures
- Relevant codes or classifications

3. Remarks or Additional Notes

- Clarifications or special instructions
- Follow-up actions
- Remarks from medical or administrative personnel

4. Signature and Certification

- Signatures of authorized personnel
- Certification statements confirming accuracy and completeness

How to Complete DA Form 4700

Completing DA Form 4700 accurately is crucial for ensuring proper documentation and compliance. Here are general steps and tips:

Step 1: Gather Necessary Information

- Personal details of the individual (name, rank, service number)
- Medical or administrative data relevant to the purpose
- Supporting documents or previous records if applicable

Step 2: Fill Out Header Section

- Enter the date, form number, and unit information
- Confirm the identity of the individual involved

Step 3: Input Data in Relevant Sections

- Record medical assessments or administrative notes clearly and accurately
- Use standard medical or administrative terminology
- Attach or reference supporting documentation where needed

Step 4: Review and Verify

- Double-check all entries for accuracy
- Ensure signatures are obtained from authorized personnel
- Confirm that all required fields are completed

Step 5: Submit and File

- Submit the completed form according to military procedures
- File copies in appropriate personnel or medical records

Importance of DA Form 4700 in Military Operations

DA Form 4700 plays a vital role in maintaining accurate, up-to-date records within the Army's administrative and medical systems. Its significance includes:

- Ensuring Medical Readiness: Proper documentation helps track soldiers' health status, enabling readiness assessments.
- Supporting Medical Care: Accurate medical records facilitate continuity of care and treatment planning.
- Legal and Administrative Compliance: Official documentation ensures adherence to military policies and provides legal records if needed.
- Facilitating Communication: Serves as a formal communication tool between medical providers, administrative personnel, and command units.

Common Challenges and Best Practices

Challenges

- Incomplete or inaccurate entries
- Misinterpretation of medical or administrative codes
- Loss or misfiling of records
- Delays in submission or approval processes

Best Practices

- Ensure thorough training for personnel responsible for completing DA Form 4700
- Use clear, legible handwriting or digital forms
- Cross-verify information before submission
- Maintain organized filing systems for easy retrieval
- Keep up-to-date with any changes to form formats or procedures

Where to Find DA Form 4700

DA Form 4700 is typically available through official Army resources, including:

- Army Publishing Directorate (APD) website
- Military medical or personnel offices
- Digital forms on military intranet portals

- Authorized administrative software systems

It is advisable to always use the latest version of the form to ensure compliance with current regulations.

Conclusion

DA Form 4700 is a crucial document within the U.S. Army's administrative and medical systems. Its proper use ensures that personnel and medical records are accurate, comprehensive, and compliant with military regulations. Whether used for recording medical assessments, administrative updates, or compliance reporting, understanding the purpose and correct completion of DA Form 4700 is essential for military personnel and administrative staff alike.

By familiarizing yourself with the form's components, usage scenarios, and best practices, you can contribute to the efficient and effective management of military records, ultimately supporting the readiness and well-being of service members.

Frequently Asked Questions

What is DA Form 4700 used for?

DA Form 4700 is used by military personnel to document and record their civilian employment information, including details about their employment status, employer, and income for official military records.

How do I fill out DA Form 4700 correctly?

To correctly fill out DA Form 4700, ensure all sections are completed accurately with your personal details, civilian employment information, employer contact details, and employment status, following the instructions provided on the form.

Who needs to submit DA Form 4700?

Military personnel who are engaged in civilian employment or have civilian income are typically required to submit DA Form 4700 to update their employment status with their unit or administrative office.

Can I submit DA Form 4700 electronically?

Yes, in many cases, DA Form 4700 can be submitted electronically through official military portals or email, depending on the unit's procedures. However, always verify the preferred submission method with your command.

What are the consequences of not submitting DA Form 4700?

Failing to submit DA Form 4700 can lead to incomplete personnel records, potential issues with pay or benefits, and non-compliance with military reporting requirements.

Is DA Form 4700 a temporary or permanent record?

DA Form 4700 is a personnel record document meant to be updated regularly to reflect current civilian employment information; it is not necessarily a permanent record but is important for ongoing personnel management.

Additional Resources

DA Form 4700: A Comprehensive Guide and Review

Introduction

The DA Form 4700, also known as the Application for Identification Card, is an essential document within the United States Army and other Department of Defense (DoD) agencies. It serves as a formal request for issuing or renewing military identification cards, which are vital for service members, retirees, dependents, and eligible civilians. Understanding the purpose, procedures, and nuances of DA Form 4700 is crucial for anyone involved in the administration or application process.

What is DA Form 4700?

