

INSTRUCTIONS: Updated DA Form 4700 *Evacuation Patient Care Record (PCR)*

All Handwritten Entries on the PCR Must be Clear and Eligible

1. BACKGROUND

En route care occurs in dynamic, time-compressed, and often austere operational environments where patients may transition rapidly across roles of care, platforms, and providers. Accurate documentation of prehospital, defined as, point of injury, wounding, illness, Role 1, and evacuation; and the movement between medical treatment facilities (MTFs) defined as inter-facility movement by En Route Care (ERC) providers is essential to maintaining continuity of care and enabling informed clinical decision-making upon patient hand-off. Timely and complete en route documentation ensures that receiving teams understand the patient's clinical trajectory, including injuries sustained, interventions performed, physiological trends and responses to treatment during transport. This information enables receiving teams to rapidly orient, avoid duplication or omission of care, and execute timely, informed clinical actions in support of casualty survival.

2. PURPOSE

DA Form 4700, ***Evacuation Patient Care Record (PCR)***, provides a standardized mechanism to document en route care across Services and different types of transport platforms. Consistent use of the PCR supports shared situational awareness, system-wide learning, and continuous improvement of en route care in support of operational readiness and mission success. These data enable commanders, medical leaders, and the trauma system to assess performance, identify capability gaps, and adapt en route care practices to evolving operational conditions.

3. RESPONSIBILITY

The form (DA 4700) applies to U.S. military forces (Active, Reserve and National Guard) operating pursuant to Title 10; DoD civilian and contractor (or sub-contractor); any non-DoD personnel who, under a bilateral/multilateral agreement have been assigned and/or allocated to work in a theater of operation with U.S. military forces and performing en route care roles. Commanders will ensure ERC providers document all patient care during transport using the PCR for battle injury (BI), non-battle injury (NBI) and Disease non-battle (DNBI). Detailed instructions for preparing and completing the PCR are provided in Table 1 and Table 2.

4. DOCUMENTATION

Primary means for documenting care in the operational or contingency setting will be accomplished using electronic medical record (i.e., Joint Medical Operational Information System, and/or MHS Genesis). When an electronic system is not available, paper-based Service Treatment Record (STR) will be used to collect, maintain and transfer patient health and continuity of care. Paper forms will be submitted/uploaded into JOMIS and/or MHS Genesis to ensure information is accessible to receiving teams. If unable to upload, they will be collected, IAW ***DoDI 6040.45***, and transferred to the Deployment Medical Records Processing Center, Patient Administration System and Biostatistics Activity, Fort Sam Houston, Texas for scanning.

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Table 1	DA Form 4700 <i>Evacuation Patient Care Record</i> Instructions for completing Page 1
Item	Instruction
Injury Event Date & Time (Utilize for medical as well)	Date: Record the date of injury or illness start. Select date from calendar popup or manually type the date (MMDDYYYY). Date auto formats with slashes. Time: Record 24-hour time of injury (HHMM). Time auto formats HH:MM.
Time Zone	Mark an 'X' - L (Local) or Z (Zulu) - for time zone in which all times are recorded on this form.
Country, Region, State (Where the patient is)	Pending on location/classification, put all information you can. State is utilized for US region. *If you are unable to put Country/Region due to classification please mark Classified* Consideration: If underway, entering only a Region will suffice.
Mission #	Record the medical mission number, for example (S)01-16A. MM auto populates on page 2.
Patient Transfer	Mark "X" on Y (YES) or N (NO) for patients who are being transferred from one evacuation platform to another evacuation platform (Example: "tail-to-tail").
Leg # ____ of ____	Record the leg number (first blank) of the total number of legs (second blank) for this evacuation (Example: "1 of 2" or "2 of 2").
9-Line Time & Date	Date has drop-down option. For Time ensure 24-hour time is used (HHMM) in the same time zone as marked in " Time Zone " above. Time auto formats HH:MM. Consideration: This could also be the notification or "alert" time that the MEDEVAC/ CASEVAC was announced if on a ship.
Platform	Manually indicate what type of platform was utilized (e.g., CV-22, truck, HUMVEE).
Dispatch Category	Mark "X" of level of urgency (urgent, priority, or routine) from the dropdown list that was called into dispatch at time of 9-line.
Assessed Category	Mark "X" of level of urgency (urgent, priority, or routine) after initial assessment of patient upon pick-up.
Delivery Date & Time (Time of Departure of en-route care provider upon notification of dispatch)	Date has drop-down option. For Time ensure 24-hour time is used (HHMM) in the same time zone as marked in " Time Zone " above. Time auto formats HH:MM. *This is the time that the ERC provider/team departed after receiving dispatch notification on patient. May also be known as the "launch time" if flying*. Consideration: If transporting the patient from a location from which the ERC provider/team were already located, this section can be left blank (e.g., a Navy ERCS transporting a patient from the ship they were already embarked on).
Dispatch Information (M.I.S.T, MOI/NOI, Injuries, Disease Diagnosis, Vitals)	Utilize this section to place all information given to dispatch from 9-line or from initial report if no 9-line was received.
Pickup: Arrival Date & Time Role/Facility/POI Location Departure Date & Time (This is when/where patient was picked up & time departed pick up location)	Date has drop-down option. For Time ensure 24-hour time is used (HHMM) in the same time zone as marked in " Time Zone " above. Time auto formats HH:MM. Role/Facility/POI: This is the level of care from which the patient is picked up (POI [Point of Injury], Aid Station/Role 1, Role 2, Role 3, Role 4 or facility name. Location: Record the specific geographic location of the pickup. Departure Date & Time: Record the time the ERC provider leaves with patient at pick up location. Consideration: If transporting the patient from a location from which the ERC provider/team were already located (e.g., a Navy ERCS transporting a patient from the ship they were already on), the Pickup Arrival Date/Time should be the time the team arrived to receive report on the patient. The Pickup Departure Date/Time should be the time the ERCS departs the facility with the patient (e.g., launch time).

