

Deployment Health Screening and Evaluation

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Screening & Evaluation Objectives



Review Post-Deployment Health Clinical Practice Guideline (PDH-CPG) Screening and Evaluation Processes and Procedures

- ★ Define "deployment and deployment-relatedness"
- ★ Identify military unique vital sign
- ★ Discuss screening tools and aids
- ★ Describe primary care-based evaluation elements
- ★ Explain the 3 clinical categories and algorithms

PDH-CPG Screening Question



- ★ All persons should be asked "Is your health concern today related to a deployment?" upon visiting any primary care provider for any illness or concern.
- ★ PDH-CPG vital sign for all care contacts except wellness visits (e.g. periodic exams and preventive care)

Definition of Deployment



Deployment

Any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command, or duty that is different from the military member's normal duty assignment (DoD, JP 1-02, 1994).

Military members meet deployment criteria anytime they leave the physical locale of the parent command and enter an environment for operational deployment or are stationed in a hostile territory.

This guideline also applies to family members' health concerns that relate to deployment.

[C]

Examples of Deployments



Overseas

- ★ Humanitarian assistance
- Military liaison & training support
- ★ Peacekeeping
- ★ Joint or coalition force exercises
- **★** Low-intensity conflicts
- ★ Combat/War

Domestic

- **★** Fighting forest fires
- ★ Providing disaster relief
- ★ Assisting against terrorist activities
- ★ Drug interdiction and border patrols
- ★ Maintaining civil order
- **★** Construction projects

"Deployment Relatedness" Deployment Is NOT Necessary



Deployment

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Military members meet deployment criteria anytime they leave the physical locale of the parent command and enter an environment for operational deployment or are stationed in a hostile territory.

This guideline also applies to family members' health concerns that relate to deployment.

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PDH-CPG Deployment-Relatedness Question



Deployment-Relatedness Question:

A Military Unique Vital Sign

Clinic Process for Implementing PDH-CPG



- ★ Check-In
- ★ Vital Signs including Military Unique Vital Sign
- **★** Evaluation/Treatment
- ★ Risk Communication/Education
- **★** Check-Out

Military Unique Vital Sign



All persons should be asked "Is your health concern today related to a deployment?" upon visiting any primary care provider for any illness or concern.

- ★ PDH-CPG vital sign for all care contacts except wellness visits (e.g. periodic exams and preventive care)
- ★ Patient rather than provider determination

PDH Concerns Clinic Visit Guidance Card



- ★ To facilitate asking the PDH question, a PDH Concerns Clinic Visit Guidance card has been developed.
- ★ To assist screening personnel place these cards at all vital signs stations in your clinics
- ★ Cards are available in the Tool kit, Toolbox, and at www.PDHealth.mil

PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your problem today related to a deployment?"

Focus on chief complaint rather than if patient has any PDH complaints

Deployment is not necessary for patient to have PDH concerns

- · Spouse or child may have concern related to sponsor's recent deployment
- · Patient may have questions about future or past deployments
- · Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients questions

1) "What do you mean?" or "What do you mean, deployment-related?"

Goal is to record patient's perception of deployment-relatedness not your own

- To help patient answer, ask if patient or a loved one has been deployed.

 If so, in today's visit related to that deployment.
- Review examples of deployment concern or condition (see reverse)
- 2) "What is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"
- 3) "I don't know if it is deployment-related" Mark the "maybe" response. Review examples (see reverse)
- . When in doubt, always focus on the concern rather than the deployment



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 642-0907 www.PDHealth.mi PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment

- · Military liaison and training support
- Humanitarian assistance
- · Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/Ma

Within the US

- · Fighting forest fires
- · Maintaining civil order
- Construction projects
- Providing disaster relief
 Responding to terrorist attack
- Drug interdiction
- Airport Security

Deployment-Related Concern or Condition Examples

- · Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not depoyed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- · While deployed, woman suffers a toxic exposure and later gets sick from it
- · Spouse complains that her child is having nightmares since member returned from combat



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Documentation of Military Unique Vital Sign Screening



To facilitate screening documentation, PDH question should be on vital signs stamps and automated SF600s and overprints.

- IF the PDH question is not currently on SF600
 - Use stamp in original Tool kit or local purchase
- or, IF PDH question is not on automated SF600
 - Refer to instructions for integrating the question included in Tool kit and www.PDHealth.mil

PDH-CPG SF600 Screening Stamp



Self-inking stamp enclosed in all PDH Tool kits

Ink pad will last approximately 6 months and can be replaced

BP T

Chief Complaint?

