



28 OCT 2015 Waterfront Meeting

	Speaker	Topic	Time
Lecture Pretests			10
NMCSO Ophthalmology	LT Valerio	Ophthalmologic Emergencies	45
CNSP Force Medical	HMCS Coleman	AMAL Change Request (ACR)	15
MRD-SD	HMC Santamaria	Controlled Substance Inventory Board (CSIB)	30
MRD Well Woman Clinic	LCDR Potswald	Well Woman	5
Fleet Dental	LCDR Chilcutt	Dental Updates	5
MRD-SD	LT Hightower	Updates	5
Lecture Posttests			5
		Total	120



Pre Test

Please start on the quizzes as soon as you find a seat!

Put your name on the quiz and **pass to the end of the row (left) when you are done.** Thank you!



Medical Readiness Division

MRD_SD_GMO@navy.mil

(619) 556-5191

Bldg 116

San Diego, CA 92136

Clinic (619) 556-8114

Operational Ophthalmology



Gabriel Valerio M.D.

LT, MC, USN

Department of Ophthalmology

Naval Medical Center San Diego



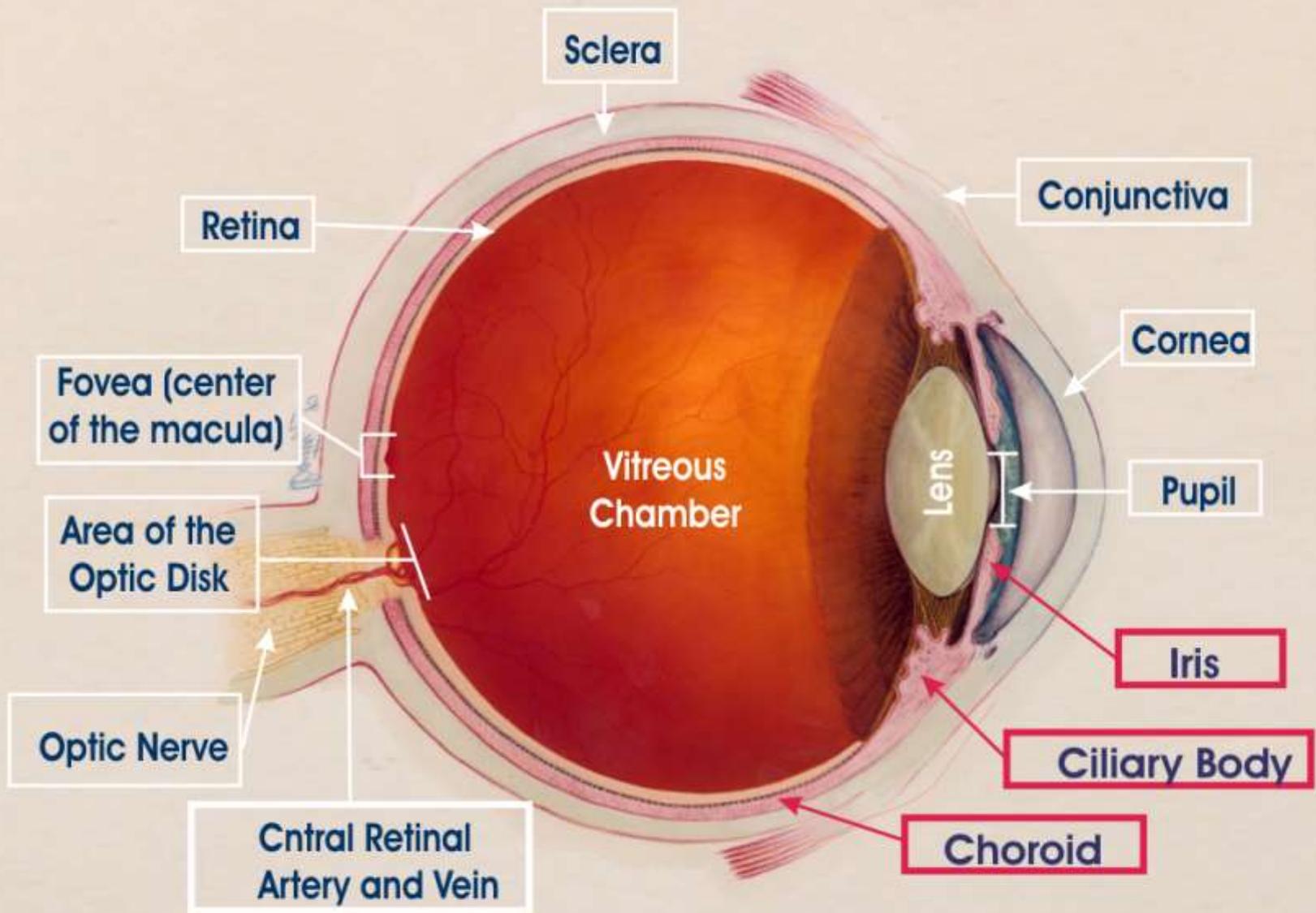
We will review:

- Basic eye anatomy
- Basic eye exam
- Diagnosis and treatment of common eye complaints

Basic Eye Anatomy



Anatomy





ADVENTURER

Eye kit for the GMO/IDC

- Near visual acuity card
- Penlight
- Fluorescein strips
- Blue light (woods lamp)
- Irrigation supplies
- Cup/fox shield
- Direct ophthalmoscope
- Proparacaine or Tetracaine
- Erythromycin or bacitracin eye ointment
- Artificial tears
- CONTACT INFO FOR OPHTHO!!!!



History

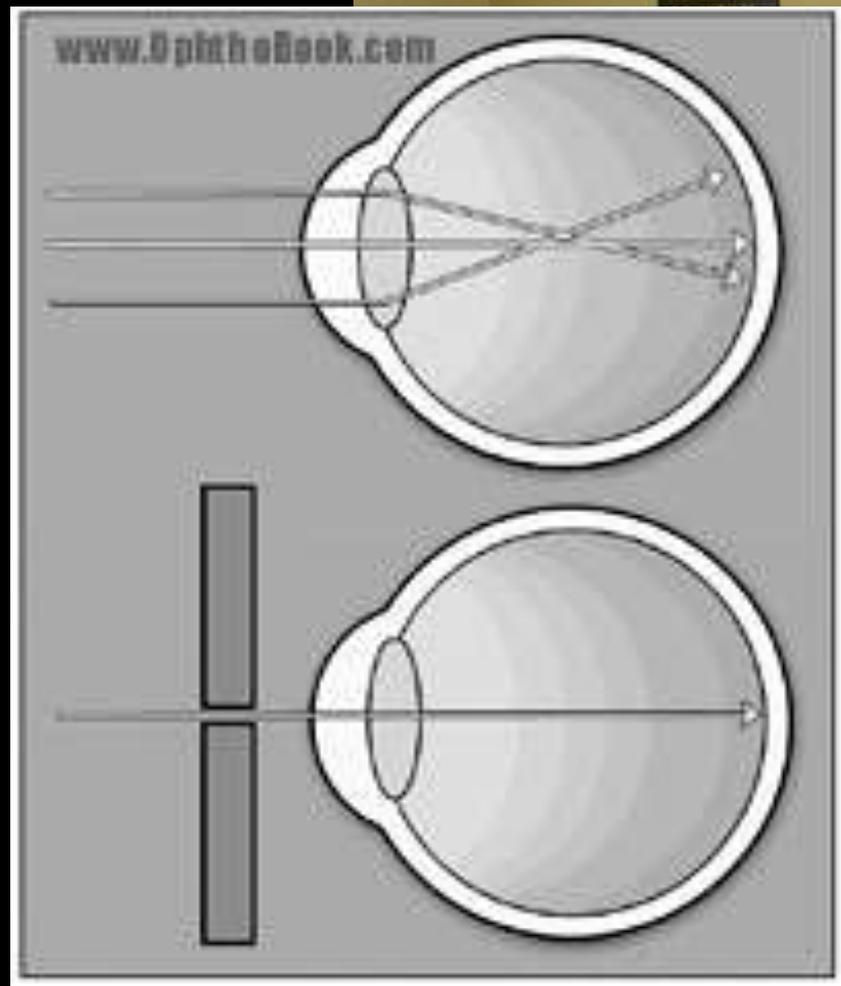
- Chief Complaint
- HPI
 - Eye protection?
- Past ocular history:
 - **Contact lenses?** Glasses?
 - LASIK or PRK?
 - Prior ocular history, eye trauma, or surgery

Basic Eye Exam:

- Vision
- Pupils
- Slit lamp exam- What do you see?

How to get visual acuity

- If they wear glasses, wear them
- Check right eye, Check left eye SEPARATELY
- **NOT** both together
- Do a pin hole vision
 - Piece of paper with a small hole in it
 - Repeat each eye SEPARATELY



Pupils

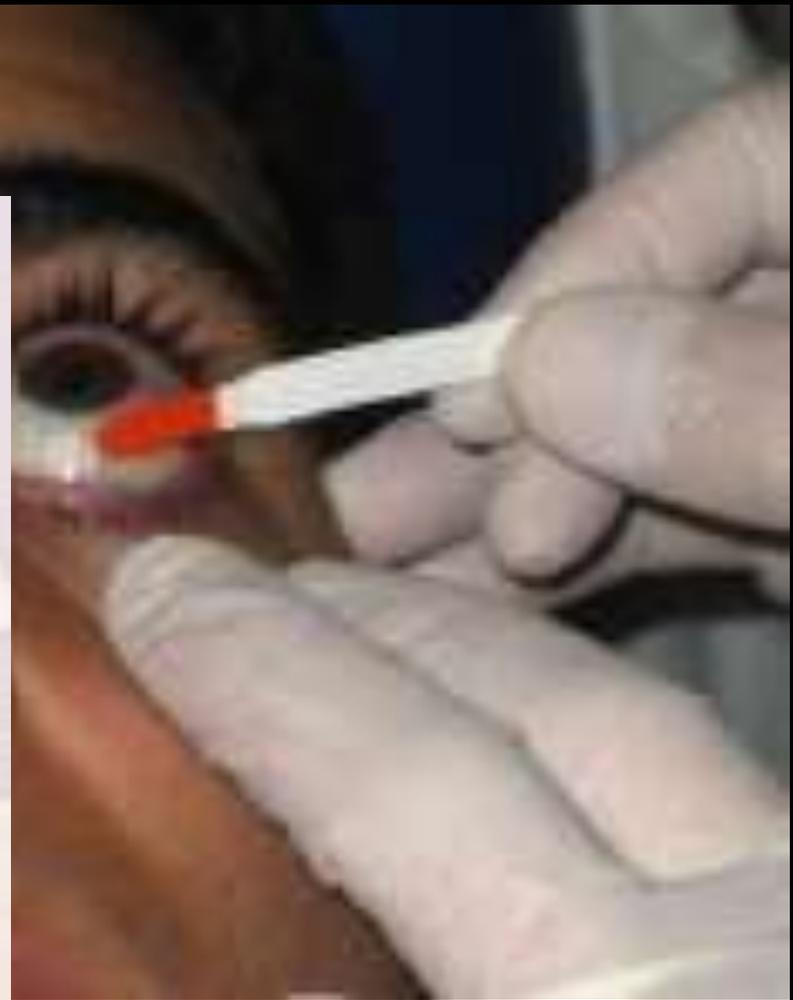
- Are both pupils equal in size?
- Do both constrict appropriately to light?
- Is the pupil peaked or shaped abnormally?
 - History of intraocular surgery
 - “surgical pupil”
 - Iris sphincter tears from blunt trauma
 - Irregular pupil and minimal constriction in region of tear
 - Vitreous in the anterior chamber
 - Peaked pupil
 - Intraocular foreign body
- Relative afferent pupillary defect (“APD”)
 - Takes practice to detect however a large APD should make you think about a neurological issue

Numbing drops

- Use only to allow for exam
- Not for prolonged pain control
- Can melt the cornea
- Keep secured

