PROLONGED FIELD CARE

An Ongoing Series

Prolonged Field Care for the Winter 2016 Edition

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As the winter months approach, the community has expanded the offerings in regard to Prolonged Field Care (PFC) submissions. This issue marks a landmark for the PFC Working Group (WG), with submissions from multiple unique efforts that sprung from the original PFC WG analysis of PFC capabilities and knowledge gaps in the force. By communicating the needs of Special Operations Forces (SOF) to the greater Department of Defense medical infrastructure, USSOCOM was able to harness the talents of medical subspecialists to directly support and, ultimately, enhance the resources for SOF Medics in the field.

Included in this edition is a second Clinical Practice Guideline (CPG), authored by the Joint Trauma System medical experts, in conjunction with operational SOF authors, for the practical management of burn casualties in austere environments. Based on the expertise and framework of the original surgical CPG for burn management, this CPG blends best practices from the Institute of Surgical Research Burn Unit, with other PFC CPGs and guideline papers, to provide practical, realistic tools to SOF medics. We hope it will inform current protocols and teaching in the community.

Additionally, we have the beginning of a relevant series from our first "Sub-Working Group" in telemedicine,

with an introduction to the Virtual Critical Care Consultation (VC3) service. This educational case series highlights actual cases managed in the field and the benefit of clinical consultation from SOF Operators to the expert consultation staff at military medical centers. By informing the community of the practical application of teleconsultation, we hope to not only advertise the service but also highlight the utility of this powerful capability.

We also have a case report from the field of a presentation of combat trauma that morphed from a "typical" TCCC scenario into a complex case involving PFC. This case adroitly illustrates the operational constraints and challenges of direct combat on patient management and serves as a reminder of the realities of combat.

We hope that you find these articles informative and useful, as both teaching tools and reference documents. If you have clinical cases that demonstrate the complexities of a PFC environment or highlight the advanced application of SOF medicine, please submit them to the Editor to include in future editions of the Journal.

Thank you for your continued interest, and joining us in this exciting effort to advance SOF medicine!

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- > Case Report: Unilateral Renal Cystic Disease
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- > Trigger-Point Dry Needling
- > Physiological Effects of Kettlebell Swing Training
- > Rice-Based Rehydration Drink
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Dedicated to the Indomitable Spirit and Sacrifices of the SOF Medic