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AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310



IN REPLY REFER TO
AGAM-P (M) (30 Jun 67) FOR OT

6 July 1967

AD829489

SUBJECT: Operational Report - Lessons Learned, Headquarters, 3D Field Hospital for quarterly period ending 31 January 1967.

TO: SEE DISTRIBUTION

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2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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DEPARTMENT OF THE ARMY
HEADQUARTERS 3D FIELD HOSPITAL
APO 96307

14 February 1967

SUBJECT: Operational Report for Quarterly Period Ending 31 January 1967
RCS CS For 1965

THRU: Commanding Officer
68th Medical Group
APO 96491

TO: Assistant Chief of Staff, Force Development
Department of the Army
Washington DC, 20310

SECTION I

SIGNIFICANT EVENTS

A. COMMAND:

1. Unit engaged in patient care for all 90 days of the reporting period, providing support primarily to III and IV Corps troops and general support to II Corps personnel.

2. LTC Joseph E. Molloy, MC, was replaced as commanding officer by LTC Dwight F. Morss, MC.

3. MAJ Charles R. Yarbrough, MSC, was replaced as Executive officer by LTC Allen Warnes, MSC.

4. The 3d Field Hospital was visited by LT GEN Heaton, Surgeon General of the Army and GEN Beach, USARPAC CG during the period and numerous other dignitaries, especially during the Christmas holiday period.

5. The 3d Field Hospital was awarded the Meritorious Unit Commendation in Department of the Army GO #43, dtd 9 Nov 66, for exceptionally meritorious conduct in the performance of outstanding services during the period May 1965 to November 1965.

6. Organizational Structure

a. 3d Field Hospital provides the headquarters unit and administers the operation of the following attached units:

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- (1) 51st Field Hospital
- (2) 62nd Medical Detachment
- (3) 155th Medical Detachment
- (4) 104th Medical Detachment
- (5) 629th Medical Detachment
- (6) 915th Medical Detachment

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b. The 406th Medical Lab (Mobile) provides direct support and is housed within the 3d Field Hospital compound but is not attached.

B. PERSONNEL, ADMINISTRATION, MORALE, AND DISCIPLINE

1. Personnel:

a. Significant turnover in hospital personnel both officer and enlisted occurred with very little time in most instances for outgoing personnel to properly orientate their replacements. This occurred primarily to the large number of personnel assigned to the 3d Field Hospital who arrived in country together as a unit consequently most left within a two week period. Personnel assigned recently in MOS 91A10 have required additional training prior to assuming duties on regular assignments on the wards. It is felt that these personnel are not adequately trained.

b. Promotions during the quarter were 3 ANG from 1LT to CPT, 1DC from CPT to MAJ, 1 MC from MAJ to LTC. Enlisted promotions were 13 E3 to E4, 4 E5 to E6, and 2 E6 to E7.

2. Administration:

The normal administrative burden at this hospital is great and is added to by the attachment of six units without any administrative capabilities which requires separate morning reports and all attendant administrative requirements. This has caused numerous problems especially in personnel administration and this has been further complicated due to the numerous transfers of personnel and finance records of this unit and the attached units.

3. Morale:

Morale within the 3d Field Hospital and attached units has been and is very high. Personnel have demonstrated this on numerous occasions especially when making contributions of their time and effort for the welfare of indigenous personnel and the betterment of the unit as a whole. The recreational program carried out by ARC has been of great value in maintaining high morale. This program was greatly expanded in the last quarter and now includes swimming three afternoons each week for the patients. Numerous other programs are now being conducted since the volunteer force has increased to 27 women.

4. Discipline:

The incidence of minor and major violations although ranging from non judicial to general court martial offenses has been it seems confined to a relatively small number of individuals of questionable moral fiber inherent in any large unit. This seems to be especially true here since many

of the offenses requiring non judicial or more severe disciplinary measures have been committed by the same personnel. Action is being taken to eliminate these personnel from the service.

