



SAPA JOURNAL



The Society of Army Physician Assistants

P O Box 07490, Fort Myers, FL 33919 Phone & Fax (239) 482-2162

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GENERAL MEMBERSHIP MEETING

Thursday, 27 April 2006

Meeting was called to order at 1340

DIRECTORS PRESENT:

President: Steve Ward

President Elect and Director of Reserves: Frank Piper

Immediate Past President: Casey Bond

Treasurer: Jim Miller

Executive Director: Hal Slusher

Director of Active Duty: Sherry Womack

Director of National Guard: Don Black

DIRECTORS ABSENT:

Secretary: Sherry Morrey (Excused)

CONFERENCE STAFF:

Conference Registrar: Bob Potter

Conference Coordinator: Pat Malone

COMMITTEE CHAIRS:

Sales Booth: Steve Ward

Sean Grimes Scholarship Committee: Don Black

GENERAL MEMBERSHIP: Sixty-two (62) members were in attendance. A quorum was present.

Steve welcomed the members and thanked them for their attendance. Steve announced that Nick Porter officially retired from Elsevier Publishing as of 1 January. Nick has attended the SAPA Conference each of the last 27 years. On behalf of SAPA, Steve presented Nick Porter of Elsevier Publishing with a SAPA hat, a plaque and honorary SAPA membership in recognition of his many years of attendance and loyalty to the SAPA conference and his unparalleled support.

REPORTS:

1. Past President: Casey stated he would be taking minutes of the meeting since the Secretary was called away

due to an emergency. Otherwise he had no official report at this time.

2. President: Steve had no official report at this time.

3. President-Elect: Frank had no official report at this time.

4. Secretary: Casey requested that the membership review the minutes of the 28 Apr 2005 General Membership meeting. Marvin Cole made a motion to accept the minutes as written. Irvin Fish seconded the motion and the motion carried.

5. Treasurer: Jim mentioned that the current financial status of SAPA is sound with \$286,405.72 on deposit (including the money market account, the checking account, and CDs), and that this was approximately \$12,000 more than a comparison to the last 2 or 3 years where we were on the downward slope. Jim stated that this is largely due to an increase in dividends from sponsors and exhibitors and he thanked all who participated in the recruitment of exhibitors. Jim stated that this has been a pivotal year since in the past our income was mostly cash, we then transitioned to checks; this year we have gone from checks to credit cards. He sees this as the way of the future and a good thing because credit cards don't bounce. Jim asked the membership to review the Treasurer's Report (Enclosure 1 and 1a). Stan Shank asked that the Treasurer investigate placing some of SAPA's funds into a USAA Money Market account in order to earn more interest. Jim said he would look into it. Marvin Cole moved that the Treasurer's Report be approved as written. Irvin Fish seconded the motion in order and the motion carried.

6. Executive Director: Hal thanked the BOD for their dedication and hard work. He stated much of the BOD business during the course of the year was conducted via email and that the BOD was in daily communication. He stated that the BOD had not conducted any email business that involved expenditure of SAPA funds. He stated that Treasurer is one of the hardest jobs in SAPA and that Jim has done an excellent job as Treasurer making sure that every penny that is spent is

SAPA OFFICERS

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DECORUM AND MORALE: Nicole Potter

SALES AND MARKETING: Steve Ward, PA-C, Bob Egbert, PA-C,

Tom Matherly, PA-C,

MODERATORS/AUDIO-VISUAL: MAJ Irwin Fish,, PA-C

SAPA JOURNAL STAFF

Editor: Casey Bond, PA-C

COMMITTEES

SCHOLARSHIPS/AWARDS

LTC-R Donald Parsons, PA-C (Chair)

