

Joint Trauma System
Prolonged Field Care Data Collection Sheet
Version 20150928

Instructions: Thank you for participating in the Joint Trauma System's review of cases requiring prolonged field care. The results of this review will be returned to the Prolonged Field Care Working Group and to the operational community to help guide future research, training and preparation.

Cases of interest include any role 1 care which lasted **more than 4 hours and required evacuation, both trauma and non-trauma**. Role 1 care includes battlefield, battalion aide station, clinic, ship, and many other environments where surgical care and resuscitation teams are not available.

Please complete the questions to the best of your recollection, estimates are fine. If an answer is unknown, leave blank.

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Sincerely,
Stacy Shackelford, Col, USAF, MC
Joint Trauma System, Director of Trauma Care Delivery

Medic/POC:

Email:

Phone #:

Patient name (if known):

DOB:

Case number (admin use only):

Patient category: US Military NATO military Non-NATO military Local Civilian
 Other (specify):

Branch of service (if military):

Combatant Command where PFC occurred:

Date of Injury/Illness:

Time of Injury/Illness:

Casualty Acuity:

- Life threatening injury or illness
- Limb or eyesight-threatening injury or illness
- Not life/limb/eyesight-threatening, but casualty unable to continue mission

Factors contributing to prolonged field care (select all that apply):

- Active operational limitations
 - Vehicle mechanical problems
 - Enemy activity
 - Need to complete mission
 - Other (specify):
- Weather, explain:
- Remote location (if selected, select all characterizations below that apply)
 - Maritime

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- Desert
- Urban
- Jungle / Swamp
- Mountainous
- High altitude

Other (specify):

Casualty Demographics

Gender Male Female

Casualty Age: Years

Location of casualty at time of injury/illness

- On an aircraft
- On a boat/ship
- In a ground vehicle
- Dismounted

Total number of injured/ill in this event:

Total died in this event:

Medic wounded in event: Yes No

Medic incapacitated in event: Yes No

This casualty is a medic: Yes No

Point of Injury provider (select all that apply):

- Active duty
- Reservist / National Guard
- Non Medic First Responder
- Medic (select all that apply)
 - EMT-B
 - EMT-I
 - EMT-P
 - PJ
 - IDMT
 - Corpsman
 - Special operations independent duty corpsman (SOIDC)
 - 18D
 - Ranger medic
 - SEAL medic/corpsman
 - SOAR medic
 - Civil affairs medic
 - Special operation combat medic (SOCM) Medic
 - Civilian medic / paramedic
 - Other (specify):
- Medical Officer
 - Physician
 - PA
 - Nurse

Time from injury/illness to initial care provider arrival: Hours Minutes

Prolonged Care Provider

- Active duty
- Reservist / National Guard
- Non Medic First Responder
- Medic (select all that apply)
 - EMT-B
 - EMT-I
 - EMT-P
 - PJ
 - IDMT
 - Corpsman
 - Special operations independent duty corpsman (SOIDC)
 - 18D
 - Ranger medic
 - SEAL medic/Corpsman
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 - Civilian medic / paramedic
 - Other (specify):
- Medical Officer
 - Physician
 - PA
 - Nurse

Mechanism of initial care provider arrival / infiltration to casualty (select all that apply)

- Parachute – free-fall
- Parachute – static line
- Rotary wing aircraft
- Fixed wing aircraft
- CV-22/Tilt rotor aircraft
- Ground vehicle
- Marine surface vehicle
- Foot/dismounted
- Boat/ship
- N/A, initial care provider already on scene

Injury Mechanism Category

- Battle Injury
- Non- Battle Injury
- Medical – Non-Injury

Care Environment (Select all that apply INCLUDING prolonged field and en route care)

- Care under fire
- Outdoors
- Tent
- Hardened structure – non-medical facility
- Hardened structure – medical facility

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- Ground vehicle
- Rotary wing aircraft
- Fixed wing aircraft
- CV 22/Tilt rotor aircraft
- Ship/boat
- Other (specify):

Mechanism of injury (select all that apply)

