

Upgrade Your Operational Medical Program with Prolonged Field Care

The following should be viewed like a checklist to help jump start any tactical medical program to accommodate prolonged field care situations. Most of these concepts have been discussed before in separate posts and papers but are compiled here specifically to address questions on how to start from scratch. Special equipment acquisition should only be considered after identifying gaps in training, planning and practice.

- 1. Change the way you think** about evacuation times to expect that the patient will be with you for 24-72 hours. This means that every training scenario or lane should have some prolonged field care issues addressed.

[Podcast Episode 1: Why Prolonged Field Care](#)

[Principals for Practicing Effective Prolonged Field Care](#)

- 2. Read** the position papers and other recommendations made over the past 2 years.

[Official Position Papers](#)

[Working Group Recommendations](#)

- 3. Master the basics** that are TCCC/TECC because everything done in the first hour has consequences later.

[Click to Read the Most Recent CoTCCC Protocol](#)

- 4. Make planning** a top priority i.e. evacuation leg times, capability gaps, asset locations.

[PFC Planning Considerations](#)

- 5. Identify gaps in capabilities**, skills and equipment via the 10 Capabilities Paper and Grid.

10 Essential Core Capabilities

- 6. Review and train in Pharmacology** practices and principals including sedation and regional nerve blocks if trained.

Pharm Principals

- 7. Prepare checklists and cheat sheets** to help relieve the medic of superfluous technical and medical information that they don't use on a daily basis.

Checklists and Cheat Sheets

- 8. Trending and documentation and TRENDING** on dedicated flowsheets because the cardboard medics are still using is not good enough.

Documentation in Prolonged Field Care

- 9. Insist on Telemedicine** and Communication by using a pre-made script and practice.

Telemed Script Cheat Sheet

- 10. Procedures and wound care principles** that are taught but not routinely practiced. These will differ depending on the level the medic is taught. If something is taught, it should be refreshed and sustained.

Tactical Damage Control Resuscitation July 2015

Everything You Need to Know About Foley Catheters

Wound Care and Debridement - Coming soon

- 11. Practice Nursing care basics** such as Foley care, turning, ROM exercises, oral care and so on. These should be refreshed by the medic prior to any scenario or deployment.

Post Cric Checklist

Create a Care Plan

- 12. Train your non-medics** to assist your medics with nursing care tasks, trending, supply recognition etc.

Skills Non-medical Team Members Should Know For PFC

- 13. Rehearse, practice** and re-run through realistic full length scenarios with the entire team present, including leadership and non-medically trained personnel.

One way to run a Prolonged Field Care Scenario with references included

9 Patient Scenarios

- 14.** Be familiar with differences in physiology and the environments of **Enroute Care** including fixed wing, rotary wing and vehicle platforms. Have packing lists for each possibility.

SORT Prolonged Field Care Nursing Checklist

- 15.** Scenarios can't end until the **patient handover** is complete so that nothing you did is missed by the receiving facility or medic.

USASOC PFCx Critical Care Comments- Powell

- 16. Know what "Right" looks like** by emphasizing critical care and ICU for medics going on hospital rotations. MPT hospital rotations can be tweaked to incorporate more work in the ICU so that the medic learns what first world care looks like.

PFC Specific Hospital MPT Rotation AAR and Recommendations