



# Prolonged Field Care Update

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# Disclosures

College of Remote and Offshore Medicine Foundation

[corom.edu.mt](http://corom.edu.mt)

Specialized Medical Standards

[austerecare.org](http://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](http://pfcare.org)

2017 JTS started publishing CPGs (13 so far)

2021 Separation of PCC from PFC



# Prolonged Field Care Website

[pfcare.org](http://pfcare.org)





# Prolonged Field Care

**C**atastrophic Bleeding

**A**irway

**B**reathing

**C**irculation

**D**isability

**E**nvironment

**F**ull set of vital signs

**G**et documentation

**HITMAN**

**M**assive Haemorrhage

**A**irway

**R**espiratory

**C**irculation

**H**ypothermia/**H**ead

**P**ain

**A**ntibiotics

**W**ounds

**B**urns

There is no PFC without TCCC



# Prolonged Field Care

RAVINES

VS

HITMAN



# Prolonged Field Care

**H**ead to Toe exam

**I**nfection

**T**ubes

**M**edications

**A**dministration

**N**ursing Care

## Prolonged Field Care 264

### **H**ead to Toe Exam

Reassess the patient

### **I**nfections

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



### **T**ubes

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



### **M**edicines

Analgesics, antibiotics etc.  
Monitor drug levels  
Document drugs given



### **A**dministration

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



### **N**ursing Care mnemonic (SHEEP VOMIT)

**S**kin protection (sun screen, insects)  
**H**ypo/**H**yperthermia  
**E**levate head  
**E**xercises (passive ROM)  
**P**ad stretcher and **P**ressure points

**V**ital signs  
**O**ral hygiene  
**M**assage (DVT prophylaxis)  
**I**ns and outs (diet & fluids)  
**T**urn/cough/deep breath



# HITMAN

Head to toe exam

Hydration

Hygiene

Head to Toe Exam	
<b>Reassess CABCDEFG</b>	<b>Check Treatments</b>
Complete secondary survey	Ensure they are still effective or if they need to be repeated or removed
<b>Missed injuries</b>	<b>Tourniquets</b>
Check causality from head to toe to discover missed injuries	Are they still effective? Have they passed the two hour limit?
<b>Evolving injuries</b>	<b>Dressings</b>
Chest injuries may evolve after time and require definitive treatment	Are they still effective? Do they need to be converted to pressure dressings?
<b>Monitor Vital Signs and their response to treatment</b>	<b>IO/IV Access</b>
Reassess <b>CPRO-BEAST</b> vital signs	Do you still have a viable IV site?
<b>Start your longitudinal observations</b>	<b>Check the Chest</b>
Document your vital signs over time	Tension pneumothorax usually takes 40+ minutes to present.
Hydration	
<b>Restore Circulation and Prevent Renal Failure</b>	
2-4 mls/kg/hr of NG/oral fluid to maintain straw-coloured urine	
<b>Monitor Urine Output</b> (min 1mL/kg/hr)	
Observe urine for colour if concentrated increase fluid intake	
<b>Catheterise if unable to monitor urine accurately</b>	
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

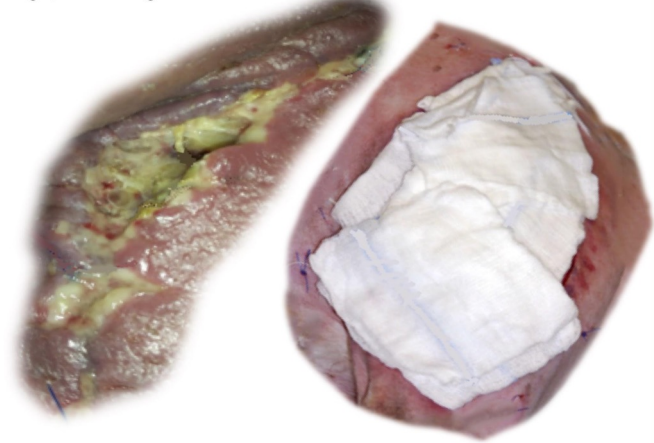
Reduce Tourniquets to pressure dressings

