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Subject: (U) SAFETY OF USE MESSAGE - MEDICAL: TOURNIQUET APPLICATION AND MANAGEMENT WITHIN THE USAFRICOM THEATER
Originator: AFRICOM J3(MC)
DTG: 281438Z Jan 14
Precedence: ROUTINE
DAC: General
To:
JOINT STAFF J4 HSSD(MC), CJTF HOA(MC), UNITED STATES ARMY AFRICA(MC), SOCAFRICA(MC), COMMARFORAF(SC), COMMARFORCOM G3-5-7(SC), COMUSNAVAF NAPLES IT, USAFRECOMMANDCENTER(MC), 3AF CC(MC), EUCOM J4-MR MEDICAL READINESS DIV-CMD SURGEON(MC), COS USCENTCOM(MC), DCDR USPACOM (SC), HQ USSTRATCOM(MC), CDR NORAD(SC), USSOCOM COMMAND CENTER(MC), CDR USSOCOM(MC)

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REF/A/CASEVAC AFTER-ACTION REPORT (AAR), JSOAD-UG MED (21 DEC 2013).//
REF/B/AFTER ACTION REPORT: NAIROBI, KENYA, USAF CCAT (2 JAN 14).//
REF/C/SSUD (SOUTH SUDAN)AFTER ACTION SUGGESTIONS, CJTF-HOA SURGEON (10 JAN 14).//
THIS USAFRICOM MESSAGE PROVIDES OBSERVATION AND AMPLIFIED GUIDANCE ON THE APPLICATION AND MANAGEMENT OF TOURNIQUET USE IN THE USAFRICOM THEATER.//
GEN/TEXT/NOTIFICATION//
2. DISCUSSION.//
2.A. ALTHOUGH RESPONSIVE TACTICAL COMBAT CASUALTY CARE (TCCC) WAS PROVIDED, THE MEDICAL OUTCOMES OF THIS EVENT HIGHLIGHT THE NEED FOR AMPLIFICATION OF TOURNIQUET APPLICATION AND MANAGEMENT AMONG FORCES OPERATING IN THE USAFRICOM THEATER. THE TYRANNY OF DISTANCE ON THE AFRICA CONTINENT COUPLED WITH INADEQUATE HOST NATION HEALTH CARE SYSTEM INFRASTRUCTURE AND MEDICAL CAPABILITIES MAY DELAY SURGICAL INTERVENTION. THIS WARRANTS INCREASED VIGILANCE ON TOURNIQUET APPLICATION AND MANAGEMENT AMONGST USAFRICOM FORCES AND MEDICAL STAFFS.//
2.B. TOURNIQUETS CAN SAVE LIVES BY STOPPING LIFE THREATENING HEMORRHAGE DURING MILITARY OPERATIONS. NUMEROUS STUDIES HAVE SHOWN THAT CONTINUOUS APPLICATION FOR LONGER THAN 2 HOURS CAN RESULT IN PERMANENT NERVE INJURY, RHABDOMYOLYSIS, COMPARTMENT SYNDROME, VASCULAR INJURY AND SKIN NECROSIS. MUSCLE DAMAGE IS NEARLY COMPLETE BY 6 HOURS. IN HYPOVOLEMIC TRAUMA PATIENTS, TOURNIQUET TIMES THAT RESULT IN INJURY MAY BE SIGNIFICANTLY LESS.//
3. RECOMMENDATIONS.//
3.A. ALL MEDICAL PERSONNEL SHOULD BE FAMILIAR WITH THE MOST RECENT
3.B. If a tourniquet is applied, the requirement for a tourniquet should be reassessed during the tactical field care phase of TCCC. At a minimum, the need for tourniquet placement should be reassessed every one (1) to two (2) hours and when patient care is transferred to a new team of providers.//

3.C. The procedure for removing a tourniquet is as follows: (1) Apply combat gauze as per instructions, (2) loosen the tourniquet and check for return of a distal pulse, (3) apply direct pressure to the bleeding site for 3 minutes, (4) check for bleeding, (5) if no bleeding, apply dressing over combat gauze, (6) leave the tourniquet in place but loose, (7) monitor for bleeding from underneath the pressure dressings, and (8) if bleeding is not controlled, retighten the tourniquet, remove dressings and expedite evacuation.//

3.D. Documentation for the application of the tourniquet and its management must be initiated at the earliest opportunity in the continuum of care, to include treatment given and time tourniquet was placed, transit with the patient and provided with an adequate information handoff to the next higher level of care and/or transport. At a minimum, an adequate information handoff should include mechanism of injury; description of the injuries; vital signs; and, treatment given.//

4. Points of Contact.//

4.A. USAFRICOM J004 (command surgeon), Captain David K. Weiss, Command Surgeon, DSN 314-421-2083, COM 49 (0) 711-720-2083, SIPR email: DAVID.WEISS@USAFRICOM.SMIL.MIL; NIPR email: DAVID.K.WEISS@MAIL.MIL.//

4.B. USAFRICOM 24-hour contact. USAFRICOM command center watch (CCW), AFRICOM CCW Operations Officer, DSN 314-421-4050, COM 49 (0) 0711-720-4050, SIPR email: JOPCOPSOFF@USAFRICOM.SMIL.MIL.//

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