Principles of Prolonged Care

- Perform initial lifesaving care using TCCC guidelines and continue resuscitation
 The foundation of good PFC is mastery of TCCC and a strong foundation in clinical medicine.
- Perform Palliative Care on expectant patients
 -This will require a frank conversation among teammates. If a patient is a transient or non-responder and no stored blood is available for instance. The team should be a ble to communicate their plan and if available, get telemedical concurrence.
- Delineate roles and responsibilities including naming a team leader
 -A leader should be appointed who will be responsible to look at the larger clinical picture while assistants focus on attention intensive tasks.
- Perform comprehensive physical exam and detailed history with problem list and care plan
 -After the initial care and stabilization of a trauma or medical patient, a detailed physical exam and history should be performed for the purpose of completing a comprehensive problem list and corresponding care plan.
- □ Record and trend vital signs

Vital signs trending should be done with the earliest set of vital signs taken and continued at regular intervals so that the baseline values can be compared to current reality on a dedicated trending chart.

Perform a telemedical consult

-As soon as is feasible, the medic should prepare a telemedical consultation by either filling out a preformatted script or by writing down his concerns along with the latest patient information.

□ Create a nursing care plan

-Nursing care and environmental considerations should be addressed early so as to limit any provider induced iatrogenic injury.

- □ Anticipate resupply and electrical issues
- Perform periodic Tactical Timeout and mini rounds assessments
 Stepping back from the immediate care of the patient periodically and reengaging with a mini patient round and review of systems can allow the medic to recognize changes in the condition of the patient and reprioritize interventions.
 - Security- What is the security situation?
 - **O**perational- Has anything changed with the evac status and operational situation?
 - Contingencies- Make a plan for probable and possible contingency scenarios and how the team will react.
 - Shift Change- What are the changes in roles and responsibilities? Team lead? Medical Lead? Nursing tech, resting...
 - Patient- What is the status of hte patients?
 - □ Is the patient stable or unstable?
 - □ Is the patient sick or not sick?
 - □ Is the patient getting better or getting worse?
 - □ What are the priorities of care?
 - □ What is the nursing care plan?
- □ Implement team wake, rest, chow plan

-The medic and each of the other team members should make all efforts to take care of each other by insisting on short breaks for rest, food and mental decompression.

Obtain and interpret lab studies

-When available, labs may be used to augment these trends and physical exam findings in order to confirm or rule out probable diagnoses.

□ Perform necessary surgical procedures

-The decision to perform invasive and surgical interventions should consider both risks and benefit to the patient's overall outcome and not merely the immediate goal.

Prepare for evacuation care

-If the medic is caring for the patient over a long strategic evacuation off continent, they should be prepared with ample drugs, fluids, supplies and be ready for all contingencies in flight

Prepare documentation for patient handover

-The preparation for evacuation care should begin immediately upon assuming care for the patient and should include hasty and detailed evacuation requests up both the medical and operational channels with the goal of getting the patient to the proper role of care as soon as possible.

	Prolonged Fiel	d Care - Evaluation Rubric		
	Green	Yellow	Red	Remarks
Proper Equipment Loadout for Treatment Venue: Ruck, Truck, House, Plane, etc. (According to 10 C.C. Sheet)	Missing 0 Critical Items	Missing 1-2 Critical Items	Missing 3+ Critical Items	
TCCC MARCH Point of Injury Care	Adheres to all CoTCCC guidelines mitigating all risks to life, limb and eysight	Completes basic MARCH interventions required to save lives	Fails to complete MARCH assessment or interventions leaving patient at risk of death	
Resuscitation	Initiates appropriate resuscitation within 35 mins of injury	Initiates resuscitation wihtin an hour of injury.	Fails to initiate resuscitation in a timely mannor that would benefit the patient outcome	
Considered Hypothermia at all Times	Green: Patient Always Covered	Yellow: Patient Left Uncovered	Red: Role-Player is Actually Cold	
Reduction of Tourniquet	Attempts proper tourniquet conversion within an hour of placement. If full conversion is not possible, reduces distally to save tissue	Attempts tourniquet conversion within 2 hours of placement,	Does not attempt to reduce tourniquet within 2 hours. No attmept to save tissue is made.	
<u>Airway Control</u>	Airway is Patent, Secured and Protected Always	Students React Well to Airway Compromise	Airway is Compromised with late or Inadequate Intervention	
Ventilate and Oxygenate	Optimizes ventilation paramiters including: RR, Vt, FIO2, PEEP and maintains safety and comfort	Provides ventilation, but is unable to tailor parameters to patient's needs	Provides poor or no ventilation management	
Initiate Telemedical Consult	Clear, Consise, Early Script Prepared/ Has a plan, but needs advise	Not Clear or Consise/ Poorly Prepared Script/ No plan for care of patient and needs to be provided one	Poor Communication Which Affected the Ability of the Doc to Deliver Medical Advice	
Nursing and Hygene	Nursing Check Sheet Used / Implemented appropriately. Environmental considerations accounted for.	Nursing Check Sheet Used or Well-Developed Student Plan Used / Implemented	Incomplete Plan, Check Sheet not Used / Implimented	
Documentation	Documents all problems, interventions and assessments required to establish trends	Documents major interventions, assessments, drugs and vital signs	Fails to document any assessments, interventions, drugs or vitals	
Monitoring	Appropriate Vitals Taken at Appropriate Times, Vitals Trended and Interpreted	Inconsistent Vitals Taken, at Inconsistent Times, Vitals Interpreted Late	Full Vitals NOT Taken, and Taken Inconsistently, Patient Deterioration Unrecognized	
Physical Exam and Diagnostics	Complete, Serial Physical Exam at Appropriate Incriments	Incomplete Physical Exam: Did not inspect a non-vital, but involved Body System. Not performing serial exams.	Incomplete Physical Exam: Missed a Wound or Critical Body System. No Plan for Serial Exams	
Problem List and Care Plan	Includes both Critical and Secondary managements and assessments	Includes only Critical managements and assessments	Fails to record a problem list or care plan or is missing critical management needs	
Maintains analgesia and/or sedation	Early, Consistent assessments and managements	Treated after vitals or patients indicate pain	Late or absent pain management	
Medication administration	Appropriate, by-Weight, Drug Calculation / Administration/ 6 Rights	Generic, not by-Weight Drug Calculation / Administration / 6 Rights	Wrong or Inadequet Drug Calculation / Administration / 6 Rights violation	
Surgical Interventions	Implemented Appropriately Planned out	Implimented Late Not Planned, but Implimented	Not Planned or Implimented	
Patient Reassessed After: Movement, Intervention, Time	Missed <2 times	Missed 2-5 times	Missed >5 times	
Package and Prepare for Flight	Kept Pt. Ready for Evacuation/ Flight Time and Supply Considered	Pt. Not Always Ready for Evac. /Supply Relative to Flight Time Not Considered	Pt. Consistently Not Ready for Evac. Inadequate Supply Alloted for Evac.	
Hand-Over	Accurate SIT-VD or MIST including vital information	Accurate Information, unorganized	Inaccurate, or Incomplete Handover	
Team Dynamics: Sleep/rest cycle, meal plan, Task Organized	Well Organized. Team leader takes charge. Team Rested / Ate	Not Organized. No team leader apparent. Team Rested / Ate	Unorganized chasing the tail. Nobody Rested or Ate	
Did not cause undue harm to patient	Green	Yellow	Red	

