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Case records of the Massachusetts General Hospital. Case 15-2014. A man in the military who was injured by an improvised explosive device in Afghanistan.

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Quote:

“Guidelines for care on the battlefield — including self-aid, buddy-aid, care under fire, and care provided by the combat medic or corpsman — are summarized in the Tactical Combat Casualty Care document, which describes an evidence-based approach to the care of military casualties during wartime and is updated at least annually.

One of the greatest advances in the prevention of death on the modern battlefield is the rediscovery of the tourniquet, which was effectively used in this case (Fig. 1C and 1D). The use of tourniquets began in 1798 or earlier, but in the past 10 years, small, compact, lightweight tourniquets (such as the one used in this case) have been developed and are extremely effective and ubiquitous on the battlefield. The philosophy regarding tourniquet use has also changed; instead of being used as a last-ditch measure, they are being used early and often to prevent blood loss. In the past, junctional wounds were much more difficult to manage than wounds of the arms and legs, but current devices that compress junctional wounds have made hemorrhage control possible. The liberal use of tourniquets and the use of advanced topical hemostatic agents represent major progress in the prehospital care of military casualties, but gaps in care still exist.”