

## **AMMA JOURNAL VOL 6 ISSUE 1**

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### **Wilderness Medicine Society Winter Meeting Steamboat Springs, Colorado Jan 31 – Feb 5 1997**

by  
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At the risk of gloating, and getting some sideways glances, I will write of this outstanding conference. The Wilderness Medicine Society is a vibrant expanding organisation, which puts on some incredible meetings at some very appealing places.

#### **Casualty Care in Special Operations**

The winter and expedition medicine conference included as a further incentive a pre-conference workshop on wilderness medicine in military special operations. This was put on in cooperation between WMS and the US Special Operations Forces. Treatment protocols for management of injuries in the US military have mirrored those put out as part of the Acute Trauma Life Support course. However, such protocols do not allow for the absence of diagnostic and interventional support when distant from definitive medical care. Thus, over 4 years, a new set of protocols have been proposed. They were published as a supplement to the journal 'Military Medicine' last year. (Butler F K et al Tactical Combat casualty Care in Special Operations. Mil Med 1996 161:8 supp p 3-16). On this occasion, 10 specialists, some with military affiliations, some without, were brought together with civilian and military medical personnel (doctors, nurses, pararescue) to validate the recommendations and to see how they would be utilised using 10 scenarios. Each scenario was discussed by the specialist and then opened to discussion. Some of the particularly interesting aspects are:

- No resuscitation if pulseless and not breathing on a battlefield
- Withhold fluid resuscitation for uncontrolled bleeding of the chest or abdomen. Studies (in both humans and animals) consistently show that putting IV fluids into such patients dilutes clotting factors and increases blood pressure, which permits further bleeding through the uncontrolled site.
- Resuscitate with newer colloid fluids which can sustain intravascular fluid, and even draw in some fluid from the interstitial space - 1litre of colloid producing 1500 ml of intravascular fluid after one hour, as opposed to 1 litre of lactated ringers having only 200 ml remaining after one hour.

It appears the US military will be in the future training to a different protocol with a different course, one designed specifically for the military, rather than the civilian equivalent ATLS course. We in Australia, who have struggled to train our military medical personnel even in the Australian equivalent to ATLS, should look very closely at designing our own as the US military is doing.

#### **The Rest of the Conference**

There was a combination of didactic lectures, general interest presentations on expeditions - a preponderance of Everest attempts, including one from a survivor of the May 1996 disaster when 5 people, including two of the most experienced climbers in the world, died - and workshops on diverse topics such as Helicopter Safety in SAR, recent developments in diving equipment, Aircraft Crash Survival, management of the injured joint in the wilderness, abdominal and thoracic injuries, eye protection and many more. Some 600 registered, and many of the

speakers have huge experience in the wilderness and wilderness pursuits. In all, a highly recommended conference. As a free advertisement, the next conferences are April 19-23, Cozumel, Mexico, Diving Medicine, and the annual scientific conference at Sun Valley, Idaho, August 2-8.