



NAVAL OPERATIONAL MEDICINE INSTITUTE

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# *Aeromedical Evacuation and Transport*



# MEDEVAC/ CASEVAC 101



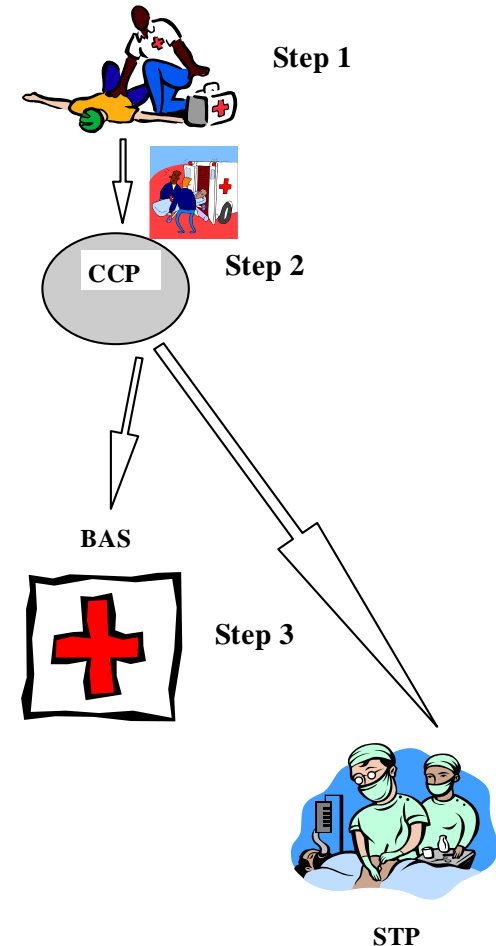
## Level 1 Care

**Step 1**—Casualty is found on the field of battle and provided buddy aid or treated by the Corpsman on scene.

**Step 2**—Casualty is usually moved by ground to Casualty Collection Point where a call is made to the BN COC for evacuation by either air or ground. Generally if evacuated by air, it will be USMC Air Asset that will transport.

**Step 3**—Casualty is taken by air or ground back to the Battalion Aid Station (BAS) or Shock Trauma Platoon (STP) where the casualty will receive stabilization treatment for further movement to level 2 or 3 facility.

## Level 1 Care



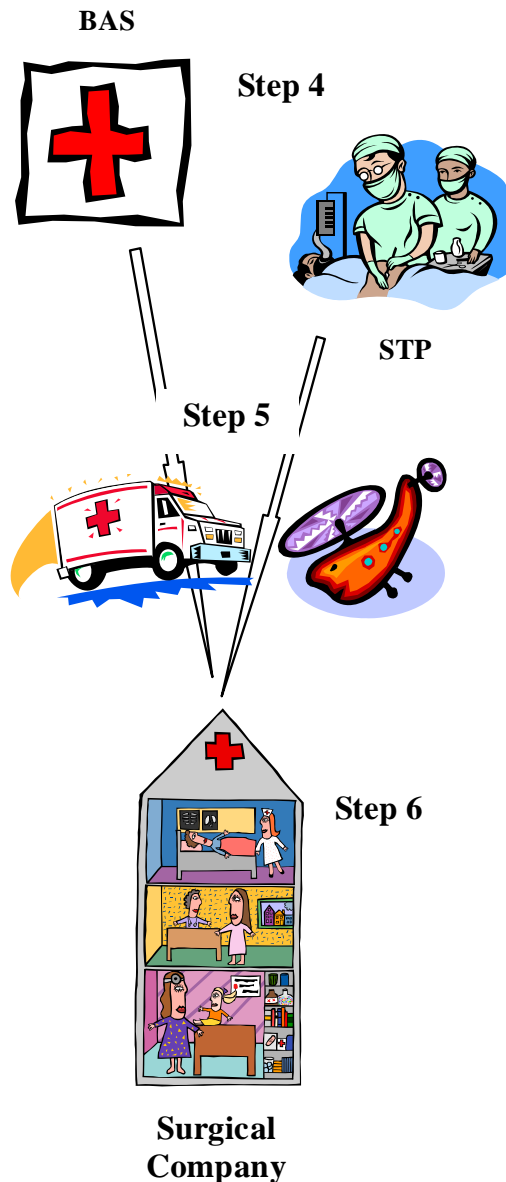
## Level 2 Care

**Step 4**— Once the casualty is stabilized at the BAS or STP, a call will go to the DASC and Patient Evacuation Team (PET) for movement of the casualty to a Level 2 or Level 3 treatment facility by either air or ground depending on the urgency of the casualties injuries.