			Prolonged Field Care C	Casualty Card v25 (8)	July2023)				
Name:		Date:	Time: Weight	kg:	Ideal Body Weight:		Blood type:		Triage Category:
ID Number:			Time Zone: Weight Ib	DS:	Height:		Titer:		EVAC Category:
Signs/symptoms:		Modified Lund and Shade figure accord Count the squ	Browder Chart or an Adult Patient Jing to casualty burn pattern Each square is .25% ares and divide by 4 for TBSA	M.I.S.T. Re MOI:	port Time:				
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TQ 1 time on:		TQ 2 time on:	TQ 3 time on:	TQ 4 time o	n:			2g TXA slow push time on:	
								1g Calcium given at:	loride (or) 30cc Ca Gluconate)
Time	г. г.	TQ 2 Converted:	TQ 3 Converted:	TQ 4 Conver	ted:			1-5 of elemental Ca – 10CC Ca Chi	Driorities and Drinsinko
pH 7 38-7 44 22-41	+ $+$ $+$. : : inotes-serial Physical	אססכססוופוונט-שמגפן גפט צומח-ופופוופונוופ גפנטוי	menuations-ried Flags and Stat	iung orders:				Complete initial life saving TCCC
pCO2 (mmHg) 38-42 42-53		+ $+$ $+$ $+$ $+$ $+$							Initiate Palliative care plan for expectants
pO2 (mmHg) 75-100 35-42									Delineate roles and responsibilities
HCO3 (mEq/L) 23-26 24-28									Perform comprehensive exam and history
SO2 % >95 70-75									Make problem list
Base D/E (mEq/L) (acid) -2 to 2 (alk)									Chart and trend vital signs
NA+ (mEq/L) 136-145									Perform telemedical consult
K+ (mEq/L) 3.5-5.0									create a nursing care plan
Ca++ (mg/dL) 8.6-10.2	\square	+ $+$ $+$ $+$ $+$ $+$ $+$							Plan for resupply and electrical issues
CI- (mEq/L) 98-106	+	+ $+$ $+$ $+$ $+$ $+$ $+$							Perform tactical timeout-mini rounds
BUN (mg/dL) 8-20	\square	+ $+$ $+$ $+$ -1							Implement wake rest chow plan
Creat (mg/dL) m: 0.7-1.3/f: 0.5-1.1	+ $+$	+ $+$ $+$ $+$ $+$ $+$							Uptain and interpret lab studies if available
WBC (mm3) 3 200-9 900	+ +	+ $+$ $+$ $+$ $+$ $+$							Perform peressary surgical procedures
PIT (mm3) 150-450	+ + -	+ $+$ $+$ $+$ $+$ $+$							Prenare handover documentation & supply
HCT % M:42-50/F·37-47	+ + -	+ $+$ $+$ $+$ $+$ $+$							Prepare team for evac care
cHgb (g/dL) M:14-18/F:12-16		+ $+$ $+$ $+$ $+$ $+$							Submit medical AAR to ITS
Agap (mEq/L) 7-13									Submit operational AAR to Command
PT (seconds) 11-13									
INR 0.8-1.2									Send lessons learned to
Lact (mEq/L) 0.4-2.3									www.prolongedfieldcare.org
· · · ·		<u> </u>	Newest version available	e at prolongedfieldcare.org					

