9-LINE MEDEVAC / CASEVAC

LINE 1: Location of pickup site (MGRS or LAT/LONG)

LINE 2: Frequency and call sign at pick-up site

LINE 3: Number of patients by precedence

A. Urgent (< 2 hours)
B. Priority (< 4 hours)
C. Routine (< 24 hours)

LINE 4: Special equipment

A=None
B=Hoist
C=Extract Equipment
D=Ventilator

LINE 5: Number of patients by type (type of wound, injury or illness)

L + # of litter patients
A + # of ambulatory patients

LINE 6: Wartime: Security of pickup site

N - No enemy troops
P - Possible enemy troops in the area
E - Enemy troops in the area (approach with caution)
X - Enemy troops in the area (armed escort required)

LINE 7: Marking P/U site

A=Panel B=Pyro C=Smoke D=None E=Other

LINE 8: Patient status and nationality (if known)

A. CF MIL
B. CF CIV
C. Non CF MIL
D. Non CF CIV
E. EPW/Detainee
F. Child

LINE 9: NBC or Terrain Features/Altitude (Brief description of terrain features and obstacles)

C = Chemical
B = Biological
R = Radiation
N = Nuclear

Add remarks including vital signs, injury, medical treatment given, describe emergency medical supplies needed (blood products, airway supplies, etc.)

AEROMEDICAL EVACUATION

When a patient cannot be moved via MEDEVAC to definitive care due to weather, high risk or any other reason:

1. Can patient be moved to a fixed-wing capable airfield via MEDEVAC or CASEVAC?
2. Can the unit load a Patient Movement Request (PMR) via website, e-mail or voice to JPMRC?

➡ If both conditions are met, the patient may be able to be transferred via Air Force fixed wing aircraft.

TACTICAL FIELD CARE

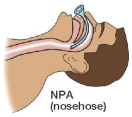
CARE UNDER FIRE:
TAKE COVER / RETURN FIRE / APPLY SELF-CARE

- Prevent casualty from sustaining additional injury.
- If tactically feasible, stop life-threatening external bleeding with tourniquet, or if not feasible, hemostatic agent.
- Defer airway management—CPR often not successful on the battlefield.

CONDUCT RAPID TRAUMA ASSESSMENT HEAD TO TOE

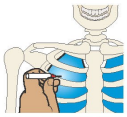
A-B-C and D

REMEMBER: DISARM CASUALTY!



Airway Management

- Open the airway: chin lift/jaw thrust; remove obstructions.
- Look for rise/fall of chest.
- Listen and feel for breathing.
- Secure airway with NPA (nosehose) if there are no signs of severe head trauma.
  CAUTION: NPA could enter brain if there is skull fracture.



Breathing Problems

- Look/Listen/Feel.
- Place airtight seal over all penetrating chest wounds and place casualty in comfortable position.
- Monitor for tension pneumothorax: neck vein distension; difficulty breathing; tracheal deviation. If indicated, perform needle decompression: 3 inch 16/14 gauge needle inserted into second intercostal space mid-clavicular line. For 2 inch needle insert into side of chest wall at nipple line.
- Check rate/rhythm.

TOURNIQUET

THE LEADING CAUSE OF PREVENTABLE DEATH ON THE BATTLEFIELD IS HEMORRHAGE FROM EXTREMITY WOUNDS.

A TOURNIQUET STOPS BLEEDING—SAVES A LIFE.

- Use only if casualty shows gross hemorrhage.
- Apply direct pressure with knee while preparing tourniquet.
- If available, use CAT tourniquet and instructions.

- Tighten until bleeding stops.
- Secure and check every five minutes.

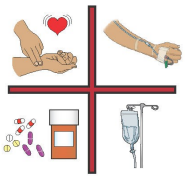
REMEMBER TO CONTINUOUSLY REASSESS, REASSESS, REASSESS.

9-LINE MEDEVAC / CASEVAC

TACTICAL FIELD CARE

Circulation—Bleeding

- Reassess hemorrhage control.
- ID/treat bleeding sites not previously controlled.
- Apply direct pressure/ pressure dressing/hemostatic dressing/tourniquet.
- Check pulse/circulation.



Disability Assessment—Mental State: AVPU

- **A**lert
- Responds to **V**oice
- Responds to **P**ain
- **U**nresponsive

AFTER ASSESSMENT...

- Prevent hypothermia.
- Monitor/reevaluate patient.
- Inspect/dress all wounds.
- Administer pain meds as necessary.
- Splint fractures and recheck pulse.
- Administer antibiotics—combat wound pill-pack.
- Communicate reassurance with casualty.
- Document assessment/treatments/status.

HEAT AND COLD INJURY

HEAT INJURY

HEAT CRAMPS
Symptoms: Muscle cramps, heavy sweating, extreme thirst.
First Aid: Move to shade. Loosen clothing. Drink plenty of fluids.

HEAT EXHAUSTION
IF SEVERE, EVACUATE IMMEDIATELY!
Symptoms: Same as above plus pale, moist, cool/hot skin; weakness/dizziness/fainting, nausea/vomiting, diarrhea, tunnel vision, chills, rapid breathing, tingling of hands and/or feet.
First Aid: Same as above plus elevate legs, pour water on body and fan body to cool. Slowly drink one canteen of water.

HEAT STROKE
Symptoms: Same as above except no sweating, red/hot/dry skin, strong/rapid pulse, throbbing headache, unconsciousness.
First Aid: Same as above plus massage extremities/skin with cool water. If conscious, slowly drink one canteen of water.
GET MEDICAL HELP IF SYMPTOMS CONTINUE.

COLD INJURY

HYPOTHERMIA (Prolonged body-heat loss from exposure. May occur above freezing.) **REQUIRES IMMEDIATE ATTENTION/LIFE THREATENING**
Symptoms: Mild: uncontrolled/intense shivering. Severe: Shivering stops, muscles stiffen, mental confusion sets in, withdrawn/bizarre behavior, irritability, confusion and slurred speech.
First Aid: Get warm/dry. Add dry clothing, increase physical activity and take shelter. Drink hot, sugary liquids and keep fueled.

FROSTNIP
Symptoms: Skin reddened/swollen/painful/numb. Pins/needles feeling. May lead to frostbite—take seriously.
First Aid: Slowly rewarm affected area with warm air/warm body parts.

FROSTBITE—REQUIRES IMMEDIATE ATTENTION
Symptoms: Numb/white/hard deep-frozen tissue.
First Aid: Very slowly warm affected area. Do not soak in cold or hot water. Do not expose to fire or stove. Do not rub with snow. Do not massage. Avoid walking on injured feet. Seek medical attention.