**Step 5**—At this point, the Army Air Ambulance Co. may be assigned to move the casualty by air (UH-60).

**Step 6**—Casualty arrives at the Level 2 facility for definitive care and preparation for either return to duty or movement to higher levels of care.

## Level 2 Care



## Other Levels of Care

### LEVEL 2:

- Primary Care Receiving Treatment Ships (PCRTS)

### LEVEL 3:

- Fleet Hospital
- Combat Support Hospital
- Hospital Ship (T-AH)

### LEVEL 4:

- Out of Theater

# Overview

- Risk / Benefit
- Operational Risk Management
- Planning
- Executing
- In-flight care and preparation
- Communication
- Civilian Resources



# Risk Benefit

– Benefits:

- Speed
- Higher Level of Care
- Only Option



# Risk Benefit cont.

## – Risks

- Aeromedical: Hypoxia, Barotrauma, Space, Noise, Vibration, G Forces, Mishap
- Manpower+Equipment: When will that FS and Defibrillator ever return
- Operational: Diversion of Resources-manpower, aircraft, ship, etc

# Operational Risk Management

- The process of dealing with risk associated with military operations, which includes hazard assessment, risk decision making and implementation of effective risk controls.
- An effective and simple tool that allows improved decision making for reducing risk
- ORM Training recommended:
  - Navy Safety Center  
<http://www.norfolk.navy.mil/safecen/orm.htm>

# Planning

- SOP IAW CINCPAC/LANTFLT INST 6320.5
- Prepackaged MEDEVAC packages recommended
- Trained personnel-Medical and Aircrew
- Necessary Equipment and Medications
  - Consider Prepared Transport Kits (semper gummy rules)
- Contacts (phone, email, message)
- Transport to Flight Deck

## Planning cont.

- Prepackaged MEDEVAC packages
  - Checklist of all requirements and contacts
  - Cost TAD Request (patient/escort)
  - Personal Items
  - MEDEVAC Msg worksheet
  - Air Transportation Request
  - Aircrew brief sheet

# Executing the MEDEVAC

- Air Operations
- Notification Medical, Line and NOK
- Medical Records, X-Rays, Labs, summary of care, etc
- Message Requirements
- Follow-up
- Debrief
- Process Improvement, make it mo' better each time

## In-flight Care

- Care is best provided by proper planning and preparation
  - Limited Space and harsh environments are the rule- know the process, route, aircraft and be aware of flight time. Prepare for changes and delays. Be prepared for contingencies. Semper Gumby!
  - Practice, practice.....

# Patient Preparation

- Obtain baseline vitals, Use automated BP cuff, attach cardiac leads
- Empty Drainage and Urine bags
- Fill all cuffs (Foley, ETT) with liquid (air expands at altitude)
- Switch IVs to portable units, label all IV bags and lines, coil and tape all IVs

## Patient Preparation 2

- Insert NG tube, if patient not fully conscious
- Insert Foley if patient unable to use urinal easily
- Attach Heimlich valve with vented collection bags on Chest Tube, NG, surgical drains
- Bivalve and elastic wrap all casts

## Patient Preparation 3

- Place float coat and cranial as able and appropriate
- Protect from environment-wrap 'em like a burrito
- Restrain patient on litter for stability, cushion as necessary and able. Involve aircrew for stabilization, etc.

# Patient Preparation 4

- Give last dose of scheduled medication
- Package Medical/Dental Records, X-Rays, etc with patient
- Brief patient on flight
- Switch over to transport O2

# Communication

- Pre-flight: Have all your shipboard “must” contacts (CO, XO, Air Ops, etc) listed by billet in a contact checklist
- Have listing of Military and Civilian MTFs. Know your ship’s plan. Plan for contingencies
- Required messages as per TYCOM and Fleet
- In-Flight: Headset, Hand signals, lipreading and screaming
- Never forget the patient comes first

# Civilian Resources

- TRICARE/DoD Contract for Emergency Services-MEDEVAC is International SoS (I SoS)
- I SoS should be utilized for all consults and MEDEVACs when in areas not supported by MTF. Exceptions as per current message
- Website <http://www.internationalsos.com/>
- Contact I SoS at earliest convenience, preferably beforehand to ensure the benefit for which we are paying

The global health care management services provided by International SOS include:

- Cashless and claimless medical services
- Medical case management including utilization review
- Emergency evacuation and repatriation

# *Questions ?*