MAJ-R Jerald Wells, PA-C

SAPA HISTORIAN

William Long, PA-C

MINORITY AFFAIRS

MAJ-R Jerald Wells, PA-C

PUBLIC EDUCATION

Harold E. Slusher, PA-C

PROFESSIONAL WELLNESS

Michael Champion, PA-C

LEGISLATIVE AFFAIRS

Harold E. Slusher, PA-C

DELEGATES TO AAPA HOUSE OF DELEGATES

Steve Ward, PA-C (Chief Delegate)

Frank Piper, PA-C

ACADEMY LIASON

COL Sherry Morrey, SP, PA-C

COMMUNICATIONS/ELECTRONICS

Steven Ward, PA-C

Irvin Fish, PA-C

Bob Potter, PA-C

The SAPA Journal staff and SAPA Board of Directors encourages membership participation in this publication. Feel free to use this forum to present your views on any topic you desire. The publication of clinical articles on any subject is also solicited, however, to reduce our workload, we do request articles be presented typed, double-spaced format, and on CD, Microsoft Word format. The editor reserves the right of final acceptance of articles as well as the right to serialize articles which are too lengthy to be included in a single issue.

The SAPA Journal is the official publication of the Society of Army Physician Assistants. The views and opinions expressed herein are not necessarily those of the editors, SAPA, the SAPA Board of Directors or the Department of the Army unless explicitly expressed as such

This is not an official Army Publication.

accounted for and he watches over SAPA's interest. He stated that Paul has done an excellent job as Membership Director and that the membership could help him out by sending him their address and if they move or changed email addresses, to send their change of address to Hal and he would make sure Paul gets it. He said Casey was doing a fine job as newsletter editor and he would insure that Casey published the minutes in the newsletter. He stated that Casey's one problem was the same problem he had when he was editor, which was nobody was getting any information to him. He encouraged members to send Casey information if they were being honored or other PAs were being honored, or anything that would be of interest to people.

7. Conference Committee: Pat thanked everyone for attending the conference and stated that without them there wouldn't be a conference. He stated this year we have 562 attendees, down only 46 from last year which is good considering the amount of people deployed. He thanked the BOD, and the entire conference staff for helping to make this year's conference another success. Pat stated that he was investigating the possibility of chartering bus(es) for the purpose of having a "Spouse Day to the Beach" next year. He would get back to the BOD with the details.

7. Director of Active Duty: Sherry stated she would pay the initial membership dues for any new active duty PA recruited by a current active duty SAPA member. She stated the conference offered an excellent opportunity to obtain CMEs and encouraged people to spread the word to all active duty PAs. She expressed her gratitude to those active duty PAs who did attend.

9. Director of Reserves: Frank stated that most of the Army reserve PAs that are in drilling units have been already been deployed and have pretty much used up their two year deployment clock. So unless there is another call-up he believes they are through with this particular deployment cycle. General Helmsley is rotating out of his position. The Army Reserves is under transition and the medical forces in the reserves are no longer assigned to regional readiness commands but into the AR MEDCOM. He stated we are still waiting to see how that will affect PAs assigned to line units. He stated there were 30 Reserve PAs that were members of SAPA. He stated he did have a request for some deployment opportunities if anyone knew of any interested Reserve PAs.

10. Director of National Guard: Don estimated that 32% of all National Guard PAs have been or are deployed. He estimated that that would probably increase over the next year. He encouraged people to continue networking and have any PAs in the National Guard to contact him so that he could update the contact list. He stated that he would be retiring from the National Guard this year so he would not be serving

as Director of National Guard and encouraged anyone with an extended MRB date to run for the office and he would still be around to help them out. Paul stated that Don had been an inspiration to him, because Don mentors and pays the membership dues for the first year for every Phase 2 student at his site. Paul encouraged other Phase 2 Coordinators to consider doing the same.

