A New Standard for Battlefield Trauma Care in the US Military

The Department of Defense Instruction on Medical Readiness Training (MRT) was finalized on Friday, 16 March 2018, and follows this introduction.

Battlefield trauma care for most of the US military at the start of the conflict in Afghanistan in 2001 did not include tourniquets or hemostatic dressings; called for resuscitation of casualties in shock with two rapidly infused liters of crystalloid; had no intraosseous devices; and saw analgesia attempted with IM morphine. Today's TCCC-trained combat medical providers are far more capable of providing lifesaving care to our combat wounded. This new DoD Instruction will help to preserve those advances and ensure that they are carried forward into future conflicts.

A quote from the Instruction states:

"1.2. POLICY. It is DoD policy that:

b. TCCC is the DoD standard of care for first responders (medical and non-medical) and the All Service Member TCCC course replaces Service trauma skills currently taught in first aid and self-aid buddy care courses.... All Service members receive role based TCCC training and certification in accordance with the skill level (i.e., All Service Members, Combat Lifesaver, Combat Medic/Corpsmen, and Combat Paramedic/Provider) outlined by the Joint Trauma System, the DoD's Center of Excellence for trauma as designated in DoD Instruction (DoDI) 6040.47."

This document is now posted on the defense.gov website: https://www.defense.gov/Resources/Forms-Directives/.

A pdf of the MRT instruction is available at: http://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132224p.pdf?ver=2018-03-16-140510-410

A great many JSOM readers have helped to bring about the remarkable improvements in battlefield trauma care that our combat medics, corpsmen, and PJs now use to care for their casualties, but special thanks go to Mr Ed Whitt, Ms Elizabeth Fudge, and Mr Kevin Kelley at the Defense Health Agency for their pivotal role in making state-of-the-art prehospital trauma care a permanent fixture in the US military through the publication of this instruction.

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Disclaimers

The opinions or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense. This recommendation is intended to be a guideline only and is not a substitute for clinical judgment.

Disclosures

The authors have no disclosures.

Release

This document was reviewed by the Director of the Joint Trauma System and by the Public Affairs Office and the Operational Security Office at the US Army Institute of Surgical Research. It is approved for unlimited public release.

The Special Operations Medical Association's Official Journal

JOURNAL of SPECIAL OPERATIONS MEDICINETM



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