DA Form 4700 is a standardized form used to document the application process for military identification cards. It is part of a broader set of forms managed by the Defense Enrollment Eligibility Reporting System (DEERS) and the Real-Time Automated Personnel Identification System (RAPIDS). The form captures vital personal information, eligibility details, and authorization specifics required to process ID card requests efficiently.

Purpose and Significance

The primary purpose of DA Form 4700 is to:

- **Verify Eligibility:** Confirm the individual's relationship to the military service, retiree status, or civilian eligibility.
- **Streamline Processing:** Facilitate the accurate and timely issuance of identification cards.
- **Maintain Records:** Provide a documented trail for administrative, security, and logistical purposes.
- **Ensure Compliance:** Help military and DoD personnel comply with policies regarding identification credentials.

A valid ID card is often necessary to access military facilities, healthcare, benefits, and other services.

Therefore, proper completion and submission of DA Form 4700 are critical.

Who Uses DA Form 4700?

The form is used by a range of individuals and entities, including:

- Active Duty Service Members: For initial issuance, renewal, or replacement.
- Retirees and Retiree Dependents: To renew or update ID cards.
- Civilian Employees and Contractors: For identification within military installations.
- Dependent Family Members: Including spouses and children.
- Eligible Veterans and Survivors: To obtain or update identification credentials.
- Installation Security Personnel: To process and verify identity requests.

Key Components and Sections of DA Form 4700

The form is structured to gather comprehensive information, which typically includes:

1. Personal Identification Details

- Full name (Last, First, Middle)
- Date of Birth
- Social Security Number (SSN)
- Gender
- Contact information (phone number, email)
- Address

2. Eligibility Information

- Relationship to service member or retiree
- Service number or DoD ID number
- Branch of service
- Rank or status
- Date of eligibility determination

3. Type of Application

- New issuance
- Replacement of lost or damaged card
- Update of information
- Change of status (e.g., dependent to retiree)

4. Supporting Documentation

- Evidence of relationship (marriage certificate, birth certificate)
- Proof of service (DD214, retirement orders)
- Current photo identification
- Other relevant documents

5. Certification and Authorization

- Applicant's signature
- Date of application

- Certification statements confirming the accuracy and completeness of the information

The Application Process

Steps to complete and submit DA Form 4700:

1. Gather Required Documents: Collect all necessary supporting documentation, such as proof of relationship, military orders, or prior ID cards.
2. Fill Out the Form Accurately: Complete all sections legibly, ensuring that details match supporting documents.
3. Obtain Signatures: The applicant must sign the form; in some cases, a verifying official or sponsor's signature may be required.
4. Submit Through Proper Channels: Submit the completed form to the designated ID card issuing facility, often through military personnel offices, DEERS offices, or RAPIDS sites.
5. Schedule an Appointment: Many facilities require appointments; check local procedures beforehand.
6. Attend the Appointment: Bring original documents, the completed DA Form 4700, and any additional documentation requested.
7. Receive the ID Card: After verification, the ID card is issued, often on the same day or within a specified processing period.

Processing Time and Follow-Up

The processing time for DA Form 4700 submissions varies based on location, workload, and completeness of the application. Generally:

- Same-Day Processing: In well-equipped RAPIDS centers, ID cards are issued immediately after verification.
- Delayed Processing: If additional background checks or documentation are needed, processing may take several days.

Applicants are advised to follow up if they do not receive their ID cards within the expected timeframe. It's also essential to keep the documentation updated, especially after changes in personal information or status.

Importance of Accurate Data Entry

Incorrect or incomplete information on DA Form 4700 can lead to delays or denial of ID card issuance. Key points to consider:

- Double-check all entries for spelling, dates, and numbers.
- Ensure supporting documents are valid, legible, and match the information provided.
- Be honest and precise in responses to avoid administrative complications.

Legal and Security Considerations

The DA Form 4700 involves sensitive personal data protected under privacy laws and military regulations. Users must:

- Handle Data Confidentially: Avoid sharing information with unauthorized individuals.
- Ensure Data Accuracy: To prevent identity theft or security breaches.
- Follow Proper Disposal Procedures: After processing, dispose of any copies or drafts securely.

Common Challenges and Troubleshooting

Some issues frequently encountered include:

- Incomplete Applications: Missing signatures or documents delay processing.
- Incorrect Data: Mismatched information causes verification failures.
- Lost or Damaged ID Cards: Require immediate replacement requests using DA Form 4700.
- Eligibility Disputes: Clarify eligibility criteria or provide additional documentation as needed.

In such cases, applicants should consult with installation personnel or the servicing military personnel office for guidance.