Deployment Related? Y / N Maybe

Do you use tobacco? Y / N
Would you like to quit? Y / N
TUC materials offered? Y/ N
Allergies?
Medications?

Personal Data – Priv	racy Act of 1974 (PL 93 – 579)
HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICA SYMPTOMS, DIAGI	L CARE / SF600E NOSIS, TREATMENT TREATING ORGANIZATION
Date: XX SEP 2001@1400	Clinic: FAMILY PRACTICE
CLINIC Provident YYYYY YYYYYY	
Provider: XXXXX, XXXXXX Division: WOMACK AMC FT BRAGG	NC
Objective:	
BP (Sit/Stand): / Pulse : BP (Supine) :/ Height :	
Problem List:	
Allergies: None listed	
Appointment: XX year old Female with XXXXX appointment type Reason: XXX Date: XX SEP 2001@1400	
DEPLOYMENT: YES/ NO/ MAYBE TOBACCO USE: YES/NO	PAIN LEVEL:
MEDS:	
Clinic Note:	
Name: XXXXX XXX Sex: X Pcat: All	FMP/SSN: 20 / XXXXXXXXX
Spon: XXXXXX XXX CLINIC	Clinic: FAMILY PRACTICE
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Unit: XXXXXX XXXX DDMMYYYYY	H#: xxx-xxx-xxxx DOB:
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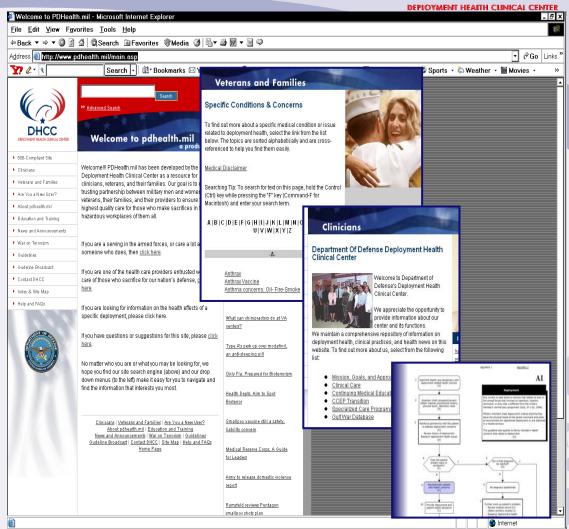


Instructions for embedding PDH Question into CHCS Automated SF600 are on www.PDHealth.mil

http://www.PDHealth.mil



- ★ For Clinicians
- ★ For Veterans & Families
- ★ For Reserve Components
- ★ Deployment Cycle Support
- Education and Training
- ★ Emerging Health Concerns
- ★ Items and Announcements
- ★ Library
- ★ Education and Training
- Risk Communication
- ★ Research
- War on Terrorism
- ★ New Users
- ★ Contact DHCC
- ★ Index & Site Map
- ★ Help and FAQs



PDH-CPG PDH Poster



- ★ To facilitate asking the PDH question, a PDH poster may be placed in your clinic
- ★ Posters were contained in the Tool kit
- ★ Additional posters may be ordered from the website:

www.PDHealth.mil

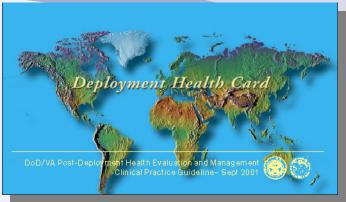


PDH-CPG **Wallet Card**



- ★ To facilitate asking the PDH question, PDH wallet cards may be placed in your clinic and provided to support units and activities
- ★ Wallet cards were contained in the Tool kit
- ★ Additional wallet cards may be ordered from the website:

www.PDHealth.mil



DoD Deployment Health Card

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran

We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

STEP 1 Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.



STEP 2 If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.



If symptoms persist or your health does not improve, referral to another specialist may be necessary.

Establish Rapport and Trust



"Recent experience has shown that individuals concerned about health after deployment may be especially inclined to distrust the Government, making it particularly important for clinicians to establish individual rapport and foster open communication with patients."