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C. PLANS, OPERATIONS, AND TRAINING:

1. Plans and Operations

a. Construction Program

During the quarter a complete review of the entire renovation and construction program for the hospital was made by a committee consisting of the CO, XO, and the heads of all major departments, LTC Zimov from 44th Med Brigade headquarters were present, also Mr S. Purdy, PA&E R&U Installation Manager at the 3d Field Hospital.

b. Drainage of the 3d Field Hospital

Apparently when the American Community School (now 3d Field Hospital) was constructed, the relative elevation of the land was such that no drainage problems existed during the rainy season. Subsequently, the buildup of Thoai Ngoc Hau and Vo Tanh Streets elevated those thoroughfares and placed the hospital grounds at a lower level than the surrounding terrain. As a result, all the rain falling on the streets drains into the 3d Field Hospital, creating flood conditions.

During recent months, sufficient pumping capacity was installed by PA&E Repairs and Utilities forces and sewer line modifications were made which makes it possible to keep the hospital pumped dry but for one factor that is the city storm sewer which originates in front of #3 Vo Tanh. During the heavy rains, the storm sewer becomes overloaded with water and can not accept the water being pumped from the hospital.

All possible actions to prevent flooding have been taken within the hospital. The one action remaining is enlargement of the city storm drain to a size appropriate to the volume of water which falls during the rainy season.

2. Training

a. Training program encompassing mandatory training subjects has been established and a projected training program extending through 30 June 1967 has been prepared. This program includes familiarization firing during May. Technical training is conducted within each section on a monthly basis by the heads of departments. An in service training program for nurses is conducted by the Chief Nurse. Professional staff conferences are held weekly.

b. During the quarter a complete property inventory and readiness inspection was made of all attached units subject to immediate movement to other hospitals in country which may need the special capabilities of a particular unit such as the 62nd Med Det. All property and supplies were checked and replaced or rotated as needed. All attached units with immediate mobility capabilities are fully prepared and capable of movement at any time.

D. LOGISTICS:

1. All due outs were reviewed and discussed with depot personnel. It was felt that since many of the due outs were quite old and that some difficulty was being encountered in processing these due outs that all should be cancelled and items re-requisitioned. This was accomplished and has resulted in a smoother supply flow and less work in maintaining suspense and cross checking for due outs whenever requisitions are received and forwarded.

2. Supply

a. In the past the supply office was located in an open area adjacent to the medical supply and medical maintenance sections. However, due to heavy traffic of personnel drawing medical supplies and activity in the maintenance shop it was found that work in the office was being impaired. As a result the office has been enclosed providing a more conducive atmosphere for efficient administration of the division.

b. An organizational chart was devised to better establish chain of command and lines of communication. This has helped remove the burden from the supply officer of having to deal with small problems which could be solved at a lower level.

3. Pick up of medical supplies by customers

A delivery system was established to eliminate the problem of personnel from each section coming to supply to make pick ups. Customers now submit a requisition on Monday, Wednesday, and Friday. These are processed by medical supply storage section and the supplies are delivered to the customer on Tuesday, Thursday, and Friday except in case of emergency which is processed at any time. The new system has worked well in eliminating much of the congestion in the supply division.

E. SPLCIAL STAFF SECTIONS:

1. Registrar

a. Total Admissions	1727
Disease	784
Injury	360
IIRHA	583
DRHA	28
Outpatient Visits	4580
Patients Returned Duty	918
Patients Evacuated	754
Avergae Beds Occupied	519

2. Medicine

a. General Medicine

There were 218 admissions to Ward 8 (General Medicine Ward) between 1 november and 15 January, which projects to a total of approximately 260 for the entire reporting period. A total of 80 different diagnoses

were recorded at the time of discharge or transfer however, only two diagnoses were seen ten times or more which were pneumonia 19 and Peptic ulcer (Duodenal) 10.

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b. Brief reports of especially interesting patients

(1) A 37 year old Indonesian male (naturalized U.S. citizen) presented with acute severe left flank pain, fever and almost black urine. In the preliminary evaluation here it was discovered that there was a marked hemoglobinuria, appeared that an intercurrent infection (viral) triggered the course of events. The patient was never oliguric but there was evidence of renal failure because the BUN and Creatinine were evaluated. Numerous malaria smears were negative. All aspects of the illness improved during hospitalization (symptomatic therapy) and he was transferred feeling essentially well to Walter Reed Army Medical Center for study of his hematologic problem.