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	Day																														DAY	
	Hour																														HOUR	Treatment / Prompts - Checklist
	Minute																														MIN	Send MIST Report
Charting Key:	Other																														Other	Stop Massive Bleeding
	140																														140	Pelvic/feet Binder
Use either the letter or	135																														135	Convert TO <4brs
symbol consistently	130	-																													130	Open Airway
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(d) Diastolic ^	110																													_	110	Calcium
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SI = HR / Sys	55																										-	-	-		55	Detailed Exam
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	45																					 			 			_	_	_	45	GCS/Neuro/MACE
	40																														40	NG/OG Tube
(e) ETCO2 •	38	·																													38	Upgrade / Secure Airway
	37																														37	Awake / Post-Cric Checklist
(t) C-Temp X	36																														36	BVM or Vent w/ PEEP
	35																														35	Pressors for Distributive Shock?
	30																													-	30	Foley / Bladder Tap
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Fluid Input																																Preperitoneal Pelvic Packing
RASS/ Pain Scal	le																															Clear C-Spine
AVPU/Neuro/MAG	CE2																															
Eye response	4																															Nursing Care Reminders
Oral Response	5		1																													VITALS (as often as needed)
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	PFC Basic Vitals Chart Chart vitals here first then trend on the PFC Flowsheet Time Pain/LOC AVPU/GCS Resp. Rate EtCO2 Pulse Ox Heart Rate Blood Pres Shock S+(2xD) Index= Temp UOP													
Time	Pain/LOC AVPU/GCS	Resp Rate	EtCO2	Pulse Ox	Heart Rate	Blood Pres	MAP= <u>S+(2xD)</u> 3	Shock Index= HR/Sys	Temp	UOP				

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12 Hour Care Plan

Dati	ant ID:		Time	TIOF	T.1.0		T-20	TIDE	T.20	T. 2 F	T.40	T. 4 F	T · F O		TICE	T. 7.0	T. 7 C	T-0.0	TIOF		T.O.F. T. 10.0	T. 10 F	T.11.0	T. 11 E	T-120
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1 Z	Apply Lip Balm <mark>(Q1H)</mark>								,					· · · · · · · · · · · · · · · · · · ·	r	r			, , , ,,			L		;	
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esp	Check Chest Drainage (Q1H)			 '	!- - -	<u></u>	ļļ	<u> </u>	!!		<u> </u>	· <u> </u>		!↓	<u> </u>	<u> </u>	<u> </u>	<u>+ </u>	<u> </u> '	<u> </u>	Ϧ!	<u> </u> !	<u>+'</u>	<u> </u>	<u>+</u>
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	Check S/S Compartment Syndrome (Q2H)			[•]	i- — - —	i	ii	ii	i'	¦	ii	·		÷	÷	÷	÷	r'	÷	╆	÷'	<u>;</u> '	r'	<u>+</u> ∔	
	Reposition (Q2H)					{		¦	¦'			·		, 	, <u>+</u>	<u>+</u>	<u>L</u>			<u>-</u>		<u></u>	<u>+-</u> '	<u>+</u>	<u></u>
	Check Padding (Q2H)				! :			·	·			·		÷	<u> </u>	<u> </u> 		'	/	<u> </u> 	÷	<u></u> '	<u>'</u>		<u></u>
	Charle Drassings (Q2H)				<u> </u>		┦- _ - _ ┦	¦	:	- <u></u> - <u></u>	¦	4		Ļ∔	Ļ	Ļ	<u> </u>	╞╶┈╴┘	Ļ '	Ļ	Ϧ	┡╴╴┈╶╎	<u>+'</u>	<u>+</u> ļ	<u></u>
Σ	Check Dressings (Q4H)			'	!- — - —	<u> </u>	<u>ا ا</u>	! !	!!	- <u></u> -	↓ _			++	<u>+</u>	<u>+</u>	+	'	<u>+ '</u>	<u>+</u> ·	+'	<u>⊦ '</u>	<u>'</u>	<u>++</u>	
ente	Wash and Dry Skin (Q24H)				i- — - —	i-—-—	ii	ii	<u>ا - </u>	- — - —	i - — - –i	· - —		÷	+	+	+	r '		÷	÷;	⊢		⊢i	
Ĕ	Perform Burn Skin (Q24H)			'	¦-−-−	i	ji	i	i'	¦	ii	· - — - 十		╁╶━╶╁╶━	÷	÷	<u>+</u>	r'	É	<u>+</u>	÷	<u>نہ ۔ ۔ ۔ ا</u>	·'	;	
egu	Irrigate Wounds (024H)						ii	<u></u>	;	i	i	·		÷	<u>-</u>	<u>-</u>		<i>`</i>	<u> </u>	<u>i</u>	÷;	<i>i</i>	<u></u>	<u></u> ;	
<u>t</u>	Debride Wounds (Q24H)				¦- — - —	¦-−-−		·	i'				·	+	+	+		'	'	+	÷	<u> </u>	<u></u> '	<u></u> +	<u></u> -
	Change Dressings (024H)					¦-	┥- <u> </u>	¦	¦		<u></u>	·		└ 	Ļ	Ļ	<u> </u>	J	<u> </u>	Ļ	<u>└╴─╶└</u> ╶─╶┘	<u>-</u> J	'	<u></u> -+	
	Give Antibiotics Bx (024H)			'		<u> </u>	!!	<u> </u>	¦┦		}-—- ⊣	·	·	++	+	+ - —	╊	/ 4	⊦	⊦	+	⊬ - — - ^J	<u></u> '	+	
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	Give PPI Rx if Indicated (per Rx)				i- — - —	i		i					·	÷	+ I	+ I	+ I			∔ - — I	÷	⊢ - — - ₹ I	,; I	<u></u> ;	
lal	Give Antiemetic Rx (per Rx)				{- — - —			,	; ! !				·	<u>+</u> <u>_+</u>	+	<u>+</u>		/	<u>-</u>	<u>+</u>	<u>+</u> <u>+</u> <u>+</u>	<u></u>	'	+	
stir	Auscultate Abdomen (O2H)				¦- — - —		!!	¦	¦	¦	<u></u>	·		+ -	+	+	-		<u> </u>	+	+	<u>⊢</u> – –	;	;+	
nte	Palpate Abdomen (Q2H)				- — - —	<u> </u>	<u>اا</u>	, <u>-</u>	,4		} - — - →	·		<u>+</u> - — - - + - — - −	+ - — '	+ - — '	╊ - <u>-</u>	,	<u>├</u> '	⊦ - — - ·	╊	}	/	~+	
troi	Give Food/Nutrition (Q8H)			1	I	1	1	·	·		[]	Г— - Т		ŢŢ	Ţ - —	<u>г - —</u>	F		<u> </u>	F	<u>г</u> г	<u></u>	[[T	<u></u>
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	Check O2 Supply				¦- — - —			_	,		¦ ∣			╄╺╶ ─ ╶╶╇╺╶━╴╸ ╵	<u>+</u> 	<u>+</u> 			└── ── ─ ┙ ╵	<u>-</u>	<u></u>	,— ┦ I	J	<u>+</u>	, — — — –
tuff	Check/change batteries				- — - — !	1 !		,-— ⊣ !	,-—- - !		¦-—-⊣			+ ! !	+ !	+ !	╊ - <u>-</u>		⊬ !	₽ !	+	/		.—+ !	 !
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24 Hour Care Plan