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Dropoff: Arrival Date & Time Role/Facility/POI Location Departure Date & Time (This is when ERC provider departed the drop off location)	Date has drop-down option. For Time ensure 24-hour time is used (HHMM) in the same time zone as marked in “ Time Zone ” above. Time auto formats HH:MM. Role/Facility/POI: This is the level of care from which the patient is dropped off (Aid Station/Role 1, Role 2, Role 3, Role 4 or facility name). Location: Record the specific geographic location of the drop-off or transfer to another ERC provider. Departure Date & Time: Record the time that ERC provider left patient drop off location.
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Table 2	DA Form 4700 <i>Evacuation Patient Care Record</i> Instructions for completing Page 1
Massive Hemorrhage (TQ/Hemostatic Adjunct)	
Time Location Type Time Off *If TQ is placed prior to arrival, put PTA in the time slot. If you were given the time, you can put PTA/time (ex: PTA/0655)*	Time: Record 24-hour time of placement (HHMM) in the same time zone as marked in ‘Time Zone’ above. Location: Choose location of placement - RUE (patient’s right arm - right upper extremity), LUE (patient’s left arm - left upper extremity), RLE (patient’s right leg - right lower extremity), LLE (patient’s left leg - left lower extremity). Type: Choose device utilized from dropdown menu (e.g., CAT Gen 7, SOFTT-W); if you do not know the name of TQ write UNK and if it was Combat Gauze or any type of hemostatic dressing, please write it in under type instead of choosing from drop down. Time Off: Record 24-hour time of removal (HHMM) if device was removed. Leave blank if this was not done.
Continuation of Massive Hemorrhage (TQ/Hemostatic Adjunct)	
Time Location Type Time Off	Time: Record 24-hour time of placement (HHMM) in the same time zone as marked in ‘Time Zone’ above. Location: Choose location of placement - RUE (patient’s right arm - right upper extremity), LUE (patient’s left arm - left upper extremity), RLE (patient’s right leg - right lower extremity), LLE (patient’s left leg - left lower extremity). Type: Choose device utilized from drop-down box (e.g., CAT Gen 7, SOFTT-W). Time Off: Record 24-hour time of removal (HHMM) if device was removed. Leave blank if this was not done.
Airway	
Time Type Size Depth (@)	Time: Record 24-hour time of placement (HHMM). Time auto formats HH:MM. Type: Choose from drop-down options. Size: Place size of tube utilized. Depth: Annotate depth. @: Annotate where it measures at (e.g., gums, teeth, nares).
Respiration (Chest Seals/NDC/O2/etc.)	
Time Treatment Location Size/Rate Successful	Time: If done, record 24-hour time of intervention in the same time zone as marked in ‘Time Zone’ above. Treatment: If treatment is done, choose from drop-down. Location: Annotate location that treatment was done on. Size/Rate: Annotate size or rate pending on treatment. Successful: Choose YES or NO from drop-down if treatment was successful (alleviated respiratory distress).

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Circulation (IV/IO/Central Lines/Arterial Lines/etc.)	
Time Side Size Type Location Successful	Time: If done, record 24-hour time of intervention in the same time zone as marked in 'Time Zone' above. Side: Use drop-down to choose RIGHT or LEFT. Size: Annotate size utilized. Type: Use drop-down to choose type of line placed (e.g., IV, IO, REBOA, A-line). Location: Annotate location that line was placed. Successful: Choose YES or NO from drop-down if line was successful.

