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An Ongoing Series

Update

SORTs, GHOST-Ts, New Guidelines, and Advanced Resuscitative Care

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As prolonged field care (PFC) continues to capture the attention of all levels of US Department of Defense problem-solvers, Special Operations medics and providers continue to innovate. In this edition of the JSOM, readers will find an excellent example of medical innovation. The Special Operations Resuscitation Teams (SORTs) are a combat-proven medical support element that can provide robust resuscitation capability far forward. When combined with a Golden Hour Offset Surgical Treatment Team (GHOST-T), Special Operations Forces (SOFs) can be assured of an adaptable, mobile, yet highly capable forward surgical capability. The US Air Force Special Operations Surgical Teams are also a potent, highly mobile surgical solution that has continued to adapt to changing Special Operations missions. As the Services continue to adapt their forward surgical capabilities, it is good to see that SOF peculiar mission sets are consistently being addressed with highly modular platforms. While the defense medical community wrestles over tough questions like appropriate size and composition for these light surgical teams, the SOMA PFC Working Group (WG) will continue to focus on supporting the medic or provider at the point of injury with strategies to improve patient survival until they can reach surgical care.

Current efforts among the PFC WG include collaboration with the Joint Trauma System (JTS) to create two new prehospital clinical practice guidelines (CPGs) for PFC airway and PFC ventilator management. These CPGs will round out the current 12 prehospital CPGs that support critical care in austere settings. The CPGs are available on an open-source basis at: https://jts.amedd.army.mil/index.cfm/PI_CPGs/cpgs. Working closely with the JTS has also ensured that Special Operations medics and corpsmen have a voice at the policy level. As the JTS continues to integrate PFC and peer–peer conflict in all levels of medical support planning, it is reassuring to know that there will continue to be SOF medics providing invaluable input.

Finally, we constantly emphasize that expert Tactical Combat Casualty Care (TCCC) is a prerequisite for any PFC training. Recent developments from the Committee on TCCC have continued to push for a PFC core capability—resuscitation with fresh whole blood (FWB). Advanced resuscitative care (ARC) is a new aspect of TCCC that includes far forward blood capability. Many units have integrated FWB or cold chain stored blood into their medical training. If your unit has not yet included this in your training, please consider doing so as there are ample resources to support the evidence and training methods. One option might be to peruse PFCare.org and search "whole blood" for a bounty of resources to start your planning for your blood program.

Our best innovations come from medics, corpsmen, and providers who are faced with difficult problems and solve them with passion and creativity. To the people behind the GHOST-Ts, SORTs, and other Special Operations surgical teams that continue to push the envelope, the defense community writ large owes a debt of gratitude as you continue to push the "art of the possible." Thank you to all who continue to labor to make it better for those who practice medicine in the most austere, hostile environments.

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Inside this Issue:

Dedicated to the Indomitable Spirit and Sacrifices of the SOF Medic

A Peer-Reviewed Journal That Brings Together the Global Interests of Special Operations' First Responders