628TH FST 9-LINE MEDEVAC/NATO FORM PROCEDURES

NCOIC, 628th FST
FOB Shank, AFG
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Medevac Procedures

- Aerial Medical Evacuation (Medevac) procedures have been continually improving since the beginning of the Afghanistan conflict. There are standard Medevac procedures that each unit must follow per the unit's SOP, but the way the Medical Treatment Facility (MTF) receiving the patient handles the process of the patient can vary in many different aspects.

Field Medical Card

- A 68W “Line Medic” at the point of injury (POI) is required to follow the standard medical documentation of medical care for the injured Soldier on the DD Form 1380 (Field Medical Card). This begins the documentation of care for the Soldier. It is extremely important that the medic send the DD1380 with the patient. As a Forward Surgical Team (FST), we depend on that documentation to be as accurate as possible. The information given on the DD1380 allows the FST to know what type of care and medications were given to the patient in the field. Along with the information given to the FST from the 68F flight medic, the DD1380 is invaluable when receiving a patient.

68W “LINE MEDIC”

The 68W “Line Medic” is the patient’s first provider of care in the field.

NATO 9-Line Medevac Request

- The NATO 9-Line Medevac Request used in theater is the standard throughout the country. The NATO 9-Line includes the mechanism of injury, injury, signs and symptoms, and treatment given (MIST) for the patient. This additional information allows the MTF receiving the patient to prepare equipment and supplies prior to patient arrival. The MIST should be included when “dropping” a 9-line; if not, it must be submitted ASAP.

NATO 9-LINE MEDEVAC

- **LINE 1** LOCATION OF PICKUP SITE (MGRS OR LAT/LONG)
- **LINE 2** FREQUENCY & CALL SIGN AT PICKUP SITE (GROUND UNIT CALL SIGN)
- **LINE 3** NUMBER OF PATIENTS BY PRECEDENCE (**THERE IS NO URGENT SURGICAL**)
  - # + **A** = Urgent – evacuate ASAP, maximum of 90 mins
  - # + **B** = Priority – evacuate within 4 hrs
  - # + **C** = Routine – evacuate within 24 hrs
- **LINE 4** SPECIAL EQUIPMENT NEEDED (**SPECIFY IF OTHER NEEDED**)
  - **A** = None **B** = Hoist **C** = Extraction Equipment **D** = Ventilator
- **LINE 5** NUMBER OF PATIENTS BY TYPE:
  - # + **L** Litter patients(Number of patients who are not able to walk)
  - # + **A** Ambulatory patients
  - # + **E** Escorts (specify, i.e. Guard, Parent, Doc)
- **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**=PRYO **C**=SMOKE **D**=NONE **E**=OTHER
- **LINE 8** PATIENT STATUS AND NATIONALITY
  - (NATIONALITY/SERVICE MUST BE INCLUDED FOR MEDEVAC MISSION APPROVAL)
  - **A** = Coalition Military + Nationality
  - **B** = Coalition Civilian + Nationality
  - **C** = Non-CF Military (**ANA, ANP, ALP, ASG, ANSF, APU**)
  - **D** = Non-CF Civilian + Nationality
  - **E** = Enemy Prisoner of War
  - **F** = Child
- **LINE 9** TERRAIN FEATURES/ALTITUDE or NBC CONTAMINATION IF APPLICABLE
- **MIST** (Obtain from MEDIC or PROVIDER. BE SPECIFIC and COMPLETE AS POSSIBLE)
  - **M** = Mechanism of injury
  - **I** = Injury or Illness
  - **S** = Signs/Symptoms
  - **T** = Treatment (Given or Treatment Needed)

Receiving the Patient

- Before receiving the patient, you must communicate the 9-Line Medevac request to your team via radio. Standard information communicated to the team is:
- Line 3, Number of patients and precedence
- Line 5, Number of patients by type
- Line 8, Patient status and nationality
- MIST
- ETA to FST
- Example of Medevac call: 628 FST standby for 9-line request: 1 Urgent/Litter/USMIL /MIST/ETA

Receiving the Patient

- The following page is the Inbound Medevac Procedures being used by the 628th FST in FOB SHANK, Afghanistan, OEF 2011-12.
- The FST will receive the 9-Line Medevac Request via the CENTRIX computer system and receive a courtesy call from Charlie Med TOC. Once the mission has been approved by the Regional Command East (RC-E) Medical Operations (MEDOPS), it will be monitored by the assigned mission number.

