

Disclosure

The views expressed in this material are those of the authors and do not reflect the official policy of the U.S. Government or the Department of Defense.

Prolonged Field Care (PFC)

- **Field medical care, applied beyond doctrinal planning time-lines...**
- Medical intel from these missions often remains at the unit level
- We need to define the epidemiology, environment and operational factors that affect PFC

Pararescue and Pararescuemen (PJs)

- Elite combat force specifically organized, trained, equipped, and postured to conduct full spectrum personnel recovery
- Paramedics capable of parachute or rotary wing insertion to the point of injury and patient evacuation by land, sea or air
- What is the PJ experience with PFC?



Methods

- Retrospective review of PFC encounters
- Surveys solicited on prolongedfieldcare.org and distributed to U.S. military medical providers
- Structured and unstructured questions
- Included in-field and forward surgical care **lasting 4 or more hours**
- **Subset analysis of missions where a PJ was the PFC provider**

Review of 54 Cases of Prolonged Field Care
 Erik DeSoucy, DO, Stacy Shackelford, MD, Joseph Dubose, MD,
 Seth Zivelen, NREMT-P, Stephen C. Rush, MD, Russ S. Kitchel, MD, MPH,
 Harold R. Montgomery, SO-ATP, Sean Keenan, MD
 J Spec Oper Med. Spring 2017;17(1):121-129.

Limitations

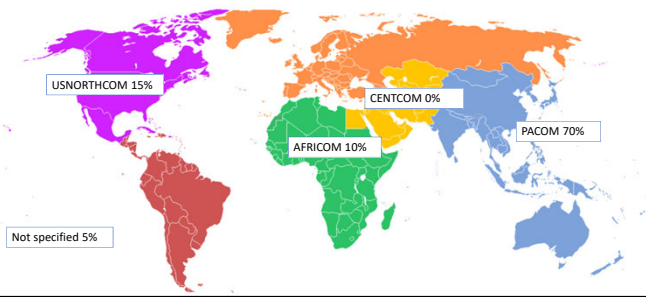
- Data only obtained from active military
- No field documentation requirements
- Missing demographics and treatments
- Sparse treatment information beyond PFC itself
- We do not know the incidence of PFC encounters

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Results

- 59 surveys were received from OCT 2015 to AUG 2016
- Five surveys excluded
 - Lack of sufficient patient care details – 1 excluded
 - Medical diagnoses which did not require urgent evacuation – 3 excluded
 - Mass casualty incident with hundreds of patients – 1 excluded
- 54 patients in 41 MEDEVAC missions from DEC 2001 to JUN 2016
- 20 of 54 (37%) patients were managed by a Pararescueman

Combatant Command



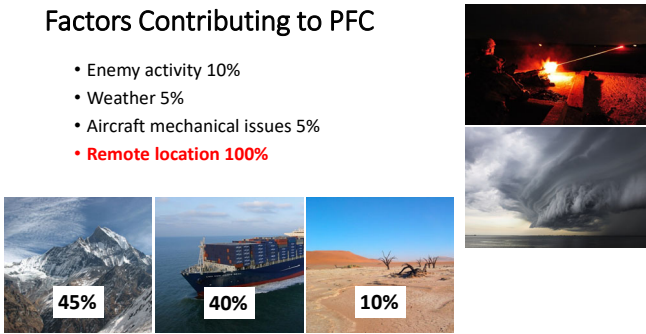
Factors Contributing to PFC

- Enemy activity 10%
- Weather 5%
- Aircraft mechanical issues 5%
- Remote location 100%



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Mode of Infil and Treatment Location/Platform

Infil of care provider		Treatment and Exfil	
Aircraft	75%	Aircraft	25%
Fixed wing	65%	Rotary wing	15%
Rotary wing	10%	Fixed wing	10%
Parachute	65%	Ship/boat	40%
Ground vehicle	15%	Ground vehicle	10%
On foot	25%	Structure	35%
Marine vehicle	15%	Outdoors	25%


*multiple locations and modes of transport may be used for a single event

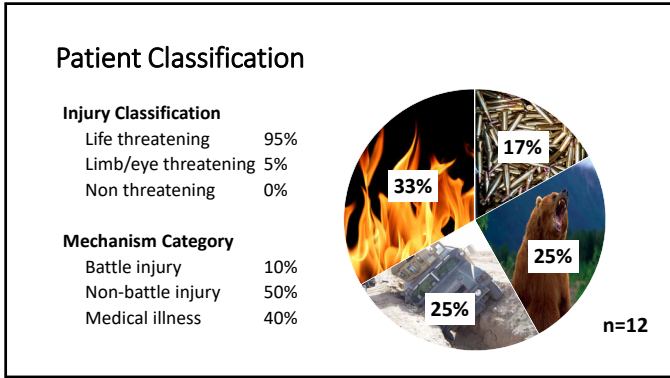


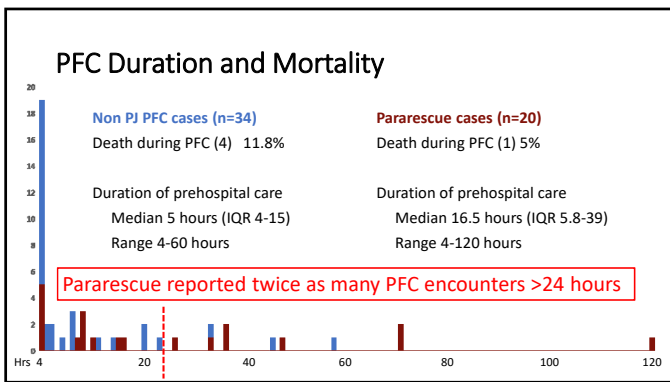
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Discussion – What can we improve?

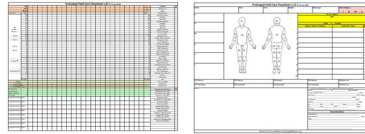
- Shipboard operations
- Telemedicine
- Long-term TBI management
- Monitors and ventilators
- Patient hygiene
- Preplanned pack-out lists

A collection of images illustrating various aspects of medical care and shipboard operations: a brain scan showing internal structures, a large cargo ship at sea, a laptop displaying data, and a pair of gloves.

Discussion – What can we improve?

- Preparation:
 - Packing adequate fluids/products
 - Preplanned pack-out lists based on number of patients
 - Medications to treat rescuer seasickness
 - High visibility for civil and humanitarian ops

- Performance
 - Improve documentation
 - Utilize teleconsultation



Conclusion

- Prolonged field care is a vital subset of military medicine
- Pararescue missions compose a large portion of reported PFC events and have some unique features
- Lessons learned from these and future PFC events will help improve mission planning and better inform the training and equipping of PJs and medics.