



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON, DC

JUN 26 2008

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/CC  
110 Luke Avenue, Room 405  
Bolling AFB, DC 203332-7050

SUBJECT: Policy Letter on the Implementation of HQ USAF/XO Message, Combat Air Force (CAF) Aircrew Fatigue Countermeasures

On 20 Feb 01, the HQ USAF/XO issued a message (Atch 1) on fatigue countermeasures for CAF aircrew rescinding the HQ USAF/XO message of 27 June 1996 on the use of Go Pills (dextroamphetamine). On 9 March 01, the HQ USAF/XO issued a further message clarifying the policy changes (Atch 2). Attachment 3 contains the HQ ACC Guidance to the Aircrew Fatigue Management Program. Attachment 4 contains all applicable forms for obtaining informed consent, ground testing, operational use, and reporting. MAJCOM/SGs will implement the following procedures:

- a. All eligible aircrew must receive informed consent prior to use in accordance with 10 USC 1107(f) regarding off label use of a medication. Per HQ USAF/JA, this need only be done once. However, it must be documented in the member's medical record and be repeated if the dosage changes (i.e., if they were given informed consent for 5 mg, it must be redone for 10 mg). See Go Pill Form 1.
- b. All eligible aircrew not previously tested at 10 mg must be ground tested utilizing Go Pill Forms 2A through 2C.
- c. Successful ground testing should be documented in the member's medical record on a SF 600 and on the DD Form 2766 (or AF Form 1480A).
- d. Operational use will be documented and reported via Go Pill Forms 4 (Go Pill Daily Worksheet), 5 (Daily Administration of Go Pills), 7 (Weekly Go Pill Usage Report), 8 (Operation Summary Sheet - Use of Go Pills), and 9 (End of Operation Report - Use of Go Pills).
- e. All adverse reactions must be reported to the appropriate MAJCOM aerospace medicine function via Go Pill Form 6 and documented in the patient medical record.
- f. MAJCOMs must develop a procedure to document flight surgeon and Wing Commander (or deployed equivalent commander) approval. A possible method is Go Pill Form 3.

The recommended dosage of dextroamphetamine is also increased from 5 mg to 10 mg. Recent research clearly demonstrates improved efficacy. Two representative report summaries can be found at Newhouse et al, *The Effects of D-Amphetamine on Arousal, Cognition and Mood After Prolonged Total Sleep Deprivation*, *Neuropsychopharmacology*, 2:153-164 1989, or Caldwell et al, *Efficacy of Dexedrine for Maintaining Aviator Performance During 64 hours of Sustained Wakefulness: A Simulator Study*, *Aviation, Space, and Environmental Medicine*, 71:7-18, 2000.

The POCs for this matter are Lt Col Susan Northrup and Wing Commander Victor Wallace, AFMOA/SGZA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4200.



GARY H. MURRAY, Brig Gen, USAF, DC  
Commander  
Air Force Medical Operations Agency  
Office of the Surgeon General

Attachments:

1. HQ USAF/XO Msg, 20 Feb 01
2. HQ USAF/XO Msg, 9 Mar 01
3. HQ ACC/DO Msg, 20 Mar 01
4. Go-Pills Forms

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311 HSW/CC  
NGB/SG  
ANGRC/SG  
USAFSAM/CC/FEC  
11 MG/CC

cc:

HQ USEUCOM/ECMD  
USCENTCOM/CCSG

RTAUZYUW RUEAHQA7080 0541626-UUUU-RHDIAAA.

ZNR UUUUU

R 200958Z FEB 01

FM HQ USAF WASHINGTON DC//XO//

TO ALMAJCOM//CC/XO/DO/SG/IG/SE//

RUVRAFA/HQ AFRC ROBINS AFB GA//CV/DO//

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RHDJANG/ANG WASHINGTON DC//CC/DO//

INFO RUEAHQA/HQ USAF WASHINGTON DC//RE/SE/SG/XO//

RUEABOL/HQ AFMOA BOLLING AFB DC//CC//

RUEAHQA/SAF WASHINGTON DC//IG/MI//

BT

UNCLAS

SUBJECT: AIRCREW FATIGUE MANAGEMENT PROGRAM

REF: HQ USAF/XO MSG 271600Z JUN 96, SAME SUBJECT: MESSAGE  
RESCINDED1. THE FOLLOWING CHANGES TO POLICY ARE APPROVED FOR  
FIGHTER/BOMBER AIRCRAFT ONLY:

1. THE USE OF "GO PILLS" IN SUPPORT OF PEACETIME AND OPERATIONAL MISSIONS IS APPROVED. GO PILL USE SHOULD NORMALLY BE LIMITED TO SORTIES OVER EIGHT HOURS IN A SINGLE-PILOT FIGHTER OR 12 HOURS IN A DUAL-PILOT BOMBER. HOWEVER, THERE ARE CIRCUMSTANCES WHEN GO PILL USE MAY BE BENEFICIAL FOR MISSIONS OF SHORTER DURATION.
2. THE WING/CC (OR DEPLOYED CC EQUIVALENT) IS THE APPROVAL AUTHORITY FOR EVERY APPLICATION OF GO PILLS, PROVIDED THE WING'S SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) FINDS SUCH USE TO BE MEDICALLY WARRANTED AND APPROPRIATE. APPROVAL, WHICH MUST BE TIME AND/OR MISSION SPECIFIC, MUST BE DOCUMENTED AND SIGNED BY THE WING/CC (OR DEPLOYED CC EQUIVALENT) AND SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT). GO PILLS SHOULD ONLY BE USED IN CONJUNCTION WITH AND/OR AFTER ALL OTHER FATIGUE MANAGEMENT TOOLS HAVE BEEN EXHAUSTED. WHEN AUTHORIZED, GO PILLS WILL ONLY BE USED WITH THE MEMBER'S INFORMED CONSENT AND USE IS COMPLETELY VOLUNTARY AT THE DISCRETION OF THE PILOT.
3. MAJCOMS ARE RESPONSIBLE FOR INSTITUTING PROPER CONTROL AND SUPERVISORY PROCEDURES FOR USING GO PILLS. MAJCOM GUIDANCE WILL INCLUDE UPCHANNEL REPORTING REQUIREMENTS TO INSURE MAJCOM DO AND SG OVERSIGHT AND ACCOUNTABILITY.
4. ONLY DEXTROAMPHETAMINE IS CURRENTLY APPROVED FOR USE AS A GO PILL.
5. THE HQ ACC POCS FOR THIS ISSUE ARE MAJOR STEPHEN MOULTON, DOTO, DSN 574-7787 AND COLONEL PETER DEMITRY, DRX, DSN 574-2417. THE HQ USAF POCS ARE CMSGT TODD NELSON, XOOP, DSN 222-6160 AND COLONEL TOM TRAVIS, AFMOA/SGOA, DSN 297-4200.

BT

RTAUZYUW RUEAHQA0712 0711316-UUUU-RHDIAAA.

ZNR UUUUU

R 090935Z MAR 01

FM HQ USAF WASHINGTON DC//XO//

TO ALMAJCOM//CC/XO/DO/SG/IG/SE//

RUVRAFA/HQ AFRC ROBINS AFB GA//CV/DO//

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RUEAUSA/ANG WASHINGTON DC//CC/DO//

INFO RUEAHQA/HQ USAF WASHINGTON DC//RE/SE/SG/XO//

RUEABOL/HQ AFMOA BOLLING AFB DC//CC//

RUEAHQA/SAF WASHINGTON DC//IG/MI//

BT

UNCLAS

SUBJECT: AIRCREW FATIGUE MANAGEMENT PROGRAM

REF: HQ USAF/XO MSG 200958Z FEB 01, SAME SUBJECT: MESSAGE RESCINDED

1. THE FOLLOWING CHANGES ARE PROVIDED TO CLARIFY THE RECENT CHANGE OF

POLICY FOR USE OF GO PILLS (HQ USAF/XO MSG 200958Z FEB 01.)

2. THIS POLICY APPLIES TO FIGHTER AND BOMBER AIRCRAFT ONLY: THE USE OF "GO PILLS" IN SUPPORT OF PEACETIME AND OPERATIONAL MISSIONS IS APPROVED. GO PILL USE SHOULD NORMALLY BE LIMITED TO SORTIES OVER EIGHT HOURS IN A FIGHTER AIRCRAFT OR 12 HOURS IN A BOMBER AIRCRAFT. HOWEVER, THERE ARE CIRCUMSTANCES WHEN GO PILL USE MAY BE BENEFICIAL FOR MISSIONS OF SHORTER DURATION.

3. THE WING/CC (OR DEPLOYED CC EQUIVALENT) IS THE APPROVAL AUTHORITY FOR EVERY APPLICATION OF GO PILLS, PROVIDED THE WING'S SENIOR FLIGHT SURGEON

(OR DEPLOYED FS EQUIVALENT) FINDS SUCH USE TO BE MEDICALLY WARRANTED AND

APPROPRIATE. APPROVAL, WHICH MUST BE TIME AND/OR MISSION SPECIFIC, MUST BE

DOCUMENTED AND SIGNED BY THE WING/CC (OR DEPLOYED CC EQUIVALENT) AND SENIOR

FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT). GO PILLS SHOULD ONLY BE USED IN

CONJUNCTION WITH FATIGUE MANAGEMENT TOOLS OR AFTER ALL FATIGUE MANAGEMENT

TOOLS HAVE BEEN EXHAUSTED. WHEN AUTHORIZED, GO PILLS WILL ONLY BE USED WITH

THE MEMBER'S INFORMED CONSENT AND USE IS COMPLETELY VOLUNTARY AT THE DISCRETION OF THE AIRCREW.

4. MAJCOMS ARE RESPONSIBLE FOR INSTITUTING PROPER CONTROL AND SUPERVISORY PROCEDURES FOR USING GO PILLS. MAJCOM GUIDANCE WILL INCLUDE

UPCHANNEL REPORTING REQUIREMENTS TO INSURE MAJCOM DO AND SG OVERSIGHT AND

ACCOUNTABILITY.