Future Trends and Digitalization

The military increasingly moves towards digital solutions for ID card management. Although DA Form 4700 remains a physical or scanned document in many cases, some agencies are transitioning towards:

- Online Application Portals: For certain categories of applicants.
- E-Verification Systems: Streamlining eligibility checks.
- Mobile Apps: For scheduling appointments or tracking application status.

However, physical submission remains standard for most applicants, especially in remote or less digitized locations.

Conclusion

The DA Form 4700 plays a pivotal role in the administration of military identification cards within the Department of Defense. Its proper completion ensures smooth processing, security, and access to critical benefits and facilities. Whether you're a service member, retiree, family member, or civilian employee, understanding the form's requirements and process will help you navigate the ID card issuance efficiently.

By paying attention to detail, gathering the correct documentation, and following proper procedures, applicants can minimize delays and ensure their military ID remains current and valid. As military systems evolve, staying informed about new methods of application and verification will further

streamline this essential administrative task.

In summary, DA Form 4700 is more than just a document—it's a gateway to the benefits, privileges, and security that come with military service and affiliation. Proper understanding and diligent handling of this form ensure that military personnel and their dependents maintain seamless access to the resources they deserve.

Da Form 4700

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CONTENTS: 1. U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES - CY23 Version Published January 2023, 318 pages
2. TCCC Guidelines for Medical Personnel - 15 December 2021, 19 pages
3. JTS Clinical Practice Guidelines, 2,260 total pages - current as of 19 September 2023: INTRODUCTION
The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals, experienced Flight Medics, Aeromedical Physician Assistants, Critical Care Nurses, and Flight Surgeons. There has been close coordination in the development of these guidelines by the Joint Trauma System, and the Defense Committees on Trauma. Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre-hospital units. It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense. Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics (CCFP) ability to follow and execute the medical instructions herein. These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments. Unit medical providers are not expected to employ these guidelines blindly. Unit medical providers are expected to manipulate and adjust these guidelines to their unit's mission and medical air crew training / experience. Medical directors or designated supervising physicians should endorse these guidelines as a baseline, appropriately adjust components as needed, and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics, Enroute Critical Care Nurses, and advanced practice aeromedical providers. The medication section of this manual is provided for information purposes only. CCFPs may administer medications only as listed in the guidelines unless their medical director and/or supervising physician orders a deviation. Other medications may be added, so long as the unit supervising physician and/or medical director approves them. This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP. Treatment direction, which is more appropriate to the patient's condition than the guideline, should be provided by the physician as long as the CCFP scope of

practice is not exceeded. Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately. The Medical Evacuation Concepts and Capabilities Division (MECCD) serves as the managing editor of the SMOG and are responsible for content updates, managing the formal review process, and identifying review committee members for the annual review. The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies, regulatory and doctrinal guidance. Nothing herein overrides or supersedes laws, rules, regulation or policies of the United States, DoD or DA.

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medical air crew training / experience. Medical directors or designated supervising physicians should endorse these guidelines as a baseline, appropriately adjust components as needed, and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics, Enroute Critical Care Nurses, and advanced practice aeromedical providers.

da form 4700: FIELD MEDICAL SERVICE TECHNICIAN (FMST) - 2021 United States Marine Corps, 2020-12-31 COURSE DESCRIPTION: During this 8-week course, you will have a mix of classroom and field training. Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care (TCCC). This includes familiarization with USMC organization and procedures, logistics, and administrative support in a field environment. Additionally, training will include general military subjects, individual and small unit tactics, military drills, physical training/conditioning, and weapons familiarization with the opportunity to fire the M16/M4 service rifle. Completion of FMST results in the student receiving Navy Enlisted Classification HM-L03A. See "Student Material" to download a copy of the Student Manual that you will use during your training. CONTENTS: 1. TCCC Guidelines for Medical Personnel, 15 December 2021, 19 pages 2. JTS Clinical Practice Guidelines, 2,222 total pages - current as of 16 December 2022 3. FIELD MEDICAL SERVICE TECHNICIAN FMST, 2021, 3,252 pages

