



Prolonged Field Care Update

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Disclosures

College of Remote and Offshore Medicine Foundation

corom.edu.mt

Specialized Medical Standards

austerecare.org



What is Prolonged Field Care?

Limited Access



What is Prolonged Field Care?

Limited Access

- Evacuation
- Supplies
- Personnel
- Location

Phases of Prolonged Field Care

TCCC ("Ruck")
1-2 Hours

CASEVAC
("Truck")

**PATIENT HOLD ("House" or
Aid Station)**

MEDEVAC
("Plane")



RUCK:
what you carry



TRUCK: additional kit
carried in the SUV



HOUSE: gear stored in
the remote clinic



PLANE:
CASEVAC

History of Prolonged Field Care

2013 Special Operations Medical Association

2014 Formal working group started at SOMSA

2014 Website launched pfcare.org

2017 JTS started publishing CPGs (13 so far)

2021 Separation of PCC from PFC

Prolonged Field Care Website

pfcare.org



Prolonged Field Care

Catastrophic Bleeding

Airway

Breathing

Circulation

Disability

Environment

Full set of vital signs

Get documentation

HITMAN

Massive Haemorrhage

Airway

Respiratory

Circulation

Hypothermia/**H**ead

Pain

Antibiotics

Wounds

Burns

There is no PFC without TCCC

Prolonged Field Care

A photograph of a desert landscape featuring rolling sand dunes in shades of orange and yellow. In the foreground and middle ground, there are several palm trees and other desert vegetation. The sky is a clear, pale blue.

RAVINES

VS

HITMAN

Prolonged Field Care

Head to Toe exam
Infection
Tubes
Medications
Administration
Nursing Care

Prolonged Field Care

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Head to Toe Exam

Reassess the patient



Infections

Clean and irrigate wounds
Wet to dry dressings
Change every 12hours

Tubes

Check and clean all adjuncts
Secure all tubes
Replace air in cuffs with water
Capnography
Change IV/IO sites every 24h



Medicines

Analgesics, antibiotics etc.
Monitor drug levels
Document drugs given



Administration

Documentation, replenish, recuperate, plan for evacuation (motion sickness prophylaxis, debris picked up, wind protection, eye and ear protection).



Nursing Care mnemonic (SHEEP VOMIT)

Skin protection (sun screen, insects)
Hypo/Hyperthermia
Elevate head
Exercises (passive ROM)
Pad stretcher and **P**ressure points

Vital signs
Oral hygiene
Massage (DVT prophylaxis)
Ins and outs (diet & fluids)
Turn/cough/deep breath

HITMAN

Head to toe exam

Hydration

Hygiene

Head to Toe Exam

Reassess CABCDEFG	Check Treatments
Complete secondary survey	Ensure they are still effective or if they need to be repeated or removed
Missed injuries	Tourniquets
Check causality from head to toe to discover missed injuries	Are they still effective? Have they passed the two hour limit?
Evolving injuries	Dressings
Chest injuries may evolve after time and require definitive treatment	Are they still effective? Do they need to be converted to pressure dressings?
Monitor Vital Signs and their response to treatment	IO/IV Access
Reassess CPRO-BEAST vital signs	Do you still have a viable IV site?
Start your longitudinal observations	Check the Chest
Document your vital signs over time	Tension pneumothorax usually takes 40+ minutes to present.

Hydration

Restore Circulation and Prevent Renal Failure

2-4 mls/kg/hr of NG/oral fluid to maintain straw-coloured urine

Monitor Urine Output (min 1mL/kg/hr)

Observe urine for colour if concentrated increase fluid intake

Catheterise if unable to monitor urine accurately

Hygiene

Clean dried blood and dirt, Remove wet clothes
Assess dressings and replace if soiled

Infection

Wound Care

Irrigation (3L or more)

Debridement

Wet to Dry dressings

Antibiotics

Reduce Tourniquets to pressure dressings

Infections: Wet to Dry Dressing

Wash your hands with soap and water for at least 30 seconds.

Put on a new pair of non-sterile gloves

Use a clean, soft washcloth to gently clean wound with warm water and soap, it should not bleed much during cleaning

Irrigate wound with water. Gently pat it dry with a clean towel

Check the wound for increased redness, swelling, or a bad odour.