### 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**)

**S**kin protection (sun screen, insects, wet clothing)

**H**ypo/**H**yperthermia

**E**levate head

**E**xercises (passive ROM)

**P**ad stretcher and **P**ressure points

**V**ital signs

**O**ral hygiene (dirty teeth leads to pneumonia)

**M**assage (DVT prophylaxis)

**I**ns and outs (trending)

**T**urn/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.

### **S**kin protection

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

### **H**ypo/**H**yperthermia

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

### **E**levate head

This improves comfort as well as reduces ICP

### **E**xercises

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

### Range of Motion

### **P**ad 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

### **V**ital signs

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

### **O**ral hygiene

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

### **M**assage

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

### **I**ns and outs

Monitor food and water intake and output to assess nutrition

### **T**urn/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	
Monitor Hydration	Capnography if needed	60min
	Lactate Levels	
	Document Vital Signs trends	
	Flush IV sites	
	IV Drip Rates	
	Urine Output (min 50mL/hr)	
	Ultrasound Bladder	
	Ultrasound IVC	
	Urinalysis	
	Perform NG/OG Tube Care	
Monitor HEENT	Perform Foley Care	4 hours
	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
Monitor Pain	McCres Neuro test	12 hours
	Pain Score	60min
	RASS if applicable	PRN
	Give Pain Drugs	PRN

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	
Monitor Gastro-intestinal	Debride Wounds	
	Change Dressings	
	Give Antibiotics Rx	PRN
	Check Foley Catheter	2 hours
	Give Antiemetic	PRN
Extra Stuff	Dr Germs abdominal assessment p42	2 hours
	Give Food/Nutrition	8 hours
	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

[austerecare.org](http://austerecare.org)

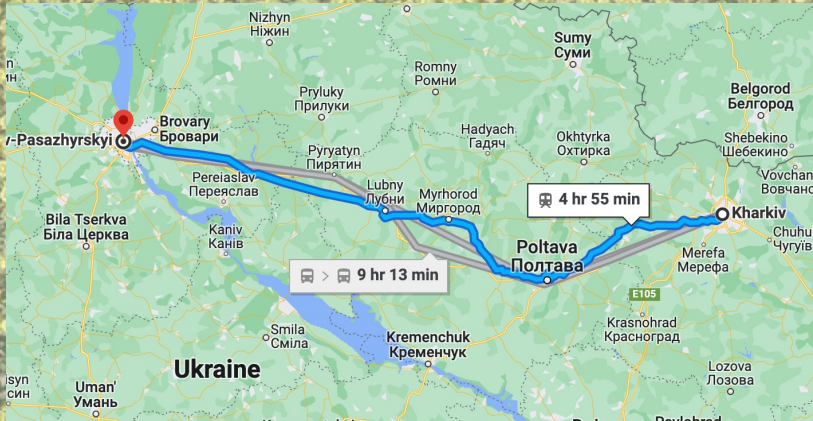




# Ukraine

5 hours to hospital

Focusing on Ruck  
and Truck phase

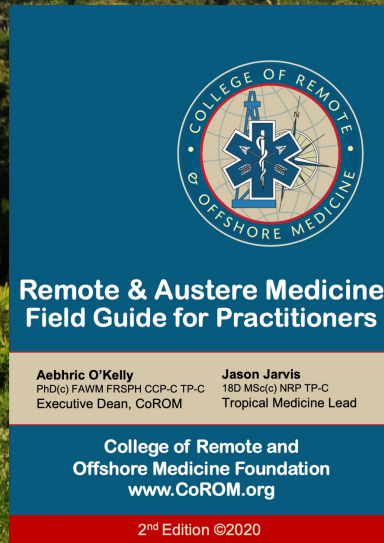




# Summary

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

Dr Sean Keenan



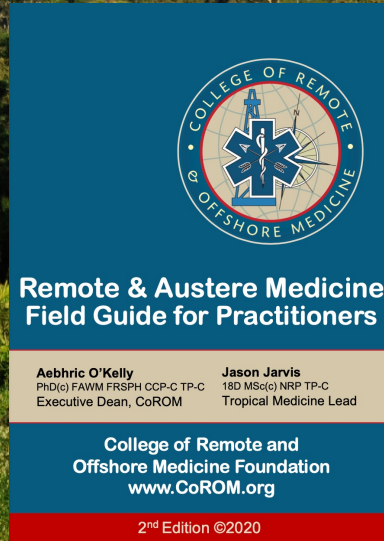
Free Field Guide



# Questions?

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Free Field Guide