PDH-CPG – Box 3 Annotation D

PDH Screening Process Role of Medical Screener



- ★ Asks military unique vital sign: "Is your health concern today related to a deployment?"
- ★ Marks response on stamped or overprinted SF600
- ★ Alerts provider to "yes" or "maybe" responses

Establish a Patient-Provider Partnership



- ★ Acknowledge patient's concerns and symptoms
- ★ Indicate commitment to understand concerns and symptoms
- ★ Encourage open and honest transfer of information to understand concerns and history
- ★ Indicate commitment to allocate sufficient time and resources to resolving concerns
- ★ Avoid open skepticism or disapproving comments in discussing concerns

Screening Tools and Forms



- ★ DD Form 2844 Post Deployment Medical Assessment
- **★** Patient Health Questionnaire (PHQ)
- ★ SF 36v2 Health Survey
- ★ Post Traumatic Stress Disorder (PTSD) CheckList (PCL)
- ★ Post Deployment Health Clinical Assessment Tool (PDCAT)
- ★ DD Form 2796 Post-Deployment Health Assessment

DD Form 2844 Post Deployment Medical Assessment



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DD Form 2844 Description



- ★ For patients with deployment-related concerns
 - Answered "yes" to military unique vital sign
 - Referred after evaluation on DD Form 2796
- ★ Optional use in place of SF 600 for documenting post-deployment evaluation
- ★ First page patient symptoms, deployment history and concerns
- ★ Second page medical history, physical exam, diagnosis, treatment plan, referrals and follow-up
- ★ Can be completed on line at www.PDHealth.mil

Patient Health Questionnaire (PHQ)

DHCC DEPLOYMENT HEALTH CLINICAL CENTER
DEFINIMENT MEALIN CLINICAL CENTER

Patient Health QuestionnaireTM (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

	Name	Age	Sex: Female	☐ Male	Today's D	ate	
	During the <u>last 4 weeks</u> , how mu bothered by any of the following		en	Not bothere	Both d alid		Bothered a lot
a.	Stomach pain]	
ь.	Back pain					1	
c.	Pain in your arms, legs, or joints	(knees, hips, etc	:)]	
d.	Menstrual cramps or other proble	ms with your po	erio ds]	
e.	Pain or problems during sexual in	ntercourse]	
f.	Headaches]	
g.	Chest pain						
h.	Dizziness]	
i.	Fainting spells]	
j.	Feeling your heart pound or race]	
k.	Shortness of breath]	
1.	Constipation, loose bowels, or di	arrhea]	
m.	Nausea, gas, or indigestion]	
	Over the <u>last 2 weeks</u> , how often by any of the following problems		bothered	Not at all	Several days	More than half the days	Nearl y e every day
a.	Little interest or pleasure in doing	g things				Ė	
b.	Feeling down, depressed, or hope	eless					
c.	Trouble falling or staying asleep,	or sleeping too	much				
d.	Feeling tired or having little energ	gy					
e.	Poor appetite or overeating						
f.	Feeling bad about yourself, or the or your family down	atyou are a failu	ire, or have let yourse	lf 🔲			
g.	Trouble concentrating on things, watching television	such as reading	the newspaper or				
h.	Moving or speaking so slowly the the opposite — being so fidgety of around a lot more than usual						
i.	Thoughts that you would be bette way	er off dead or of	hurting yourself in so	me 🔲			

FOR OFFICE CODING: Som Dis if at least three of #la-m are "a lot" and lack an adequate biol explanation. Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all). Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

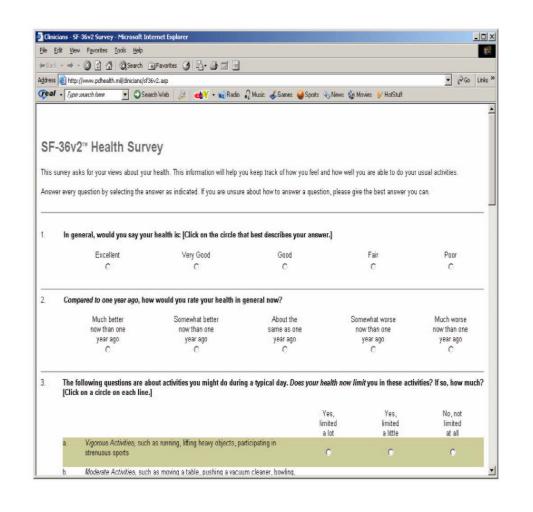
PHQ Description



- ★ Generic tool
- ★ Screens and monitors patient status in the following areas:
 - Depression
 - Anxiety
 - Alcohol abuse
 - Idiopathic physical symptoms