(2) Another patient (a young Negro male) who also had G6PD deficiency (according to the screening test available here) was found to have radiolucent gallstones. There was evidence that the weekly chloroquine-primaquine tablet was causing a mild hemolysis (patient had been in RVN for 10 months). It is possible that the gallstones were primarily bilirubin. This patient was also returned to the United States.

c. Infectious Diseases

There were approximately 238 admissions to Ward 6 (Infectious Disease Ward) during the reporting period. This represents a greater than 2% reduction in the number of admissions to this service when compared with the previous quarter and the average for 1966 as a whole. This fact is accounted for mainly by the decrease in the number of falciparum malaria patients admitted late in the quarter. There is plenty of malaria being treated in the more northern areas of RVN but for some reason very few cases have been admitted here of late. A breakdown of the transfer or discharge diagnoses is as follows:

<u>Diagnosis</u>	<u>No. of Patients</u>
Malaria (mostly falciparum)	65
Fever of Undetermined Origin	54
Hepatitis, Infectious	32
Shigellosis	29
Gastroenteritis of Unknown Etiology	19
Tuberculosis, Pulmonary	10
Bronchitis, Unknown Etiology	6
Amoebic Colitis	9
Dual Infections with Shigella and Ehistolytica	4
Salmonellosis (Arizona Group)	3
Scrub Typhus	2
Japanese Encephalitis	1
Aseptic Meningitis	1
Amoebic Abscess of the Liver with Rupture into Pleural Space and Amoebic Empyema	1
Tick Borne Typhus	1
Miscellaneous, including Venereal Disease (No Syphillitis) tonsillitis, etc	12

d. Brief Reports of Especially Interesting Cases

(1) On 31 December 1966 a patient eventually diagnosed as having Tick Borne Typhus was admitted to the 3d Field Hospital communicable diseases section. He was a 23 year old Caucasian Male, Scout Dog handler, who had arrived in Vietnam on 26 November 1966 and was stationed at Phuc Vinh. He became ill 4 days before admission with listlessness and malaise. Three days P.T. he developed severe frontal headache, sore throat, myalgia, low back pain, and severe arthralgia of both ankles, wrists, M-P's, and right shoulder without any objective signs. He also developed a high fever, shaking chills, and a macular non-pruritic rash of the trunk and arms and upper thigh.

Parenthetically it is noted that about the same time the patient's scout dog sickened and eventually died of leptospirosis. During the month he was in RVN the patient recalled picking ticks off the dog several times but never from himself.

Examination on admission revealed a temperature of 104 and a "toxic-appearing" male with shaking chills. B&NT, lungs, cardiovascular, and abdominal examinations were all normal. He had a macular blanching rash covering the trunk, arms, and legs. The macules were 3-5 mm in diameter and none were hemorrhagic early in the course. A thorough search for a primary lesion was unrevealing.

The first three days in the hospital were marked with temperature spikes 2-3 times daily to 103. On the 2nd day the rash had extended to involve the lower legs, soles, and palms and later some of the skin eruptions had a hemorrhagic component. He was thought to have scrub typhus clinically, and was started on tetracycline 500 mgm and P.O.. Within 48 hours from initiation of therapy he became afebrile and remained afebrile until the time of discharge from the hospital on 13 January 1967. Myalgia, which was a principal complaint, subsided somewhat more slowly.

Laboratory: WBC (on admission) 4,400 with 79% Neutrophils, and 21% lymphocytes. Urinalysis was normal, Malaria smears 4 times negative, SGOT was 16u, Bilirubin and alkaline phosphatase and VDRL all normal. Proteus antigen titers were as follows:

	<u>OXK</u>	<u>OX 19</u>	<u>OX2</u>
2 Jan 67	1:20	0	0
5 Jan 67	0	0	1:20
9 Jan 67	0	0	1:320
13 Jan 67	1:20	0	1:320

Acute and convalescent sera have been sent to WRAIR for further confirmation of what would appear to be a case of Tick Borne Typhus. This disease is said to occur in Vietnam but to our knowledge has not been documented in the United States military population.

(2) R.T. was a 26 year old thin Negro male who was admitted to the 3d Field Hospital ambulatory on 14 November 1966. He had been in Vietnam at My Tho in the Mekong delta since June 1966. He was well until a week prior to admission when he began to have 3-5 brown watery stools daily without systematic complaints. Two days PTA he had feverishness and anorexia; and 1 day PTA he had onset of dull RLQ pain. He was sent to the

3d Field Hospital and admitted because of persistence of symptoms,

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Oral temperature was 99.8. The only focal physical finding was RLQ abdominal tenderness with voluntary guarding. The liver was questionably enlarged, but was definitely not tender.

