

Prolonged Casualty Care For Traumatic Brain Injuries : Development of An Anesthesia **Resuscitation Ki**

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Introduction

- Hemorrhage and traumatic brain injury remain the leading causes of death in military settings.¹
- Prolonged Casualty Care (PCC) is a military adaptation that provides pre-hospital care for up to 120 hours in austere settings.²
- However, developing a scalable Anesthesia **Resuscitation Kit (ARK) for PCC** is challenging when accounting for weight/size restrictions.

Objectives:

- To design, stock, and manufacture a novel prototype **ARK for battlefield use.**
- To better understand the logistical needs of stakeholders involved.

Methods

- The Joint Trauma Systems Clinical Practice Guidelines (JTS CPGs) were reviewed
- A modified Delphi study was initiated using supplies listed in JTS CPGs.
- Survey was distributed to military medical stake holders. Participants were asked to rank medical supplies for each indication to include in the kit.
- **Top 3 choices** of supplies for each indication will further be included in the second survey





Table 1: Top Ranked Medications

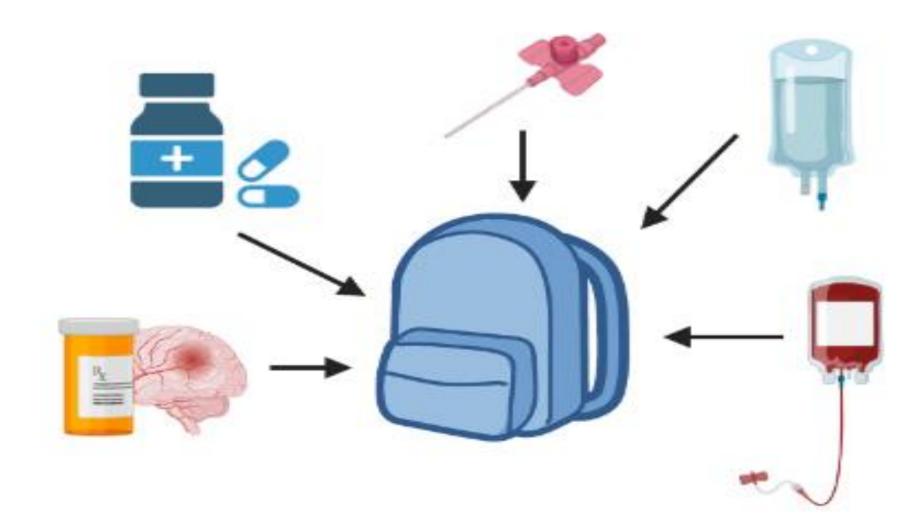
Pain Management Oral Analgesic IV Analgesic Sedative **Infection Prevention** IV antibiotic Oral Antibiotic IV fluids

Anti-Epileptic Initial seizure managem Seizure prophylaxis

High ICP management



ARK Prototype



Results

Medication

	Acetaminophen
	Fentanyl
	Ketamine
	Ertapenem
	Moxifloxacin
	Lactated Ringers
nent	Midazolam
	Levetiracetam
	3% saline



Long Range Medical Backpack

items ranked.

- shown on the Table
- the kit

Discussion & Conclusion

- PCC settings.

1. Shackford SR, Mackersie RC, Holbrook TL, et al. The epidemiology of traumatic death. A population-based analysis. Arch Surg. May 1993;128(5):571-5. doi:10.1001/archsurg.1993.01420170107016 2. Keenan S. Deconstructing the Definition of Prolonged Field Care. J Spec Oper Med. Winter 2015;15(4):125.

• 44 medications and 301 consumable

100 stakeholders invited to participate; **60** surveys completed (60% response rate)

Top ranked choice for each indication is

Consensus was also reached to include vasopressors, a point of care ultrasound and a **portable capnograph** as supplies in

• The second survey is being prepared using the top 3 choices for each indication

• Strategic decision making is required to develop an ARK that can meet the **logistical** limitations of weight and volume while providing supplies for managing TBI in

• Engagement of the key stakeholders in this selection process through a Delphi system has moved us closer to developing a highly useable, compact, and scalable kit for providing life-saving treatment.

References