SF-36v2 Health Survey





SF-36v2 Description



- ★ Short, generic measure of health-related functioning
- ★ Comprised of 36 questions asking the patient to describe physical or emotional problems over the past four weeks
- ★ Can be completed and scored on-line at www.PDHealth.mil

Post Traumatic Stress Disorder (PTSD) CheckList (PCL)



Patient's Name:

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month.*

No.	Response	Not at all (1)	A little bit (2)	Moderatly (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts,</i> or images of a stressful military experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?					
3.	Suddenly <i>acting</i> or <i>feeling</i> as if a stressful military experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling very upset when something reminded you of a stressful military experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience from the past?					
6.	Avoid thinking about or talking about a stressful military experience from the past or avoid having feelings related to it?					
7.	Avoid activities or situations because they remind you of a stressful military experience from the past?					
8.	Trouble remembering important parts of a stressful military experience from the past?					
			1			1

PCL Description



- ★ Specialized tool
- ★ Self-administered 17 questions
- ★ Assesses trauma-related distress
- **★** Three versions
 - PTSD CheckList Military Version (PCL-M)
 - PTSD CheckList Civilian Version (PCL-C)
 - PTSD CheckList Stressor Specific Version (PCL-S)

Post Deployment Clinical Assessment Tool (PDCAT)



For provider use only					
Intake	3Mo Fu	☐ 6Mo Fu			

Post Deployment Clinical Assessment Tool

PRIVACY ACT STATEMENT -Po	st Deployment Clinical Assessment Tool
AUTHORITY: 5 U.S.C. 301; and E	
The second of the second secon	
administered to assist in providing deployments, bio-terrorism, and ot better care to our beneficiaries in t	Deployment Clinical Assessment Tool (PDCAT) is being appropriate care for you and/or your family in relation to her threats. This tool will also assist in planning to provide he future. The PDCAT will be used by your health-care primary care manager to tailor optimum care for you.
ROUTINE USES: None	
	e to respond will not result in any penalty. s encouraged so that data will be complete and will be treated as confidential
	UNDERSTAND THE INFORMATION.
I HAVE READ THE ABOVE AND	
I HAVE READ THE ABOVE AND Print Name	
I HAVE READ THE ABOVE AND Print Name Signature	Date Completed
Print Name Signature PRIVACY ACT STATEMENT	Date Completed

PDCAT Description



- ★ Measures patient status in the following areas:
 - Somatic symptoms
 - Post-traumatic stress disorder
 - Depressions
 - Anxiety and panic
 - Functional status
 - Alcohol use
 - Frequency of health care visits
 - Social support
 - Satisfaction with health care

PDCAT Description (cont.)



- ★ Uses an array of brief standardized illnessspecific screens and assessments
- ★ Designed to be used in its entirety to assess and follow-up patients with post-deployment health concerns and illnesses
- ★ Many of the illness-specific sections can be used individually to follow severity of specific illnesses

DD Form 2796 Post-Deployment Health Assessment



	POST-D	EPLOYMENT Healt	h Assessment
33348	В		_
Authority: 1	0 U.S.C. 136 Chapter 55.	1074, 3013, 5013, 8013 and	E.O. 9397
Principal Pur and to assist	pose: To assess your state of military healthcare providers	of health after deployment outs s in identifying and providing pr	ide the United States in support of military operations esent and future medical care to you.
	: To other Federal and State and treatment.	agencies and civilian healthcar	e providers, as necessary, in order to provide necessary
	(Military personnal and DoD ive care may not be possible.		ary. If not provided, healthcare WILL BE furnished, but
INSTRUCTIO		on completely and carefully be you do not understand a quest) fore marking your selections. Provide a response ion, ask the administrator.
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rirst Name			Social Security Number
			DOB (dd/mm/yyyy)
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Gender O Male	Service Branch O Air Force	O Active Duty	
O Female	O Amy	O National Guard	
O I ciliale	O Coast Guard	O Reserves	Date of departure from theater (dd/mm/yyyy)
	O Marine Corps	O Civilian Government Employe	. / /
	O Navy		Pay Grade
	O Other		O E1 O 001 O W1
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O SE Asia	O Central America	O Other	O E5 O CO5 O W5
O Asia (Other)	O Unknown		_ O E6 O 006
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DD Form 2796 Description