5. ONLY DEXTROAMPHETAMINE IS CURRENTLY APPROVED FOR USE AS A GO PILL.

6. THE HQ ACC POCS FOR THIS ISSUE ARE MAJOR STEPHEN MOULTON, DOTO, DSN

574-7787 AND COLONEL PETER DEMITRY, DRX, DSN 574-2417. THE HQ

USAF POCS ARE CMSGT TODD NELSON, XOOB, DSN 222-6160 AND COLONEL TOM TRAVIS,

AFMOA/SOGA, DSN 297-4200.

BT

From: PTSC-2@aftayz22.hq.af.mil [mailto:PTSC-2@aftayz22.hq.af.mil]  
Sent: Tuesday, March 20, 2001 10:17 AM  
To: ioc@bolling.af.mil  
Subject: [6R00852151U.CGS] HQ ACC GUIDANCE TO THE AIRCREW FATIGUE  
MANAGEMENT PROGRAM//

RAAUZYUW RHDIAAA1910 0791417-UUUU--REFSGAA REFCOPY.  
ZNR UUUUU

R 201514Z MAR 01

FM PTC EMAIL SYSTEM WASH DC

INFO REFSGAA/AF EMAIL CUSTOMER//SG/IOC COPY//

R 201406Z MAR 01

FM HQ ACC LANGLEY AFB VA//DO//

TO AIG 7152

AIG 7154

AIG 7334

AIG 7348

RUEOPGA/1AF TYNDALL AFB FL//DO/SG/SE//

RUCVNAF/8AF BARKSDALE AFB LA//DO/SG/SE//

RUEOBBA/9AF SHAW AFB SC//DO/SG/SE//

RUHUDMC/12AF DAVIS-MONTHAN AFB AZ//DO/SG/SE//

RHWRAAA/19AF RANDOLPH AFB TX//DO/SG/SE//

AIG 7343//CC//

AIG 7959//CC//

INFO RHMFIUU/HQ AFRC ROBINS AFB GA//DO/SG/SE//

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RHDIAAA/HQ ACC LANGLEY AFB VA//CR/CG/SEF/SGO/DOT/DOTO//

BT

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SUBJ/HQ ACC GUIDANCE TO THE AIRCREW FATIGUE MANAGEMENT PROGRAM//  
RMKS/1. THE PURPOSE OF THIS MESSAGE IS TO PROVIDE HQ ACC GUIDANCE  
FOR IMPLEMENTATION OF HQ USAF/XO MSG 090935Z MAR 01, AIRCREW FATIGUE  
MANAGEMENT PROGRAM. THIS MESSAGE SUPERSEDES HQ ACC/SG POLICY LETTER  
96-11, OPERATIONAL USE OF ALERTNESS ENHANCERS ("GO  
PILL"), 29 OCT 96. A SEPARATE HQ ACC/SG MESSAGE WILL FOLLOW THIS  
MESSAGE PROVIDING GROUND TESTING INSTRUCTIONS AND RECORD-KEEPING  
FORMS AND PROCEDURES.

2. LESSONS LEARNED FROM KOSOVO EMPLOYMENT REVEALED THE NECESSITY TO  
ADMINISTER ANTI-FATIGUE TECHNIQUES IN THE EARLY PHASES OF CONTINGENCY  
AIR CAMPAIGNS. THE CAF SUSTAINED OPERATIONS (SUSOPS) FATIGUE POLICY  
REVIEW WORKING GROUP (FPRWG) UTILIZED THE PRINCIPLES  
OF OPERATIONAL RISK MANAGEMENT (ORM) IN ESTABLISHING THE NEW

AF/XO POLICY FOR COUNTERING THE EFFECTS OF FATIGUE. THIS POLICY ONLY APPLIES TO FIGHTER AND BOMBER AIRCREW.

3. IAW PARA 4, NEW AF/XO POLICY, MAJCOMS ARE RESPONSIBLE FOR INSTITUTING PROPER CONTROL AND SUPERVISORY PROCEDURES FOR USING GO PILLS. MAJCOM GUIDANCE WILL INCLUDE UPCHANNEL REPORTING REQUIREMENTS TO INSURE MAJCOM DO AND SG OVERSIGHT AND ACCOUNTABILITY.

4. WING/CC'S (OR DEPLOYED CC EQUIVALENT) ARE REMINDED THAT GO PILLS SHOULD ONLY BE USED IN CONJUNCTION WITH FATIGUE MANAGEMENT TOOLS OR AFTER ALL FATIGUE MANAGEMENT TOOLS HAVE BEEN EXHAUSTED. WHEN AUTHORIZED, GO PILLS WILL ONLY BE USED WITH THE AIRCREW MEMBER'S INFORMED CONSENT, AND USE IS COMPLETELY VOLUNTARY AT THE AIRCREW MEMBER'S DISCRETION. FOR CLARIFICATION, GO PILL USAGE IS AVAILABLE TO ALL AIRCREW POSITIONS ON FIGHTER AND BOMBER AIRCRAFT.

5. THE WING'S SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) WILL ENSURE ALL AIRCREW REQUIRING THE USE OF GO PILLS WILL BE GROUND TESTED IAW ACC/SG PROCEDURES. THE NEW STANDARD DOSE OF DEXEDRINE IS 10 MG. PREVIOUS GROUND TESTING AT OTHER THAN THE 10MG DOSAGE WILL REQUIRE RE-TESTING. DURING THE PERIOD OF GROUND TESTING, AIRCREW WILL BE IN DNIF STATUS, AND, IF APPLICABLE, PRP WILL BE TEMPORARILY SUSPENDED. FOLLOWING SUCCESSFUL GROUND TESTING,

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SUBSEQUENT OPERATIONAL USE OF GO PILLS WILL NOT AFFECT FLYING OR PRP STATUS.

