CENTCOM Inpatient Reporting Guide Version 1.0 (24 Jul 2025)

Daily Reporting Requirement

All inpatient updates must be updated in the MAVEN SIPR portal **daily NLT 0600 EST** (1300 local time in Bahrain, Iraq, Kuwait, and Qatar).

If the portal is unavailable, all inpatient updates must be submitted via email to centcom.macdill.centcom-hq.mesg.ccsgpad@mail.smil.mil using the Excel format provided below.

Points of Contact are MAJ Jake Deacon james.m.deacon.mil@mail.mil

Mr. Anthony Webster anthony.i.webster.ctr@mail.mil

Lt Col Neha Patel neha.k.patel.mil@mail.mil

1. COMPONENT REPORT

Report under the correct operational component:

- AFCENT Air Forces Central Command
- ARCENT Army Forces Central Command
- CJTF-OIR Combined Joint Task Force Operation Inherent Resolve
- MARCENT Marine Forces Central Command
- NAVCENT Naval Forces Central Command
- **SOCCENT** Special Operations Central Command
- SPACECENT Space Force Central Command

Coordinate with your higher headquarters if unsure which component applies.

2. PATIENT CATEGORY (PATCAT)

Use **only the approved codes below**. These codes are critical for categorizing personnel in theater medical systems and reports.

PATCAT Code	Category Description
A11, A12, A15	U.S. Army Active Duty (COMPO 1), Army Reserve (COMPO 3), Army National Guard (COMPO 2)

PATCAT Code	Category Description
F11, F12, F15	U.S. Air Force Active Duty (COMPO 1), Air Force Reserve (COMPO 3), Air National Guard (COMPO 2)
N11, N12	U.S. Navy Active Duty (COMPO 1) and Reserve (COMPO 3)
M11, M12	U.S. Marine Corps Active Duty (COMPO 1) and Reserve (COMPO 3)
S11, S12	U.S. Space Force Active Duty (COMPO 1) and Reserve (COMPO 3)
K51	U.S. Department of State Civilian or Personnel
K53	Other Federal Agencies (e.g., AAFES, DoDEA, USAID)
K65	U.S. Contractor (e.g., LOGCAP, interpreter, logistics)
K69	USO or American Red Cross Personnel
K76	Third Country National (TCN) Civilian (e.g., laborer, support personnel)
K78	Enemy Prisoner of War (EPW) or detainee
K80	NATO Coalition Partner (e.g., UK, Canada, Germany)
K81	Non-NATO Coalition Partner (e.g., Jordan, UAE)
K91	Local National (e.g., host nation civilian)
K99	Trauma, Mass Casualty (MASCAL), or Not Elsewhere Classified (NEC)

3. PATIENT DATA FIELDS

Fill out the following for each inpatient:

Field	Description
Casualty Status	NSI, SI, VSI (see definitions below)
DoD ID	DoD ID
Component	AFCENT/ARCENT/NAVCENT/MARCENT/SOCCENT
Category	PATCAT Code
Specialty Category	Assigned or attached unit (to include Task Force/Higher Command if applicable).
Facility Title	Role of care or name of Host Nation Hospital to include country
Clinical Notes	A brief 1–2 sentence clinical summary must be updated daily during the patient's admission, noting stability status, estimated discharge date, and plan of care (RTD, quarters, or AE).
Admit Date	Date of Admission
Bed Type	ICU/ICW/ICU-HN/ICW-HN
Battle Casualty	YES/NO
Casualty Status	NSI/SI/VSI
Dispo Action	TX (Treatment), AE (Aeromedical Evacuation), DC (Discharge)
Dispo Date	Date of Discharge

Field	Description
Last Clinical Update	Date of most recent clinical update
Facility Type	ROLE Facility/Host Nation Hospital

4. CASUALTY STATUS DEFINITIONS

(Per DoDI 1300.18 – Personnel Casualty Matters)

Status	Definition
NSI (Not Seriously III or Injured)	The casualty status of a person whose injury or illness requires medical attention, may or may not require hospitalization, and competent medical authority classifies as less severe than SI
SI (Seriously III or Injured)	The casualty status of a person whose injury(s) or illness requires medical attention, and competent medical authority declares that death is possible but not likely to occur within 72 hours.
VSI (Very Seriously III or Injured)	The casualty status of a person whose injury(s) or illness is such that competent medical authority declares it more likely than not that death will occur within 72 hours.

5. ENHANCED REPORTING REQUIREMENT (SI/VSI ONLY)

For patients listed as **SI** or **VSI**:

- Report updates TWICE daily:
 - 0600 EST
 - 1400 EST

Ensure a PACE Plan is in place for consistent reporting despite outages or personnel transitions.

6. FACILITY TITLE

Notate where the patient is currently located using the facilities dropdown. This field is required to notify the CENTCOM Command Surgeon know where patients are.

7. SPECIALTY CATEGORIES

Assign each patient **one specialty** based on their primary diagnosis or clinical care team.

Specialty	Example Diagnoses / Conditions
Allergy	Anaphylaxis, allergic rhinitis, drug allergy
Burn	Thermal burns, chemical burns, electrical injuries
Cardiology	Myocardial infarction, arrhythmia, congestive heart failure
Colon & Rectal Surgery	Hemorrhoids, rectal abscess, diverticulitis
Dermatology	Cellulitis, eczema, psoriasis
ENT (Ear, Nose, Throat)	Sinusitis, nasal fracture, otitis media
Gastroenterology	Gl bleed, ulcer disease, liver failure
General Surgery	Appendectomy, abdominal trauma, hernia repair
Hand Surgery	Tendon lacerations, crush injuries to the hand
Infectious Disease	Malaria, sepsis, tuberculosis, COVID-19
Intensive Care	Septic shock, multi-organ failure, intubated patients

Specialty	Example Diagnoses / Conditions
Internal Medicine	Diabetes, hypertension, pneumonia
Nephrology	Acute kidney injury, end-stage renal disease
Neurology	Seizures, stroke, traumatic brain injury
OB-GYN	Ectopic pregnancy, pelvic pain, ovarian torsion
Oncology	Cancer diagnosis, chemotherapy complications
Ophthalmology	Eye trauma, corneal abrasion, vision loss
Oral Surgery	Jaw fracture, dental abscess
Orthopedics	Fractures, joint dislocations, orthopedic infections
Periodontics	Gum abscess, periodontal disease
Podiatry	Foot fractures, diabetic foot ulcers
Psychiatry	Acute stress reaction, suicidal ideation, PTSD
Pulmonology	Asthma, pulmonary embolism, respiratory failure
Rheumatology	Lupus, rheumatoid arthritis, joint inflammation
Speech Therapy	Dysphagia, post-stroke communication deficits
Substance Abuse	Alcohol withdrawal, drug intoxication
Thoracic Surgery	Pneumothorax, thoracotomy, chest wall trauma

Specialty	Example Diagnoses / Conditions
Trauma Surgery	Polytrauma, penetrating injuries, MASCAL surgical management
Urology	Kidney stones, urinary retention, bladder injury
Vascular	Deep vein thrombosis, vascular trauma, PAD