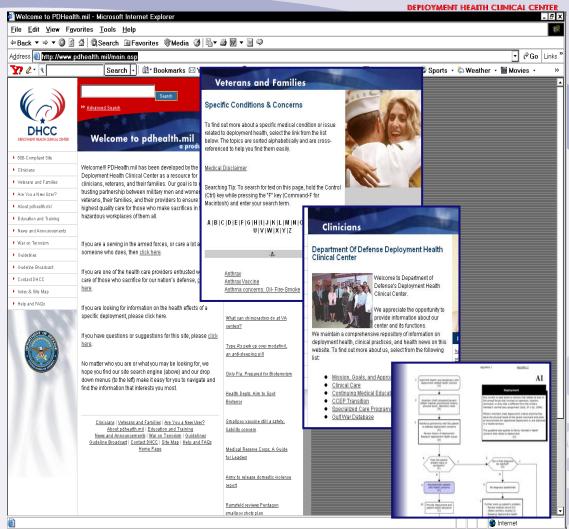


- ★ Required form used for mandatory screening of all redeploying military personnel
- ★ Face-to-face assessment by trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman, independent duty medical technician)
- ★ Documents post-deployment health status, any deployment-related occupational and environmental exposures, and appropriate referrals

http://www.PDHealth.mil



- ★ For Clinicians
- ★ For Veterans & Families
- ★ For Reserve Components
- ★ Deployment Cycle Support
- ★ Education and Training
- ★ Emerging Health Concerns
- ★ Items and Announcements
- ★ Library
- Education and Training
- ★ Risk Communication
- ★ Research
- War on Terrorism
- ★ New Users
- ★ Contact DHCC
- ★ Index & Site Map
- ★ Help and FAQs



Comprehensive Primary Care-Based Evaluation



- ★ Medical record review
- ★ Medical history
- **★** Review of systems
- ★ Psychosocial assessment
- ★ Physical exam
- ★ Mental status exam
- **★** Routine laboratory work
- ★ Ancillary testing

Medical Record Review



- ★ Medical, family, social, occupational, deployment, medication, and immunization histories
- ★ Pre- and post-deployment physical exams
- ★ Clinic and emergency room visit notes
- ★ Laboratory, radiological, and other ancillary test results

Additional Areas of Medical History



- ★ Occupational and deployment history, including risks, hazards and exposures to toxic agents
- ★ Combat exposure
- ★ Travel history, including immunizations and prophylactic measures
- ★ Prescription history, including over-the-counter medications and herbal supplements
- ★ Tobacco, alcohol, and illicit drug use

Additional Areas of Medical History (Cont.)



- **★** Job stability and stress
- ★ Physical and emotional abuse or sexual harassment and assault
- ★ Current support structure, including marital status, family and friends
- ★ Family, development, and psychosocial history
- **★** Sleep habits
- ★ Reproductive history

Research Deployment Issues



- ★ "Often when evaluating patients with deployment-related health concerns, the patient initially knows more about deploymentspecific exposures than the clinicians"
- ★ Before proceeding further, thoroughly research the patient's deployment-related health concerns and identify known risks and exposures for a particular deployment
- ★ Consult www.PDHealth.mil

Routine Post-Deployment Laboratory Testing



- ★ Complete blood count (CBC)
- ★ Basic chemistries, including electrolytes, blood urea nitrogen (BUN), creatinine, glucose, and liver function tests
- ★ Urinalysis
- ★ Tuberculin skin test (PPD), if not completed within the past 6 months
- ★ Ancillary testing as appropriate

Ancillary Studies



- ★ Selected ancillary studies should be performed based on clues derived from the history and physical examination
- ★ Testing should be avoided purely for the basis of screening as these tests may
 - Have very low specificity
 - Result in false positive results
 - Cause unrealistic patient expectations

Clinician Actions At Each Visit



- ★ Ask if there are unaddressed or unresolved concerns
- ★ Summarize and explain all test results
- ★ Schedule follow-up visits in a timely manner
- ★ Explain that outstanding or interim test results and consultations will be reviewed during the follow-up visits
- ★ Offer to include the concerned family member or significant other in the follow-up visit

PDH-CPG: 3 Clinical Categories



- ★ Asymptomatic Patient with Deployment-Related Health Concern (Algorithm A1)
- ★ Patient with Established Diagnosis and Deployment-Related Health Concern (Algorithm A3)
- ★ Patient with Medically Unexplained Symptoms and Deployment-Related Health Concern (Algorithm A2)

Questions, Information, Assistance



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