



DEPARTMENT OF THE NAVY  
NAVAL SPECIAL WARFARE COMMAND  
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1500  
Ser 04/ 0341  
09 Apr 97

From: Commander, Naval Special Warfare Command

Subj: TACTICAL COMBAT CASUALTY CARE TRAINING

Encl: (1) Tactical Combat Casualty Care in Special Operations.  
Military Medicine; August 1997 Supplement.

1. The management of injuries sustained on SOF combat operations presents problems not adequately addressed by civilian-based trauma courses. USSOCOM Biomedical Research and Development Task 3-93 called for a review of trauma management strategies employed by combat medical personnel in the tactical Special Operations environment.
2. Enclosure (1) is the report generated by phase one of that project. This study is the first comprehensive review of tactical combat trauma care in the Special Operations environment ever to be published in peer-reviewed medical literature. The austerity of the SOF tactical environment is described, and a well-thought-out set of trauma management guidelines appropriate for this setting is provided.
3. In the months immediately preceding and subsequent to its publication this study was presented to numerous medical audiences, both military and civilian, and it has been well received. The Navy has incorporated the combat trauma management principles, enclosure (1), into the curriculum for the Undersea Medical Officer course. The Joint Health Support Services Vision 2010 working group convened by the Joint Staff used the guidelines contained in enclosure (1) to establish the proposed DOD-wide core competencies for medics and corpsmen. These competencies, in turn, were recently presented to the Defense Medical Advisory Council. The trauma management guidelines in enclosure (1) will also be included in the Textbook of Military Medicine sponsored by the Army Surgeon General's office.
4. The concepts and principles in enclosure (1) are ready for transition into use in Naval Special Warfare, and COMNAVSPECWARCOM will initiate appropriate training. This training will comprise a course of instruction one day in length. It will include a description of the basic protocol, a rationale for the recommendations contained therein, and an introduction to scenario-based medical planning. Commanders will ensure that all medical personnel attend this course during one of four anticipated training days over the next year in both Norfolk and Coronado. The dates for training will be announced by message.
5. The number one cause of preventable death on the battlefield is blood loss from extremity wounds. Your attention is directed to recommendation four of enclosure (1) which calls for a

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tourniquet to be carried at a standardized, easily accessible location on every combatant's battle gear. Operators should be trained to apply these tourniquets on themselves or their teammates immediately in the event of life-threatening extremity wound.

6. Implementation of the guidelines contained in enclosure (1) will require the addition of several equipment items such as Hespan, IV morphine, and IV cefoxitin to unit AMALs and corpsman packs. Procurement of such items by your medical departments should be initiated immediately in liaison with the COMNAVSPECWARCOM Force Medical Office.

7. COMNAVSPECWARCOM POC is CAPT Frank Butler, DSN 922-6260 or commercial 904-452-6260.

  
T. R. RICHARDS

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