Dati	iont ID:		Time	T. 1hr	Tubr	Tight	Tuthr	TIEhr	Tichr	T. 7hr	Tighr	Tubr	Ti 10hr	T.11hr	Ti 12hr	T. 12hr	T.14hr	T.15hr	T.16hr	T. 17hr	T. 19hr	T 10hr	T. 20hr	T. 21hr	Tuzzhe	Tuzzhr	Ti24br
rat	Action (suggested interval)	Interval	Time	17111	172111		17411	1+5111	1+0111	1+7111	1+0111	1+911		1+1111	1712111	1+1311	1714111	1+15111	1+1011	1+1/11	1+10111	1+1911	1+20111	172111	1+22111	1+23111	1+24111
	Check BP/HR/RR/T/SPO2/FTCO2 (01H)	interval			'	'	<i>-</i>	↓	<u> </u>	↓ ↓	,/	 					1	,/ I	 		,/						
	Check Peripheral Pulses (01H)			'	!'	<u> </u> '	// !	ا۔ ۔ ۔ ۔ ا	!	I _	، !	<u> </u>	L	L	└ <u></u> - <u>-</u>	L	L	 !	LJ	<u></u> !	<u> </u>	L	<u>k</u> J	<u> </u>	/	<u> </u>	<u></u>
	Check Skin Temp and Color (01H)				- — - — ·	<u> </u>	1−−−−−−−−−	Ⅰ/	!	↓ ↓	¦	<u></u> <u>+</u>		┠╶──╶╇		+ '	⊦ '		╊	┢	}	╋ <u>╴</u>	}	<u>├</u>	/	+	
tals	Check Lactate (O4H)					1	1	1	<u> </u>	1	i	tt		++		<u>+</u>	+	<u> </u>	+	r	r	<u>+</u>	<u> </u>	<u> </u> 1	/	t'	<u> </u>
Ś	Check Blood Glucose (O8H)				ʻ'	í'	í!	i	i	†-−-+	i'	††		i - — - 🕆		<u> </u>	<u></u>	'	<u> </u>	<u> </u>	<u> </u>	┢╶─╶╴	└─	<u>├</u> - — - ¦	!	<u> </u>	<u> </u>
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	Check Drip Rates/Fluids In (O1H)				¦- — - —	<i>!-−-′</i>	!!		!- <u></u> -	↓↓	¦	<u>+</u> +		┠╴━╶╇		+ - <u>-</u>	┡ - <u></u> '	 i	<u>+</u>	<u> </u>	ہے ۔۔۔۔ ۔ ۔ ۔ ۔ ۱	<u>∔</u> - <u>-</u>	<u>}-</u>	<u></u> -4	,/	<u>+</u> -!	
	Check Urine Output (01H)			'	'	· ['	·	<u> -</u>	!	<u> </u>	ł'	<u>+</u> +	┝ 	⊦-—- ∔	┝ 	<u>+</u>	<u>⊦</u>		┣	┣	<u>⊦</u>	<u>+</u>	<u>⊢</u>	<u>⊢</u> - — - 4	/	<u>+</u> '	<u>+</u> -
	Check Urine Dipstick (01H)				i	j	j	j	1	ii	<u></u>	ii		і-—- т		т-—	Г - —	<u>-</u>	<u>г</u>	<u>г</u>	<u>г</u>	<u></u> -	<u>г</u> -	́гі	:	Г;	Γ
uts	Perform NG/OG Tube Care (O2H)			'	'' 	/'	/	¦	i	<u> </u>	·/	<u>+</u>	<u> </u>	L 	<u></u>	<u>н</u> – — – – 	<u> </u>	 í	<u>ь</u> /	노 기 	<u> </u>	⊾ - <u>-</u> 	ند ــــــــــــــــــــــــــــــــــــ	└── ─ ─ ┦ ┃	'	<u></u> /	<u> </u>
s/o	Perform Foley Care (O24H)				i	· · · · · · ·	·	ii	,	ii	,	r - —		÷		÷	;				/	÷			; I	;	<u> </u>
<u> </u>	Flush PRN Locks (O8H)				!	<u>'</u> '	<u></u>	!!	!	┦ -	¦	<u>+</u> +	<u> </u>	<u> 4</u>	<u> </u>	<u> </u>	<u> </u>	 :	<u>L</u> J !	<u></u>	<u></u> - J	<u> </u>	<u></u>	<u></u>	'	<u></u> /	
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c	Check GCS/RASS/PAIN (Q1H)			['	i	i	ji	j	1	ii		ŕ-−-†	r	і-—- т		†-—	<u>г - —</u>	i	<u>г</u>	Г-— ⁻	÷۲	<u>т</u>	Г-—	ŕi		Γ;	Г
atio	Give Pain Rx (per Rx)				'' 	/'	·	1 1	'	1 	·	L		 	└ 	<u></u> 	<u></u> 	 I		<u></u>		<u>-</u> 		<u> </u>	; 1	··	i
eda	Give Sedation Rx (per Rx)			['	;'			i; 1	;	i	,; I	÷		÷		÷	;			¦	/	÷	¦		'	;;	
n/S					!		<u></u>	!!	!	↓↓	,	<u>+</u>	<u></u>	┠╶──╶┻	<u> </u>	+ !	┡╴╴ <i>─</i> ╸╴╴ ╎		⊾	<u> </u>	,	╋ <u>─</u>	<u> </u> !	<u> </u>	/ :	<u></u> -1	:
Pai					- — - <u></u>	<u> </u> '	<u> </u>	<u> </u>		∦ − − − +	}	ŀ∔	┝ 	┠╶╼╴╴╉	┝╺╺╼╸╸╾	+ '	╊╴╴── ╴ ─ ╵		┣╴╴── - ┩ ╹	┢╸╴── ╸┩ ╵	/	╋╴╸━╴╸ ╵	}	┝─ - ─ - ŧ	/		<u> </u>
	Perform Tube Suctioning (PRN)				<u> </u>	<u> </u>	1	<u> </u> →	!	i	!-—- →	1		r		<u> </u>	<u> </u>		F	<u> </u>	<u></u>	<u></u>	<u> </u>	<u>[</u>]		['	<u> </u>
	Perform Oral Suctioning (PRN)	 1		[í	í	í;	i;	i	¦-−-†	i	¦-—-†		i - — - †		<u>+</u>	<u>-</u>		<u> </u>	<u> </u>	i	<u>-</u>	¦ + 	<u> </u>		<u>i</u> ;	i
	Perform Nasal Care/Moisten (Q4H)	[]		[i		1	, - — - — I	•	, - — I	;;				+ 	⊷ I					⊷ · I					í
	Perform Oral Care/Moisten (Q4H)	[]		[;		{;	¦;	;		;; •	<u>+</u>	<u></u>		<u></u>	<u>+</u> ; ;	L 		<u>+</u>	<u></u>		<u> </u>		<u></u>		<u>+</u> ;	
Ę	Apply Lip Balm <mark>(Q1H)</mark>	[]		[!	<u> </u>	<u> </u>	!	! !	↓	}	+	•	╄╶╼╾╼╋ ┆╴╴╎	┝ └	╋╺╺━╸╸╸ !	╊ !		₽		⊬	╋ !	⊬	<u>}</u> — − − + !			 !
単	Apply Eve Ointment/Drops (per Rx)	 1		[- — - — '	1	<u> </u>	<u> </u>		<u> </u>	¦-—-⊣	<u></u> <u>+</u> + <u>−</u> - +		⊦ '		╊ - ── '	┣ - ── '	, + •	╊	<u> </u>	┟╴╴──╶╺┥ ╵	╊— '	┟─ + '	<u> </u>			
-	Brush Teeth (Q12H)	[]		[i	1	j		i	[ГТ	r	́г—-т		т	Г- <u>-</u>		۲	ר- <u>-</u> -		Γ	·٦	́гт		[[
	Change All Tape (Q24H)	[]		[;	í	í;	¦;	 	ii	i	ii		L 	<u></u>	<u></u> 	⊾ 		<u></u>	<u></u>	<u></u>	<u>-</u> 	<u> </u>	<u> </u> ;		i;	i
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	Check Ventilator Settings (Q1H)	 1		 		1	1	!		+	/	ŀ	•	⊦-—- - '		+ '	┣ '		⊬			╋╸╸╼╸╸ ╵		/		/	[
Ž	Auscultate Lungs (Q1H)			[!	1		†	/ !	t		┠╶──╶ ─ ╵		⁺ '	┝╶ <i>─</i> ╶╴ ╵			F	<u>ر</u>	<u>+</u>	/	<u>-</u>		[<u> </u>
atc	Turn, Cough, Deep Breathe (Q1H)			 	I	Į,	·,	ر ا		T1	/- <u>-</u>	[]		<u> </u>		Γ	 -	, - 7	F - 7	 -	[-	Γ	 -	Г-—- _Т	·	[[
spir	Check Chest Drainage (Q1H)					i	I′	i'		i!	í			ii			• • •	· · · · · · · · · · · · · · · · · · ·			<u> </u>						