11. Membership Director: Paul called everyone's attention to the Membership Report (Encl 2). Paul reported a total of 834 members as of today. Paul indicated there was a cost savings since he printed the SAPA membership cards. He further stated that members could renew by credit card on line at www.SAPA.org and could save SAPA money by multiple year membership thereby reducing the number of cards needing to be printed. Approximately 197 members failed to renew their membership after three mailed and three e-mailed renewal notices and were dropped from the membership rolls. 104 have since renewed from the former member data base. Karen Reedy asked if the BOD had considered allowing members to renew via Pay Pal accounts. Paul and Bob Potter stated that they had investigated this and that it was not cost effective.

12. Sales Booth Committee: Steve stated that sales have been down this year totaling \$4,451, but they still turned a profit for the scholarship fund. He reported that he had been asked about adding coloring to the SAPA coin. He investigated this at a couple of different coin shops and was advised that adding coloration to our coin would detract from its appearance, and that the BOD would discuss this further and make a decision. The last of the available SAPA coins had been purchased and he stated they would be ordering new coins and changing the dye to remove the apostrophes from the new coins and the numbering would continue in sequence. He stated that over 2200 coins had been minted explained the tradition of coining. He also stated that he would be investigating color coins. Steve said that people seemed satisfied with the new scrubs that were introduced and available in limited quantities this year so he would have more available next year. He thanked Tom Matherly, Bob Egbert, Lori Lopez, and his wife Rita for their hard work in maintaining the sales booth this year. Steve thanked everyone who put suggestions in the suggestion box and any feasible suggestions would be accommodated. Steve was asked if there would be more silver coins and he stated they were a one-time minting for the 25th silver anniversary. He stated at the 50th anniversary gold coins would be minted.

13. Conference Registration Coordinator: Bob stated that as of today there were 562 conference registrants and 39 exhibitors. He thanked everyone who attended and all who helped to make the conference possible and stated he

was already preparing for next year.

OLD BUSINESS:

1. Casey stated that the matter of updates to the job descriptions and ratings for GS PAs has been overcome by the upcoming transition in management of civilian personnel to the National Security Personnel System (NSPS).

2. Steve took this opportunity to thank everyone for the opportunity to serve as President this year and in particular he thanked Pat, Dave, Bob and his staff, Irv, the hotel staff and the coordinator and the students for all of their assistance. He stated, for those that didn't know, Bob and Pat worked year-round to make this conference successful.

NEW BUSINESS:

1. Irvin Fish expressed his desire to become a fellow member of SAPA and requested that the BOD look at the requirement that a fellow member must have served as an army PA. Steve stated that the BOD would take the matter under advisement and get back with the membership with any relevant discussion and their decision at a later date.

2. Don Black reminded everyone that the application process and forms for the Sean B. Grimes Scholarship is posted on the SAPA website. He announced that the recipient of the award this year was Kevin Wilkes.

3. Casey stated that one of the most challenging aspects of preparing the newsletter was finding enough material to publish and he encouraged folks to send in articles. Frank stated that the PA students were required to write a paper and the newsletter was an excellent opportunity for them to get published. Casey stated that a year ago the membership was canvassed to determine how they wanted to receive the newsletter. He stated the results were that 50% of respondents wanted to receive the newsletter on the website, 25% wanted to receive it via email, and 25% wanted to receive a hard copy mailed to them. He stated that last year the BOD had decided to transition to an electronic version rather than hard copy. This past year was the transition year during which electronic version and mailing hard copies was done. He stated he would be mailing one more issue and then converting to electronic distribution which would be preceded each issue by an email to members from Bob Potter informing them of the update. He stated the next issue would be the May/June issue.

4. Karen Reedy stated she had collected a little over \$400 for the 50/50 raffle and asked if she should announce the winner of the 50/50 raffle at the banquet tonight. It was decided that there was too much activity already scheduled to fit it in.