6. TO INITIATE GO PILL USAGE, WING/CC (OR DEPLOYED CC EQUIVALENT) AND SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) WILL FIRST DETERMINE IF THE USE OF GO PILLS IS APPROPRIATE. THEN, PROVIDED THAT THE SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) FINDS THE USE OF GO PILLS TO BE MEDICALLY WARRANTED, BOTH WILL SIGN THE "GO PILL USE APPROVAL" FORM FOUND ON THE ACC/DO WEB SITE, [HTTPS://DO.ACC.AF.MIL/GO\\_PILL FORM.DOC](https://do.acc.af.mil/go_pill_form.doc). THIS FORM AUTHORIZES THE USE OF GO PILLS FOR EITHER A SPECIFIC OR FOR AN EXTENDED OPERATION. IN ALL CASES, THE TYPES OF SITUATIONS FOR WHICH USE OF GO PILLS WOULD BE AUTHORIZED MUST BE TIME AND/OR MISSION SPECIFIC AND SPECIFIED ON THE FORM. NOTE: THE USE OF NO-GO PILLS AND OTHER COUNTER-FATIGUE MEASURES ARE AT THE DISCRETION OF THE FLIGHT SURGEON (AND DO NOT REQUIRE APPROVAL BY THE WING COMMANDER).

7. THE "GO PILL USE APPROVAL" FORM MUST BE SENT (TRANSMITTED, FAXED AS APPROPRIATE) AT LEAST 24 HOURS PRIOR TO PLANNED GO PILL USAGE TO ACC/DO AND ACC/SG. OPERATIONAL SECURITY (OPSEC) CONCERNS WILL TAKE PRIORITY AND WILL JUSTIFY DELAYS IN FORWARDING THIS PAPERWORK. IT IS EXPECTED THAT IN THESE CASES, ACC/DO NOTIFICATION

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VIA SECURE COMMUNICATIONS WILL SUFFICE UNTIL THE OFFICIAL PAPERWORK CAN BE FORWARDED. IN ALL CASES, WING/CC'S AND FLIGHT SURGEONS WILL FOLLOW GOOD JUDGMENT IN BALANCING THE NEED FOR ACC ACCOUNTABILITY AND OPSEC.

8. THE WING'S SENIOR FLIGHT SURGEON (OR DEPLOYED FS EQUIVALENT) WILL REPORT WEEKLY GO PILL USAGE TO ACC/SG FOR MEDICAL SURVEILLANCE. IN ADDITION, WINGS WILL NOTIFY ACC/DO AND ACC/SG IN WRITING WITHIN 24 HOURS AFTER THE CESSATION OF EXTENDED FLYING OPERATIONS REQUIRING GO PILL USAGE.

9. A COMPREHENSIVE CD SET WILL BE DISTRIBUTED SHORTLY WITH ALL FORMS, PREDICTIVE SOFTWARE, AND TRAINING MATERIALS FOR COMMANDERS, FLIGHT SURGEONS, AIRCREW, AND PA PERSONNEL.

10. ANY PUBLIC OR MEDIA REQUESTS FOR INFORMATION REGARDING THIS PROGRAM WILL BE REFERRED TO SAF/PA OR HQ ACC/PA.

11. HQ ACC POCS FOR THIS ISSUE ARE MAJOR STEPHEN MOULTON, DOTO, DSN 574-7787 AND LT COL KURT MCCARTNEY, SGOP, DSN 574-1326.//  
BT

AIR STAFF

ACTION	CSAF-CC(*)	CSAF-CC(*)	(A, 8, F)	0					
INFO	IG(*)	SE(*)	RE(*)	XO(*)	AF	ACP-AIG(*)	MI(*)	OS(*)	
	FILE COPY(*)	AF-SE-SMTP(*)	XO-SMTP(*)	RE-SMTP(*)	IG-SMTP(*)	OS-SMTP(*)			

BAFB

ACTION			(A, F)	2
INFO	DCNG(*)	SG(1)	IOC COPY(1)	

#1910			TOTAL COPIES REQUIRED	2
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NNNN

## INFORMED CONSENT FOR USE OF DEXTROAMPHETAMINE AS A "GO PILL" IN MILITARY OPERATIONS

It has been explained to me and I understand that the U.S. Food & Drug Administration has not approved the use of dextroamphetamine (e.g. Dexedrine® [brand of dextroamphetamine sulfate]) to manage fatigue. However, I understand that dextroamphetamine previously has been approved for the treatment of narcolepsy (a sleeping disorder) and attention deficit disorders (Citation: *Physicians' Desk Reference*®, Medical Economics Company, Inc., Montvale, NJ, 54th Edition, pp. 2992-2993, 2000). In addition, it has been found effective in the treatment of symptoms of chronic fatigue (Citation: "*The Efficacy of Dexedrine® for the Sustainment of Helicopter Pilot Performance During 64 Hours of Continuous Wakefulness*," U.S. Army Aeromedical Research Laboratory [USAARL Report No. 99-01], Fort Rucker, AL, October 1998) and has been used by the USAF for over 30 years. I understand that I will be provided a small supply of the medication at any one time to help control the symptoms of fatigue. I understand that, before taking the medication on an operational basis, I will be pre-tested with a similar dose and will not engage in flight operations immediately thereafter. Subsequently, I will be asked to take the medication in an operational environment within guidelines established by the US Air Force. I further understand that the decision whether and when to take this medication is mine alone.

