

En Route Combat Casualty Care Patient Packaging



Preparation & Planning

Sending Team

- Develop the 9-line/MIST
- Gather meds, personal items, ID, travel orders, documentation
- Complete time/resource intensive intervention prior to ERC arrival



En Route Care Team

Review 9-line and MIST for:

- Number and criticality of casualties
- Tactical situation

On arrival:

- Assess the casualty using the MARCH acronym (Appendix B)
- “Do now” any immediate interventions
- “Take with” supplies & equipment needed for “What if” situations (Appendix C)
- Determine the amount of consumables/medications/O2 needed to cover 2-3x the transport time

PEARLS for Packaging

- A difficult airway on the ground will **NOT** be easy en route
- Secure the airway and vent support prior to transport
- Decrease FiO2 requirements on the ground in controlled setting
- Assess ventilation/BVM compliance
- Roll casualty & investigate all junctional areas
- Time-saving measures pre-mission:
 - Pre-draw/pre-mix meds
 - Prime blood tubing
 - Pre-place needed supplies near casualty
- Early antibiotics
- Dedicate IV line for Meds with accessible port
- Solid baseline assessment with MARCH
- Separate securing straps for casualty and monitors
- Keep it simple!



Packaging the Casualty-Appendix A

- Access to relevant interventions/view of monitors
- Monitors attached to litter device securely
- NO EQUIPMENT RESTING ON CASUALTY
- Casualty secured with min of 2 strap devices
- Tubing/wires secured with litter straps
- PPE: eyes/hearing/hypothermia
- Four-person litter team
- Ensure litter/sled is secured and re-assess after each movement



Document:

- Packaging measures
- Clinical procedures completed prior to transport
- MIST report from initiating team to transport team



This information is pulled from the evidence-based JTS En Route Combat Casualty Care Patient Packaging Clinical Practice Guideline (CPG). JTS CPGs can be found at the [JTS CPG website](#) or the [JTS Deployed Medicine site](#).