Initial laboratory work showed a normal chest X-Ray and flat plate of the abdomen. Hct 47. WBC 15,000 with a shift to the left. SGOT and Bilirubin normal, Alkaline Phosphate 12 B.U. BSP retention 23% at 45 min. The patient spiked daily fevers to 102 orally. Several stools were neg. for O&P; and stool cultures were neg. for enteric pathogens. Blood cultures were negative. Repeated physical examination 18 Nov 66 showed no change from the admission examination; however, on 24 November the patient had definite liver tenderness, and evidence of fluid in the right chest cavity. chest X-Ray confirmed the later finding; right Thoracentesis yielded 300cc of straw colored fluid with 1/2 gm% protien; microscopy showed a few round cells and bacteriologic culture was negative.

A presumptive diagnosis of *E. histolytica* liver abscesses was made and the patient was treated with chloroquine, emetine, diodoquine, and tetracycline. He responded clinically with subsidence of diarrhea, fever, and general malaise, but his right pleural effusion became massive. A repeat right thoracentesis on 12 December 1966 yielded 1500 cc of straw colored fluid; motile *E. histolytica* trophozoites were seen on microscopic examination. The patient was now feeling fairly well, but was having temperature elevations 100 orally daily. His EKG showed emetine effect. His pleural effusion persisted, with *E. histolytica* present on repeated taps after a full course of systemic emetine-chloroquine, and a single instillation of 65 mg emetine into the right pleural space. The patient was air evacuated from Viet nam with the recommendation that he have surgical drainage of his *E. histolytica* liver abscess and right empyema.

e. Other activities

(1) Rabies Control Board - The rabies control board of this hospital has as its function the evaluation and disposition of all cases of animal bites which are incurred in the Saigon - Cholon - Ton San Nhat Area. Occasionally cases are referred from surrounding areas, generally within 25 miles of this facility.

In the last quarter 14 cases were evaluated. Biting animals were as follows: Dog, 10 cases; Rat, 1 case; Monkey, 1 case, cat, 1 case, mongoose, 1 case. In most cases, approximately 75%, the animal was not available for incarceration by the 4th Veterinary Detachment.

No human cases of rabies had been seen. There was an instance in which the patient did not receive from returning his immunization after the second dose despite warnings as to the importance. The animal which bit him was proved rabid by mouse inoculation some two weeks later. The individual was located and the course of vaccination completed. Since then two months have elapsed and he continues to be well.

Recently, closer coordination was sought in conferences with the 4th Veterinary Detachment. The outgrowth has been a new hospital regulation

with an SOP which is being distributed to all concerned organizations. Hopefully, improvement will be made in the apparently low percentage of pets owned by US personnel which are vaccinated against rabies. The USARV regulation requiring this has not been followed. 8

(2) Professional Meetings

In addition to the weekly combined hospital staff meeting and weekly grand rounds (walking) on the Medical Wards, a Medical Journal club has been instituted which meets weekly also. The format has been kept flexible so that only current journal articles are discussed but also researched topics presented and guest speakers on occasion are invited.

(3) Tuberculosis

The incidence of tuberculosis diagnosed tentatively or definitively at the 3d Field Hospital has been significantly higher during this last quarter. One of the patients admitted during the reporting period was severely ill. A promising contribution has been made by Major Richard Cohen (17th Field Hospital) using the so called "transport medium". This is a buffered medium originally designed for enteric bacteria, which holds the organisms in a kind of suspended animation at room temperature, for varied periods. At the plague laboratory (Pasteur Institute) US personnel have been able to grow plague bacilli from this medium after 6 months at room temperature. The medium was developed by LTC Blair at the WRAIR. LTC Blair is now Chief of the Bacteriology Department at the 9th Med Lab in this area. Major Cohen used this medium to transport specimens from tuberculosis patients to Fitzsimmons General Hospital. Subsequently, it has been possible to grow tubercle bacilli from the medium for sensitivity testing, etc. The possible applications of this technique are obvious. We have also begun to use this medium at this hospital.