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					, = == !,			!	, = , !	·	/ = /	·	• • ·	╸╸──╴╴ ╵ ╵ ╵		┿╸╸╶╌╴ ╵ ╵╴╴ ╶╌╸╸ ╸	┍╸╸╶── ╷ ╷ _{╴─} ╸_	•• ; !	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	╋╼╺╴ <u>──</u> ╵ ╵ ╶ ╍╸╸	· · · · · ·				
	Check S/S Compartment Syndrome (Q2H)			<u> </u>		, <u> </u>		'	, 	· · · · · ·	/ !					┲╺╶╴ ╵ ╌╺╺╸╸╸	F	•• , 		<u> </u>	/	┲╾╺╶ ╵ ┷╼╺╺╼╸╸	· · · · · · · · · · · · · · · · · · ·		,		
	Reposition (Q2H)			ſ'	/`	/ ⁻ '	<u> </u> '	 	/ !	ا ب	í ! 4	[] 	[Г і <u> </u>	[[Г <u> - </u>	,	ſ <u>└</u>	[!	Γ	[[! 	['	' '	[]	Ĩ
	Check Padding (Q2H)			ſ'	<u> </u>	'	<u> </u> '	<u>i</u> !	<u> </u>	<u> </u>	<u> </u> '	<u> </u>		[<u> </u>	<u> </u>	'	<u>[</u> '	<u>[</u> !	<u>[</u> !	<u> </u>	<u> </u>	<u>[!</u>	'	<u>[</u> '	<u>[</u>
	Perform LE Massage (Q2H)			_	j	j	j;	j'	I	ii	1	ij		ii		i	L	L ;	Ĺ'	Ĺ'	L	Ĺ	Ĺ	Ĺ!	·	L;	L
~	Check Dressings (Q4H)			_ '	, .	, 					, 		 	, 	 	, -	, 	, '	, +	, 	, 	, 	, ,	, '	<u> </u>	, 	,
Itar	Do A/P Limb ROM <mark>(Q8H)</mark>			_	; 4		; 	; 4		; 	; •;	; +		; 		; +	; +		; +	+	; +	; +	; +	; +	; +	· · · · · · ·	<u></u>
ner	Wash and Dry Skin <mark>(Q24H)</mark>			 '				, 		 '	, , ,	¦		 		' +	 	, 	, +	, , , , , , , , , , , , , , , , , , ,	, , .	 +	/ +	/	÷'		<u></u>
Ing	Perform Burn Skin Care (Q24H)		 '	 '	 .'	 '	!'	<u>ا</u> ا	 	 	,	 +	└	 	<u> </u>	 +	 <u></u>	ا 	 	<u> </u> !	/ ┺─────	 ┺	/ ـ!	<u> </u> !	<u> </u>	<u>'</u>	<u></u>
nte	Irrigate Wounds (Q24H)			 '	<u>!</u> '	<u> </u> ′	<u> </u>	¦′	¦	<u> </u>	¦'	<u> </u>		 		<u> </u> - —	 	<u>+</u> '	<u> </u> '	<u> </u>	<u> </u> '	<u> </u>	<u>'</u>	<u> </u>	÷	<u>+'</u>	<u> </u>
	Debride Wounds <mark>(Q24H)</mark>	I	'	 	İ]	J′	j′	I	i	i '	İJ	L	ĹĹ	L	Ĺ	Ĺ	L '	Ĺ'	L′	L '	Ĺ	L	ĹĴ	<u> </u>	L '	L
	Change Dressings (Q24H)	I	 '	 '	' {	, 	, 	'		, , , , , , , , , , , , , , , , , , ,	+	,	- 	, }	- 	, +	, 	ا	, +	, 	, 	, {	, ╋	, ╋╾ -	·'	·	
	Give Antibiotics Rx (Q24H)	I	 '	 		4	4	i 1	i		, •			; ;		; +	; -	·	; •	, +	, •	; 	• •	, 	·	·'	∔
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_	Give PPI Rx if Indicated (per Rx)	I	 '	 '	!'	<u> </u> ′	<u> !'</u>	!'	!	<u> </u>	<u>!</u> '	<u> </u>		<u> </u>	<u> </u>	Ļ	<u> </u>	<u>+</u> '	Ļ'	<u> </u>	<u> </u>	Ļ	<u> </u>	<u> </u>	<u>+</u>	<u> </u> '	<u> </u>
ina	Give Antiemetic Rx (per Rx)	I	 '	 			ا '	i'	I	ii	•	ii					L	: 	÷	Ļ	↓ [;]		L	Ļj	·		⊢
test	Auscultate Abdomen (Q2H)	I	 '	 '	′ ∕		'				, ł'	, ,	 	, }	 	, +	, 	·'	, +	, 	, }	, 	, 	, ╋╾╺╺╾╶┘	<u>'</u> '	·	,
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	Tele Tele	emedical Co	onsultation Guid	de re Card								
1. Before calling. E-mail image c	I O be use	ed with Pro (wounds, en	ionged Field Ca vironment. etc.).	<i>re Card</i> "capabilities"	(back of page)	. & vital signs						
trends to the remote consultan	t.	(,		(,						
2. If call not answered: a) call r	iext number of	n PACE or ca	all back in 5 – 10 rity, state so	min.								
			inty, state so.									
P: A:												
C:												
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My best contact info is:												
YOUR best contact info is (Const	ultant's numbe	er):	Alt	ernate e-mail:								
	*** PAUSE	POINT to CO			•)	fallouiner						
I nave a year–old	(sex)	(active	e duty/foreign na	tional/OGA,eto	c.), who has the	tollowing:						
Mechanism of Injury or known diagnosis(es) The injury/start of care occurred hours and Anticipated evacuation time is (hours from now):												
The injury/start of care occurred	hou hou	<i>irs ago</i> . Anti	cipated evacuation	on time is (<i>hou</i>	rs from now):							
Injuries/Problems/ S ymptoms:												
Treatments:												
He/she is currently (circle) stable	e/ unstable, ge	etting better/	getting worse/ g	etting worse r	apidly							
Known Medication Allergies/Pas	st medical/Sur	gical history i	S:									
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Theed help with (<i>be specific if p</i> o	<i>JSSIDIE, I.E.</i> 1 II	leeu neip reu	ung this ECG, or	Theed help's	tabilizing this p	αιιεπι, εις.)						
Other Consultants have recomm	vondod:											
	ienueu.											
*** PAUS	SE POINT for R	emote Consu	ltant to ask clari	fication quest	ions ***							
VITALS (current & trend as of): HR	BP	RR	SpO2	EtCO ₂	Temp						
UOP(ml/hr)	over	(#	hours) Mental	Status (GCS/ A	VPU)							
EXAM: Neuro		Ex	t/ MSK									
Heart		Pu	lses									
Lungs		Sk	in/ Wounds									
Abd												
LABS: ABG:	Lactat	e:	Oth	er:								
*** DAII0	E DOINT for P	amota Consu	ultant to ask clari	fication quast	ionc ***							

