

PROLONGED FIELD CARE

An Ongoing Series

Update

Five Years of Prolonged Field Care in Special Operations Medicine

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ABSTRACT

This brief quarterly update from the SOMA Prolonged Field Care (PFC) Working Group focuses on the first of ten sequential reviews of the PFC Core Capabilities, starting with advanced airway management.

What makes for successful training? Do difficult, realistic tasks build confidence? Is it repetition to develop an “automatic” response that will become default during periods of high stress? Or is it high-quality instruction that harnesses experience and shares it in meaningful ways? Whatever you believe the key is to successful training, one truth is non-negotiable—one must train to build proficiency!

As we celebrate 5 years of PFC in Special Operations medicine, we will journey back to the recent past and review our initial guidelines. Some topics have undergone change as new evidence emerges from the battlefield. Other topics, such as PFC airway, have remained largely unchanged due to resources, training requirements, or our medics’ most precious resource—time. Nowhere is the topic of required training time (and number of repetitions) more contentious than in advanced airways.

Consider how you would manage airway (and in many cases, breathing) problems in an austere or PFC environment. For many advanced paramedics, the answer is simple—intubate! But, before you jump to that endotracheal tube and a rapid sequence intubation (RSI), consider the following:

- Are you extremely proficient and recently trained in RSI? Our initial PFC Working Group Airway authors believed that “constant training and maintenance of the skill sets are required to ensure a medic is sustained and able to safely practice them.”¹ If you are not working in a clinical environment where you are performing a significant number of intubations at least quarterly, you are probably NOT proficient.
- Are you competent in the use of paralytic agents for RSI? Do you have a paralytic agent available? (Remember, this is PFC—you probably don’t have a reliable supply of refrigeration.) What is your backup plan?

- Regarding sedation, what are you carrying? How much do you have, and how long will that last your intubated or “cric’ed” patient? Consider where the endotracheal tube is in the patient’s airway. A well-placed cricothyrotomy falls below the vocal folds, meaning there is no requirement for a paralytic agent, and possibly less sedation!
- Are you proficient in cricothyrotomy? (What training models have you practiced upon? Are you prepared for complications? How do light and exposure affect your success rate?) Again, the working group’s recommendation:

Cricothyrotomy training should be included in most medical training. It is considered a final common definitive solution for securing an airway. It allows a cuffed tracheal tube to be placed, and will allow adequate administration of PEEP, and use of a ventilator. Additionally, unlike placing and maintaining an endotracheal tube placed from the oral route (standard orotracheal intubation), maintaining a cric with sedation alone is much more feasible in an austere setting.

Of course, there are many considerations for the advanced austere airway. Training and proficiency are key. How much time must be dedicated to the medic’s acquisition and maintenance of this critical skill is still debated. A recent informal review by a forward surgical team provider of 10 combat cricothyrotomies performed by medics in the field found several misplaced endotracheal tubes and complications. This is a sobering reminder that there is no replacement for high-quality, realistic training. As we seek to build our PFC airway capabilities, let us ensure we take due time to remain proficient at the basics while expanding our advanced capabilities. Remember, without expertly applied Tactical Combat Casualty Care, there is no PFC. Happy training!

Reference

1. PFC Working Group. Airway comments. 14 April 2014. <https://prolongedfieldcare.files.wordpress.com/2014/11/pfc-wg-airway-recommendations-april-14.pdf>

KEYWORDS: *prolonged field care; PFC; PFC Working Group; advanced tactical airway; cricothyrotomy*

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