I understand that possible common side effects of dextroamphetamine include insomnia, nervousness, anxiety and appetite loss. Possible gastrointestinal disturbances include diarrhea, constipation, and dryness of the mouth. Other known, but less common side effects are rapid heart beat, heart palpitations, elevation of blood pressure, tremor, headache, euphoria and depression. Addiction and tolerance are also risks with prolonged use at increased dosages. Questions regarding the use of dextroamphetamine and associated risks to the embryo, fetus, or nursing infant should be directed to my supporting flight surgeon.

I have been informed and understand that the use of dextroamphetamine simultaneous with the use of certain foods and other prescription or over-the-counter medications may not be advised\*. I have or will inform the flight surgeon of any other medications that I am taking at this time.

*My decision to take dextroamphetamine is/will be voluntary.* I understand that I am **NOT** being required to take the medication. The alternative to taking dextroamphetamine is to not take the medication. I understand that my refusal to take dextroamphetamine will not result in any penalty, punishment, loss of benefits or adverse action of any type. Likewise, I understand that if I choose to take dextroamphetamine, I may, at any time, discontinue taking the medication without any resulting penalty, punishment, loss of benefits or adverse action of any type. If, however, I choose not to take, or discontinue taking dextroamphetamine under circumstances where its use has been deemed appropriate and likely necessary, I understand that safety considerations may compel my commander, following consultation with a qualified flight surgeon, to determine whether or not I should be considered unfit to fly a given mission. Such a finding will not be used against me in any manner.

I understand that a copy of this notice, with my signature acknowledging all the information on this form, shall be inserted into my medical record and will be available to those authorized access to my records by applicable law or regulations. If I have any questions with regard to the administration of dextroamphetamine, I understand that I may raise them with the flight surgeon listed below.

\_\_\_\_\_  
Member - printed name, signature, and SSAN

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness - printed name and signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Flight Surgeon's provider stamp (or printed name)  
Flight Surgeon's Phone No. \_\_\_\_\_

\_\_\_\_\_  
Flight Surgeon's Signature

*\*Use of the following drugs, foods and compounds simultaneous with dextroamphetamine is not advised: glutamic acid, ascorbic acid (fruit juices), antacids with alkalinizing agents (e.g. sodium bicarbonate, other gastrointestinal and urinary alkalinizing agents), antihistamines, chlorpromazine (Thorazine, a tranquilizer, anti-emetic), ethosuxamide (Zarontin, an anti-convulsant), haloperidol (Haldol, an anti-psychotic), antihypertensives, meperidine (Demerol), norepinephrine (for extreme hypertension), phenytoin (Dilantin, an anti-convulsant), propoxyphene (Darvon, Darvocet, an analgesic), beta-adrenergic blockers (for hypertension, dysrhythmias, prophylaxis of angina pectoris), digitalis (Digoxin), lithium carbonate, tricyclic/sympathomimetic anti depressants, MAO antidepressants (monoamine oxidase inhibitors).*

### INSTRUCTIONS FOR USE

Go Pill Form 1 - Informed Consent is to be completed and signed by the aircrew member, a witness and the flight surgeon prior to the issuing of Go Pills for ground testing purposes.

The completed and signed form must be filed in the patient's medical record. Completion of the form is to be annotated on Go Pill Form 2A - Ground Testing of Go Pills Part 1 - Testing and on Go Pill Form 5 - Daily 600 when used in the operational setting.

HEALTH RECORD	<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION <i>(Sign each entry)</i>
<b>GROUND TESTING OF GO PILLS – PART 1 - TESTING</b>	
Medically cleared for stimulant ground testing based on focused history?: Y <input type="checkbox"/> N <input type="checkbox"/>	
Comments:	
Informed Consent explained, completed, signed and witnessed: Y <input type="checkbox"/> N <input type="checkbox"/>	
Instruction Sheet (Form 2B) provided and explained to aircrew member: Y <input type="checkbox"/> N <input type="checkbox"/>	
All aircrew questions were answered: Y <input type="checkbox"/> N <input type="checkbox"/>	
Script provided to patient: Dexedrine .....mg po q4hrs x 2 : Y <input type="checkbox"/> N <input type="checkbox"/>	
AF Form 1042 signed – patient DNIF during ground testing period: Y <input type="checkbox"/> N <input type="checkbox"/>	
Patient advised to follow up in 24 hours, or sooner if unusual effects occur: Y <input type="checkbox"/> N <input type="checkbox"/>	
Suspended from PRP; stamp completed? N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
COMMENTS:	
..... <i>Flight Surgeon signature</i>	
Name <span style="margin-left: 150px;">Rank .....</span> <span style="margin-left: 100px;">Date</span>	

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME <i>(Last, first, Middle initial)</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

## INSTRUCTIONS FOR USE

Go Pill Form 2A records all pertinent information pertaining to an aircrew member prior to commencement of Go Pill ground testing. It acts as a checklist and must be completed prior to the issue of Go Pills. It should not be completed until Go Pill Form 1 – Informed Consent has been explained, completed, signed and witnessed. Go Pill Form 2B – Patient Instructions for Ground Testing should be issued to the individual undergoing testing as part of this checklist.