MEDEVAC INBOUND PROCESS

When receiving a patient:

1. Receive a call from CMED on inbound pt. Also, check Centrix for more information (MIST).
2. May get call on SIPR from POI from DR or PA.
3. Bring up TACOPS RM1 in Centrix
4. 9-LINE will appear first
5. MIST 2nd
6. Mission number will be assigned i.e.10-27A
   (Month-Day:Letter is for Mission of the Day)
7. Call on radio (both):
   Stand-by for 9-line
   We have # of pt and precedence i.e. 1A/2B and
   Cat. Type. Give the full MIST if available and give ETA.
8. Use Mission Number to track mission progress in Centrix
9. Look for Wheels Up 10-27A WU SHK and calculate ETA. Use chart posted above Centrix Computer to determine flight time-add pt load time approx. 6 mins 1st pt and 2min each additional.

10. Open Shake out shack doors, turn on lights and heat

11. Monitor mission and look for Wheels Down WD at Point of Injury (POI). From there monitor for the Wheels UP (WU), this will let you estimate a better ETA.

Any questions you may call CMED TOC – 481-5205. They are monitoring the mission also.

Receiving the Patient

- Continue to monitor the Centrix computer and keep the team updated on the progress of the Medevac, i.e., wheels up from FOB Shank, wheels down at POI, and time of arrival to the FST. During the transit time, gather the team for a "group huddle," brief any updates, and talk through the plan of care for the patient.

Receiving the Patient

- The following slide consist of flight time examples from POI to MTF. This example chart is being utilized by the 628th FST, but can be modified to any format. The chart consists of COP/FOB name, COP/FOB abbreviation, and day/night flight times. The chart allows the FST to estimate time of arrival and time to prepare for patients.

Flight Times

FOB/COB	ABBREVIATION	TIME DAY/ NIGHT
DONALD DUCK	DD	5/10
MICKEY MOUSE	MM	15/35
TROJAN	TRO	8/20
GOOFY	GOF	12/30

Arrival of Medevac

- The Medevac pilot radios CMED of arrival and descends to the landing pad.
- Upon patient arrival via rotary aircraft, CMED litter bearers download the patient and proceed to the climate-controlled “Shakedown Shack,” a converted CONEX that facilitates the triage of the patient. All clothing and equipment are removed, collected, and bagged, allowing the patient to get “trauma naked.” This serves for triage and safety purposes. All patients are searched for additional wounds, ammunition, and weapons prior to entering the MTF.

Receiving the Patient

Charlie Med medics downloading patients

Reinforced CONEX for patient triage and searches prior to entrance into the MTF

Arrival of Medevac

- As the patient enters the “Shakedown Shack,” the XO assigns a trauma number and collects patient demographics. While the XO collects the information, the DET SGT collects pre-arrival medical care given to the patient by the flight medics. The information is annotated on the NATO form. This form enables the flight medic to chart all pre-flight medical care given to the patient and becomes part of the patient’s medical records. It is important to get this completed as accurately and quickly as possible.
- The following slide is an example of the NATO form, which contains extra information blocks to gather patient care information. The top row charts the POI, patient’s DOB, patient’s first name and unit. The bottom row tracks the trauma number, overall patient number, category of injury, e.g., non-battle injury, wounded in action. It also allows tracking nationality of patient, if the patient requires surgery, provider assigned to patient, and if further Medevac is required.
- This form is important for the simple fact that it is used by the Joint Trauma Theater System to track patient movement information.

Receiving the Patient

Charlie Med medics transfer a patient into the FST

Joint Trauma Tracking System

- The system serves as a repository, collecting and hosting all Department of Defense (DoD) trauma-related data. The goal of the Joint Trauma Tracking System (JTTS) enables data-driven process improvement in combat casualty care to decrease morbidity and mortality. Additionally, the system aims to characterize the epidemiology of injury on the battlefield to allow the DoD's training and operational projections to be more efficient and accurate. Information in the registry includes demographic, injury, and treatment data acquired at all levels or echelons of care in both theaters of war.