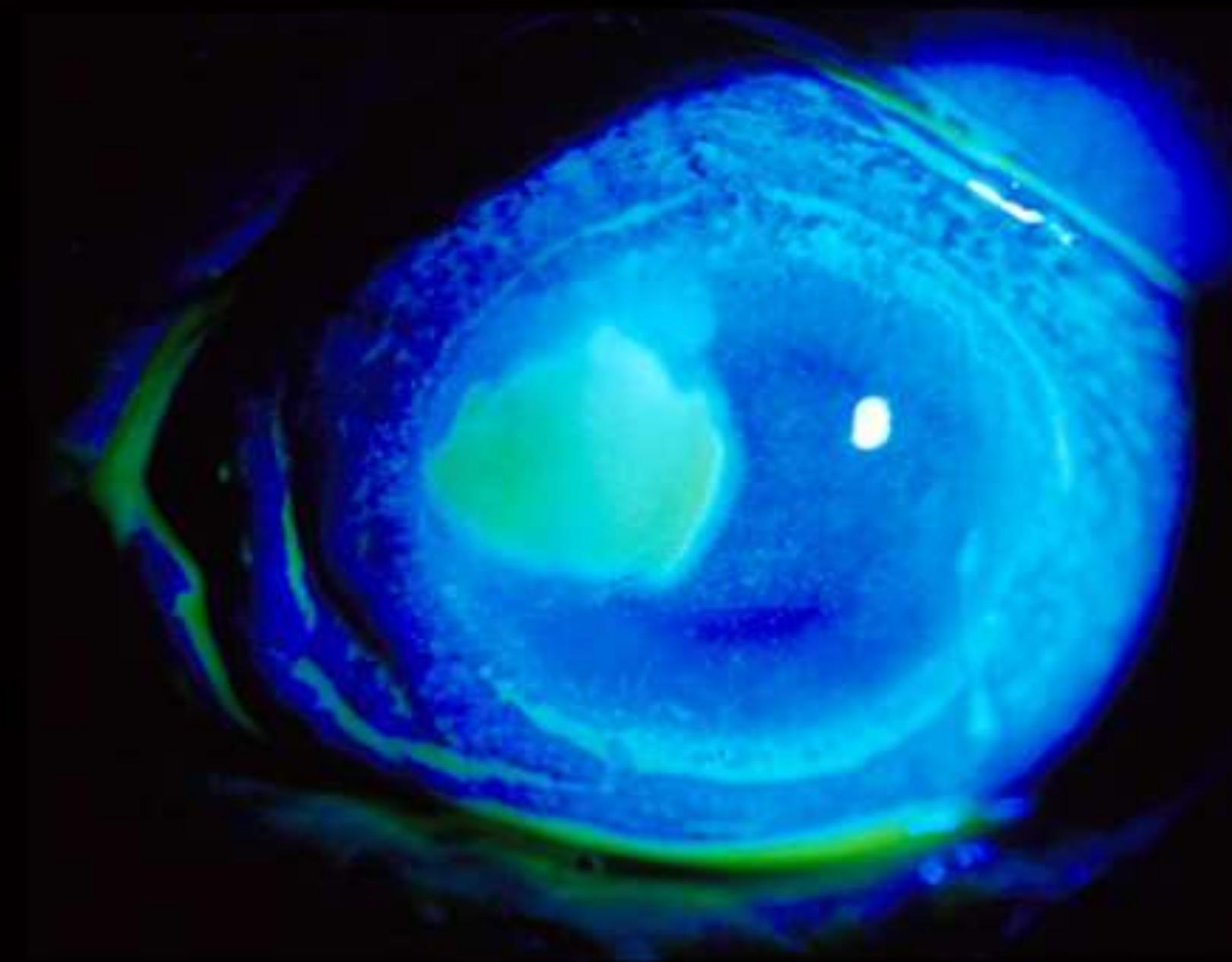


17478-403-03
JL-GLO® Fluorescein Sodium
Sterile Ophthalmic Strips 0.6 mg
ONE STERILE STRIP
Do Not Touch
Tip of
Strip
Directly
→
NDC 17478-403-03
LOT 7342
EXP 04/14
(01)00317478403036

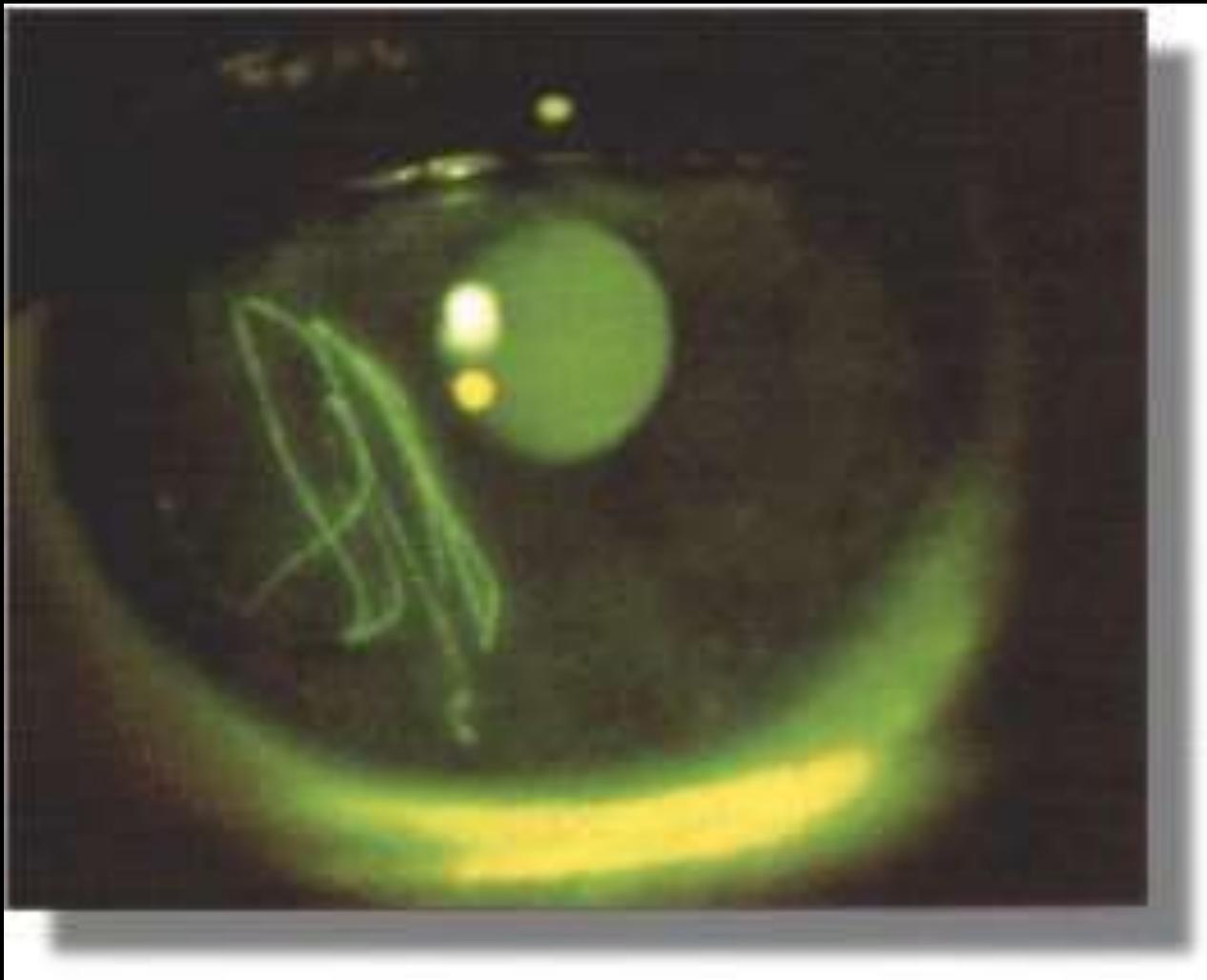


NDC 17478-403-03
LOT 7342
EXP 04/14
(01)00317478403036





Remember to flip the lids and check for a foreign body



Lid Eversion

– CTA or paper clip





Corneal abrasion

Signs/symptoms

- Foreign body sensation
- Pain
- Inability to open lids
- Improved pain with topical anesthetic
- Fluorescein staining defect
- No corneal ulcer

Corneal abrasion

Treatment:

- Identify the source of the abrasion if possible
- Erythromycin ophthalmic ointment, artificial tears, cool compresses, Tylenol/Motrin for pain
- Organic source*: Antibiotic QID until healed.
No patch
- Ophthalmology referral or re-examine daily
Watching for approximately 50% improvement in size daily and secondary infection

Artificial Tears

- Genteal

Refresh

Systane



1 drop each eye, 4-6 times a day

Artificial Tears

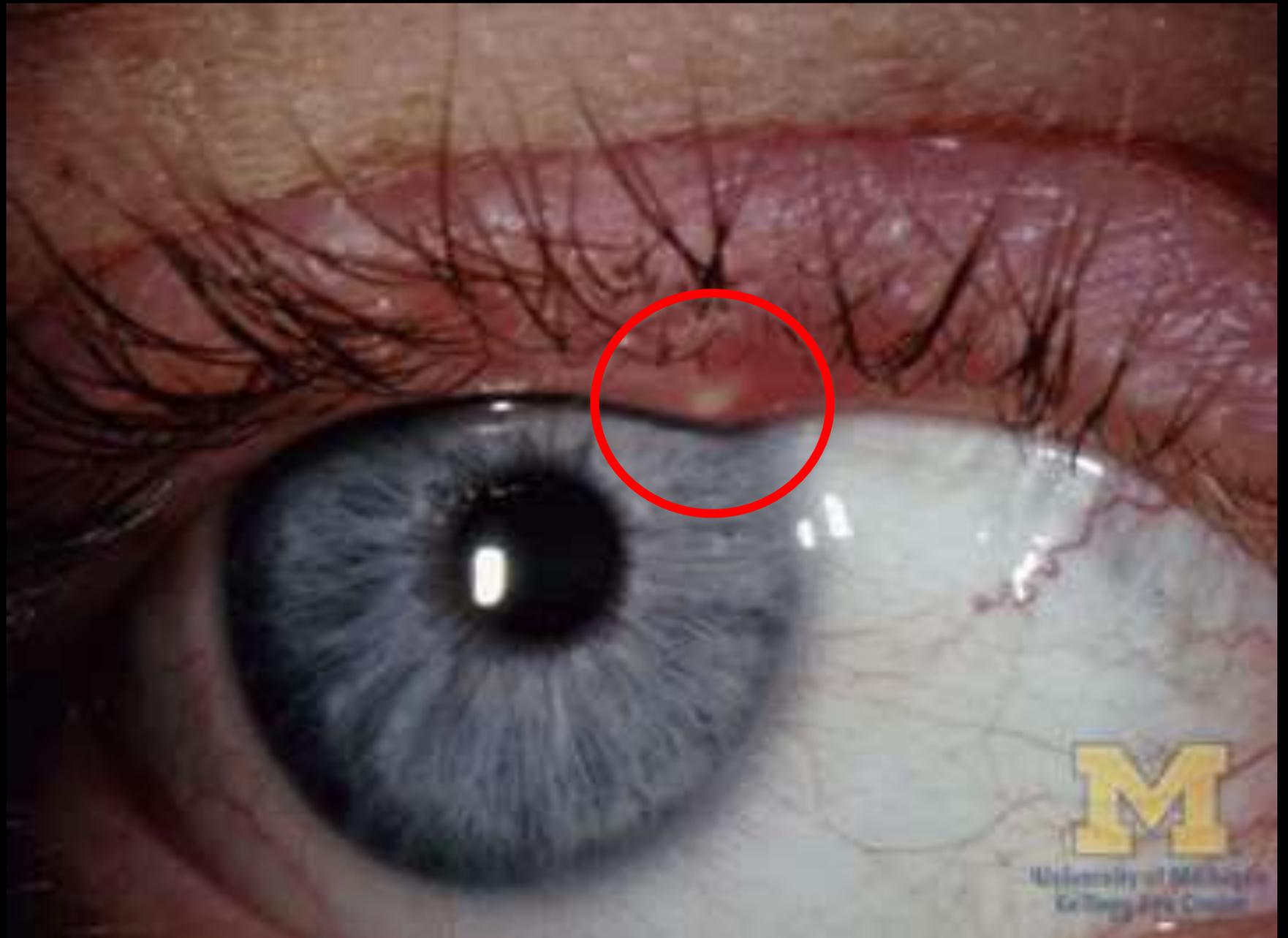


Red Eye





University of Michigan
Katz Eye Center



Stye / Chalazion

Treatment:

- Warm, moist compresses 3-4 times a day
Don't squeeze or lance it. It's not a pimple.
- Erythromycin ophthalmic ointment applied to lid margins four times daily
- Consider doxycycline 100 mg PO twice daily for 14 to 21 days if chronic and recurrent
- Ophthalmology referral after 4 to 6 weeks, earlier if it worsens



Bacterial Conjunctivitis

Findings:

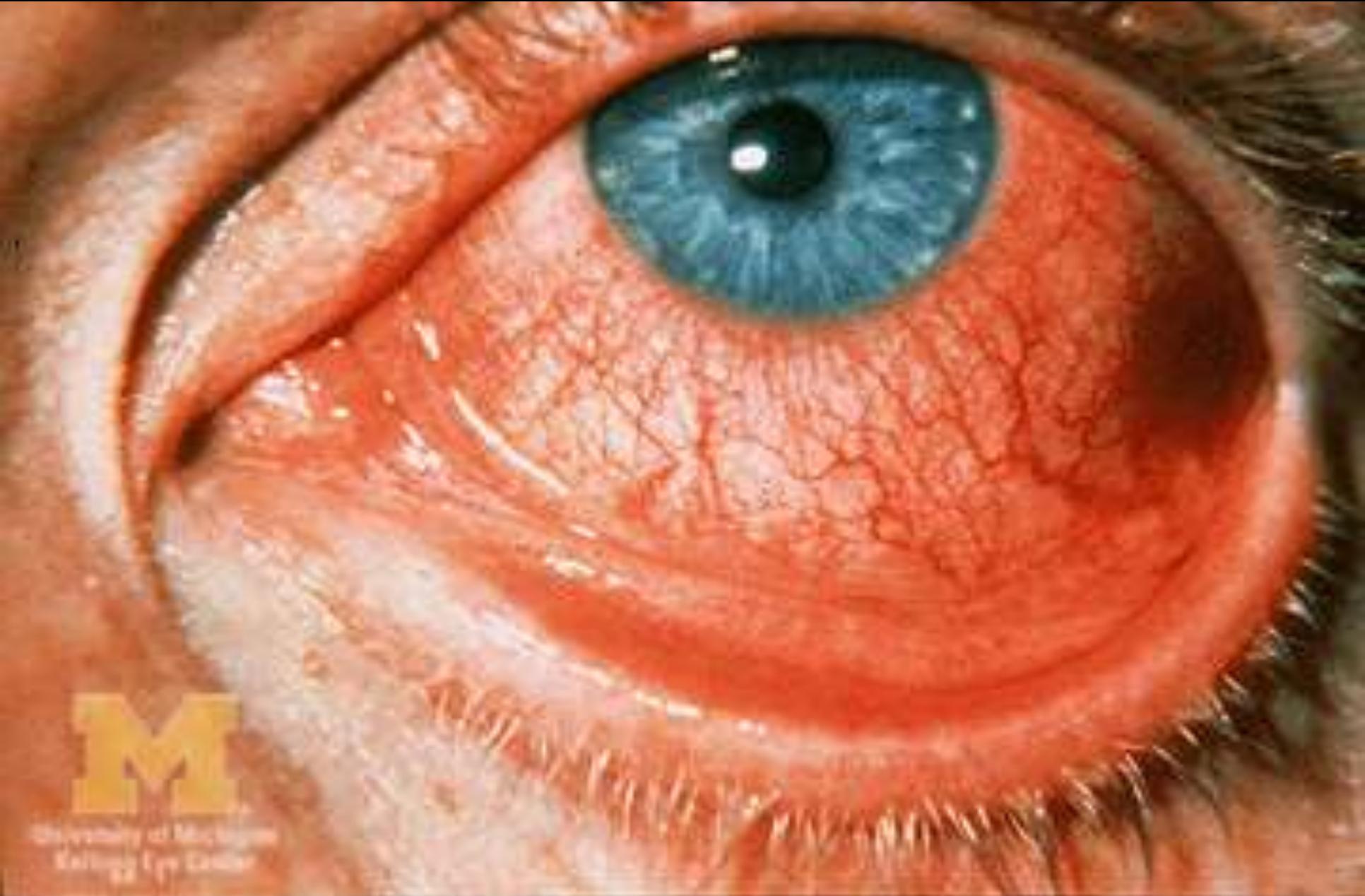
- Mucopurulent discharge
- Eyelashes stuck together/lots of crusting
- Urethritis (think gonorrhea/chlamydia) – very serious

- Fluorescein stain of the cornea (especially infants) to avoid missing a corneal abrasion, ulcer, or dendrite

Treatment:

- Non-contact lens wearer: broad-spectrum topical antibiotic* (Polytrim or erythromycin), one drop four times daily for 5 to 7 days

- Contact lens wearer: fluoroquinolone* (vigamox or Ocuflax) one drop four times daily for 5 to 7 days



Watery discharge

Viral Conjunctivitis

Findings:

- Antecedent/concurrent URI or sick contacts
- Palpable Preauricular node
- More likely bilateral (but not always)
- Watery clear discharge**
- Clear cornea

Treatment:

- Fluorescein stain the cornea to avoid missing a herpes dendrite
- Cool compresses four times daily
- Hygiene, wash hands, avoid touching eyes and others
- Consider a topical antibiotic if there is uncertainty as to whether an infection is viral or bacterial
- Ophthalmology follow-up in 7 to 10 days if cornea is clear, sooner if not sure



M

The Institute of Ophthalmology
Khalilji Eye Center

Allergic Conjunctivitis

Findings:

- Itching!!!
- Typically chronic with seasonal allergies
- Watery Discharge
- Eyelid skin changes

Treatment:

- Fluorescein stain the cornea to avoid missing something
- Cool compresses four times daily
- Topical/PO antihistamine or topical mast cell stabilizer for conjunctival congestion/itching
- Ophthalmology consultation if no improvement with treatment or clinically unsure





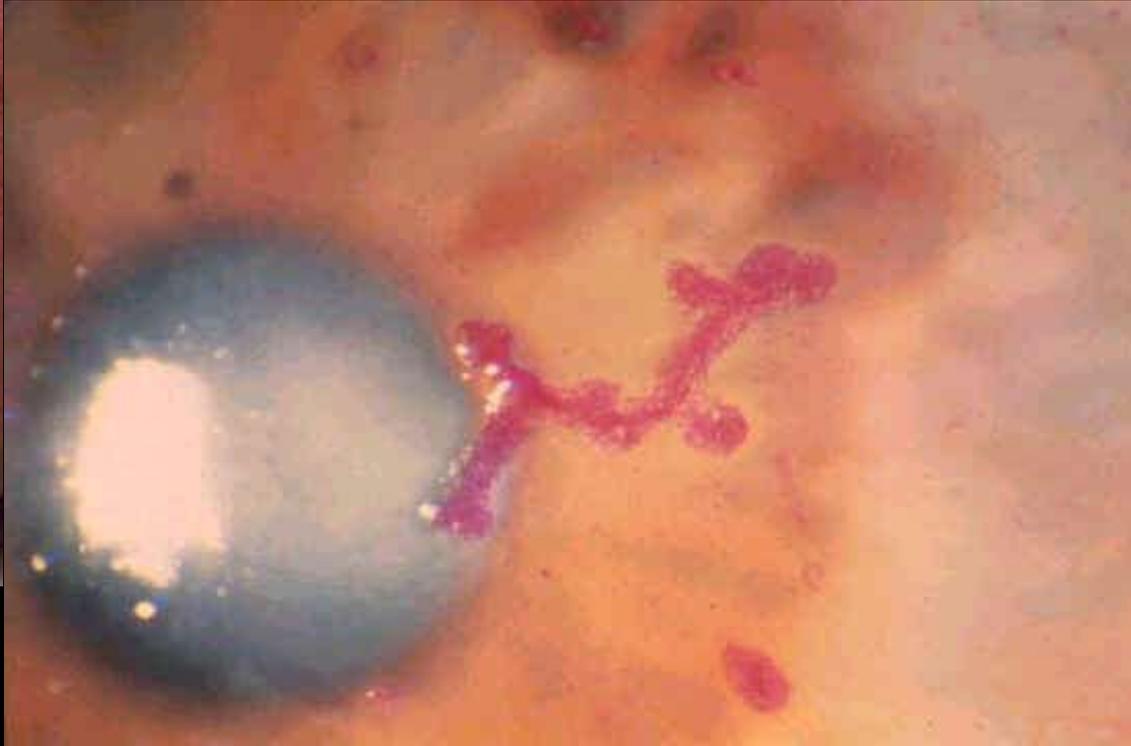
Iritis/Uveitis

Findings:

- Pain
- Redness
- Light sensitivity
- Keratic precipitates
- Hypopyon/anterior chamber cell
- Blurry vision

Treatment:

- Steroids or immunosuppressant medications - send to ophtho
- Cycloplegia (Pupillary Dilation)



Herpes

Herpes Simplex Virus (HSV)

Herpes Zoster Ophthalmicus (HZO)

Findings:

- Painful, red eye
- Blurry vision
- Epithelial dendrite or pseudodendrite
- HZO look for skin lesions in CN V1 distribution (lesions on tip of nose increases likelihood ocular involvement)

Treatment:

- Oral acyclovir and refer to ophthalmology
- Cool compresses
- Lubrication for comfort
- Watch for super-infection





Preseptal Cellulitis

Findings:

- Red, swollen eyelid
- Normal vision
- No pain with eye movement
- White and quiet eye
- History of skin trauma, hordeolum

Treatment:

- Amoxicillin/Clavulanate 500 mg PO TID
- Bactrim 800-1600 mg PO BID
- Moderate to severe cases, admit for IV antibiotics and sepsis workup



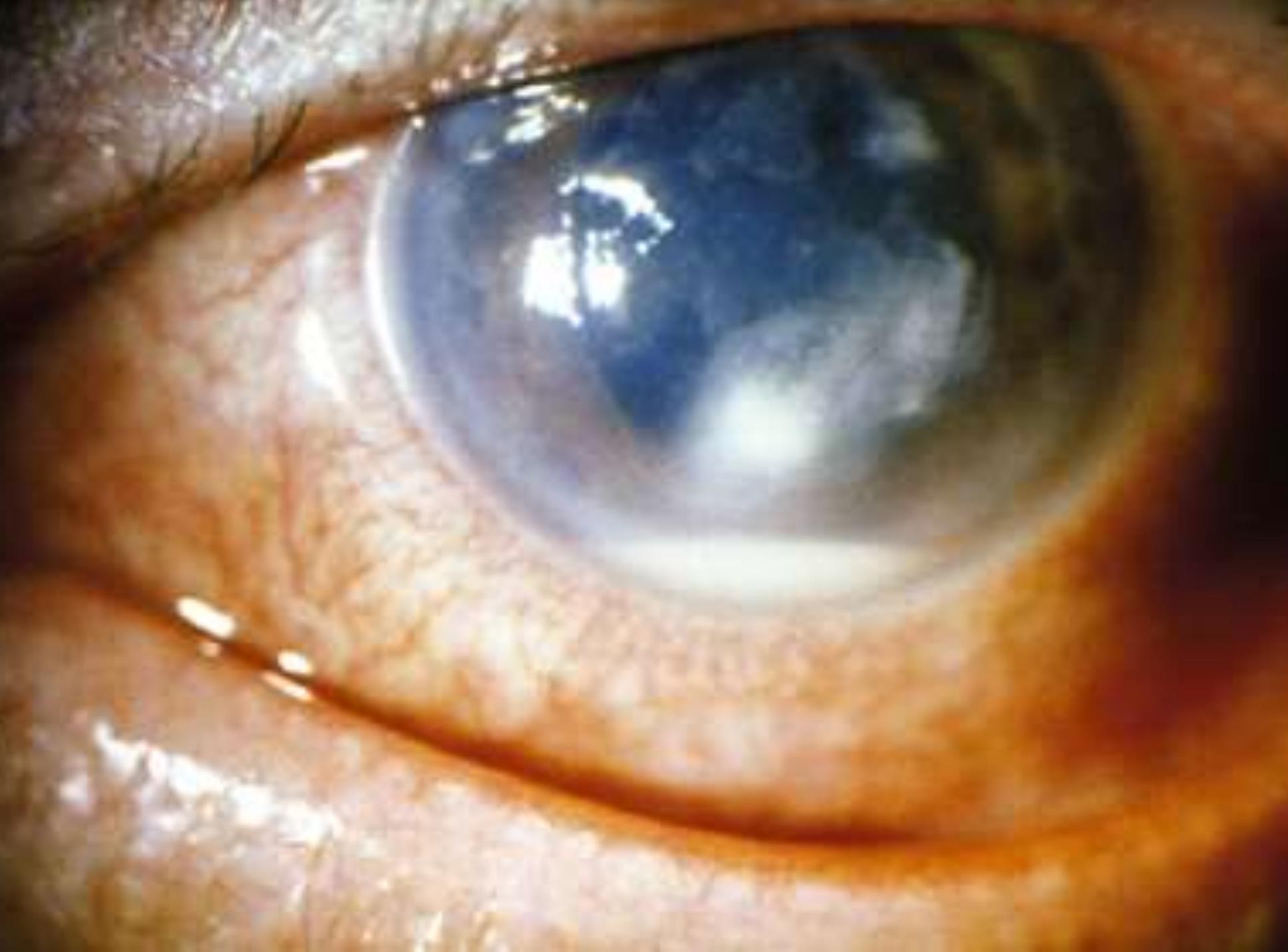
Orbital Cellulitis (Postseptal Cellulitis)

