



National Association of
Emergency Medical Technicians

How was PHTLS Developed?

In 1979, care of trauma patients took a giant step forward with the inauguration of the [Advanced Trauma Life Support \(ATLS\)](#) course. The first chairman of the ATLS ad hoc committee for the [American College of Surgeons](#) and chairman of the Prehospital Care Subcommittee on Trauma for the American College of Surgeons, [Dr. Norman E. McSwain, JR. FACS](#), knew that what they had begun would have a profound effect on the outcome of trauma patients. Moreover, he had a strong sense that an even greater effect could come from bringing this type of critical training to prehospital care providers.

Dr. McSwain, a founding member of the board of directors of the [National Association of Emergency Medical Technicians \(NAEMT\)](#), gained support of the Association's president, Gary Labeau, and began to lay plans for a prehospital version of ATLS. President Labeau directed Dr. McSwain and Robert Nelson, NREMT-P, to determine the feasibility of an ATLS-type program for prehospital care providers. As a professor of surgery at Tulane University School of Medicine in New Orleans, Louisiana, Dr. McSwain gained the University's support in putting together the draft curriculum of what was to become Prehospital Trauma Life Support (PHTLS). With this draft in place, in 1983, a PHTLS committee was established. This committee continued to refine the curriculum, and later that same year, pilot courses were conducted at Tulane; Marian Health Center in Sioux City, Iowa; Yale University School of Medicine in New Haven, Connecticut; and Norwalk Hospital in Norwalk, Connecticut.

Tulane also hosted the first National Faculty course in early 1984. This was followed in the summer of 1984 by a course in Denver, Colorado. The graduates of these early courses formed what would be the "Barnstormers," PHTLS national and regional faculty members who traveled the country training more faculty members, spreading the word that PHTLS had arrived.

Early courses focused on advance life support (ALS). In 1986, a course that encompassed basic life support (BLS) was developed. The course grew exponentially. Beginning with those first few enthusiastic faculty

members, first dozens, then hundreds, and now thousands of providers annually participate in PHTLS courses all over the world.

As the course grew, the PHTLS committee became a division of the NAEMT. Course demand and the need to maintain course continuity and quality necessitated the building of networks of affiliate, state, regional, and national faculty members. There are national coordinators for every country, and in each country there are regional and state coordinators along with affiliate faculty members to make sure that information is disseminated and courses are consistent whether you participate in a program in Chicago Heights, Illinois, or Buenos Aires, Argentina.

Throughout the growth process medical direction has been provided by the American College of Surgeons Committee on Trauma. For nearly 20 years the partnership between the American College of Surgeons and the NAEMT has ensured that course participants are given the opportunity to give trauma patients everywhere their best chance at survival.

PHTLS in the Military

Beginning in 1988, the U.S. military aggressively set out to train its medics in PHTLS. Coordinated by DMRT, the Defense Medical Readiness Training Institute at Fort Sam Houston in Texas. PHTLS is taught all over the United States, Europe, and Asia and anywhere the flags of the U.S. Military fly. In 2001, the Army's 91WB program standardized the training of over 58,000 Army medics to include PHTLS.

The participation of the US military in the program includes providing a chapter to cover the particular needs of the military and provide information on tactical medicine that is of interest to any population in the modern world.

International PHTLS

The sound prehospital trauma management emphasized in the PHTLS course led to prehospital care providers and physicians outside of the United States to request the importation of the program to their various countries. This had been assisted by ATLS faculty members presenting ATLS courses worldwide. This network Provides medical direction and course continuity.

As PHTLS has moved across the United States and around the globe, we have been struck by the differences in our cultures and climates and also by the similarities of the people who devote their lives to caring for the sick and injured. All of us who have been blessed with the opportunity to teach overseas have experienced the fellowship with our international partners and know that we are all one people in pursuit of caring for those who need care the most.

The nations in the growing PHTLS family include the following: [Australia](#), [Argentina](#), [Austria](#), [Barbados](#), [Bolivia](#), [Brazil](#), [Canada](#), [Chile](#), [China](#), [Columbia](#), [Costa Rica](#), [England](#), [Greece](#), [Holland](#), [Ireland](#), [Israel](#), [Italy](#), [Mexico](#), [New Zealand](#), [Norway](#), [Oman](#), [Panama](#), [Philippines](#), [Saudi Arabia](#), [Sweden](#), [Switzerland](#), [Trinidad](#), [the United States](#), [Uruguay](#) and [Venezuela](#). Demonstration courses have been run in the [Bulgaria](#), [Macedonia](#), and soon [Croatia](#), with hopes to establish faculty members there in the near future. [Peru](#), [Portugal*](#), [Denmark*](#), [Japan](#), [Korea](#), [South Africa](#), and [Nigeria](#) all hope to join the family in the near future.

(*NOTE: Portugal and Denmark are now active PHTLS countries)

Vision of the future

The vision for the future of PHTLS is family. The father of PHTLS, Dr. McSwain, is the root of the growing family that provides vital training and contributes knowledge and experience to the world. The inaugural [International PHTLS Trauma Symposium](#) was near Chicago, Illinois, In the year 2000. This first program pitted the controversies facing trauma care against the will and energy of prehospital trauma providers. These programs will bring the work of practitioners and researchers around the globe together to determine the standards of trauma care for the new millennium.

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