Focused history should center on current medications, alcohol usage and other potentially confounding diagnoses that would preclude a safe or valid ground test. (See informed consent for a specific list of medications to inquire about.)

Each completed Form 2A should be filed in the individual's medical documents.

Each form should only be used for one Go Pill dosage level. The recommended starting dosage is Dexedrine 10mg. If a different new dosage (e.g. 5mg) or other medications (see note below) are to be tested, a new Form 2A should be completed.

In addition to Go Pill Forms 1 and 2A, the following must also be completed prior to final authorization of operational Go Pill usage, and before the individual is returned to flying duties following ground testing:

- Go Pill Form 2C - Ground Testing of Go Pills – Part 2
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)
- AF Form 1042 (Medical Recommendations for Flying or Special Operational Duty)

Aircrew members should be advised to return in 24 hours following completion of ground testing or sooner if unusual symptoms occur.

**(Note: More medication options are expected in the near-term. Check current Air Force policy for the most current listing. It is recommended that crews be ground tested for each pharmacological approved by the Air Force in order to provide maximal operational flexibility for you to help them combat fatigue.)**

## GROUND TESTING OF GO PILLS

### AIRCREW INSTRUCTIONS

You are volunteering to ground test Go Pills in order to be certified. Please follow the regimen detailed on the following page.

This certification and documentation is absolutely essential in order for you to have access to these pharmaceuticals during operational contingencies.

If at anytime during the testing you experience unusual or concerning symptoms, including but not limited to those listed below, please cease taking the medication and consult your flight surgeon.

The purpose of this effort is two-fold:

1. You must evaluate for yourself the benefit you derive from using the Go Pill.
2. You alone must determine if you suffer from any side effects that would negate the benefit of your using this type of pharmaceutical. (Note: Flight Surgeons can provide smaller doses that may provide desired efficacy without negative side effects.)

**REMEMBER: Usage of this pharmacological adjunct will always be voluntary.**

Go Pills are pharmacological adjuncts that should help you stay alert. Depending on previous sleep, you can expect its effects to wear off around 4 hours after your last dose.

If you have not been previously ground tested for No-Go pills, you may be asked to undergo a ground test for these medications immediately after completion of your Go Pill testing. Your Flight Surgeon will provide you with these pills and information about the testing procedures after completion of your Go Pill ground testing.

Once again, please discuss with your Flight Surgeon any concerns you may have regarding use of pharmacological adjuncts to help you counter the negative effects of fatigue in conducting air operations. Remember, this program is for you.

### POSSIBLE GO PILL SIDE EFFECTS

- Insomnia
- Nervousness
- Anxiety
- Appetite loss
- Dryness of mouth
- Rash
- Diarrhea, constipation
- Rapid heart beat
- Heart palpitations
- Tremor
- Headache
- Euphoria

## GO PILL GROUND TESTING PROTOCOL

### DAY 1

0800 – See Flight Surgeon to be DNIF'ed and make PRP notification (if appropriate). (Note: If you have decided to participate in ground testing of Go Pills, do not leave the office without signing the "Informed Consent Form.")

~1400 – Take 10mg of Dexedrine between 1300 and 1500

~1800 – Take the second 10mg dose 4 hours after the first dose

~2200 – Go to bed at your normal bedtime.

### DAY 2

Awaken naturally without setting alarm.

See Flight Surgeon at least 12 hours after last dose of the medication.

You must bring your immunization record (Aviator's PHS Form 731 "International Certificate of Vaccination") with you, and ensure your Flight Surgeon annotates completion of ground testing for the appropriate pharmacological adjunct.

For Return to Flying Status, appropriate documentation must be made on AF Form 1042 (Medical Recommendations for Flying of Special Operational Duty).

HEALTH RECORD

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION *(Sign each entry)*

**GROUND TESTING OF GO PILLS - PART 2 - RESULTS**

**GO PILL:**      **Dexedrine**      .....mg

**DATE INGESTED:**

**TIME OF DOSES:**      **Dose 1**      **Dose 2**

**ADVERSE EFFECTS:**    Y     Complete Form 6 - Unexpected Occurrence Reporting    N

Comments:

**PATIENT SATISFIED WITH GO PILL?:**      Y       N

Comments:

**CLEARED TO FLY?:**      Y       N

**AF FORM 1042 FOR RTFS COMPLETED AND SIGNED?**      Y       N

**DD FORM 2766 UPDATED?**      Y       N

**CLEARED FOR OPERATIONAL USE WITH NO EFFECT ON PRP STATUS?**    Y       N

.....  
*Flight Surgeon signature*

Name

Rank .....