Assess the colour and amount of drainage

Place sterile wet cloth into wound packing it gently

Place dry dressing on top of wet dressing

Wash your hands again

Reassess every 12 hours and repeat procedure as necessary.

Evacuation Criteria

Worsening redness, increase pain, swelling, bleeding, increased drainage, or drainage has bad smell



HITMAN

Tubes

Security

Functioning

Flush with 10mg NS

Clean all tubes

Transition to water if flying

Tidy

Keep the casualty clean and tidy

Secure all wire and tubes

Tubes

- Check and clean all adjuncts
- Secure all tubes
- Replace air in cuffs with water if aeromedical evacuation
- Capnography
- Change IV/IO sites every 24h
- Inspect regularly for infection
- Flush periodically to ensure patency Flush before and after use



Use a 'T' shaped tape to keep tubes secure.



HITMAN

Medicines

Keep in the therapeutic dose
Prophylaxis for medevac

Medicines

Analgesics, antibiotics etc.
Monitor drug levels
Document drugs given

Review all Medications

Establish drug regimen for antibiotics and analgesia
Know when and what the next dose is

Document all drug administration

Consider interactions with other medications

Be Proactive

Consider ORS when hydrating
Consider stool softener when using opioids

Prolonged Field Care 275

HITMAN

Administration

Documentation - ATMIST

Planning for Evacuation

Replenish and Recuperation

Prolonged Field Care

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Administration

Documentation, replenish, recuperate, plan for medical evacuation (motion sickness prophylaxis, debris picked up, wind protection, eye and ear protection).

Fill in your ATMIST and Nursing notes

Replace any medical kit used and repack your medical bag

Take some time to eat, drink and take a breather

Prep your casualty for medical evacuation if needed

Aeromedical and ground transport will be bumpy: Consider anti emetics to keep your casualty from getting motion sickness

Collect any rubbish left at the scene of the incident. Clear any potential landing zones of debris that could get sucked up into the engines or puncture a tyre

Give your casualty ear and eye protection for the journey

HITMAN

Nursing care (**SHEEP VOMIT**)

Skin protection (sun screen, insects, wet clothing)

Hypo/**H**yperthermia

Elevate head

Exercises (passive ROM)

Pad stretcher and **P**ressure points

Vital signs

Oral hygiene (dirty teeth leads to pneumonia)

Massage (DVT prophylaxis)

Ins and outs (trending)

Turn/cough/deep breath/cupping

Nursing Care mnemonic (SHEEP VOMIT)

Create a long term care plan.

Check in with your casualty every 15 minutes for non urgent and every 5 minutes for urgent injuries.

Skin protection

Cover from the sun and insects, remove wet/soiled clothes

Hypo/**H**yperthermia

Talk with your casualty to see if they are cold or hot

Elevate head

This improves comfort as well as reduces ICP

Exercises

Twice each day have the casualty move arms and legs in full

Range of Motion

Pad stretcher and **P**ressure points

Ask your casualty if there are any uncomfortable points. Make sure that you reposition them every 30 minutes to minimise pressure points and improves comfort

Vital signs

Check vital signs every 15 minutes for acute casualties and qid for stable casualties.

Oral hygiene

Position your casualty so they can brush their teeth after each meal.

Massage

Reduce DVTs by massaging each leg from the foot to the hip.

Ins and outs

Monitor food and water intake and output to assess nutrition

Turn/cough/deep breath

Morning and night take some time to pat the back of the casualty over all five lobes of the lungs. Have them cough forcefully and breath deeply.

HITMAN

Nursing checklist

Nursing Care Checklist 276

Monitor Vital Signs	Capillary Refill Test	5min Acute Injury 15min Stable Injury 60min Normal
	Pulse Rate	
	Respiratory Rate	
	Oximeter	
	Blood pressure	
	ECG if needed	
	Alert status (A&Ox4 GCS)	
	Sugar levels	
	Temperature	
	Pain score	
	Capnography if needed	
	Lactate Levels	
Document Vital Signs trends	Continuously	
Monitor Hydration	Flush IV sites	15min
	IV Drip Rates	60min
	Urine Output (min 50mL/hr)	
	Ultrasound Bladder	
	Ultrasound IVC	
	Urinalysis	
	Perform NG/OG Tube Care	
Perform Foley Care	4 hours	
Monitor HEENT	Suctioning (tube or oral)	2 hours
	Nasal Care/Moisten	4 hours
	Oral Care/Moisten	4 hours
	Brush Teeth	12 hours
	Lip Balm	4 hours
	Eye Ointment/Drops	PRN
	McCres Neuro test	12 hours
Monitor Pain	Pain Score	60min
	RASS if applicable	
	Give Pain Drugs	