da form 4700: Joint Trauma System (JTS) Clinical Practice Guidelines, Over 700 total pages ... The JTS Clinical Practice Guidelines (CPGs) are to the greatest extent possible evidence-based. The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data. If you are interested in learning more about the process of developing CPGs, please click this link: [CPG Development Process](#). This guide for CPG development will help lead you through the methods used to develop and monitor CPGs. The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process. COMPLETE LIST OF CURRENT JTS CPGs [JTS CPG Documentation Process](#) - 01 December 2017 Acute Extremity Compartment Syndrome - Fasciotomy - 25 July 2016 Acute Respiratory Failure - 23 January 2017 Airway Management of Traumatic Injuries - 17 July 2017 Amputation - 1 July 2016 Anesthesia - 23 Jun 2016.pdf Aural Blast Injury/Acoustic Trauma and Hearing Loss - 12 Aug 2016 Battle/Non-Battle Injury Documentation Resuscitation Record - 5 Dec 13 Blunt Abdominal Trauma, Splenectomy, and Post-Splenectomy Vaccination - 12 August 2016 Burn Care - 11 May 2016 Catastrophic Non-Survivable Brain Injury 27 Jan 2017 Cervical & Thoracolumbar Spine Injury Evaluation, Transport, and Surgery in Deployed Setting - 05 August 2016 Clinical Mgmt of Military Working Dogs Combined - 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip - 19 Mar 2012.zip Damage Control Resuscitation - 03 Feb 2017 DCoE Concussion Management Algorithm Cards.pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting Drowning Management - 27 October 2017 Emergent Resuscitative Thoracotomy - 11 June 2012 Fresh Whole Blood Transfusion - 24 Oct 12 Frostbite and Immersion Foot Care - 26 Jan 2017 Frozen Blood - 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury - 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting - 24 January 2017 Hypothermia Prevention - 20 Sept 2012 Infection Prevention in Combat-Related Injuries - 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure - 25 July 2016 Initial Care of Ocular and Adnexal Injuries - 24 Nov 2014 Intratheater Transfer and Transport - 19 Nov 2008 Invasive Fungal Infection in War Wounds - 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds - 25 April 2012 Neurosurgery and Severe Head Injury - 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods - 04 August 2016 Orthopaedic Trauma: Extremity Fractures - 15 July 2016 Pelvic Fracture Care - 15 March 2017 Prehospital Care - 24 Nov 2014 Prevention of Deep Venous Thrombosis - Inferior Vena Cava Filter - 02 August 2016 Radiology - 13 March 2017 REBOA for Hemorrhagic Shock - 06 July 2017 Unexploded Ordnance Management - 14 Mar 2017 Urologic Trauma Management - 1 Nov 2017 Use of Electronic Documentation - 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting - 11 June 2012 Vascular Injury - 12 August 2016 Ventilator

da form 4700: 2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners

, 2018-10-09 Almost 1,000 total pages; see index at beginning of publications for a complete list of included CPGs. Each CPG includes a section on the following: 1. GOAL 2. BACKGROUND 3. EVALUATION 4. TREATMENT 5. PERFORMANCE IMPROVEMENT (PI) MONITORING 6. SYSTEM REPORTING & FREQUENCY 7. RESPONSIBILITIES & 8. REFERENCES. OVERVIEW Clinical Practice Guidelines (CPGs) are the backbone of the system-wide JTS Performance Improvement program. Health data abstracted from patient records and after action reports is analyzed and distilled into globally relevant CPGs to remove medical practice variations and prevent needless deaths. The CPGs compiled from DoDTR data and used by healthcare providers worldwide are largely responsible for the decreased Case Fatality Rate for the wars in Iraq and Afghanistan. Examples are better transfusion practices; reduced burn morbidity and mortality; near elimination of extremity compartment syndrome; better patient care documentation; and improved communication across the spectrum of care between geographically dispersed facilities. CPGs are evidence-based and developed with experts in the military and civilian communities, deployed clinicians, Service trauma/surgical consultants, JTS leadership and formerly deployed Trauma Directors and Coordinators. JTS has a formalized process for developing, reviewing, updating, and approving CPGs. The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility. CPGs were developed originally for U.S. Central Command. However, collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs. INTRODUCTION TO THE JOINT TRAUMA SYSTEM (JTS) The Joint Trauma System (JTS) is the Department of Defense (DoD) authority for the military's trauma care system. The vision of the Joint Trauma System is that every Soldier, Sailor, Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery. To achieve this vision, in 2006, the JTS implemented programs for data -driven trauma system development and improvement in addition to the collection of trauma data. As part of its data collection efforts, the JTS maintains a registry of trauma patients who received care at medical treatment facilities (MTFs). Since 2007, this registry - known as the DoD Trauma Registry (DoDTR) - has documented demographic, injury, treatment, and outcomes data for all trauma patients admitted to any DoD MTF, regardless of whether the injury occurred during on-going military operations, and is the largest military trauma data source in the world. Development of the DoDTR began during the early years of the Global War on Terror (GWT) when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry, known then as the Combat Trauma Registry (CTR). The CTR was constructed by the Center for AMEDD Strategic Studies (CASS); trauma-related information was initially abstracted into it from paper medical records received from trauma nurse coordinators (TNCs) at Landstuhl Regional Medical Center (LRMC) in Germany. Shortly after the demonstration program started, the Army Surgeon General approved its transition to an operational mode, leading to the formation of the Joint Theater Trauma System (JTTS) and, eventually, the Joint Trauma System (JTS).

