

# PROLONGED FIELD CARE WORKING GROUP POSITION PAPER

## PROLONGED FIELD CARE CAPABILITIES

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A newly formed Prolonged Field Care Working Group (PFC WG), comprised of medical-specialty subject matter experts, has been tasked to evaluate the current training and preparedness of Special Operations Force (SOF) medics. The first formal position paper from the working group suggests that medical providers consider the below list of capabilities when preparing their medics to provide PFC in austere settings. It is presented in a “minimum, better, best” format. The intent is to demonstrate those basic skills, with adjunctive skills and equipment that may be employed when considering what to train for Prolonged Field Care (PFC).

At first glance, the list may seem somewhat simple, but it emphasizes basic medical skills, that, when put together, allow for a more comprehensive approach to critical patient care in an austere setting. Of note, equipment is relatively de-emphasized since medical skills and training should be the focus of preparing the Special Operations provider for providing this care.

PFC requires the following capabilities in at least some capacity. If you can provide these 10 capabilities in at least the minimum requirements, you are on your way to being prepared for PFC. Here are the recommendations:

1. **Monitor** the patient in order to create a useful vital sign trend
  - a. Minimum – blood pressure cuff, stethoscope, pulse oximetry, **Foley catheter** (measure urine output) and an understanding of vital signs interpretation. Use a method to accurately **document** vital signs trends.
  - b. Better - add **capnometry**
  - c. Best - **vital signs monitor** in order to provide hands-free vitals at regular intervals
  
2. **Resuscitate** the patient beyond crystalloid/colloid infusion
  - a. Minimum - field **Fresh Whole Blood** transfusion kits
  - b. Better - maintenance crystalloids also prepared for a major burn and/or closed head injury resuscitation (2-3 cases of LR or PlasmaLyte A; hypertonic saline); consider adding Lyophilized Plasma as available; Fluid warmer
  - c. Best - maintain a stock of PRBCs, FFP, and have type-specific donors identified for immediate FWB draw.
  
3. **Ventilate/oxygenate** the patient
  - a. Minimum - provide **PEEP via BVM** valve (you cannot ventilate a patient in the PFC setting (prolonged ventilation) without PEEP or they will be at risk for developing ARDS)
  - b. Better - provide **supplemental O2** via oxygen concentrator
  - c. Best – portable **Ventilator** (i.e. Eagle Impact ventilator or similar) with supplemental O2

4. Gain definitive control of the patient's **airway** with an inflated cuff in the trachea (and be able to keep the patient comfortable)
  - a. Minimum - Medic is prepared for a **Ketamine cricothyrotomy**
  - b. Better - add ability to provide **long-duration sedation**
  - c. Best - add a responsible **RSI capability with subsequent airway maintenance skills**, in addition to providing long term sedation (to include suction and paralysis with adequate sedation)
  
5. Use **sedation/pain control** in order to accomplish the above tasks
  - a. Minimum - provide opiate analgesics titrated IV
  - b. Better - trained to sedate with ketamine (and adjunctive midazolam)
  - c. Best - experienced with and maintains currency in long term sedation practice using IV morphine, ketamine, midazolam, Fentanyl, etc.
  
6. Use **physical exam/diagnostic measures** to gain awareness of potential problems
  - a. Minimum - using **physical exam without advanced diagnostics** - maintain awareness of potential unseen injuries (abdominal bleed, head injury, etc)
  - b. Better - trained to use advanced diagnostics - **ultrasound, point-of-care lab testing, etc.**
  - c. Best - experienced in the above
  
7. Provide **nursing**/hygiene/comfort measures
  - a. Minimum – ensure the patient is clean, warm, dry, padded, catheterized and provides basic wound care
  - b. Better - elevate head of bed, debride wounds, perform washouts, wet-to-dry dressings, decompress stomach
  - c. Best - experienced in all the above
  
8. Perform advanced **surgical interventions**
  - a. Minimum - chest tube, cricothyrotomy
  - b. Better - fasciotomy, wound debridement, amputation, etc.
  - c. Best - experienced with all the above
  
9. Perform **telemedicine** consult
  - a. Minimum – make reliable communications; present patient; pass trends of key vital signs
  - b. Better - add labs and ultrasound images
  - c. Best - video teleconference
  
10. Prepare the patient for **flight**
  - a. Minimum - be familiar with physiologic stressors of flight
  - b. Better - trained in critical care transport
  - c. Best - experienced in critical care transport