Findings:

- Erythema and induration
- Proptosis
- Pain with eye movements
- Concurrent sinusitis
- Decreased vision
- Fever

Treatment:

- ADMIT!
- IV Abx
- Contrast-enhanced CT scans of the orbits and paranasal sinuses



Corneal Ulcer

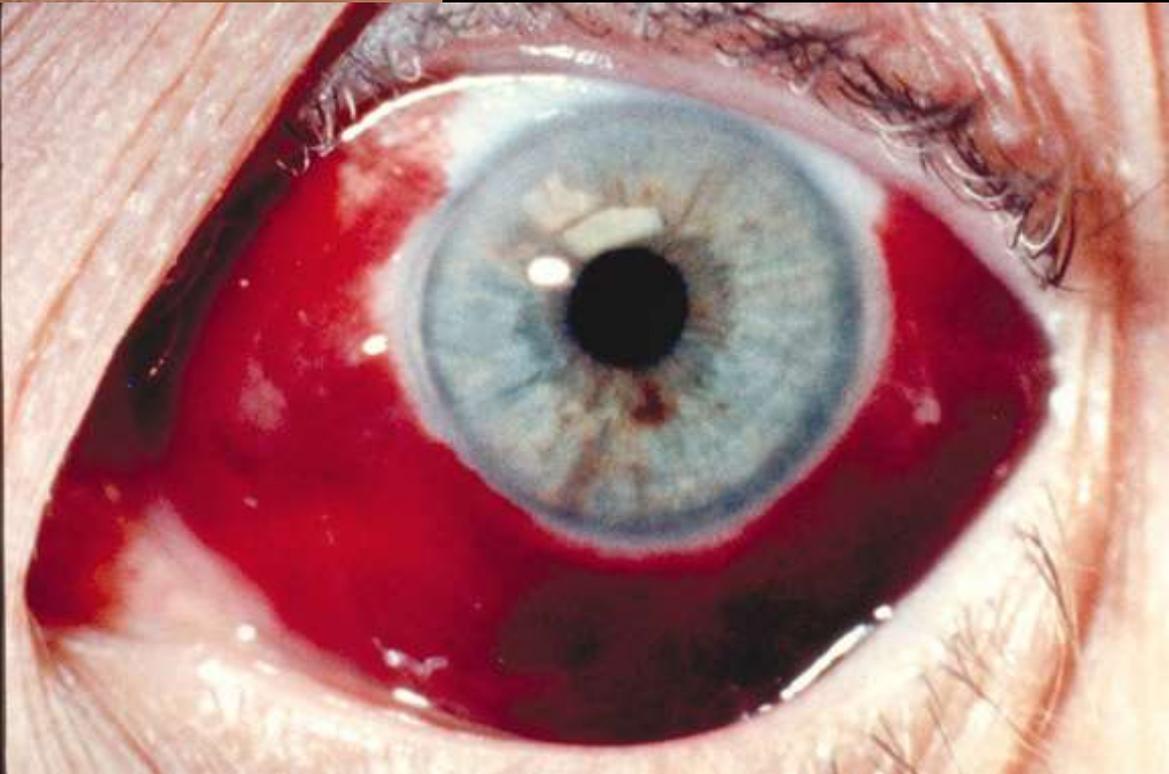
Findings:

- Significant pain
- Redness
- Staining epithelial defect
- Corneal opacity or infiltrate
- Hypopyon
- Often hx or trauma or contact lens wear and overwear risk factors

Treatment:

- Fluoroquinolone drops, one drop every hour
- No patching or contacts
- Ophthalmology referral within 24 h





Subconjunctival Hemorrhage

Findings

- Bruise of the eye
- Commonly from
 - Rubbing eyes
 - Straining/lifting heavy objects
 - Trauma
 - Sneezing, coughing
 - Emesis
 - Aspirin use

Treatment:

- Reassurance
- Occasionally irritating, can use tears or erythromycin ointment
- Full exam to rule out other injury
- Resolve in 2-6 weeks-





Pterygium/Pinguecula

Pterygium = “Wing”

Findings

- Caused by UV exposure, recommend sunglasses
- Mild irritation, foreign body sensatio

Treatment

- Topical lubrication
- If near the visual axis(inside the pupil) or if irritation bothersome despite lubrication, refer to ophthalmology

Pinguecula

- Can be mildly irritating
- Not visually threatening
- Topical lubrication, sunglasses use

Chemical ocular injury

Findings:

- Decreased vision
- Injected eye
- Corneal and conjunctival epithelial defect, edema

Treatment:

- IMMEDIATE COPIOUS IRRIGATION** with a minimum of 2 L of saline/ water or until tear pH is neutral
- NEVER** use acidic solution for alkaline burn and vice versa

DON'T DELAY IRRIGATION FOR TRANSPORT!

- Erythromycin ointment at least four times daily
- Ophthalmology referral in the ED or within 24 hrs.

NS or Morgan Lens

Irrigate 2-4 liters







M

University of Michigan
Kallio Eye Center

Lid Lacerations

Full-thickness lid lacerations **should be repaired by an ophthalmologist**, if at all possible, within 24 hrs

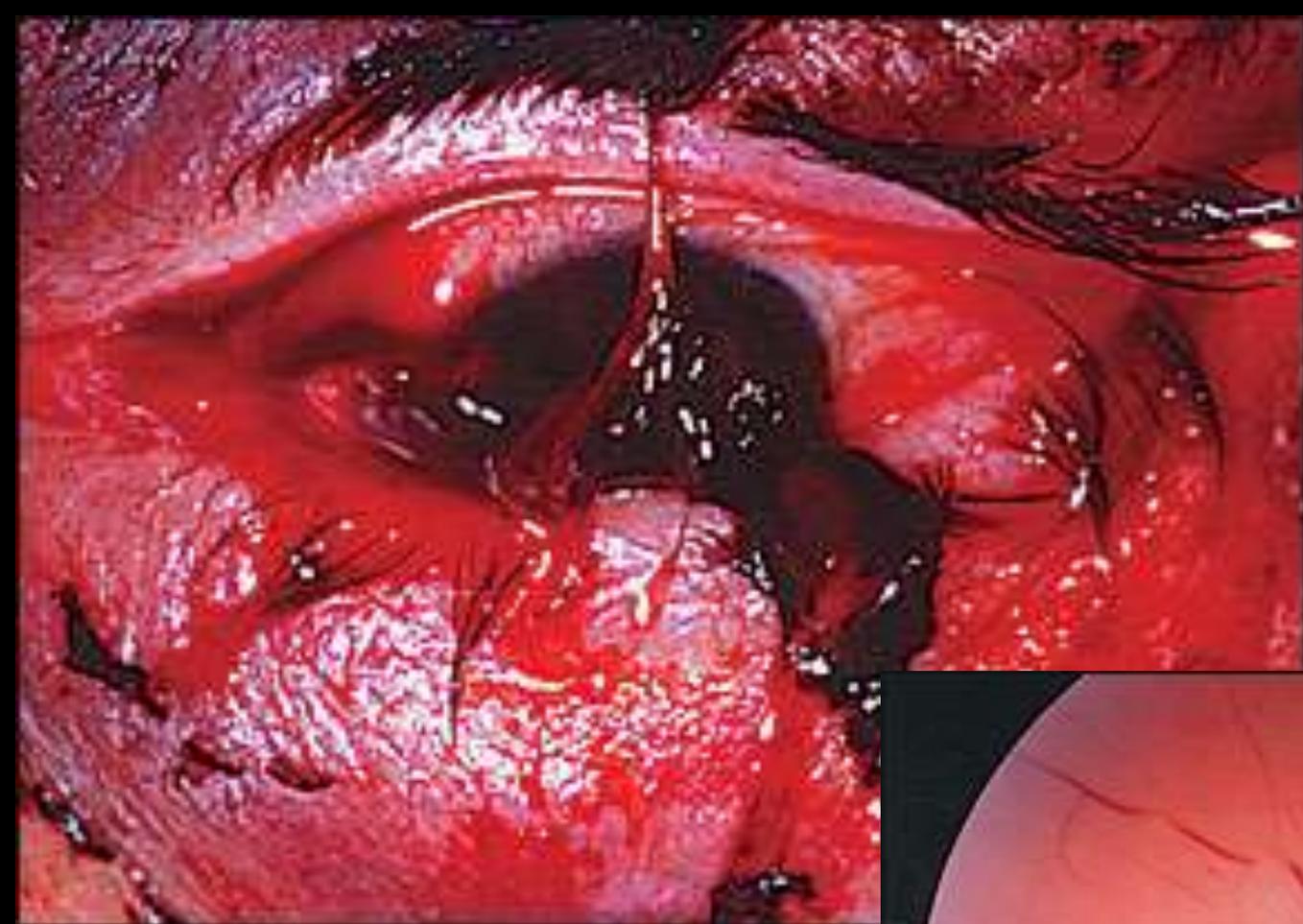


M

University of Michigan
Department of Ophthalmology

Blunt Trauma

1. Assess globe integrity and vision. **If open globe suspected.....STOP and place a protective eye shield!**
2. Check eye motility and cutaneous sensation.
3. Obtain a facial/orbital **CT scan** if a blowout fracture or orbital/intraocular foreign body is suspected. Treat accordingly.
4. Slit-lamp examination of corneal, conjunctival, scleral, and anterior chamber structures.
 - Siedel test:** Using fluorescein strip to determine whether corneal perforation is present
 - >Positive test results in negative staining where aqueous is streaming out of the wound and diluting stain
5. Ophthalmology referral within 48 h if no injuries are found.



TRAUMA

- **General rules**

- **If open globe is suspected, do not check IOP, place shield (no patch!!!!) over the eye and get to us**
- Do not pull out foreign bodies!
- CT if foreign body or fracture suspected
- Keep NPO
- Discuss with Ophthalmology
- Assess what you can gently, don't force it
- **Anti-emetic for nausea and vomiting**

1) In cataract surgery, which eye structure is extracted and replaced?

- A. Cornea
- B. Lens
- C. Retina
- D. Optic nerve

2) Which of the following is a common presentation for VIRAL conjunctivitis?