da form 4700: Aeromedical Evacuation William W. Hurd, William Beninati, 2019-07-04 Now in its fully revised and expanded second edition, this volume is the definitive resource on long-distance air transport of injured patients in both peacetime and wartime. It discusses the history of aeromedical evacuation, triage and staging of the injured patient, evacuation from site of injury to medical facility, air-frame capabilities, medical capabilities in- flight, response to in-flight emergencies, and mass emergency evacuation. Specific medical conditions are addressed in detail in the second half of the book, including general surgical casualties such as abdominal wounds and soft tissue injuries, vascular injuries, maxillofacial injuries, head and spinal cord injuries, ophthalmologic casualties, orthopedic casualties, burns, pediatric casualties, obstetric-gynecologic casualties, and more. For each medical condition, important topics are addressed such as conditions needed to be

met before transportation, special concerns, supplies and needs of the specific patients and possible in-flight emergencies and their appropriated treatment. Containing several new chapters and featuring extensively updated contributions from experts in the field, *Aeromedical Evacuation: Management of the Acute and Stabilized Patient*, Second Edition is a must-have reference for a whole new generation of military flight surgeons and flight nurses responsible for aeromedical evacuation of casualties as well as civilian physicians and nurses involved in air transport of ill and post-operative patients.

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da form 4700: U.S. Army 68W10 Fieldcraft Student Handouts , CONTENTS By SUBJECT: Abdominal Primary Care Basic Wound Primary Care EENT Primary Care Infection Asepsis Sterile Technique Injections Medication Administration Orthopedics Primary Care Pharmacology Respiratory Primary Care Sick Call and Medical Documentation Skin Disease Primary Care Venipuncture

da form 4700: *2020 U.S. ARMY MEDEVAC CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES - PlusTCCC Guidelines for Medical Personnel And Management of Covid-19 Publications Combined* Jeffrey Jones, 2020-06-16 CONTENTS: 1. U.S. ARMY MEDEVAC CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES - CY20 Version Published January 2020, 278 pages 2. TCCC Guidelines for Medical Personnel - 1 August 2019, 24 pages 3. Joint Trauma System Clinical Practice Guideline Special Edition v2.0 - Management of COVID-19 in Austere Operational Environments (Prehospital & Prolonged Field Care) - 28 May 2020, 40 pages 4. DoD C-19 PRACTICE MANAGEMENT GUIDE - Clinical Management of COVID-19, 124 pages 5. COVID-19 Considerations in the Deployed Setting (Presentation) - 27 May 2020, 35 pages INTRODUCTION The STANDARD MEDICAL OPERATING GUIDELINES (SMOG) continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals, experienced Flight Medics, Aeromedical Physician Assistants, Critical Care Nurses, and Flight Surgeons. There has been close coordination in the development of these guidelines by the Joint Trauma System, and the Defense Committees on Trauma. Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre-hospital units. It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense. Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics (CCFP) ability to follow and execute the medical instructions herein. These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments. Unit medical providers are not expected to employ these guidelines blindly. Unit medical providers are expected to manipulate and adjust these guidelines to their unit's mission and medical air crew training / experience. Medical directors or designated supervising physicians should endorse these guidelines as a baseline, appropriately adjust components as needed, and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics, Enroute Critical Care Nurses, and advanced practice aeromedical providers. The medication section of this manual is provided for information purposes only. CCFPs may administer medications only as listed in the guidelines unless their medical director (supervising physician) orders a deviation. Other medications may be added, so long as the unit supervising physician and/or medical director approves them. This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP. Treatment direction, which is more appropriate to the patient's condition than the guideline, should be provided by the physician as long as the CCFP scope of practice is not exceeded. Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately. The Medical Evacuation Concepts and Capabilities Division (MECCD) serves as the managing editor of the SMOG

and are responsible for content updates, managing the formal review process, and identifying review committee members for the annual review. The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies, regulatory and doctrinal guidance. Nothing herein overrides or supersedes laws, rules, regulation or policies of the United States, DoD or DA.

da form 4700: Medical Services Fitzsimons Army Medical Center, 1981

da form 4700: Guidelines for the Control and Evaluation of Occupational Exposure to Waste Anesthetic Gases , 1998

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