- Airborne Operation - parachute
- Aircraft Crash
- Blast –IED or Mine
 - Dismounted
 - Mounted
- Blast RPG or Grenade
- Blast – Indirect Fire (Mortar/Artillery)
- Blast – Other (specify) or unknown
- Collapse / Crush from Structure
- Fall, Height feet
- Fragmentation / Shrapnel
- GSW – Gunshot Wound
- Motor Vehicle Accident
- Training accident
- Burn
- Other (specify):

Injuries/Diagnosis

- Active bleeding
- Shock (hypotension, no radial pulse)
- Traumatic amputation
 - RUE above elbow below elbow below wrist
 - LUE above elbow below elbow below wrist
 - RLE above knee below knee below ankle
 - LLE above knee below knee below ankle
- Burn, TBSA Estimated: %
- Extremity Fracture – **Closed**
 - RUE LUE RLE LLE
- Extremity Fracture – **Open—not GSW**
 - RUE LUE RLE LLE
- GSW:
 - Head Neck Chest Abdomen/pelvis Back/flank Axilla Groin
 - Upper Extremity Lower Extremity
- Hematoma:
 - Head Neck Chest Abdomen/pelvis Back/flank Axilla Groin
 - Upper Extremity Lower Extremity
- Laceration:
 - Head Neck Chest Abdomen/pelvis Back/flank Axilla Groin
 - Upper Extremity Lower Extremity

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- Puncture wound:
 - Head Neck Chest Abdomen/pelvis Back/flank Axilla Groin
 - Upper Extremity Lower Extremity
- Traumatic brain injury
- Neck injury with paralysis without paralysis
- Back injury with paralysis without paralysis
- Blunt chest injury
- Blunt abdominal injury
- Blunt pelvic injury
- Other trauma (specify):
- Non-trauma illness (specify):

Initial Assessment Vitals Findings:

- Tachycardia (HR > 100 beats per minute)
- Hypotension (Systolic BP < 90 or absent radial pulse)
- Altered Mental Status
 - GCS: AVPU:
- Hypoxia (pulse oximeter < 90%)
- Breathing – Labored or tachypneic
- Breathing – Requiring assistance

Subsequent Assessment Vitals Findings (select any that occurred during PFC):

- Tachycardia (HR > 100 beats per minute)
- Hypotension (Systolic BP < 90 or absent radial pulse)
- Altered Mental Status; GCS:
- Hypoxia (pulse oximeter < 90%)
- Breathing – Labored or tachypneic
- Breathing – Requiring assistance

Treatments – Circulation/Hemorrhage Control:

- Tourniquet - extremity RUE LUE RLE LLE
 - CAT SOFTT Other (specify):
- Tourniquet – Junctional; Type:
- Hemostatic dressing; Type:
- Pressure dressing; Type:
- Direct pressure

Treatments – Airway:

- NPA – Nasopharyngeal Airway
- Oral pharyngeal airway
- Cric – Cricothyroidotomy; Type:
- ET – Endotracheal tube
 - Direct visualization Video-assisted visualization No visualization
- Supraglottic airway; Type:
- Laryngeal Mask Airway; Type:
- Other (specify) Airway:

Treatments – Respiration / Breathing:

- Supplemental Oxygen
- Chest Seal, Type:

- Right Left Bilateral
- Needle Decompression
 - Right Left Bilateral
- Chest tube
 - Right Left Bilateral
- Bag Valve Mask Ventilation
 - Duration of BVM required: hours
- Mechanical Ventilation
 - Ventilator utilized:
 - Duration of ventilation required: hours
- Capnography utilized
- Airway suctioning

Circulation – Access

- Peripheral IV
- IO; Location: Sternal Humerus Iliac Tibial
- Central venous access: Location: Subclavian Int Jugular Femoral

Circulation – Resuscitation

- None
- Saline Lock
- TXA – Tranexamic Acid, IV Dose:
 - Time after injury that TXA was given < 1hr 1-3 hr > 3 hr
- Hextend IVF Volume:
- Normal Saline Volume:
- Hypertonic 3% Saline Volume:
- Lactated Ringers Volume:
- FDP – Freeze Dried Plasma Units:
- PRBC – Packed Red Blood Cells Units:
- Whole blood Units:
- Plasma Units:
- Platelets Units:
- Other (specify) IVF: Volume:

Medications – Pain, Antibiotics, Other (specify)

- None
- Combat Wound Pill Pack
- Analgesic, Name: Dose: Route:
- Analgesic, Name: Dose: Route:
- Analgesic, Name: Dose: Route:
- Analgesic, Name: Dose: Route:
- Antibiotic, Name: Dose: Route:
- Antibiotic, Name: Dose: Route:
- Other (specify) Med, Name: Dose: Route:
- Other (specify) Med, Name: Dose: Route:
- Other (specify) Med, Name: Dose: Route:
- Other (specify) Med, Name: Dose: Route:
- Other (specify) Med, Name: Dose: Route:

Wound Care (subsequent, not including initial hemostasis)

- Debridement
- Irrigation
- Dry sterile dressings
- Dressings/Other
- Suturing
- Stapling
- Wound packing / drain
- Tourniquet conversion to pressure/hemostatic dressing
- Other (specify):

Interventions: Splinting and Other (specify)

- Eye Shield
- C-Collar
- Spine Board
- HypOther (specify)mia Prevention; Product:
- Splint RUE LUE RLE LLE Type:
- Pelvic binder
 - Commercial
 - Improvised
- Sling / swathe
- Escharotomy
- Fasciotomy
- Other (specify):

General patient care:

- NG tube
- Foley catheter
- HOB elevation
- Every 2 hour turning/repositioning
- Dressing changes (after initial placement)
- Hygiene
- Other (specify)

Telemedicine:

- Consult obtained
- Consulting specialty:

Equipment used:

- None
- Patient monitor:
- IV pump
- I-STAT
- Ultrasound
- Laryngoscope
- Light
- O2 generator
- BVM
- Ventilator
- Capnography

- Minor surgical kit
- Suction
- Fluid warmer
- Other (specify):

Equipment that would have been useful:

- None
- Patient monitor:
- IV pump
- I-STAT
- Ultrasound
- Laryngoscope
- Light
- O2 generator
- BVM
- Ventilator
- Capnography
- Minor surgical kit
- Suction
- Fluid warmer
- Junctional tourniquet
- Other (specify):

Disposition:

Duration of prolonged field care/en route care (length of time to hospital arrival): _____ hours

Mode of ultimate transport to higher echelon of care:

- Ground
- Sea
- Rotary wing aircraft
- Fixed wing aircraft
- CV-22/Tilt rotor aircraft

Initial hospital Admitted to:

- Host nation hospital
- US OCONUS or NATO hospital Role 2 Role 3 Role 4
- US CONUS hospital
- Hospital ship

In-hospital surgeries (if known):

- None
- Laparotomy
- Thoracotomy
- Craniotomy
- Fracture fixation
- Vascular repair
 - Artery
 - Vein
- Fasciotomy
- Wound debridement
- Other (specify):

Completion of prolonged field care outcome:

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- Survived to evacuation
- Died prior to evacuation
- Died during evacuation
 - Cause of death (suspected):
 - Neurologic injury, brain/spine Bleeding Airway obstruction
 - Breathing problem Other (specify):
 - Delay in evacuation contributed to death Yes No

Ultimate outcome:

- Survived
- Died
- Unknown

Complications:

- Unable to manage airway
- Unable to oxygenate/ventilate
- Cardiac arrest/CPR
- Hypoxic brain injury
- Unexpected limb loss
- Infection, Type:
- Kidney failure/dialysis/CRRT
- Prolonged respiratory failure (>72 hrs)
- DVT
- Preventable death
- Other (specify):
 - Delay in evacuation contributed to complications Yes No

Which of the below resources did you find useful during this prolonged care episode:

- TCCC Guidelines
- JSOM Manual
- Ranger Medic Handbook
- PJ Manual
- Special Operations Forces Handbook
- PFC website
- SOCMSSC website
- Telemedicine contact with medical director or higher echelon
- Other (specify) resource:

COMMENTS:

Equipment failures noted:

What TRAINING did you feel would have better prepared you and your team for this prolonged care episode?

Sustain: what worked well?

Improve: Other (specify) opportunities for improvement not mentioned above?