- A. Itching, watery discharge, usually bilateral
- B. Itching, burning, tearing, gritty or foreign body sensation, history of recent URI or sick contact
- C. Redness, foreign body sensation with purulent white-yellow discharge
- D. Thick, ropy discharge, seasonal, usually bilateral

3) Which patient should be referred to an eye care specialist STAT or ASAP (not ROUTINE)?

- A. Contact lens wearer with corneal ulcer
- B. Bilateral hordeolum (stye)
- C. Subconjunctival hemorrhage
- D. Allergic conjunctivitis

4) Which of the following systemic diseases can present with ocular findings?

- A. Hypertension
- B. Diabetes
- C. Sarcoidosis
- D. All of the above
- E. B and C only

How to contact us:

NMCSD Ophthalmology duty phone

619-453-6302

Call with questions or giving head's up pt is
going to ED.

January 29th (Friday)
at NMCSD auditorium.

"Ophthalmology for primary
care and operational
providers"

Thank you for your attention!

Any Questions?



CNSP Force Medical

HMCS(SW/FMF) Katie Coleman

Commander, Naval Surface Forces, Pacific Fleet

Senior Technical Advisor

2841 Rendova Rd

San Diego, CA 92155-5490

Office: 619-437-2851

DSN: 312-577-2851

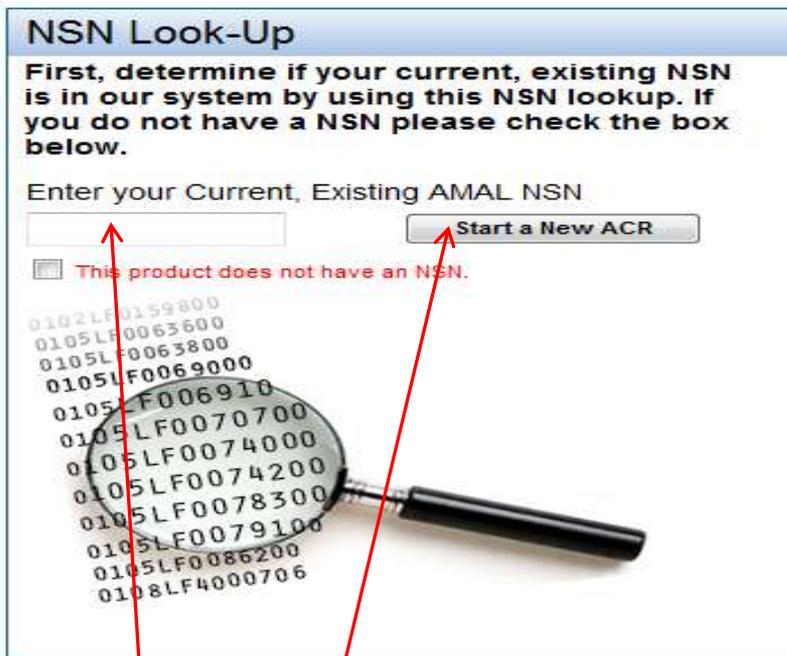
kathryn.p.coleman@navy.mil

Kathryn.p.coleman@navy.smil.mil

USER REQUEST TO ADD ITEM TO ASSEMBLAGE(S)

1. Log on to ACR via Code 04 webpage (https://gov_only.nmlc.med.navy.mil/ACR2.0/)
2. Click on "Initiate a new ACR" along top
3. NSN Look up box

 Initiate ACR



NSN Look-Up

First, determine if your current, existing NSN is in our system by using this NSN lookup. If you do not have a NSN please check the box below.

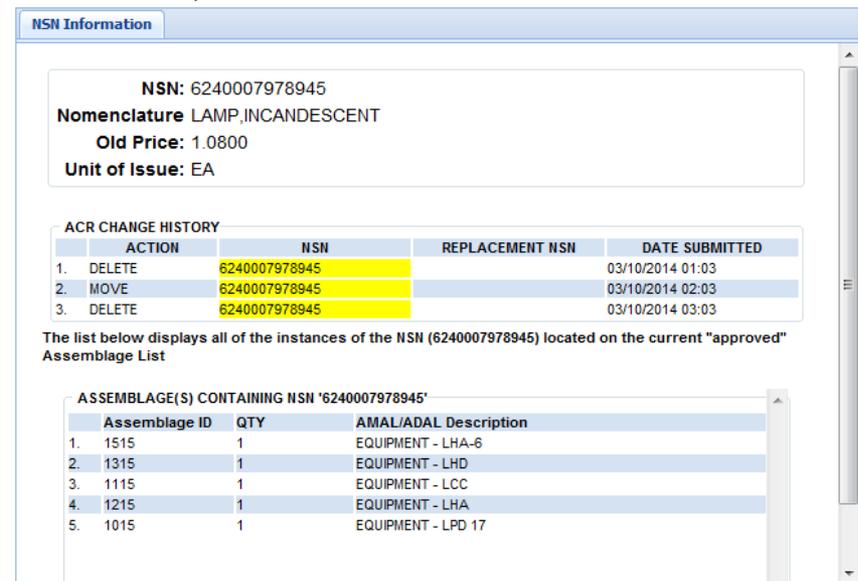
Enter your Current, Existing AMAL NSN

This product does not have an NSN.

0102LF0159800
0105LF0063600
0105LF0063800
0105LF0069000
0105LF006910
0105LF0070700
0105LF0074000
0105LF0074200
0105LF0078300
0105LF0079100
0105LF0086200
0108LF4000706

- a. If the item doesn't have an NSN go to {b. 1} [slide2]} If the item to be added has an NSN
 - 1) Enter NSN in the look up box
 - 2) Click "Start a New ACR"

- 3) Review NSN information (only provided for NSNs that are in database)



NSN Information

NSN: 6240007978945
Nomenclature LAMP, INCANDESCENT
Old Price: 1.0800
Unit of Issue: EA

ACR CHANGE HISTORY

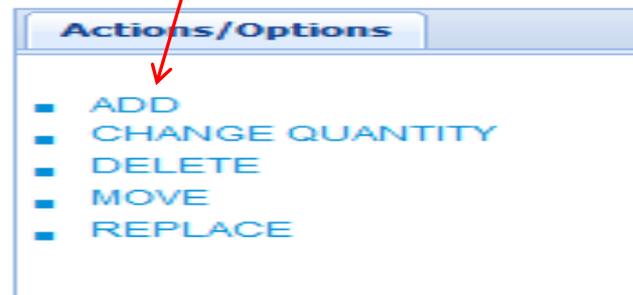
	ACTION	NSN	REPLACEMENT NSN	DATE SUBMITTED
1.	DELETE	6240007978945		03/10/2014 01:03
2.	MOVE	6240007978945		03/10/2014 02:03
3.	DELETE	6240007978945		03/10/2014 03:03

The list below displays all of the instances of the NSN (6240007978945) located on the current "approved" Assemblage List

ASSEMBLAGE(S) CONTAINING NSN '6240007978945'

	Assemblage ID	QTY	AMAL/ADAL Description
1.	1515	1	EQUIPMENT - LHA-6
2.	1315	1	EQUIPMENT - LHD
3.	1115	1	EQUIPMENT - LCC
4.	1215	1	EQUIPMENT - LHA
5.	1015	1	EQUIPMENT - LPD 17

- 4) Click on "ADD" in Actions/Options box



Actions/Options

- ADD
- CHANGE QUANTITY
- DELETE
- MOVE
- REPLACE

5) Enter Pay Grade / Rank and Justification

Please complete the information (below), then press "Proceed" to continue.

Pay Grade/Rate: ▼ Phone: 301-619-7228

Justification: [Text Area]

(Maximum characters: 1000)
You have: 1000 characters left.

6) Click Proceed
7) Go to {b. 6} [slide 3].

b. If the item **doesn't have** an NSN
1) Click the box marked "This product does not have an NSN"

Initiate ACR

NSN Look-Up
First, determine if your current, existing NSN is in our system by using this NSN lookup. If you do not have a NSN please check the box below.

Enter your Current, Existing AMAL NSN

This product does not have an NSN.

2) Click "Start a New ACR"
3) Enter Pay Grade / Rank and Justification

ACR with NO NSN

You have chosen to Add an ACR with an item that does not currently have an NSN within this system. Please complete the form (below)

NOTE: Fields in yellow are required

Contact Information

Pay Grade/Rate: ▼ Phone #: 301-619-7228

Justification: [Text Area]

4) Enter New Item information (all Highlighted fields are required)

New Item Information

Nomenclature: [Text Area]

UI: [Text Area] Price: [Text Area]

New Manufacturer Information

Manufacturer Name: [Text Area] Manufacturer's Literature: ▼

Address: [Text Area] Manufacturer Phone #: [Text Area]

Item Type: ▼ If Other: [Text Area]

Model #: [Text Area] Manufacturer Website: [Text Area]

Part #: [Text Area] Catalog #: [Text Area]

5) Click "Continue (Select AMAL/ADAL(s))"

6) The assemblage selection page will be displayed

TYCOM: * ALL Un-check All: Filter

AIRFOR MSC NECC

SUBFOR SURFOR

DENTAL

Assemblage	Item Description
0250	IDC RESPONSE KIT - LSD 41
0355	JR HM RESPONSE KIT - MCM
0900	GENERAL MEDICINE - LSD 36-40
0905	FORCE HEALTH PROTECTION - LSD 36-40
0915	EQUIPMENT - LSD 36-40
0919	MEDICAL FLY KIT
0922	MINOR SURGERY - LSD 36-40
0925	NSW - (BASIC ANTIDOTE LOCKER)
0930	PREVENTIVE MEDICINE - LSD 36-40
0932	LABORATORY - LSD 36-40
0934	PHARMACY - LSD 36-40
0950	FIRST AID BOX - LSD 36-40
0951	MASS CASUALTY BOX - LSD 36-40
0952	BATTLE DRESSING STATION - LSD 36-40
0955	JR HM EMERGENCY RESPONSE KIT - LSD 36-40

From the grid (left):
Please select the assemblage(s) associated with this ACR. Your selections will appear below

Assemblage	Description	Quantity
------------	-------------	----------

Page 1 of 8

7) Filter to (TYCOM, Platform or Capability) as necessary.

TYCOM: * ALL Un-check All: Filter

AIRFOR MSC NECC

SUBFOR SURFOR

Platform: Filter

Capability: Filter

Assemblage	Item Description
0250	IDC RESPONSE KIT - LSD 41
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0950	FIRST AID BOX - LSD 36-40
0951	MASS CASUALTY BOX - LSD 36-40
0952	BATTLE DRESSING STATION - LSD 36-40
0955	JR HM EMERGENCY RESPONSE KIT - LSD 36-40

Page 1 of 8

8) Select Assemblage from Left Grid (Assemblages will populate on Right Grid)

9) Enter QTY for each assemblage selected.

From the grid ← (left)

Please select the assemblage(s) associated with this ACR. Your selections will appear below ↓

Assemblage	Description	Quantity	
0355	JR HM RESPONSE KIT - MCM	<input type="text"/>	
0915	EQUIPMENT - LSD 36-40	<input type="text"/>	
0925	NSW - (BASIC ANTIDOTE LOCKER)	<input type="text"/>	
0932	LABORATORY - LSD 36-40	<input type="text"/>	
0950	FIRST AID BOX - LSD 36-40	<input type="text"/>	

10) Verify if assemblages selected are correct; if **not** click on the red (X) to deselect.