Injury Locator	
Annotate Injuries	<p>MOI: Record mechanism of injury (MOI) if applicable – please see below for MOI wording options.</p> <p>Medical: Place "X" if transport is medical and not injury.</p> <ul style="list-style-type: none"> * Use drawing (body map) to indicate where injury(ies)/symptom(s) is/are located by using the acronym chart on left side where type of injury (if applicable). * Position the cursor over the location of the injury and type acronym for dominant injuries. <div data-bbox="669 795 1071 1272" data-label="Image"> </div> <p><i>Figure 1</i></p> <p>Note: Press the Tab key or Shift+Tab to position the cursor over the location. The cursor moves from Anterior Head to Posterior Head, Posterior Back/Buttocks to Anterior Chest/Abdomen, and then right arm, left arm, right leg, and left leg.</p>

Mechanism of Injury

Aerial Bomb	Drone	Hot Object/Substance	Nuclear
Altercation/Fight	EFP	IED-NFS	Other (specify)
Altered ROM	Electrical	IED-Person Borne	Pedestrian
Asphyxia/Suffocation	Envenomation	IED-Vehicle Borne	Penetrating NFS
Biological	Environmental	Inhalation Injury	Plane Crash
Blunt Object	Explosive-NOS	IRAM	Radiological
Building Collapse	Fall	Knife/Other Sharp Object	RPG
Bullet/GSW/Firearm	Fire/Flame	Machinery/Equipment	Sports
Burn NFS	Flying Debris	Mine/Landmine	Submersion/Drowning
Chemical	Hand Grenade	Mortar/Rocket/Artillery Shell	UXO
Crush	Helo Crash	MVC	

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Table 2 (continued)	DA Form 4700 Evacuation Patient Care Record Instructions for completing Page 1
Packing/Splinting	
<p>* If applicable, please mark box/boxes with a "X" on what was utilized. If it is not on list, please place "X" under "Other" and specify what was utilized.</p> <p>*If you utilized a "Splint" or "Dressing", please specify what type was utilized.</p>	
Hypo/Hyperthermia Prevention	
Type Time On PTA	<p>Type: Specify what was utilized for prevention.</p> <p>Time On: Record 24-hour time placed on patient (HHMM) in the same time zone as marked in 'Time Zone' above.</p> <p>PTA: If this was done prior to your arrival, place "X" on PTA.</p>
Mental Status	
AVPU (Alert, Verbal, Pain, Unresponsive)	<p>Utilize drop-down box to mark YES or NO if patient :</p> <p>Alert: Alert and oriented</p> <p>Verbal: Responds to verbal stimuli</p> <p>Pain: Only responsive to pain</p> <p>Unresponsive: Unresponsive to all the above</p> <p>*Only the appropriate box needs annotation. For example, if the patient responds to verbal stimuli, a "YES" should be marked there only.</p>
GCS (Glasgow Coma Scale) Eyes Verbal Motor	<p>Mark the appropriate number that patient falls under for each section with the drop-down menu:</p> <p>Eyes (1-4): 1-Eye shut and No eye movement, 2-Eyes open to pain, 3-Eyes open to noise, 4-Eyes open spontaneously</p> <p>Verbal (1-5): 1-Voiceless, no verbal response, 2- Incomprehensible sound or speech, 3-Comprehensible words but inappropriate response, 4- Disoriented conversation, confused words, 5-Normal vocal response</p> <p>Motor (1-6): 1-No motor response, no response to pain, 2-Extension/Decerebrate posture, rigid posture, 3- Abnormal flexion/Decorticate posture, spastic flexion, 4- Patient draws away from pain, 5- Localized to pain, purposeful movement to painful stimuli, 6- Obeys verbal command</p> <p>GCS Total (1-15): Add the numbers from Eyes, Verbal, and Motor together and place under GCS total.</p>
<p>PERRLA (Pupils Equal, Round, and Reactive to light and Accommodation) Right</p> <p>PERRLA (Pupils Equal, Round, and Reactive to light and Accommodation) Left</p> <p>*The second PERRLA/Pupil Size/Pupil Appearance, please disregard and annotate additional checks in narrative section.*</p>	<p>PERRLA: Mark a YES or NO for right and left eye indicating if the pupils are equal, round, reactive to light and accommodation.</p> <p>Pupil Size: Use drop-down box to select size of pupil for right and left eye.</p> <p>Pupil Appearance: Use drop-down box to select appearance of the pupil for right and left eye. <i>*We are aware that there is no option for "round" and free text is not allowed. We will be updating this in future versions of the form. If the patient's pupils are round, this section can be left blank and "pupil appearance: round" can be written into the narrative.*</i></p>