Date

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

**RECORDS MAINTAINED AT:**

PATIENT'S NAME *(Last, first, Middle initial)*

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

### INSTRUCTIONS FOR USE

Go Pill Form 2C documents the results of ground testing of Go Pills and must be completed following each ground test. Authorized medication and dosage should be noted and the patient cleared to fly for that specific medication and dosage (e.g. Dexedrine 10mg).

Each Form 2C should only be used for one Go Pill dosage level. The recommended dosage is Dexedrine 10mg. If a different new dosage (e.g. 5mg) or other medications (see note below) are to be tested, a new Form 2A should be completed

Each completed Form 2C should be filed in the individual's medical documents.

The following forms must also be completed prior to final authorization of operational Go Pill usage, and before the individual is returned to flying duties following ground testing:

- Go Pill Form 1 – Informed Consent
- Go Pill Form 2A – Go Pill Ground Testing Part 1 - Testing
- DD Form 2766 (Adult Preventive and Chronic Care Flowsheet)
- AF Form 1042 (Medical Recommendations for Flying or Special Operational Duty)

In addition to the above, many Flight Surgeons (SMEs) keep a spreadsheet with a current list of their crews along with ground tested pharmaceuticals and dosing which may be useful in a deployment scenario.

**(Note:** More medication options are expected in the near-term. Check current Air Force policy for the most current listing. It is recommended that crews be ground tested for each pharmacological approved by the Air Force in order to provide maximal operational flexibility for you to help them combat fatigue.)

**GO PILL USE APPROVAL**

<b>Command</b>	.....
<b>Squadron(s)</b>	
<b>Air Frame</b>	.....
<b>Types of missions or circumstances where Go Pill use is authorized:</b>	<input type="checkbox"/> Missions over 8 hours duration (fighters) <input type="checkbox"/> Missions over 12 hours duration (bombers) <input type="checkbox"/> Night Operations <input type="checkbox"/> Change in time zones greater than ____ hours for the first ____ days of the operation/exercise <input type="checkbox"/> Other – please specify:
<b>Medication and dosage</b>	
<b>Projected date(s) of use</b>	_____ to _____

The wing commander and flight surgeon hereby certify that all other fatigue management tools have been considered and will be used to the maximum extent possible. The flight surgeon further certifies that the approved use is medically warranted and appropriate. Although authorized, Go Pill use is completely voluntary at the discretion of the pilot.

<b>Flight Surgeon Signature</b>	
	<i>Date</i>
<b>Flight Surgeon Rank, Name, Title</b>	..... <i>Rank</i> <i>Name</i> <i>SME</i>
<b>Wing Commander Signature</b>	
	<i>Date</i>
<b>Wing Commander Rank, Name, Title</b>	..... <i>Rank</i> <i>Name</i> Commander,

**Note:** 1. A copy of this form is to be forwarded to MAJCOM DO and SG 24 hours prior to use of Go Pills.  
 2. The original is to be retained at the Wing Flight Surgeons Office for 1 year after termination of the stimulant usage

### INSTRUCTIONS FOR USE

Go Pill Form 3 - Approval is to be completed and signed by both the Wing Commander and the designated Wing Flight Surgeon. It authorizes the use of Go Pills for either a specific mission or for an extended operation. In all cases, the types of situations for which use of Go Pills is authorized must be specified.

The use of No-Go Pills and other counter-fatigue measures are at the discretion of the flight surgeon and does not require approval by the Wing Commander.

Use of Go Pills should only be considered after all other options for effective fatigue management are exhausted.

This form should be sent (transmitted, faxed as appropriate) 24 hours prior to planned Go Pill usage to the MAJCOM DO and SG. Operational Security (OPSEC) concerns will take priority and will justify delays in forwarding this paperwork. It is expected that in these cases MAJCOM DO notification via secure communications will suffice until the official paperwork can be forwarded. In all cases, Flight Surgeons and Commanders will follow good judgement in balancing the need for MAJCOM accountability and OPSEC.



## Go Pill Daily Worksheet

### INSTRUCTIONS FOR USE

Go Pill Form 4 – Daily Worksheet is designed for use by Flight Surgeons to track the daily distribution of Go Pills in the Squadron. It is not to be filed in individual patient records nor sent to MAJCOM SG for tracking. It merely serves as an aid to completion of both Go Pill Form 5 - Daily 600 (for each individual in the squadron) and Go Pill Form 7 - Weekly Report (to be sent to the MAJCOM SG).

For accountability reasons it is suggested that providers file these forms amongst their professional files as a further record of daily Go Pill distribution and usage. It is the responsibility of the individual Flight Surgeon to decide the need for retention of these forms, how they should be filed and for how long these files should be retained. However it should be noted that this is the only written record of the number of Go Pills issued by the Flight Surgeon to Squadron members and therefore may prove useful to the Flight Surgeon at a later date.

**Note:**

**Operation** is the name of the Operation that the Sqn is involved in.

**Squadron Start Date** is the date the Sqn begins participation in the Operation for this period of authorized Go Pill use. e.g. the date of deployment.

**Mission(s)** refers to the type of mission(s) flown by the Sqn on this day e.g deployment, re-deployment, night flying, 30 hour bombing operations etc.