11) Select "Submit Completed ACR"

12) Edit / Support Document File Upload page should appear

13) If you **do not** have any documents click "No" and go to {15} slide 5 }

ACR Information
Action: new
NSN:

New Item Information
New Nomenclature: test
Price: \$2,323.23

Manufacturer Information

Manufacturer Name: test	Manufacturer Phone:
Address:	Item Type:
Model: 4545	Part Number:
Catalog Number:	Link:

[Edit](#)

Submitter Information
CIV michael schomer
michael.schomer@med.navy.mil
Phone: 301-619-7228

Justification/Documents
test

Assemblages

Assemblage	Assemblage Description	Quantity
0252	BATTLE DRESSING STATION - LSD 41	1
0915	EQUIPMENT - LSD 36-40	1
0922	MINOR SURGERY - LSD 36-40	1
0932	LABORATORY - LSD 36-40	1
0952	BATTLE DRESSING STATION - LSD 36-40	1

Support Document/File Upload

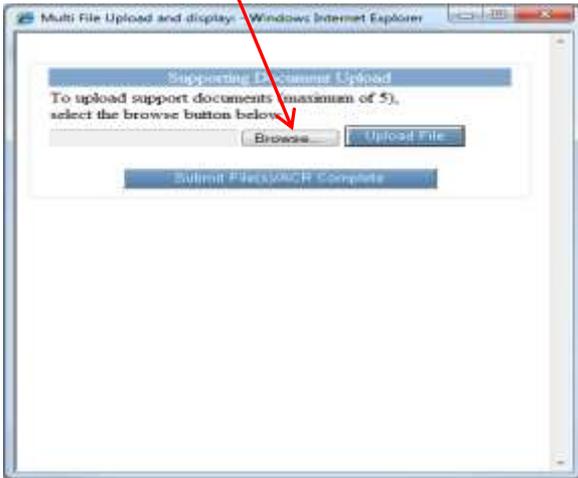
Would you like to submit documents to support the justification for this request?

Yes

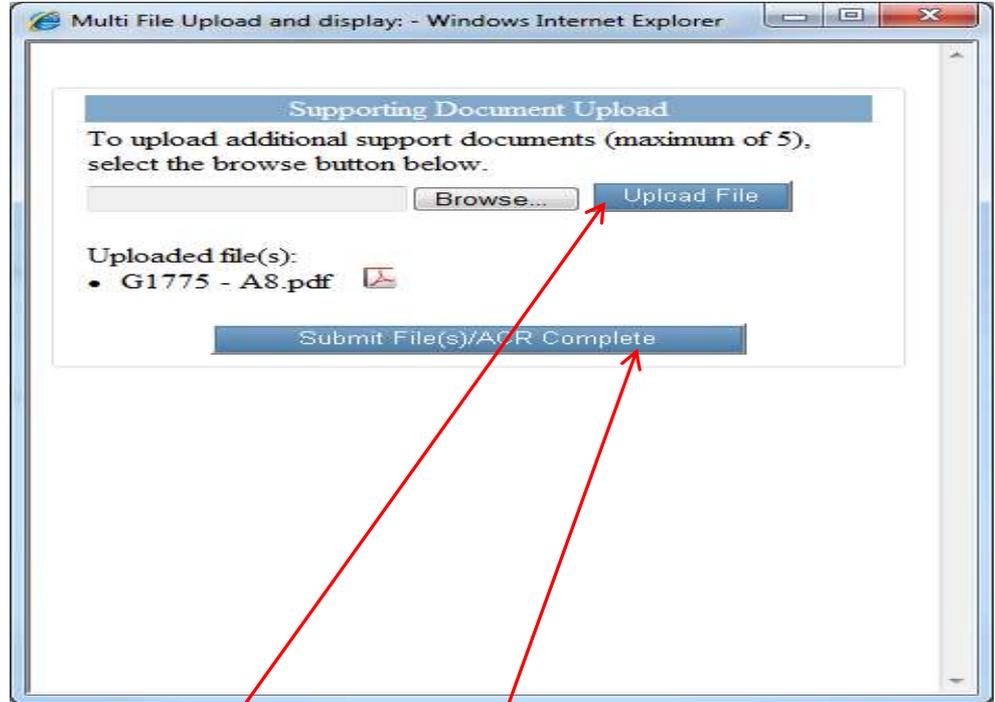
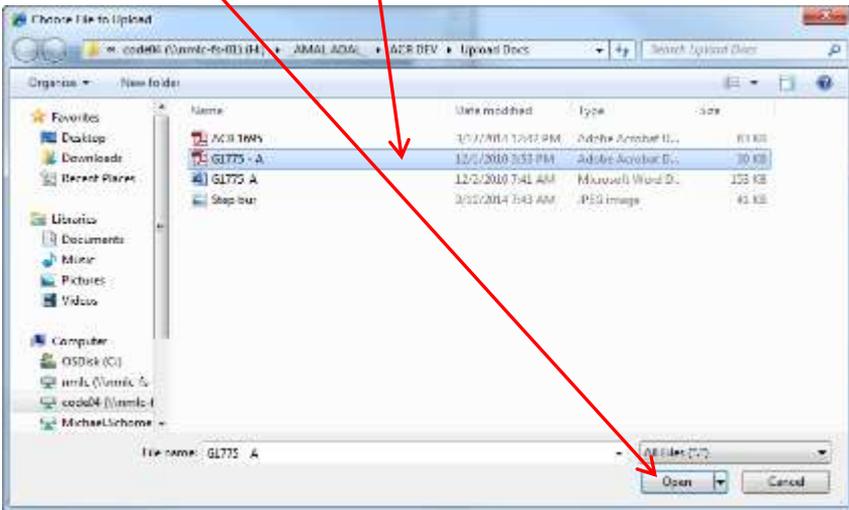
14) If you have a document to submit click "Yes"

DOCUMENTS TO SUBMIT

a. Click "Browse"



- b. Navigate to the document on your system.
- c. Select the document
- d. Click "Open"



- e. Click "Upload File"
- f. If you have another document to upload go to {14. a.}. (max of 5)
- g. When all documents have been selected for upload click "Submit File(s)/ACR Complete"

15) The following pop-up window should appear ACR processed Message





CSIB PROCEDURES





Controlled Substances

- General Purpose: Controlled substances require special handling and accounting to provide adequate protection against drug abuse, carelessness, theft, and misappropriation.



Controlled Substances

- The persons having custody of controlled substances must assure by physical inventory that all quantities received and expended are properly accounted for.



Controlled Substances

- The ship's MDR is recognized as the ship's Controlled Substance SME. As a result, the MDR will maintain custody of the working stock and dispense them as medically appropriate. Every platform will need a Bulk Stock Custodian to maintain the bulk stock.



Controlled Substances

- Accountability of these controlled substances will be maintained in a log and unannounced periodic inventories will be conducted.



Working Safe

- The security of controlled substances will follow procedures necessary to ensure accessibility is limited to only the Working Stock Custodian.
- Small safes with combination locks will be used for working stock.



Bulk Safe

- Accessibility is limited to only the Bulk Stock Custodian
- Dispense only to the Working Stock Custodian



Change in Safe Combination

- Upon assuming custody of the safe (i.e. change of working or bulk stock custodian)
- Suspicion of combination compromise
- Not less frequently than every 24 months



Record of Safe Combinations

- Records of combinations **WILL** be recorded on “Combination Change” (SF 700) and placed in the custody of the CO or an Officer designated in writing by the CO.
- A carbon copy of part 1 will be placed inside the safe and will be posted on the outside of the door.



Prescribing Controlled Items

Enabling Objectives:

- Necessary procedures for prescribing controlled medicinal



Prescribing Controlled Meds

- During underway operations only, treatment with controlled substances should be reserved for the relief of severe pain or the safety of emotionally disturbed personnel.



Prescribing Controlled Meds

- Only specific NSNs and quantities of controlled substances as published in AMALs will be requisitioned or maintained
- NSNs will not be substituted unless authorized by the Force Surgeon.
- Quantities maintained on board will be the exact amount dictated in AMAL unless approved by TYCOM



Prescribing Controlled Meds

- DD-1289: is the only authorized prescription form for controlled substances. It must be prepared and filed when prescribing any and all controlled substances
- It must be countersigned by the Commanding Officer (or Executive Officer if given authority by CO) for IDC prescribers.



DD 1289

The back of the DD 1289 will contain the following data when it is dispensed.

I have received _____ (written out number) tabs of _____ (medication)

Patient Name
SSN
DOB
Berthing/Rack
Phone #

Patient Signature

SAMPLE DD FORM 1289 1 NOV 71 SAMPLE DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)	
Patient full name SSN DOB Dept/Division Berthing and Rack #	
MEDICAL FACILITY USS NEVERSAIL	DATE
<i>Rx</i> Inscription Subscription Signa (will be written without abbreviations and numbers will be written out)	Qty. or unit QTY will have #s written out
NFOR: LOT NO:	EXP. DATE: FILLED BY:
C0001 Rx NUMBER	IDC signature and CO Signature SIGNATURE, RANK AND DESIGNEE
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE	

Enter QA data

Rx number will be written with a C and in red



Prescribing Controlled Meds

- Authorized prescribers must include on all prescriptions:
 - branch of service or agency
 - social security number (or NPI)
 - signature, and stamp



Prescribing Controlled Meds

- Controlled substance prescriptions will be filed with the respective 6710/5 for that medication and maintained on file for 3 years after the expenditure or destruction of the medication.



FORMS

- Use of the Perpetual Inventory of Narcotics (NAVMED 6710/5)



6710/5

- ALL transactions and inventories will be documented on the NAVMED 6710/5.
 - There will be one form for each individual lot number for each year that it is maintained.
 - All 6710/5's for a lot number will be maintained together and audited for accuracy and continuity during each CSIB



6710/5

- Transactions that are entered onto the 6710/5
 - NAVSUP 1250 Serial Numbers
 - DD 200 Serial Numbers
 - DD 1348 Requisition numbers
 - DD 1289 Rx numbers
 - CSIB Inventory
 - Balance Brought Forward



Working Stock

PERPETUAL INVENTORY OF PHARMACEUTICALS, ALCOHOLS, AND CONTROLLED DRUGS		DATE OF STOCK TAKING		BY WHOM TAKEN		BY WHOM CHECKED	
USS ANYSHP (2284)		DATE	TIME	NAME	GRADE	NAME	GRADE
DATE	DESCRIPTION	QUANTITY RECEIVED	QUANTITY EXPENDED	AMOUNT DEMAND	REMARKS	INITIALS	DATE
1 Jan	Medical Supply	100	100	0			
15 Jun	1000	100	100	0			
15 Jun	200	200	200	0			
15 Jun	300	300	300	0			
15 Jun	400	400	400	0			
15 Jun	500	500	500	0			
15 Jun	600	600	600	0			
15 Jun	700	700	700	0			
15 Jun	800	800	800	0			
15 Jun	900	900	900	0			
15 Jun	1000	1000	1000	0			
15 Jun	1100	1100	1100	0			
15 Jun	1200	1200	1200	0			
15 Jun	1300	1300	1300	0			
15 Jun	1400	1400	1400	0			
15 Jun	1500	1500	1500	0			
15 Jun	1600	1600	1600	0			
15 Jun	1700	1700	1700	0			
15 Jun	1800	1800	1800	0			
15 Jun	1900	1900	1900	0			
15 Jun	2000	2000	2000	0			
15 Jun	2100	2100	2100	0			
15 Jun	2200	2200	2200	0			
15 Jun	2300	2300	2300	0			
15 Jun	2400	2400	2400	0			
15 Jun	2500	2500	2500	0			
15 Jun	2600	2600	2600	0			
15 Jun	2700	2700	2700	0			
15 Jun	2800	2800	2800	0			
15 Jun	2900	2900	2900	0			
15 Jun	3000	3000	3000	0			

No Further Entries
PSC SIGNATURE

15 JUN 2011

WORKING STOCK

Bulk Stock

PERPETUAL INVENTORY OF PHARMACEUTICALS, ALCOHOLS AND CONTROLLED DRUGS		DATE OF STOCK TAKING		BY WHOM TAKEN		BY WHOM CHECKED	
USS ANYSHP (2284)		DATE	TIME	NAME	GRADE	NAME	GRADE
DATE	DESCRIPTION	QUANTITY RECEIVED	QUANTITY EXPENDED	AMOUNT DEMAND	REMARKS	INITIALS	DATE
1 Jan	Medical Supply	100	100	0			
15 Jun	1000	1000	1000	0			
15 Jun	2000	2000	2000	0			
15 Jun	3000	3000	3000	0			
15 Jun	4000	4000	4000	0			
15 Jun	5000	5000	5000	0			
15 Jun	6000	6000	6000	0			
15 Jun	7000	7000	7000	0			
15 Jun	8000	8000	8000	0			
15 Jun	9000	9000	9000	0			
15 Jun	10000	10000	10000	0			
15 Jun	11000	11000	11000	0			
15 Jun	12000	12000	12000	0			
15 Jun	13000	13000	13000	0			
15 Jun	14000	14000	14000	0			
15 Jun	15000	15000	15000	0			
15 Jun	16000	16000	16000	0			
15 Jun	17000	17000	17000	0			
15 Jun	18000	18000	18000	0			
15 Jun	19000	19000	19000	0			
15 Jun	20000	20000	20000	0			
15 Jun	21000	21000	21000	0			
15 Jun	22000	22000	22000	0			
15 Jun	23000	23000	23000	0			
15 Jun	24000	24000	24000	0			
15 Jun	25000	25000	25000	0			
15 Jun	26000	26000	26000	0			
15 Jun	27000	27000	27000	0			
15 Jun	28000	28000	28000	0			
15 Jun	29000	29000	29000	0			
15 Jun	30000	30000	30000	0			

No Further Entries
PSC SIGNATURE

15 JUN 2011

BULK STOCK



Balance brought forward is only used when there was a balance of this lot number during the previous calendar year. If this is a new acquisition, do not enter BBF

Manufacturer	HOSPIRA
Lot	91655LL
Expiration	1 JAN 2016

This entry documents a Destruction. The number will match block 2 on the DD 200. There will be another CSIB following the destruction to log a zero balance.

