

PATIENT'S RELIGION	DATE	WARD
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NEXT OF KIN: (Verify name, address, and phone no. with patient when possible.)

NAME (In full)	RELATIONSHIP
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ADDRESS (Use local address, if next of kin is in vicinity)	TELEPHONE NO.
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Check box when notification has been made by word personnel.

YES	NO	NOTIFIED	NOTIFIER INITIAL	METHOD NOTIFYING NEXT OF KIN	HOUR
		NEXT OF KIN		IN PERSON	
		CHAPLAIN	HRS	BY TELEPHONE	

PATIENT'S IDENTIFICATION (Addressograph or print - Name-Last-, First, Middle, grade/rate; svc status; branch of svc; service/social security no., VAB no.)

DIAGNOSTIC NOMENCLATURE (Do not use DU)

SIGNATURE (Medical Officer)

NOTE: MESSENGER HAND CARRY FROM MEDICAL OFFICER TO OOD.

LAY TERMS

OFFICER OF THE DAY OR PATIENT AFFAIRS OFFICER (Action to be taken or notification checked)

1. During regular working hours, notify commanding officer, information desk, verify chaplains notice, check below.
2. During other than normal working hours, notify next of kin as required and complete section on next of kin.

CHECK ACTION TAKEN	ENTER HOUR	PROGNOSIS	COMMANDING OFFICER	YES	NO	NEXT OF KIN NOTIFIED	HOUR	NOTIFIER INITIAL
PLACED ON SERIOUS LIST		GUARDED	INFO. DESK HRS					
PLACED ON VERY SERIOUS LIST		POOR	CHAPLAIN HRS			IN PERSON		
REMOVED FROM SERIOUS LIST		FAIR	ENTERED IN LOG			BY TELEPHONE		
REMOVED FROM VERY SERIOUS		GOOD	PATIENT AFFAIRS DIVISION			OTHER (Specify)		
DEATH OCCURRED		EXCELLENT	RED CROSS					

SERIOUS/VERY SERIOUS CONDITION OR DEATH OF PATIENT ON WARD

NAVMED 6320/5 (REV. 12-70) S/N 0105-LF-214-1551

PREPARE ORIGINAL AND ONE COPY
(See reverse for additional instructions)

ADDITIONAL INSTRUCTIONS

1. **WARD PERSONNEL**- Enter action and time in Nursing Notes (AF-510) of patient's chart. Insert red signal tab in patient's Patient Care Plan (NAVMD 6550/1) if he is being placed on the very serious list. Inventory personnel effects and valuables as soon as possible. Follow local instructions for safekeeping.
2. **MEDICAL OFFICER** - After completing diagnosis and prognosis, enter appropriate notation in progress record (SF-509) of patient's clinical record.
3. **OFFICER OF THE DAY** - Send form by messenger to Patient Affairs Division.
4. **INFORMATION DESK** - Place signal tab denoting action on patient's locator card.
5. **PATIENT AFFAIRS DIVISION** - After completing section on next-of-kin as required, add or remove patient's name on appropriate list.
6. Destroy form when local purposes have been served (do not file in patient's clinical record).

FORM OR PUBLICATION NO. AND ISSUE OR REVISION DATE

NAVMEC 6320/5 (12-70)

S/N 0105-LE-214-1551

DATE

CLASSIFICATION OF ENCLOSURES
None

TITLE OR DESCRIPTION: Serious/Very Serious Condition or Death of Patient on Ward

NO. OF PAGES: 2

TRIM SIZE: 8 1/2 x 5 1/2

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
Offset	100	White						

PRINTING SPECIFICATIONS

ONE SIDE	TWO SIDES	SAME	DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR (INK (if not black))	SUPERSEDES	NEW					
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					6320/5 (10-57)						
FRONT MARGINS				HEAD				BACK MARGINS							
<input checked="" type="checkbox"/> 3/8 HEAD CNTR L & R				<input type="checkbox"/> OTHER				<input checked="" type="checkbox"/> 3/8 HEAD CNTR L & R				<input type="checkbox"/> OTHER			

FINISHING SPECIFICATIONS

FOLDING				STD-DRILLING			NON-STANDARD DRILLING				WIRE STITCHING					
FOLD TO				2 TOP		3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE		<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER	
PERFORATING OR SCORING						PADDING						UNIT OF ISSUE				
<input type="checkbox"/> PERF <input type="checkbox"/> SCORE						DISTANCE		FROM		SHEETS	SETS	LOCATION	OTHER		<input type="checkbox"/> 500'S <input type="checkbox"/> 1000'S	
										100		<input checked="" type="checkbox"/> TOP	<input type="checkbox"/> MEK			

SPECIAL INSTRUCTIONS:

QTY-