

160th SOAR(A) CASEVAC VIGNETTE
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3/160th SOAR(A)

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Focus Points

- Communication between assets
- CASEVAC on exfil and the challenges presented
- Advocating for our patients and utilizing appropriate assets
- A need for advanced first responders



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The Mission



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Medical Task Org

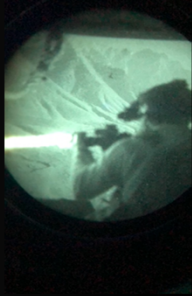
- HAF 1:
 - 2 GF Medic
 - 2 SOFMs
- HAF 2:
 - 1 GF Medic / 1 PJ
 - 2 SOFMs
- MSS:
 - 160th RSURG
 - Mobile surgical team
 - Dustoff
 - GHOST-T
 - SOFME

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Execution


- HAF conducted 10k offset infil/ Y infil to the target
- Returned to MSS to stage for exfil or contingency operations



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Situation




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Call for CASEVAC

- initial call: 1 wounded Eagle and 2 wounded Partner Force
- Second call: 5 casualties with surgical patients
- Loaded Surgical team on Chalk 1
- Third call: 8-12 casualties
- RSURG to Chalk 2




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CASEVAC

- 20min TOF to target
- Call for CASEVAC on Exfil
- SOFM stepped off to conduct patient handover




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CASEVAC

- Checked all the GF on board for casualties
- SOFM told by GF member no casualties on Chalk 2



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Patient Presentation

Patient 3 (Partner Force)

Injuries:
 • Multiple shrapnel wounds (L Leg/ L Arm/Postero-lateral L Chest)
 • Pneumothorax

Tx:
 • 2x 10ga NCD
 • HALO Chest Seal
 • TQ L Arm
 • Pressure dressing
 • 16ga R AC
 • Chest Tube
 • Vascular Surgery

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

NAME (Last, First): Partner Force LAST 4: N/A
 DATE (DDMMYY): _____ TIME: _____
 UNIT: _____ ALLERGIES: NKDA

Mechanism of Injury: (X all that apply)
 Artillery Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark squares with an X)

TQ: R Arm
 TYPE: _____
 TIME: _____

TQ: L Arm
 TYPE: CAT
 TIME: 0345

TQ: R Leg
 TYPE: _____
 TIME: _____

TQ: L Leg
 TYPE: _____
 TIME: _____

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Surgical CASEVAC

Patient 1 (Partner Force)

Injuries:
 • Shrapnel wounds to L Arm/
 Suspected unstable pelvis

Tx:
 • 1x SOF-T TQ
 • Pressure dressing L Arm
 • Pelvic Binder
 • Vascular Surgery
 • Wound washout

Patient 2 (US SOF)

Injuries:
 • Multiple shrapnel wounds Bilat
 Lower Extremities and R Arm
 • Bleeding uncontrolled w/ hematomas
 forming on the R Leg

Tx:
 • 5x SOF-T TQs
 • 1G TXA
 • Ketamine
 • Fentanyl
 • 2u PRBCs/ 2u FFP
 • Vascular Surgery on R Leg

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MSS Operations


Patient 4 (Local National Female)	Patient 5 (US SOF)	Patient 6 (US SOF)	Patient 7 (US SOF)	Patient 8 (US SOF)	Patient 9 (Partner Force)
Injuries: • Multiple shrapnel wounds	Injuries: • Superficial shrapnel wounds	Injuries: • ~30 Shrapnel wounds	Injuries: • Shrapnel wounds	Injuries: • Bilat Lower Extremity GSWs	Injuries: • ~40 Shrapnel wounds
Tx: • Kerlex and ace wrap dressings IO R Tibia • 1G TXA • 1G Invaz	Tx: • CWPP • 800mcg Fentanyl • OTFC	Tx: • TQ • 800mcg Fentanyl • OTFC • 18ga IV	Tx: • HALO Chest Seal • ETD • CWPP • 800mcg Fentanyl • OTFC	Tx: • TQs • CWPP • 800mcg Fentanyl	Tx: • Wounds dressed w/ Kerlex • Ready Heat w/ wool blanket

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Lessons Learned

- Communication between assets across the force
- Advocate for your patients
- Allocation of equipment during CASEVAC on exfil
- A need for advanced first responder



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Questions?

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