This entry is a transfer from Bulk to working. The number will match block B on the NAVSUP 1250

This entry is a Rx of the medication. The number will match the Rx number on the DD 1289 and will begin with the letter C. The Recipient only needs to include the Sailors Full Name

PERPETUAL INVENTORY OF NARCOTICS, ALCOHOL AND CONTROLLED DRUGS
 NAVMED 6710/5 (4-72) S/N 0105-LF-226-7180

ACTIVITY	NAME OF DRUG	STRENGTH	UNIT				
USS ANYSHIP (XXX-00)	DIAZEPAM INJ.	5MG/ML	EA				
DATE YEAR	RX OR REG.NO	RECIPIENT	NAVMED 6710/5 RETURNED	QUANTITY RECEIVED	QUANTITY EXPENDED	BALANCE ON HAND	Entered By
1 JAN 2016	Balance brought forward (BBF is sufficient)	-		0	0	10	WSC
10 JAN	T-0132	Working Stock		10	0	20	WSC
11 JAN	CSIB Inventory	-		-	-	20	CSIB Senior member
28 Feb	C-002	Joe P. Sailor 111-11-1111		-	1	19	WSC
4 Mar	CSIB Inventory	-		-	-	19	CSIB Senior Member
1 Jun	CSIB Inventory	-		-	-	19	CSIB Senior Member
28 Aug	CSIB Inventory	-		-	-	19	CSIB Senior Member
11 Nov	CSIB Inventory	-		-	-	19	CSIB Senior Member
10 Dec	D-014	Destruction		-	19	0	WSC
15 Dec	CSIB Inventory	-		-	-	0	CSIB Senior Member

In all CSIB inventories, the Senior Member will sign the 6710/5



Balance brought forward is only used when there was a balance of this lot number during the previous calendar year. If this is a new acquisition, do not enter BBF

Manufacturer	HOSPIRA
Lot	91655LL
Expiration	1 JAN 2016

This entry documents a Destruction. The number will match block 2 on the DD 200. There will be another CSIB following the destruction to log a zero balance.

This entry is a transfer from Bulk to working. The number will match block B on the NAVSUP 1250

This entry documents the receipt of new stock from supply. If the lot numbers match a stock you already had, enter onto its respective 6710/5. If not, draft a new one. The number is the Requisition number on the DD 1348

PERPETUAL INVENTORY OF NARCOTICS, ALCOHOL AND CONTROLLED DRUGS
 NAVMED 6710/5 (4-72) S/N 0105-LF-226-7180

ACTIVITY	NAME OF DRUG	STRENGTH	UNIT				
USS ANYSHIP (XXX-00)	DIAZEPAM INJ.	5MG/ML	BX				
DATE YEAR	RX OR REG. NO.	RECIPIENT	NAVMED 6710/1 RETURNED	QUANTITY RECEIVED	QUANTITY EXPENDED	BALANCE ON HAND	Entered By
1 JAN 2015	Balance brought forward (BBF is sufficient)	-		0	0	1	BSC
10 Jan	R21640218HM014	Bulk Stock		3	-	4	BSC
10 JAN	T-0132	Working Stock		1	0	3	BSC
11 JAN	CSIB Inventory	-		-	-	3	CSIB Senior member
4 Mar	CSIB Inventory	-		-	-	3	CSIB Senior Member
1 Jun	CSIB Inventory	-		-	-	3	CSIB Senior Member
28 Aug	CSIB Inventory	-		-	-	3	CSIB Senior Member
11 Nov	CSIB Inventory	-		-	-	3	CSIB Senior Member
10 Dec	D-015	Destruction		-	3	0	BSC
15 Dec	CSIB Inventory	-		-	-	0	CSIB Senior Member

In all CSIB inventories, the Senior Member will sign the 6710/5



NAVSUP 1250

LOCATION
This will be the location that the items are being transferred FROM.

REQN. QTY
This will be the number of units transferred. The unit of issue will be the same used by the FROM location. I.E. Bulk Stock will be PG where Working Stock will be SYR

REQN NO.
This is a ship specific alpha-numeric code that is linear in nature. This code will always be succeeded by the next number/letter and the number will never be used twice. I.E. T001 then T002 and so forth

REQ. DATE
Will have the Julian date that the transfer took place. This will match the 6710/5

**USE TYPEWRITER OR BALL-POINT PEN PRESS HARD
TO INSURE LEGIBILITY OF ALL COPIES**

1. REQ. DATE		2. DEPT. NO.		3. URGY		4. RDD		5. LOCATION		6. SIM NON-SIM		7. ISSUE DATE		A. REQN. QTY		B. REQN. NO.					
1. NOUN NAME OR REF SYM				9. PFR		10. APL/AEL/CID				11. IW/OTY		12. NIS N/C		C. OBL AMT		2. POSTED					
JOB CONTROL NUMBER				14. WC		15. JSN		16. EIC		17. EQUIP COSAL SUPPTD				E. URG MART		OPTAR LOG					
18. SC		19. COG		20. MCC		21. FSC		22. STOCK NUMBER		23. S/M/C		24. U/L		25. QUANTITY		26. UNIT PRICE		27. EXTENDED PRICE		28. FUND	
29. REMARKS												30. APPROVED BY:				31. RECEIVED BY:					

SINGLE LINE ITEM CONSUMPTION/REQUISITION DOCUMENT (MANUAL) NAVSUP FORM 1250-1 (7 PT) (REV 12/78) S/N 0108-LF-501-2506

NOUN NAME OR REF SYM
This will be the nomenclature for the item that matches its corresponding 6710/5

APPROVED/RECEIVED BY
Approved by will be signed by the transferor
Received by will be signed by the receiver

REMARKS
This will be a description of the transfer, a break down of the unit of issue, and the QA data
Example: One box of Morphine Sulfate was transferred from Bulk Stock to Working Stock. One BX is 10 SYR. LOT: 545454 Exp: 5/2014 MFR: Hospira



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00																																																														
ZWTSDF										BT0002										R23151M										03999 NNZ A										UNIT PRICE		DOLLARS		CTS		1. TOTAL PRICE		2. SHIP FROM ODNAVY NORFOLK VIRGINIA 23512		3. SHIP TO																																																																																																															
DOCS IDENT										RI FROM										M ORG										UNIT ISS										QUANTITY										SUPPL. MENTARY ADDRESS										S U G										F U N D										D S T R I B U T I O N										P R O J E C T										R E Q ' D D E L D A T E										A D V										R I										O C Y P N D										C M G T										DO.LARS		CTS		4. MARK FOR		R23151		USS GRIDLEY DDG 101		CALL NAVSUP WSS T&D 7574	
25. DOC DATE										14311										6. NMFC										058770										7. FRT RATE										8. TYPE CARGO										532Z6										9. PS										Q										10. QTY RECD		11. UP		12. UNIT WEIGHT		13. UNIT CUBE		14. UPC		15. SL		00001		0000000.15		0000.007		U33400		16. FREIGHT CLASSIFICATION NOMENCLATURE																																																			
22. RECEIVED BY																				LT PECKS																				23. DATE RECEIVED																				2DEC14																																																																																																					
BULK STOCK CUSTODIAN																																																																																																																																																																	
26. R/C (4-F)										SDF BT 00002 A										00000000478										PQHR843										REC OCN:		JON:		SPI:		DMIL: A		HCC:		CIIC: Q																																																																																																															
27. ADD'L DATA										HCC MSG:										PO#										YRVC851										TY CARGO MSG: NO SPECIAL CODE APPL		MPRDT		EXPDT		BIN: Z99		DSG:		PCN: PQHR843																																																																																																															
28. NATIONAL STOCK NO & ADD (8-22)										6505004002054																														MSDS		D/C-PK: BFLT/B001		DT4311/TI1018																																																																																																																					

QTY will match the QTY entered on 6710/5

Requisition number will be written in the "RX or REG NO" block on 6710/5

NSN will match NSN written on 6710/5

This blank space will be used to record QA data for items received. LOT, EXP, MFR.

Nomenclature can sometimes be pre printed and will not necessarily match 6710/5; however, if it is hand written, it must match.

This is the signature of the custodian receiving the supply. The date will match the 6710/5



CSIB

Duties and responsibilities of the Controlled Substance Inventory Board (CSIB)



CSIB

- The CSIB members will be appointed in writing by the current Commanding Officer. (The MDR should keep a copy of the appointment letters on file.)



CSIB

- The controlled substances inventory board will have a minimum of 3 people with a least two commissioned officers and/or an (enlisted pay grades E-7 through E-9)



CSIB

- No member may be directly responsible for controlled substances being inventoried. This means the MDR, Supply Officer, and Bulk Custodian will not serve as members.



CSIB

- The board will perform unannounced inventories and audits of all controlled substances in a manner that ensures that all medications received on board from any source are accounted for by inventory or expenditure records.



Inventory Schedule

- Every 90 days if there have been no transactions
- Within one month (30 days) of any transactions to include:
 - Receipt, destruction, transfer, dispense.
- Relief of the CO, or MDR



Inventory Schedule

- At the request of the CO
- Upon direction from higher authority



CSIB

- The board shall ensure that the records inspected constitute a complete audit trail and that they reflect all transactions which have occurred during the accounting period.



CSIB

- Pharmacy stock, perpetual inventory records, requisitions, receipts, and issue documentation must be audited.



CSIB

- The senior member of the board shall submit a written report of each inventory to the Commanding Officer for approval (the Controlled Medicinal Inventory/Audit Report).



CSIB

- The report must state the findings or discrepancies found during the CSIB inventory



COVERSHEET FOR CONTROLLED SUBSTANCES INVENTORY BOARD (CSIB) INVENTORY

PHARMACY

1. NMC/MTF/HOSPITAL/CLINIC NAME USS NEVERSAIL	2. Pharmacy Location MEDICAL DEPARTMENT
3. Inventory Start Date 18 JAN 2015	4. Inventory Completion Date 18 JAN 2015

All inventory documents and working papers are retained for two years by the CSIB Senior Member.