Monitor Respiratory	Check Ventilator Settings	60min
	Auscultate Lungs	
	Ultrasound Lungs	
	Check Spirometry	
	Check Chest Drainage	
Monitor Skin Care	Check for Compartment Syndrome	2 hours
	Rolling/Reposition	2 hours
	Check Padding	2 hours
	Turn / Cough / Deep Breath	2 hours
	Perform Massage	4 hours
	Check Dressings	2 hours
	Limb ROM	4 hours
	Wash Skin including perineal care	12 hours
	Perform Burn Skin Care	
	Irrigate Wounds	
Debride Wounds		
Change Dressings	PRN	
Give Antibiotics Rx		
Monitor Gastro-intestinal	Check Foley Catheter	2 hours
	Give Antiemetic	PRN
	Dr Germs abdominal assessment p42	2 hours
	Give Food/Nutrition	8 hours
Extra Stuff	Create Daily Nursing Care Plan	24 hours
	Ambulate the Patient if possible	12 hours
	Check all taped items. Replace if needed	60 min
	Equipment check / Resupply List	24 hours
	Check/change batteries	2 hours

Nursing Care Checklist 277

Civilian Applications

Austere Emergency Care

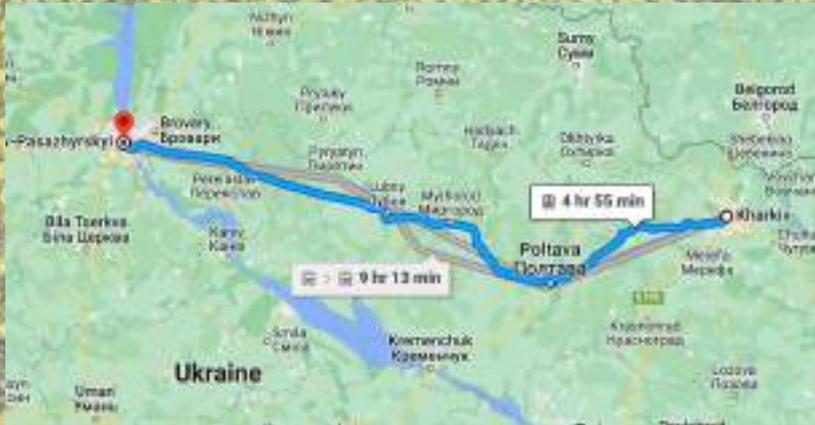
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Ukraine

5 hours to hospital

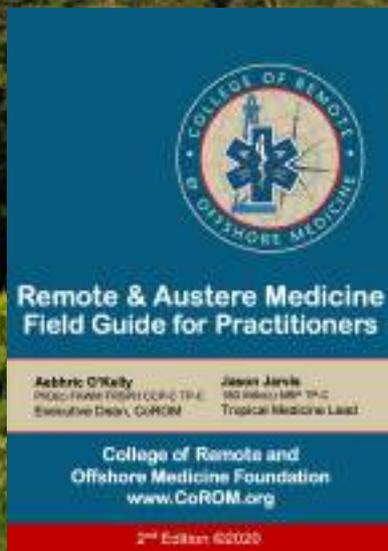
Focusing on Ruck
and Truck phase



Summary

If you cannot bring the patient back, you have to push the capabilities forward

Dr Sean Keenan

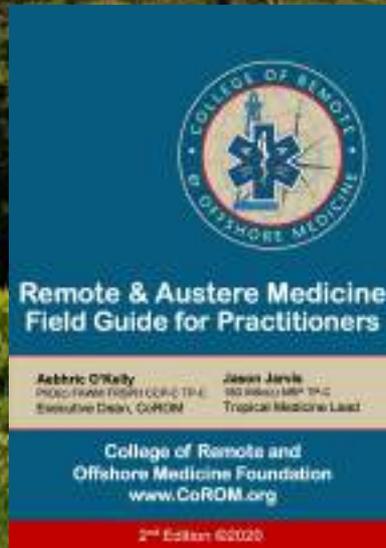


Free Field Guide

Questions?

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Free Field Guide