FOB/COP_____ DOB_____ First Name_____ Unit_____

NATO UNCLASSIFIED - MEDICAL IN CONFIDENCE (WHEN COMPLETED)

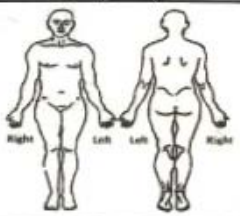
NATO EVACUATION DOCUMENT-REPORT

MISSION #	EVAC DATE	SSN/SERVICE/ID#	PATIENT'S LAST NAME	MEDIC	EVAC UNIT

CIRCULATION ASSESSMENT	DOCUMENT HEART RATE IN FIRST AREA PALPATED ON INITIAL ASSESSMENT		CATEGORY OF PATIENT	PEDIATRIC	ADULT
			NEUROLOGICAL RESPONSE (CIRCLE ONE)	ALERT	VERBAL
INITIAL BLOOD PRESSURE	RADIAL	:HR		PAIN	UNRESPONSIVE
SYSTOLIC:	FEMORAL	:HR	HYPOTHERMIA	EYE INJURY	PAIN: (CIRCLE)
DIASTOLIC:	CAROTID	:HR	HPMK OR EQUIV SYSTEM	FOX SHIELD(S)	YES
CIRCULATION TREATMENT(S)	[X] IF DONE	TOURNIQUET(S)	OTHER	OTHER	NO

CPR/ACLS TIME STARTED:		(Write Time Applied)	MEDICATION(S):	ROUTE	DOSE	TIME
HEMOSTATIC DRESSING		RUE/R ARM :				
PRESSURE DRESSING		LUE/L ARM :				
IV ACCESS: LOCATION:		RLE/R LEG :				
IO ACCESS: LOCATION:		LLE/L LEG :				
IV FLUID TYPE: NS LR HEX PRBC OTH VOLUME:						

BREATHING/AIRWAY	[X] IF DONE	% O2 Sat If obtainable	MECHANISM OF INJURY
PULSE OXIMETRY			
O2 THERAPY		O2 DELIVERY SYSTEM	TIME OF INJURY
NEEDLE DECOMPRESSION	R L	(Circle One)	
ORAL AIRWAY		Nasal Cannula	Abbreviations
NASAL AIRWAY	R L	Non-Rebreather	(A) Amputation
CIRCLE IF USED: LMA COMBI KING I T OTHER		Ventilation Bag	(B) Burn
EMERGENCY CRIC		Other	(F) Fracture
INTUBATION		ETT PLACEMENT	(G) Gun Shot Wound
VENTILATOR		CONFIRMED	(S) Shrapnel Injury
SUCTION			(T) Tourniquet



APPEARANCE (CIRCLE ONE)

MILD MODERATE SEVERE

NOTES/ MIST REPORT:

RECEIVING FACILITY: ROLE I ROLE II ROLE III	POC RECEIVING FACILITY		TIME ARRIVED	

RECEIVING MTF - ENSURE RECORD IS FORWARDED TO FIRST NATO ROLE III FOR INCLUSION IN THE OFFICIAL MEDICAL RECORD AND SEND COMPLETED DOCUMENT TO: jtcmedevac@afgnan.swa.army.mil Direct Questions To: DSN 318-431-4496 LD.G.MED Form (NATO/ISAF 7 MAR 11)

NATO UNCLASSIFIED - MEDICAL IN CONFIDENCE (WHEN COMPLETED)

Trauma#____ D__ NBI__ WIA__ BS__ ICU 12+HRS ___

Patient #____Life Saving Intervention ___ ICU 15MIN ISAF/USMIL____

Surgery#____Life/Limb Saving Surgery___ Day of Week_____

ICU/ICW____Died in TRSP____Died in MTF___Nation_____

Sent to_____Medevac Cat _____ Dr._____ D/C Date_____

CONCLUSION

- We have covered the Medevac process being utilized by the 628th FST in our task force area of operations. Every unit will have their own standing operating procedure (SOP) on how to Medevac a patient from the POI, but the NATO 9-Line Medevac remains the same. This presentation is to give other MTFs a combat-proven example of successfully receiving patients from the POI on the battlefield to the point of Level II care.