5. Nominations – Casey opened the floor for nominations for positions on the BOD of SAPA and delegate to the AAPA House of Delegates. Hal reminded members that nominees must be a fellow member of SAPA and a member of

AAPA since SAPA is a constituent chapter of AAPA. Bob Potter said he received an email from Pauline Gross stating her desire to self declare for the position of President-Elect. Pat Malone nominated Paul Lowe for the position of President-Elect. Paul accepted the nomination. Hearing no other nominations, Casey closed the nominations for President-Elect. Casey opened the nominations for Treasurer. Tom Matherly nominated Jim Miller for the office of Treasurer. This was seconded by Richard Vause. Hearing no other nominations, the nominations for Treasurer were closed. Steve opened the nominations for Secretary. Frank nominated Karen McMillan for the position of Secretary. Karen accepted the nomination. Casey self-declared for the position of Secretary. Hearing no other nominations, Steve closed the nominations for Secretary. Steve opened the floor for nominations for the position of Director of Active Duty. Sherry Womack was nominated for Director of Active Duty. Hearing no other nominations, Steve closed the nominations for Director of Active Duty. Steve opened the floor for nominations for the position of Director of National Guard. Nolan Wright and Michael LaBelle were nominated for the position of Director of National guard. Hearing no other nominations, Steve closed the nominations for the position of Director of National Guard. There were no nominations for the position of Director of Reserves. Steve opened the floor for nominations for alternates to the AAPA House of Delegates. Bob Potter and Hal Slusher were nominated to be alternates to the AAPA House of Delegates and both accepted the nomination. Hearing no other nominations, Steve closed nominations for alternates to the AAPA House of Delegates. There were no other nominations from the floor and nominations were closed. The official ballot will be mailed immediately following the conclusion of this conference and it will include a space for write-in votes in each category. The President will serve as the primary delegate to the AAPA House of Delegates.

ADJOURNMENT:

Hearing no further business, Steve entertained a motion to adjourn. Jim so moved, Paul seconded the motion and the motion carried. The meeting adjourned at 1505 hrs.

Respectfully submitted:

Casey Bond

Acting Secretary

Approved by:

Steve Ward

President

Modern Battlefield Medicine

By Donald L. Parsons, PA-C

Prehospital care in the Army has made significant changes over the past year. When I entered the Army over thirty years ago soldiers only carried an outdated battle dressing in a

compass pouch. This was all the medical equipment available to soldiers to save their own or their battle buddies life.

In the past year the battlefield medical skills taught to every soldier has been updated to train them to treat the preventable causes of death in combat. We have developed and fielded a new Improved First Aid Kit (IFAK) that gives them the needed equipment to provide this lifesaving care.

Since August of last year the Combat Lifesaver Course was changed to reflect the requests from the field for skills needed to save soldiers lives in combat. This course was also modified to provide skill sets that addressed the preventable causes of death like extremity hemorrhage, penetrating chest wounds complicated by the development of a tension pneumothorax, and the maintenance of an open airway in soldiers injured in combat.

The 91W Combat Medic Training Program was modified to include training in tactical medicine principles. This is the first significant change in military medicine in modern times.

Previously all medical training was based on the civilian model of care provided on the streets of anywhere USA or in our hospital emergency rooms. While these principles are excellent examples of modern medicine they frequently do not apply to care in combat. These changes based on the writings of Captain Frank Butler have revolutionized military medicine.

The Tactical Combat Medicine Course (TCMC) has been implemented to train our medical officers in trauma principles prior to deployment into theater. These medical officers come from a diverse background and many have limited experience in trauma care especially in the harsh environment of battlefield medicine.

In addition to these enormous changes in training for military medicine, many changes in technology have improved the equipment available to soldiers, as well as health care providers for soldier care.

Modern tourniquets are saving lives by stopping bleeding. New airway devices are keeping soldiers airways open even with severe injuries. New IV fluid resuscitation and philosophies on how to administer these fluids are preventing shock from devastating our injured. Simple methods to provide narcotic pain relief and methods to prevent hypothermia are now available to the front line medics to save lives prior to casualty evacuation.