Plans/Recon	nmendations							
PRIORITY SYS	TEM/PROBLEM	RECOMME	NDATION					
Ne	uro or problem #	#1						
CV	or problem #2							
Pu	Im or problem #3	3						
GI	or problem #4							
Re	nal or problem #	5						
En	docrine or proble	em #6						
MS	SK/ Wound or pro	oblem #7						
Tul	bes, lines, drains	or problem						
#8								
Pro	ophylaxis/prever	ntion or						
pro	ob#9							
Otl	her							
TO-DO/ FOLLO	OW-UP/TO-STOP)		NOTES				
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2.								
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6.	*** ~							• به به ج
0	*** PAUSE POI	NT, for Medic/	Local Care	egiver to ask	clarification	questic	ons/READBAC	
<u>Avali</u> Commo:	Tompus i2i ID:	<u>equipment, mea</u>		SAT#/Local		D SEIND V	IA EIVIAIL BEFORE	CALLING !!
commo.	Other (EacoTime	VSoo Skupo Wh	atcApp. atc.)					
	Other (Face Time,	vsee, skype, whi	atsApp ,etc.)	:				
IV access: Monitor:	IV Propag	Central line Tempus	IO (loca Folev	tion) Ot Gr	ner: aduated urinal		PulseOx only	Exam Only
	Other:	. empaie	,	0.1			, alocon only	,
V Fluids:	Plasma-Lyte	LR	Normal	Saline 3%	saline	Other:		
Colloids:	Hetastarch	Albumin	Other:			-		
Blood products:	Whole blood	PRBC	Plasma	FD	P Platelets		Other:	
Medications:	Antibiotics: name	e/route/dose						
	Morphine IV/ PO Fentanyl IV/ PO (_I Midazolam TXA	pop)	Other o	pioid (name/ ۱۸ Ketamine Diazepam (۱۸ Other(s):	// PO): // PO)			
Airway/Broathin	or FTT Crickit		02	Suction (ture	<i></i>	Ventilat	or(model):	
Miscellaneous:			02	σαςτιστι (τγρ	·/·	ventilato		

