Military SOF Concurrent Session: “Time to Capability”

COL Cord Cunningham, MD, MPH, FACEP, FAEMS
Medical Director, CCFPP
Center for Prehospital Medicine
U.S. Army Medical Department Center & School
Health Readiness Center of Excellence

Current Events


3 Take Home Points

- Increasing complexity of prehospital care
- The golden hour emphasizes time to capability
- Task shifting is an important principle
Life Approach

“You have to learn the rules of the game. And then you have to play better than anyone else.”
— Albert Einstein

“Learn the rules like a pro, so you can break them like an artist.”

My basic care plan

• Don’t get dead(create another cax)
• Make the blood go round & round(inside)
• Make the air in and out
• Treat pain and ease suffering
• Hand off better than you found it

Lessons Learned?
“After a short time, we received one seriously wounded man with a sucking chest and he was losing a lot of blood. We tried to seal the chest wound and gave him plasma. We only had a limited amount of plasma. At this time, I realized that the other four who were working in the aid station did not know how to mix and give plasma.”

“We are going to repeat the same mistakes we have made before. We are going to think our doctors are trained. They are not going to be trained. You have to just pray your son or daughter or grand-daughter is not the first casualty of the next war. Pray they come in about the year five mark.”

Golden Hour

- Dr. Cowley 1976 to establish Maryland trauma system
- Based upon initial trimodal trauma mortality distribution of Trunkey et al. 1983
- Made as theater level policy by SECDEF Gates 2009

TRAUMA DEATHS

- Blunt
- Pneumothoraces
- Shock
- Head
- Long bone fractures
- Renal injuries
- Multiple-organ failure

Time

0 - 1 hour
1 - 3 hours
2 - 4 hours
3 - 4 weeks
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>0815</td>
<td>UAV/Drone Casevac - The SOF Medical Future Col Paul Parker</td>
</tr>
<tr>
<td>0845</td>
<td>Hypocalcemia and the Lethal Triad: Ricky Ditzel, FP-C</td>
</tr>
<tr>
<td>0915</td>
<td>Everybody Lies - Some Get it Right/SOF Medics without Ultrasound like a Sniper without a Scope Dr Kasia Hampton CPO Christopher Dare</td>
</tr>
<tr>
<td>1000</td>
<td>Break</td>
</tr>
<tr>
<td>1045</td>
<td>Diving in Special Operations: A Special Tactics Perspective Lt Col H Leo Tanaka</td>
</tr>
<tr>
<td>1115</td>
<td>Robotic Enabled Autonomous and Closed Loop Trauma Care in a Rucksack – TRACIR COL(ret) Ronald Poropatich</td>
</tr>
<tr>
<td>1145</td>
<td>Coffee Ground Hemostasis CPT Justin Grisham</td>
</tr>
<tr>
<td>1215</td>
<td>Lunch</td>
</tr>
<tr>
<td>1330</td>
<td>SOF Surgical Support by Non-Surgeons CPT Alex Merkle &amp; CPT Josh Randles</td>
</tr>
<tr>
<td>1400</td>
<td>SOF CBRN Medical Planning Lcdr Jason Lorette</td>
</tr>
<tr>
<td>1430</td>
<td>Tactical Combat Casualty Care Training Innovation: COL(ret) Dan Hizary</td>
</tr>
<tr>
<td>1500</td>
<td>Break</td>
</tr>
<tr>
<td>1545</td>
<td>Project Reach: A Gap Analysis of Telemedical Capabilities of the Special Operations MAJ Gregory Chamy</td>
</tr>
<tr>
<td>1615</td>
<td>PACE Plan in INDOPACOM: Self-aid, Buddy-aid, and Patient Evacuation in INDOPACOM MAJ Andrew Oh</td>
</tr>
<tr>
<td>1645</td>
<td>Initial In-house Critical Care Flight Paramedics Program COL Cord Cunningham</td>
</tr>
</tbody>
</table>