COMMANDING OFFICER

1. Name I. M. INCHARGE	2. Rank / Rate O-5/CDR	3. Telephone Number (Include Area Code)
OFFICER IN CHARGE (If Applicable)		

1. Name W. B. INCHARGE	2. Rank / Rate O-5/CDR	3. Telephone Number (Include Area Code)
---------------------------	---------------------------	-----------------------------------------

PHARMACY OFFICER OR TECHNICIAN

1. Name I. D. CEE	2. Rank / Rate E-7/HMC	3. Telephone Number (Include Area Code)
----------------------	---------------------------	-----------------------------------------

SUPPLY OFFICER

1. Name G. M. MONEY	2. Rank / Rate O-3/LT	3. Telephone Number (Include Area Code)
------------------------	--------------------------	-----------------------------------------

CSIB MEMBERS

1. Name (Senior Member) J. P. JAYOH	2. Rank / Rate O-1/ENS	3. Telephone Number (Include Area Code)
----------------------------------------	---------------------------	-----------------------------------------

1. Name I. K. LITTLE	2. Rank / Rate O-1/ENS	3. Telephone Number (Include Area Code)
-------------------------	---------------------------	-----------------------------------------

1. Name F. I. FIRES	2. Rank / Rate E-7/DCC	3. Telephone Number (Include Area Code)
------------------------	---------------------------	-----------------------------------------

1. Name NO FURTHER ENTRIES	2. Rank / Rate NO FURTHER ENTRIES	3. Telephone Number (Include Area Code) NO FURTHER ENTRIES
-------------------------------	--------------------------------------	---------------------------------------------------------------

1. Name	2. Rank / Rate	3. Telephone Number (Include Area Code)
---------	----------------	-----------------------------------------

1. Name	2. Rank / Rate	3. Telephone Number (Include Area Code)
---------	----------------	-----------------------------------------

Miscellaneous Information

SECURITY WAS FOUND MAINTAINED FOR CONTROLLED MEDICINALS. NO EVIDENCE OF TAMPERING NOTED. NO DISCREPANCIES NOTED DURING CSIB.

Must include
CO
signature
after routing.



Enabling Objective

Procedures necessary for reporting lost, stolen, expired, or unaccounted controlled substances



CSIB Reporting

- Any loss of controlled substances must be reported immediately to the ISIC and TYCOM.



CSIB Reporting

- Controlled substances which have deteriorated and are not usable, are of questionable purity or potency, have had their identity compromised, or is in excess quantity must be reported to the CO.



CSIB Reporting

- If destruction is indicated and directed by the CO, it must be accomplished in the presence of two members of the CSIB.



CSIB Reporting

- A certification must include the complete nomenclature and quantity of the substances to be destroyed together with the method used to accomplish destruction.



CSIB Reporting

- After certification is completed, and approved by the CO, signed by the members witnessing destruction, the certification (DD form 200) must be held on file by custodian.



FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

Alpha numeric code that will Match 6710/5

Date dd200 routed

20150508

D1501

Nomenclature and NSN That matches 6710/5 And SAMS

6505-01-505-3476

DIZEPAM INJ 5MG/ML 2ML UNIT 10/PK

1

20.19

20.19

9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one)
(Attach additional pages as necessary)

LOST

DAMAGED

DESTROYED

One box of ten syrettes of diazepam LOT# 93580LL was identified as expired on 1 Mar 2015. Destruction was requested by the working stock custodian.

10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)

One box of ten syrettes of diazepam were destroyed during CSIB by expressing material into bucket and then flushing down CHT IAW OPNAV P-45-113-3-99. All empty syrettes were verified by CSIB members and were placed in sharps container. LOT# 93580LL EXP: 1MAR15. Witnessed by: Senior CSIB _____ CSIB Member _____

11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10

a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)

b. TYPED NAME (Last, First, Middle Initial)

c. DSN NUMBER

USS ANY SHIP
FPO, AP 90000

Bulk or working stock custodian name

d. SIGNATURE

e. DATE SIGNED

12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)

REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)

a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one)

b. COMMENTS/RECOMMENDATIONS

YES NO

Medication was destroyed by CSIB due to scheduled expiration.

If the expired medication is in both bulk and working, two DD200s will be routed.

c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)

d. TYPED NAME (Last, First, Middle Initial)

e. DSN NUMBER

USS ANY SHIP
FPO, AP 90000

Medical Officer/SUPPO (CRUDES)

f. SIGNATURE

g. DATE SIGNED



Questions

?



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Fleet Dental

Sara A. Chilcutt LCDR DC USN

Fleet Division Officer/ Fleet Liaison Officer

NBHC Naval Base San Diego

Fleet Office: (619) 556-4797

Front Desk: (619) 556-8239/40

sara.a.chilcutt.mil@mail.mil

Well Woman!

LCDR Potswald

Senior Medical Officer

(619)556-8108/2801

Naval Branch Health Clinic

Naval Base San Diego

2450 Craven St., Bldg. 3300

San Diego, CA 92136

MRD Clinic(Dryside)

Contact:

-HM2 White 619-556-2802

Zachary.m.white16.mil@mail.mil

NMCSD Optometry Clinics



- 6 clinics

* NMCSD	0600-1600
*North Island	0700-1600
*MCRD	0700-1530
*NTC	0700-1530
*Naval Station	0630-1530
*Miramar	0630-1600

Walk-In Clinic



- Naval Station (AM only)

Tuesday

Thursday

Friday

- Miramar (AM only)

Tuesday

Thursday

*****First come, First Serve*****

POC



- **LT Brent Collins**
 - DIVO, NAVAL STATION 32ND ST. OPTOMETRY DEPARTMENT
 - FLEET LIASION COORDINATOR
 - 619-556-8065/8063
 - brent.d.collins2.mil@mail.mil



Medical Readiness Division

MRD_SD_GMO@navy.mil

(619) 556-5191

Bldg 116

San Diego, CA 92136



Active Duty Clinic-Gen Surgery

- Director, MRD CDR Hoang has volunteered to see common general surgery pathology on Fridays at Dept of Surgery, NMCSO to fast track fleet referrals, including:
 - Soft tissue (lipoma, epidermal inclusion cyst, pilonidal cyst);
 - Anal disease (hemorrhoid, anal/rectal abscess);
 - Screening colonoscopy
 - Symptomatic cholelithiasis
 - Hernia (ventral, incisional, inguinal, umbilical)

 - Gen surg matrix referral rules still apply.
- Conditions requiring long term follow up will not be included in active duty clinic, unless discussed with MRD Physician Supervisors.
- Include “forward to Dr. Hoang” in body of the referral.



Upcoming Meetings

- November **19th** @ 1000-1200
 - Prev Med Programs/INSURV
 - Potable Water
 - ATG
- December NO MEETING!
 - Merry Christmas and Happy Hanukkah!
- January 27th @ 1000-1200
 - Hypo/Hyperthermia
 - Surgical Abdomen Part 2



CME – Registration Help

Following the meeting:

Computers in lobby

Register and/or Login to redeem CME's



CME – how to

Commander Naval Surface Force, U.S. Pacific Fleet

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Commander Naval Surface Forces, U.S. Pacific Fleet



Medical Readiness Division San Diego

Clinic: (619) 556-8114 GMO Office: (619) 556-5191 Email Address mrd_sd_gmo@navy.mil
Senior Enlisted Leadership: (619) 556-0662

What's New

- **MRD Clinic has changed locations!**
MRD Clinic is now located in the Patient Treatment Area (PTA)/Acute Care Area (ACA), in the southwest corner of the 32nd st NAVSTA BMC.
Front desk #619-556-8114
- **Dental Clinic 32nd Street**
Contact: (619)556-8240/8239/8233/9545 during the hours of 0645-1515
- **New hernia guidelines - refer to general surgery for workup**
[CAMO General Surgery Matrix - February 2015](#)
- **TMIP Maintenance Guidelines**
- **Infectious Disease: Ebola & MERS information**
[Evaluation and care of patients with possible Ebola](#)
[Ebola Resources/Disinfectant/CDC Guidelines](#)
[MERS Update](#)
NEPMU-5
San Diego, CA
Quarterdeck: (619) 556-7070
CDO: (619) 726-4421
- **STR Tracking Requirements/Separation History & Physicals Instruction**
[SHPE Instruction](#)
[SHPF Guidance](#)

Quick Reference

CME Guidance

- [Athens Access and Up To Date CME Instructions](#)
- [CME Credit Instructions](#)
- [CME Follow-Up Survey](#)

Contact Information

- [CNSRW Ship locator](#)
- [Fleet Liaison Contact Info: Daytime Office Phone #: 619-532-6430, Fax # 619-532-6404, Duty Phone #: 619-302-8944, email: \[fmlo-list@med.navy.mil\]\(mailto:fmlo-list@med.navy.mil\)](#)
- [Phone Directory: Media:INTRANET_PHONE_DIRECTORY_\(pao_approved\).pdf](#)

Consult Guidance

- [Consult Appointment Management Office \(CAMO\) Powerpoint](#)
- [CAMO CT Surgery Matrix](#)
- [CAMO Endocrinology Matrix - December 2013](#)
- [CAMO General Surgery Matrix \(revised - February 2015\)](#)
- [CAMO GYN Matrix - February 2014](#)
- [CAMO MRI Matrix - 6 June 2014](#)



CME – how to

A screenshot of a web browser window displaying the "CME CREDITS/CONTACT HOURS ONLINE" page. The browser's address bar shows the URL "http://www.public.navy.mil/nmcsd/Consumer_Docs/CME_CREDITS-Contact_Hours_0...". The page content includes instructions for viewing and claiming CME/CNE activities.

CME CREDITS/CONTACT HOURS ONLINE

A. To view CME/CNE activities offered at Naval Medical Center San Diego:

- Log in: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
<https://cmetracker.net/NMCSD/Login?FormName=GetCertificate>
- On the "Menu" bar top right hand corner click on "Activity Catalog."
- Scroll up or down to view list of activities.
- For additional questions and/or information about the activity please contact person listed under "Point of Contact."

B. To Claim CME Credits/Contact Hours online you must have the following information:

- URL CME Link Login:
<https://cmetracker.net/NMCSD/Login?FormName=GetCertificate>
- Military E-mail Address and Password
- CME Activity Code (CMEC/CNEC to provide after CME/CNE activity session)
- Cut-off Date to Claim CME Credits/Contact Hours (CMEC/CNEC to provide after CME/CNE activity session)

The screenshot also shows the Windows taskbar at the bottom with various application icons and the system clock displaying 1438 4/28/2015.



CME – how to

NOTE: New Users – Will only need to create a Password **ONCE**. All users **must use the same password** when signing in to access the following functions: Certificate, Transcript, Profile, Activity Catalog and Registration.

C. Instructions/Steps to Claim CME Credits/Contact Hours.

1. Login: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
2. Follow the steps on the CME Certificate screen page. (Need Military E-mail Address and Password)
3. "Sign In"
4. Evaluation screen page is next. Complete the Evaluation and Click on "Submit Response." (Must be done to receive CME Credits/Contact Hours).
5. Certificate Preparation screen page is next. Follow steps to "Claim Credits/Contact Hours" and Click on "Continue."
6. On the next screen page Click on "Display Certificate" to view the Certificate and Click on "Print Certificate" if you want a copy or
7. Click on "Close" and "Done" to exit.
8. If you don't want to display/view the certificate simply click on "Done" button.

D. Instructions/Steps to view/get CME/CNE Transcripts Online





CME – how to



NAVAL MEDICAL CENTER
SAN DIEGO
THE PRIDE OF NAVY MEDICINE

[My Profile](#) [My Certificate](#) [My Transcript](#) [My Registrations](#) [Activity Catalog](#)

CME Certificate

Sign In

Welcome!

To evaluate the program and display your certificate, please follow the steps below:

1. Enter your Military Email Address:
2. Please select one of the following:
 - I already have a password, and my password is: [Forgot Password?](#)
 - I am a new user (You'll create a password later)
3. Enter CME Activity Code
4.

(be sure your browser allows pop-ups)

[If you would like to view or print a past certificate, please click here](#)
*Note-Reprint of certificates valid only for certificates received after 10-1-11.



CME Information

- CME Code (To claim credit online): **8103**
 - Closing Date (To claim credit online): **06 NOV 2015**
 - To complete CME
 - Log onto the MRD IDC website and click on the CME credit link
- or
- Go to NMCS D SEAT SharePoint site (via citrix or NMCS D/BMC computer) and click on MRDSD Waterfront Meeting

<http://nmcsd-as-spfe05/sites/dpe/setd/Lists/cmesurvey/Item/newifs.aspx?List=be0f840e%2D0489%2D4b5a%2Db8de%2D9c4cd1a323e5&Web=0901130e%2Dd444%2D45b8%2D8bc7%2D5b9ec10dca77>



Post Tests

Please put your name on the quiz!

CME Code:

8103