SAVE2 Vent Setup, Troubleshooting and Management

Initial Vent Setup

Hook up tubing and circuit to ventilator Add any adjuncts such as HME and Emma Calculate patient height/ideal body weight Calculate patient height/ideal body weight Count patient respiratory rate Turn on and adjust ventilator Remove patient from BVM and plave on working vent

Airway Nursing Care

Record baseline settings and vitals below Assess patient using thte MOVE pneumonic Optimize PEEP using (pPlat(PiP) -PEEP = <18) Keep PiP below 30 (Reduce volume and increase rate if needed) Monitor for signs of pneumothorax Suction airway as needed **Oral hygeine Q8 Hours**

Admin Data	Name/Number	Height	IBW	Weight(kg)		CC:	Stable or	Unstable
	Time							
Mechanics	Posture / Positioning							
	Breath Sounds							
	Chest Rise							
	Mental Status (AVPU, GCS, RASS)							
	Meds/Doses							
Oxygenation	SpO2							
	HR							
	Skin Color							
	FiO2							
	PEEP							
Ventilation	Hemodynamic Status (BP)							
	RR (Respiratory Rate)	o.						
	vT (Tidal Volume)							
	M.V (Minute Volume)							
	vT diff from ARDs vT							
	iTime (Inspiratory Time)							
	etime (Expiratory Time)							
	EtCO2 (End Tidal CO2)							
Eval and Equipment	PIP (Peak Inspiratory Pressure)							
56212 - 64	pPlat (Plateau Pressure (Not on SAVE	11)						
	DP (Drive Pressure=pPlat or PIP - PEE	P)						
	Tube Cuff pressure or MOV	-			·			
	Humidity							

DOPERS Troubleshooting

Displacement/Dysynchrony Obstruction Pneumothorax Equipment Rigidity(due to fentanyl) Stacked Breaths

10 Essential PFC Capabilities

	1. Monitoring	2. Resuscitate	3. Ventilate and oxygenate	4. Control the Airway	5. Sedation and Analgesia	6. Physical Exam and Diagnostics	7. Nursing and Hygeine	8. Surgical Interventions	9. Telemedical Consult	10. Package and Prepare for flight
Minimum	BP Cuff, Stethescope, Pulse Ox, Foley	Fresh Whole Blood Kit	Bag-Valve-Mask with PEEP Valve	Awake Ketamine Cric	Opiate Analgesics titrated through IV	Physical Exam without advanced	clean, warm, dry, padded, catheterized	Chest tube, cric	Make comms, present patient and key vitals	Be familiar with stressors of flight
Better	Capnometry	2-3 cases of LR for Burn Resus	O2 Concentrator	Long duration sedation	Sedation with Ketamine/option of midazolam	Ultrasound and point of care labs	Elevate head of real beddebride, washout NG/OG	Fasciotomy debridement, amputation	Add labs and ultrasound video	Trained in critical care transport
Best	Vital Signs Monitor	PRBS, FFP, Type specific donors	Portable Ventilator	Proficient in Rapid Sequence Intubation	Educated and practiced imulti drug sedation	Experienced and trained in above	Experienced in all nursing care concerns	Trained and experienced in above	Real time video conference	Experienced in critical care transport
Ruck										
Truck										
House										
Plane										