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Patient Information *Fill out to the best of your ability*	
Last Name, First Name, MI	Record patient's name (Last, First, and Middle Initial).
Battle Roster #	Record first letter of patient's first name, then first letter of patient's last name, then record the last four numbers of patient's Social Security number. For <i>Example: John Doe 123-12-1234 is Battle Roster # 'JD1234'.</i>
Sex	Mark "X" under M (male) or F (female).
Date of Birth (DOB)	Input DOB if available; if you do not have information, leave blank.
Age	Input patient's age; if you do not have information, leave blank.
Battle Roster (BR)	Input patient's first letter of name, then the first letter of the patient's last name. Then record the last four digits of the patient's social security number. (Example: John Doe 123-12-1234 BR # would be JD1234).
Rank	Input patient's rank, if you do not have information, leave blank.
Unit	Input patient's unit, if you do not have information, leave blank.
Patient Category (Pt Cat)	Select the patient's category from the dropdown list. Choices are: USA (U.S. Army), USAF (U.S. Air Force), USMC (U.S. Marine Corp), USN (U.S. Navy), USCG (U.S. Coast Guard) USPHS (U.S. Public Health Services), Civilian-Local (includes Host Nation), Civilian Other, Contractor, EPW (Enemy Prisoner of War), NATO-Coalition (joining military forces), Partner Forces, or Other.
Social Security Number (SSN)	Input patient's Social Security number or DODID. If you do not have it available, leave it blank.
Estimated Height	Input patient's estimated height.
Estimated Weight	Input patient's estimated weight.
Allergy	Select patient's known drug allergies from dropdown list. Choices are: NKDA (no known drug allergies), Opiates, Penicillin, Sulphur, or Other. If "Other" is selected, record specific allergy on 'Other' adjacent line.
History/Physical, Treatment, Diagnostic Studies, Other Examinations/ Evaluations, Treatment, Flow chart, Other (specify)	Check any of these boxes if you have this information. For "Other specify" you can use this to place the "Other" for allergies if you put other.

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Table 3	DA Form 4700 Evacuation Patient Care Record Instructions for completing Page 1
Vital Signs	
Time: Pulse, BP, MAP, SpO ₂ , EtCO ₂ , Resp Rate, Temp, GCS, Pain (0-10)	Time: Record 24-hour time (HHMM) vital signs were obtained, in the same time zone as marked in "Time Zone" page 1. *Under each time slot, place the pulse, BP, MAP, SPO ₂ , EtCO ₂ , Resp Rate, Temp, GCS, and Pain level* BP (Blood Pressure): record the systolic/diastolic in the block. RR (Respiratory Rate) record rate in the block. SpO₂ (Oxygen saturation level) record the O ₂ in the block. ETCO₂ (End Tidal CO₂) record end tidal in block. Temp (Temperature) put temp in block and ensure to clarify if F (Fahrenheit) or C (Celsius). GCS: (Eyes, Verbal, and Motor, put in the # for each one), with 1 being the worst score, and 4, 5, or 6 respectively being the best score. GCS Total- calculate the sum. 15 is the best score (ex:G3 C4 S5 # 12). Pain: Record the patient's level of pain, with 0 being no pain, and 10 being the worst pain.
Medications	
Medications * Leave section blank if no medications were given* * As noted, please document any medications given prior to arrival in the Narrative Section.	Time: Record 24-hour time placed on patient (HHMM) in the same time zone as marked in 'Time Zone' above. If medication was given prior to arrival, annotate medication and put in PTA. Medication: Record name of medication given. Dose: Record the dosage given to patient. Route: Record the route that was used to administer medication. *There is ample space for multiple medications or if evacuation is prolonged, there is ample space for time stamps.*
Blood & Fluids	
Blood &/or Fluid Given * Leave section blank if no blood products or fluids were utilized*	Time: Record 24-hour time placed on patient (HHMM) in the same time zone as marked in 'Time Zone' above. If medication was given prior to arrival, annotate medication and put in PTA. Product: Record product given. Rh/ABO: Only fill out if giving blood. Route: Record route that blood/fluid was given. Unit#/DIN: Only fill out if giving blood, write down the unit # on the bag. Warmer Type: If warmer was utilized, record what type. Calcium Given: Only annotate if given; leave blank otherwise.
Ventilation Machine (Vent) * Leave section blank if patient is not vented.* For use of other oxygen administration interventions, see the "Respiration" section dropdowns on Page 1.	Time: Record 24-hour time placed on patient (HHMM) in the same time zone as marked in 'Time Zone' above. If medication was given prior to arrival, annotate medication and put in PTA. Mode: Annotate if mode is Assisted Controlled (AC) Synchronized Intermittent Mandatory Ventilation (SIMV) or Pressure Support Ventilation (PSV). Rate: Annotate the breaths per minute (same as Resp Rate). I:E: Annotate the inspiratory to expiratory time (how long the inhale vs exhale is). Volume: Annotate the volume of air per breath (Tidal Volume aka Vt). FIO₂: Annotate the fraction of inspired oxygen percentage. PEEP: Annotate the positive end expiratory pressure. PIP: Annotate the peak inspiratory pressure. PPLAT: Annotate the plateau pressure. *All the information will be found on the ventilation apparatus; if you do not see PIP or PPLAT, leave blank*.
Output	
Output	Time: Record 24-hour time placed on patient (HHMM) in the same time zone as marked in 'Time Zone' above. If medication was given prior to arrival, annotate medication and put in PTA. Source: Record the source of output (e.g., blood/fluid from chest tube, urine etc.). Output Volume: Annotate the output volume.

