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Aeromedical Evacuation of Burn Patients From Iraq

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More than 525 burn casualties have been admitted to the United States Army Institute of Surgical Research (USAISR) Burn Center from the current conflicts in Iraq and Afghanistan. Patients are initially transported by U.S. Air Force crews from theater to Landstuhl Regional Medical Center (LRMC), the U.S. military hospital in Germany. Based upon the number of burn patients and the severity of their burn wounds, three options are available for transporting the patients to the USAISR Burn Center in San Antonio, TX. The USAISR Army Burn Flight Team transports the most critically injured burn patients from Landstuhl to San Antonio. U.S. Air Force Critical Care Air Transport (CCAT) teams transport patients with burns of intermediate severity from Germany to San Antonio, along with other severely injured patients designated to receive care at Brooke

Army Medical Center (BAMC). U.S. Air Force Aeromedical Evacuation teams transport ambulatory patients via scheduled evacuation flights. The Army Burn Flight Team was created in 1951 and currently consists of a trauma surgeon, a critical care registered nurse, a licensed vocational nurse trained in ICU-level care, a respiratory therapist, and a senior non-commissioned officer serving as the operations sergeant for the mission. The members of the Burn Flight Team all work in the USAISR burn intensive care unit, and are highly experienced in caring for the critically burned patient. This aspect of the team's design provides continuity of care for the patient from the time of assessment at Landstuhl and onward through many weeks to months of inpatient stay at the Burn Center. The team's experience gained from treating patients with inhalational injury is an additional asset. This experience, coupled with a variety of ventilators used by the team, allows for a wide spectrum of support for patients with severe lung injury. The Burn Flight Team may also be used to transport trauma casualties, without thermal injuries, from Landstuhl to BAMC for definitive care. This form of reciprocal support maximizes use of available airframes and critical care air transport personnel and serves as an excellent example of military medical support focused on providing optimal care for the combat casualty.

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