These tactics, techniques, and procedures in addition to better personnel protection and better armament for our vehicles have resulted in a casualty death rate that is half of what it was during Vietnam or WWII.

However, there is still work that needs to be done. A better first aid kit for all Army vehicles has been developed but has not been distributed to all units who need them because of

limited funds to purchase and distribute them. Improvised explosive devices continue to be the leading cause of death and injury to our soldiers in Iraq. We need to get this new equipment out to our soldiers without regard to cost.

Additionally training for Army leaders on employment of medical assets and the medical capabilities of soldiers on the battlefield is needed. They need to better understand how important medical training is for every soldier in the Army regardless of their MOS. This will allow them to better employ these valuable medical resources.

There needs to be continued emphasis on battlefield medicine especially in the prehospital arena. Continue to fund newer and better technology for saving soldiers lives in combat. Assign soldiers who have combat experience to training programs to train new recruits.

These changes are saving lives in combat today and need to continue unabated.

!! SCHOLARSHIP OPPORTUNITIES !!

Don't forget to visit the SAPA webpage at <http://www.sapa.org> for information and the requirements for SAPA Scholarship Grants as well as for the Captain Sean P. Grimes Physician Assistant Educational Scholarship Award.

BEST WISHES FOR THE HOLIDAYS

Please join me in wishing everyone a very Merry Christmas and a Happy New Year!

MERRY CHRISTMAS

AND

**HAPPY
NEW
YEAR !**

LEST WE FORGET

Received by MAJ Steven Esposito



An American flag that flew at Ground Zero was flown again in Iraq on 9/11/03 Samarra East Airfield, Ad-Diluiyah, Iraq by team SO-38, 404th Civil Affairs Bn and today, five years later 9/11/06 by Bravo Company, 404th Civil Affairs Bn (ABN), Ba'qubah, FOB Warhorse, Iraq.



This is the same flag that was displayed at the SAPA conference several years ago. Seeing this banner of freedom flown in a far away land reminds me of the many brave young service men and women who are there, selflessly serving in order that others may come to know and cherish the same freedom that this flag represents and we so often take for granted. Please join me in daily prayer for their success and safe return home. [cb](#)

AID BAG PACKING 101

By Donald I. Parsons, PA-C

The Department of Combat Medic Training frequently fields many questions on a standardized packing list for a combat medic's aid bag. Other than the specific MES 6545-01-499-2306 inappropriately named the (Surgical Instrument and Supply Set), there is no standardized packing list for a combat medic's aid bag. There are basic packing lists from different organizations. The 82nd, 101st, 10th Mtn. and other divisional units have packing lists for their guys, but it is not standardized across the Army. The question is; should it be?

First we should look at a number of different factors that will directly influence what contents the aid bag should have.

MISSION

What type of mission and unit is being supported? Is it Infantry, Armor, Artillery, Cavalry? (different missions will require different care)

Is it mounted (I can put more equipment in the vehicle), dismounted (now I am going to have to carry it all on my back),

Urban (may be difficult to get an evac asset into this area), open terrain (no limit on available landing zones for airevac)?

What types of opposing forces do we expect to encounter (highly trained and equipped, good leadership), what are their capabilities, what types of weapons do they possess (small arms, indirect fire weapons, IEDs in area)? Can we anticipate the types of wounds we may encounter?

Am I just going to provide care for trauma or do I need to provide sickcall coverage as well?

(now I have to pack some basic medications for this).

How long is the mission going to last (a few hours or several days)?

Do we have evacuation capabilities, both air and ground or are we planning on using vehicles of opportunity (M1114) for CASEVAC?

Where is the nearest definitive medical care facility, what capabilities do they have? How long will it take to get a casualty there?

Will the weather play a role in the care needed for the mission is it hot, dry? Is dehydration a problem?

What other medical providers are available on the mission?

Do we have combat lifesavers and when were they trained?