\bigcirc Capnography Waveforms – Quick Reference Guide



Normal Capnogram Waveform		Normal Waveform Charac	teristics
Phase III Phase III Phase III Phase III Phase IV Phase IV Phase IV Phase IV Phase IV Phase IV Phase III Phase IV Phase III Phase III	Phase I: Beginning of exhalation; respiratory baseline containing dead Phase II: Rapid upstroke representing exhalation; contains mixture of dead α angle: Normally a 108-degree angle Phase III: Alveolar plateau, containing mostly CO2-rich alveolar gas. β angle: End of exhalation and beginning of inhalation; normally a 90 EtCO2: End of exhaled breath and point of measurement Phase IV: Down-stroke representing inhalation	l space gas l space and alveolar gases -degree angle	Normal Range for EtCO2: > 35-45 mmHg > 4.0-5.7 kPa EtCO2 to PaCO2 Gradient: > EtCO2 is 1-5 mmHg lower than PaCO2 in patients with normal lung function > Wider gradient indicates greater ventilation/perfusion deficit
Increasing EtCO2	Waveform Characteristics		Nursing Assessment and Considerations
CO2 (mmHg) Real Time	 Increasing amplitude and width, over variable time period, depending on cause Slowing frequency with decreasing respiratory rate is dependent on cause and patient's physiologic response 	 Assess patient for bradypm Assess patient for respirato Consider airway managem Assess for fever or change i Assess for hypermetabolic Tourniquet release, sodium 	ea/hypercapnia ry failure or oversedation ent if needed n temperature from hypothermia to normothermia state n bicarbonate, and CO2 insufflation can cause brief rise in EtCO2
Decreasing EtCO2	Waveform Characteristics		Nursing Assessment and Considerations
CO2 (mmHg) Real Time	 Decreased amplitude and width Faster frequency, increased respiratory rate 	 Assess patient for tachypne If tachypneic, assess for un Assess patient for hypoxen Assess patient for decreasi Assess patient for tempera Assess patient for pulmona 	a/hypocapnia. derlying causes such as pain, anxiety, or respiratory distress ia 1g metabolic rate, hypovolemia, or shock ture change ry embolism
Loss of Waveform	Waveform Characteristics		Nursing Assessment and Considerations
2 (mmHg) Real Time	 Loss of capnographic waveform No breath detected by capnograph 	 Assess patient for apnea, c If intubated check for ET tu Confirm cannula or mask is Ensure patient's airway is c If patient is mouth breathin Follow your institution's pr Check for equipment failured 	omplete airway obstruction, or cardiac arrest be extubation, kinks or blockage, or ventilator disconnection s placed on patient correctly and connected to monitor pen and patent, and patient is breathing g use cannula with oral prong to capture breaths from mouth ocedure for airway and breathing support e
Obstructive Airway	Waveform Characteristics		Nursing Assessment and Considerations
CO2 (mmHg) Real Time 37 Phase II Phase II Phase II 0 Phase II	 Phase II slopes upward with a blunted α angle instead of a sharp upstroke with strong α angle Phase III (plateau) is more rounded 	 Assess patient for broncho: If intubated, assess ET tube Assess patient for foreign b Assess patient for partial ai The greater the "shark fin" 	spasm for partial kinking iody in airway way obstruction shape, the greater the severity of the obstructive or reactive airway disease

¹ Brast, S., Bland, E., Jones-Hooker, C., Long, M., and Green, K. (2016). Capnography for the Radiology and Imaging Nurse: A Primer. Journal of Radiology Nursing, Volume 35, Issue 3, 173 - 190.

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Capnography Waveforms – Quick Reference Guide



ECCO2 an merity a merity a merity b merit and a set of the set	EtCO2 Trend Data During Cardiac Arrest	epPhase IIPhase II	Curare Cleft and Secondary (Camel) Hump	CC2 (mmHg) Real Time SS 20 21 21 22 22 22 22 22 23 24 25 25 25 25 25 25 25 25 25 25	Leak	so so the set of the	Rebreathing CO2 No
aveform? No: Is patient, pulseless, apneic, or accid ig head may alleviate airway obstruction. Yes: Wha tilating? Is patient in shock or hypovolemic? shape of the waveform? Do you see a steep rise! expiratory phase and alveolar gas exchange are alte aveform have a steep return to baseline? Phase in ventilator circuit. EECO2 trend? Evaluating the trend provides a grap rovolemia. Upward tending could indicate in reaso rovolemia. Upward tending could indicate in reaso rovolemia. Upward to practice, multiple subjectiv picture? As a standard of practice, multiple subjectiv	Five-Step	cleft in first two waveforms during Phase III ndary waveform during Phase I, between third waveform	Waveform Characteristics	rm is normal but second and third waveforms nd phase IV) are degraded or distorted	Waveform Characteristics	hape may be normal but appears to float ine wn-stroke representing inhalation) does to baseline or zero	rmal Waveform Characteristics
entally extubated? Is patient mouth breathing with a nasal cannula? Is the airway obstructed? t is the height, width, and frequency (respiratory rate)? Is there a pattern? Is patient hypoventilating n Phase II with a plateau? Is there sloping, notching, or a prolonged Phase III? If the plateau is red. If sloping is seen, consider bronchospasm, kinked artificial airway, or foreign body. IV represents the inspiratory phase. If patient is rebreathing CO2, assess for air trapping or excess hhic representation of patient's ventilatory status over time. Downward trending could indicate rd metabolic demand, hypoventilation, or hyperthermia. all assessment? Are there assessment disparities among EICO2 trend, respiratory rate, waveform, <i>is and chierchia</i> according the state paralized for a state or the placement	Method for Capnography Interpretation	 Sometimes seen in mechanically ventilated patients due to weak, uncoordinated diaphragmatic movement or ventilator asynchrony under sedation and clearing chemical paralysis Reassess patient's need for sedation and chemical paralysis May also be seen with neuromuscular dysfunction 	Nursing Assessment and Considerations	 Assess for mask leak or loss of seal in patients on CPAP, BiPAP or NIV For intubated patients check ET tube cuff for leak 	Nursing Assessment and Considerations	 Assess patient for rebreathing of exhaled CO2 If patient is mechanically ventilated, assess for air trapping or breath stacking, check vent settings, circuit set up, and equipment If patient is spatianeously breathing, ensure drapes are not covering face If using oxygen mask, ensure oxygen flow is adequate 	Nursing Assessment and Considerations