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Table 4	DA Form 4700 <i>Evacuation Patient Care Record</i> Instructions for completing Page 1
Chronological Record of Care	
Notes	This section is for items such as labs, ABG, blood DIN stickers, etc.
Narrative Summary of Care	
Narrative Summary	<p>Record a summary of the care provided for the medical record; make sure everything is documented to the best of your ability. Remember the saying “If it is not documented it did not happen”. If you need additional space, there is a supplemental DA4700 blank page to continue annotation.</p> <p>If you have previous documentation for the patient (e.g., 1380 or other documentation, attach those documentations with the patient during handoff. Do not include classified information.</p> <p>Remember to document who you provided turnover to, including their credentials.</p>
Misc. check boxes under Narrative	
	<p>CPR Performed: Check only if applicable.</p> <p>ROSC: Check only if applicable.</p> <p>Blood Available: Check YES or NO.</p> <p>Blood Transfusion Indication: Check only if applicable.</p> <p>ABG Received: Check YES or NO.</p> <p>JTS Burn Flow Sheet Initiated: Check YES or NO.</p>
Enroute Care Provider	
Provider Name	Record the name (last, first) rank of the enroute care provider. Select the provider’s capability list (EMT-B, EMT-I, EMT-P, EMT-FPC, RN, CRNA, PA, MD/DO).
Provider Signature	<p>Provider(s) digitally sign the form, recording the provider’s name, capability, date and time of signature.</p> <p>WARNING! Signature locks and prevents edits to Provider Name information.</p>
Medical Director Review	
Medical Director Reviewer <div style="background-color: yellow; padding: 2px;">*Must have approved Medical Director sign (MD/DO/PA/NP)*</div>	<p>If available, the MOD who reviewed the form should record his/her name, capability (MD/DO/PA/NP), signature, and date of signature.</p> <p>**If you do not have a MOD available to review and sign the form during patient drop off, leave section blank**</p>
Medical Director Review	
Form Submitter	<p>The person who prepared the form digitally signs – recording his/her name, capability (EMT-B, EMT-I, EMT-P, EMT-FPC, RN, CRNA, PA, MD/DO, other), signature, and date/time of signature.</p> <p>WARNING! Signature locks and prevents edits to Provider Name information.</p> <p>Considerations: If you are the only provider on the evacuation and the senior official/form submitter, please sign this section as well.</p> <p>You do not need to be a medical provider to sign this section, just the person that is responsible for submitting the form. For example, Navy Search and Rescue Officers typically submit forms for HSC squadrons. They should sign here and write “SAR Officer” for the “Professional Licensure” section.</p>

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5. REFERENCES

- a. DoDI 6040.45, *DoD Health Record Life Cycle Management*, Nov 16, 2015; Chg. 1, April 11, 2017. Page 11, para(4)(b).
- b. Joint Trauma System Clinical Practice Guideline (CPG), En Route Care Patient Packaging, 21 August 2024. Accessed at:
https://jts.health.mil/assets/docs/cpgs/En_Route_Care_Patient_Packaging_21_Aug_2024_I_D97.pdf
- c. Joint Trauma System Clinical Practice Guideline (CPG), Interfacility Transport of Patients Between Medical Treatment Facilities, 21 Dec 2025. Accessed at:
https://jts.health.mil/assets/docs/cpgs/Interfacility_Transport_CoERCCC_OPG.pdf