Do they all have their CLS bags?

What about self-aid/ buddy-aid. What is every soldier carrying to treat himself and or his battle buddy? Do they have the Improved First Aid Kit? What kind of training have they had? Are they familiar with the preventable causes of death in ground combat? Have they been trained in the principles of

Tactical Combat Casualty Care? If so then the quantity of supplies the medic has to carry will be less since there are supplies already on the battlefield. ? This will take some of the burden off an overwhelmingly large aid-bag carried on the medics shoulders.

These are a few of the questions that need to be answered before we can start packing our aid bag.

EXPERIENCE

What is the experience of the medic? Is he fresh out of school or has he been around for a while and has gained some experience? What training has he had in addition to his MOS training? Has he been through, BTLS, PHTLS, ATLS, ACLS? How about his previous assignments, did he work in an emergency room or on a ward. Has he been a field medic before? What kind of procedures is he proficient in, airway intubation, IVs, tourniquets? Can he suture, does he know how to screen patients that are sick, and can he provide limited medications to patients in the field? Has he gone through additional training and certification by his unit medical officer that will train him in medications needed to care for his soldiers? The experience level of the medic will drive the packing list more than any other factor. Medics should not pack supplies and equipment that they are not familiar, proficient, and confident with.

WOUNDS

Can we look back in history and predict what types of wounds will be encountered on the battlefield? What will be the causes of these wounds and where will they be distributed on the body? First we know that 90% of the deaths occur on the battlefield prior to reaching a definitive care facility. We also know the causes of wounds as well, 62% are caused by fragmentation, 23% are gun shot wounds, 6% burns, 3% blast injuries, and 6% from other causes. These statistics have remained relatively constant since World War I. Penetrating trauma is the predominant type of wound seen in combat where as blunt trauma is predominant in the civilian community. We also know where on the soldier's body the distribution of wounds are. With the advent of modern body armor the majority of wounds are on the extremities, 62%, head and neck wounds 25%, torso wounds 7%, and other 10%. (Picture of wound distribution) This data was compiled over 14 months in a combat support hospital in Iraq from Mar 03 to May 04. If we look at the causes of death based on data from the current conflicts we know that many of these wounds are not survivable even with a level 1 trauma center located in close proximity. However, approximately 15-18% of these deaths had potentially preventable causes (primarily hemorrhage and airway injuries). If we know what the preventable causes of death are we can focus our attention on those injuries, and pack supplies to treat them. We need to

start looking at the medics ability to provide initial patient lifesaving care out of a couple of small pouches (IFAK) carried on the individuals body armor. This system will allow the medics to begin lifesaving care without having to get into his or her aidbag. They can control hemorrhage, provide airway support, treat penetrating torso wounds and even perform needle chest decompression without having to open their aid bags for supplies. This approach saves time and prevents the medic from having to search through a large bag for a small piece of equipment. Only after they have stabilized the casualty and need a larger piece or quantity of equipment like an IV bag or additional supplies would they need to get into their aid bag. This is one of the problems that most medics encounter, the quantity of IV fluids they carry. One individual can only reasonably carry 4-6 liters of fluids. Even though today we advocate minimal fluid replacement for hypovolemia, it is still difficult for a single medic to support a large number of soldiers. One possible solution is to distribute the resuscitation fluid throughout the squad and platoon. If every soldier carried a 500 ml bag of fluid (with an infusion set and a saline lock kit) that would be 20-30 liters of fluid per platoon available for the medic to use on the battlefield, and wouldn't substantially increase the load the individual soldier had to carry. The Ranger Regiment has used this approach for years very successfully.

Now let's look at equipment.

I believe it makes it easier to break equipment down by the types of problems it is used for.

