THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 16 2006

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR OF THE JOINT STAFF

SUBJECT: Defense-wide Policy on Combat Trauma Casualty Hypothermia Prevention and Treatment

REFERENCES: (a) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996

(b) DoD Instruction 6430.2, "DoD Medical Standardization Board," March 17, 1997

This memorandum provides policy and assigns responsibility for preventing and treating hypothermia in combat trauma casualties. This memorandum applies to all Services and all elements within the Department of Defense (DoD) that engage in or sponsor procurement, deployment, or training for combat casualty care.

Background

In a December, 2004, trip to Europe and the Central Command Area of Responsibility, I found health provider concern that trauma casualties in both Afghanistan and Iraq suffered from hypothermia, regardless of environmental temperatures. Studies have shown that trauma patient mortality correlates with the degree of hypothermia when received for treatment.

While specialized hypothermia prevention and treatment items are available through normal supply channels, in some cases they are not being ordered, positioned, and used where necessary, given their potentially significant positive impact on trauma casualty survival. Even field expedient heat loss prevention items, such as blankets and body bags, are not uniformly used in appropriate theaters of operation.

Policy

All DoD organizations and activities subject to this policy will strive to improve significantly the prevention and treatment of hypothermia in combat trauma casualties, with the goal of reducing morbidity and mortality.

All DoD organizations and activities subject to this policy will put particular emphasis on preventing and treating hypothermia as early as possible in trauma casualty care and evacuation.

While hypothermia is defined as having a core body temperature of 34°C (93.2°F) or below, every effort should be made to maintain trauma casualties as close as possible to a normal body temperature of 37° C (98.6°F).

Suitability of hypothermia prevention and treatment products shall be judged on echelon(s) of projected use, weight, cube, power requirements, clinical effectiveness, usability, and durability. Cost As an Independent Variable will be factored into procurement and development decisions.

Application of preventative and treatment products should be accomplished, where possible, in a layered fashion covering corpsmen, battalion aid stations, forward surgical teams, combat support hospitals, evacuation (CASEVAC and MEDEVAC), and more definitive treatment. Ground and air evacuation presents special challenges. Preventative treatment supplies must be positioned to be available for virtually all medical evacuations and corpsmen, and others involved must be trained and knowledgeable in their importance and use.

Hypothermia prevention and treatment actions shall be documented on forms required for Joint Theater Trauma Registry (JTTR) data entry, and JTTR data shall be used as performance improvement indicators.

The Services shall assess deployable medical organizations and equipment sets at least triennially, to assure adequate and up-to-date hypothermia prevention and treatment items are correctly positioned, and to assure availability for use with combat trauma patients in theater and during evacuation.

In accordance with DoD Directive 6000.12 (reference (a)) and DoD Instruction 6430.2 (reference (b)), deployable medical items (including materiel to prevent and treat hypothermia) shall be standardized to the maximum extent possible, consistent with the missions of the Services.

By March 13, please provide me summaries of: 1) inventory of hypothermia preventive and treatment products that have been procured and deployed to combat theaters, and 2) current initial and recurring training emphasizing on hypothermia prevention and treatment for physicians, nurses, corpsmen, and others who may be involved in treatment or medical evacuation of combat trauma casualties.

My point of contact for this action is Colonel Tony Carter at (703) 575-2672, Tony.Carter@deploymenthealth.osd.mil.

William Winkenwerder, Jr., MD