HEALTH RECORD

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION *(Sign each entry)*

**DAILY ADMINISTRATION OF GO PILLS**

DAY OF OPERATION SQN START DATE:

SQN AIRFRAME: MISSION:

MEDICATION: Dexedrine 5mg  10mg

NO. OF DOSES:

SORTIES (type, duration, no.):

ADVERSE EFFECTS: Y  Complete Form 6 - Unexpected Occurrence Reporting N

Comments:

OTHER COMMENTS:

Informed Consent Verified: Y  N

.....  
*Flight Surgeon signature*

Name Rank ..... Date

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶

PATIENT'S NAME *(Last, first, Middle initial)*

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

**INSTRUCTIONS FOR USE**

Go Pill Form 5 – Daily 600 is to be completed each day for every Squadron aircrew member taking Go Pills using information obtained from Go Pill Form 4 – Daily Worksheet. It is to be filed in the individual's medical documents but does not require forwarding to MAJCOM SG unless requested. It is the only official documentation of individual daily Go Pill usage.

Any adverse reaction or unusual occurrence which may be related to Go Pill usage is to be noted on this form. If such an occurrence is noted, Go Pill Form 6 – Unusual Occurrence Report should also be completed and forwarded to MAJCOM SG.

A Go Pill Form 5 does not need to be completed on aircrew who were issued Go Pills but returned them to the Flight Surgeon unused.

## UNEXPECTED OCCURRENCE REPORTING FOR GO PILLS

<b>Patient Information</b>	Name                      Rank .....      SSAN                      Age                      Sex .....
<b>Operational Details</b>	Operation                      Sqn Start Date                      Sqn                      Air Frame .....
<b>Suspect Medication</b>	Dexedrine                      .....                      ..... Go Pill                      Dose                      Frequency
<b>Therapy Dates</b>	
<b>Date /type of reaction</b>	Date                      .....                      Comments: Type
<b>Outcome</b>	.....                      Comments:
<b>Brief Description of the reaction</b>	
<b>Event abated after use stopped?</b>	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
<b>Relevant Tests/Investigations</b>	
<b>Other meds, therapy</b>	
<b>Other relevant history</b>	
<b>Was the reaction related to Go Pills?</b>	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
<b>Reporting Flight Surgeon, date</b>	Signature                      Name                      .....                      Rank                      Date

**INSTRUCTIONS FOR USE**

Go Pill Form 6 – Unexpected Occurrence Report is to be completed for every adverse reaction or unexpected occurrence which may be associated with the use of Go Pills. One copy should be filed in the patient's medical documents and a second copy should be forwarded to the MAJCOM SG for official recording purposes.

# WEEKLY GO PILL USAGE REPORT

Operation Name:

Squadron Start Date:

Squadron:

Air Frame:

Mission(s):

Date	Air Frame	Mission(s)	TOTAL/MAX.
No. of Aircrew Flying			0
No. of Aircrew Using Dexedrine			0
Total No. of Go Pill Doses			0
No. of Sorties Flown			0
No. of sorties for which Go pills used			0
No. of Adverse Reactions			0
Highest Individual Go Pill Usage			0
Unusual Events:			

General Comments:

..... Flight Surgeon

..... Name:

..... Rank

..... Date:

## WEEKLY GO PILL USAGE REPORT

### INSTRUCTIONS FOR USE

Go Pill Form 7 records the overall weekly Squadron usage of Go Pills. It is to be completed on a weekly basis and is compiled from Form 4 - Daily Worksheets. After completion it is to be forwarded to the MAJCOM SG.

The section "Unusual Events" should include not only unusual reactions to Go Pills but also changes to the operational schedule or any other significant event. For example the arrival of several new pilots into the Squadron mid tour should be documented on this form. Any relevant information that may influence the use or rate of Go Pill consumption should be included.

**Note:**

**Operation** is the name of the Operation that the Sqn is involved in.

**Squadron Start Date** is the date the Sqn begins participation in the Operation for this period of authorized Go Pill use e.g the date of deployment.

**Mission(s)** refers to the type of mission(s) flown by the Sqn on this day e.g deployment, re-deployment, night flying, 30 hour bombing operations etc.

HEALTH RECORD

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANISATION *(Sign each entry)*

**OPERATION SUMMARY SHEET - USE OF GO PILLS**

OPERATION NAME :

DATES OF OPERATION:

MEDICATION:      Dexedrine    5mg                       10mg

NO. OF DAYS USED:

TOTAL NO. OF GO PILLS TAKEN:

ADVERSE EFFECTS:                      Y                                       N

Comments:

OTHER COMMENTS:

STATEMENT:

I have examined and debriefed this aircrew member on the use of go pills. The pills were used in an appropriate manner and I find no evidence of substance abuse.

.....  
*Flight Surgeon signature*

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Name                      Rank .....      Date

RECORDS MAINTAINED AT: ▶

PATIENT'S NAME *(Last, first, Middle initial)*

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

### INSTRUCTIONS FOR USE

Go Pill Form 8 – Operation Summary 600 is to be completed for each individual immediately at the end of the operation and is a summary of individual Go Pill usage. Information required for completion of this form can be obtained from either Form 4 – Daily Worksheets or Form 5 – Daily 600s.

The form should be completed following an interview with the individual at which the flight surgeon ascertains whether or not Go Pill usage has been appropriate. Any concerns raised at this final interview should be reported to the MAJCOM SG.