AIRWAY

Airway adjuncts, OPA, NPA, Combitube, King LT. ETT (if trained and experienced in its use). Surgical cric kit with the following; povidone and alcohol swabs, scalpel #10 or 15, 6 in straight Hallstead forceps, tracheal hook, 6mm cut down ETT or cuffed 6mm tracheostomy tube, 10 cc syringe, 4x4 gauze, and tape or a commercial securing device for the tube, collapsible BVM.

BREATHING

Vaseline gauze pads, Asherman chest seals, plastic wrappers from different dressings made into occlusive dressings, Kerlix gauze, tincture of Benzoin swabs, 3 inch adhesive tape, 100mph tape, saran wrap or Tegoderm dressings. 14 gauge-3 inch needle catheter units, 1 inch adhesive tape

BLEEDING

Kerlix 4 inch, Emergency Bandage (Israeli) 6 inch, CAT, SOFTT, or EMT pneumatic tourniquets, Ace wraps (6 inch), cravats, improvised windlass devices (made from 8-10 tongue depressors wrapped in 100mph tape or pre-made wooden dowls), HemCon Bandages, Tampons, QuikClot ACS packages, gauze pads of various sizes 2x2, or 4x4

SOCIETY OF ARMY PHYSICIAN ASSISTANTS

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First Class

ADDRESS SERVICES REQUESTED

FRACTURE SUPPLIES

Sam Splints, miscellaneous other splints (pneumatic, basswood, collapsing traction), adjustable cervical collar with plastic head block kit, ace wraps in various sizes 2-4-6 in. 3in nylon tape, cravats. (Plans for an improvised pelvic splint in case of a fractured pelvis)

PAIN MEDICATIONS

Morphine in tubex 10mg/ml, tubex injector syringe, oral pain meds, Celebrex 200mg, Tylenol 500mg, Meloxicam 15mg, Fentanyl Transmucosal Lozenges or others recommended by your Medical Officer

ANTIBIOTICS

Moxifloxacin tabs 400mg, Injectable Cefoxitin 2gm with diluent, Ertapenum 1gm injectable with 1% lidocaine w/o epinephrine for diluent, or other medications as recommended by Medical Officer

CBRNE MEDS

NAAK auto injectors, CANA auto injectors

MISCELLANEOUS

Band-aids, large ABD pad, nylon tape in various sizes 1-2-3 in, Eye pads, cotton tipped applicators, ENT Kit, Stethoscope, BP cuff, Pulse ox (Nonin), Burn packs (water gel), Surgilube, Tincture of Benzoin swabs, exam gloves, bandage scissors, needles (various sizes), syringes (various sizes), Blizzard Wrap Blanket, Ready Heat warming blanket, tongue depressors, and Duct tape, thermometers oral and sub normal (if deploying to cold weather environment). In addition, miscellaneous medications can be carried based on

recommendation from your medical officer. As you can see there are an unlimited number of items you can pack in your aid bag, but by considering all the parameters mentioned in the beginning of this paper we can narrow our list down to the essentials we need to provide good, high quality care and not over burden the medic who is carrying these supplies. Next and finally we should consider which bag is the right one. Again, there are 20-30 different bags available and they all will allow you to pack more supplies that you will ever use. It becomes primarily a choice for size, durability, price, and comfort when worn. Some of the companies that make aid-bags are, BlackHawk, S.O.Tech. London Bridge, Skedco, Camelback, North American Rescue Products and many others. Tactical Survival Specialties Inc. carries a nice bag that has a low profile compared to some of the other bags. It makes ingress and egress into buildings much easier. Check out their catalogs and ask others who have used some of these bags, what they liked and disliked about the various styles. As you can see there are many different factors that should be taken into consideration when planning medical support for a mission and these factors will allow you to choose the proper gear to support the soldiers in your care, but do not over burden yourself with an aid-bag that is too big and heavy to be effective. Listed below in the appendixes are a number of packing lists compiled by specific units and individuals for examples for you to look at. You can see what others are carrying and add to subtract from your list on things you might not have thought of. Good Luck.