(4) Snake Bites

The problem of management of snake bites is not as frequent at this hospital as it apparently is at some others but has come up on at least three occasions during this reporting period. Thus far it has not been necessary here to administer snake antivenom but it is just a matter of time before a severe case is encountered. A staff member of the office of the Consultant to the USARV Surgeon (Internal Medicine) is presently attempting to gather information as a basis for appropriate recommendation. Usually the identity of the biting snake is unknown. An educated guess must be relied on as regards choice of antivenom. One of the antivenoms available in our emergency room is useless because the enclosed directions are entirely in the Thai language. An attempt is being made to have a translation made through the SEATO Laboratory in Bangkok.

(5) Amoebic Liver Abscesses

In the October - December issue of the USARV Medical Bulletin a series of five cases of amoebic liver abscesses were described. These were all admitted to the 3d Field Hospital within a five week period. This was at the beginning of 1966. WHEN OVER A FOUR WEEK PERIOD FOUR MORE M cases of amoebic liver abscesses were diagnosed. In the interim between the

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appearance of these two series of patients there was an almost complete turnover of physicians at the 3d Field Hospital, Without belaboring the point, had the index of suspicion and awareness of the mode of presentation of amoebic liver abscesses been higher both at this hospital and referring hospitals, one of these patients, who became severely ill and underwent several operative procedures, would have fared better. It is to be hoped that the article in the USARV Medical Bulliten will be read widely in Vietnam.

(6) Renal Services: Renal services were provided by the 629th Medical Detachment (See Annex A)

(7) Quinine Reactions

In the last quarterly report the problem of quinine reactors was raised and the possible need for a command policy mentioned. Subsequently a request came back for recommendations. Because of the implications for the entire military establishment in Vietnam and the need for coordination if a study of the problem were to be undertaken, the matter was taken up with Col R. Blohm, Consultant in Internal Medicine to the USARV Surgeon and proposals made. Before a study, perhaps utilizing the facilities of this hospital were set up, the desire was to make a survey of the magnitude of the problem. This was to be undertaken by Col. Blohm's office.

3. Surgery

a. The inability of getting needed books and journals for the medical library continues to be a serious handicap to continuing medical education of the professional staff.

b. Obtaining needed medical supplies such as Argyle chest tubes, specialized suture material and other items has interfered many times in the optimum treatment of casualties. On one occasion elective surgery and delayed primary closures of wounds had to be cancelled due to a shortage of anesthetic gasses which had been ordered but not received.

c. The giving of O Pos or O Neg blood to patients of O, A, B, or AB blood groups prior to arrival at this hospital has caused enigmas with regard to their subsequent transfusions of blood. (Since for example, a patient with group A who receives 4 or more pints of group O should probably continue to receive group O in spite of his own proper group. At times it is felt that patients with an isolated wound, ega, fragment wound within the osanium are given blood when it may not really be necessary. If this patient (Type A) receives O type blood appropriate subsequent cross matching may become difficult.

d. Chest tubes

It is felt that the use of Argyle chest tubes provide better frainage of the chest and results in the need for fewer thovanceses. It also results in less residual hemothoraces and infected residual hemothoracese than is found with other substitute tubes.

Eschororotanies in burn patients should be done in circumferential extremity burns but can result in significant delayed hemorrhage. This should be kept in mind when air evacuation of burns patients is being considered.

E. Additional Activities

- (1) Surgical rounds weekly at 1500 hours on Fridays. 10
- (2) Participation in weekly professional staff conferences for mutual medical education of the professional staff.
- (3) Participation with local hospitals as consultants and instructors.
- (4) An eye clinic has been staffed and partially equipped.
- (5) An orthopedic service has been established and has been very busy both with casualties and orthopedic referrals.

F. Vein Cutdowns

It is felt that saphenous vein cutdown have been done too indiscriminately and that an upper extremity route could be used more effectively in most cases with saphenous vein cutdowns. It is difficult to monitor central venous pressure. If patient is bleeding from a visceral wound transfusion may be relatively ineffectual.

G. Dental Staff

- (1) The dental staff consists of the following personnel:
 - (a) 2 dental officers
 - (b) 2 enlisted men
 - (c) 1 Vietnamese assistant
- (2) The department is seeing an average of 300 patients monthly. During this quarter the following number of procedures were given:

(1.) Exams	135
(2.) Consultations (Oral Surgery)	453
(3.) Extractions	115
(4.) Amalgam Restorations	225
(5.) Silicate Restorations	48
(6.) POT's	485
(7.) Sedative Treatments	58
(8.) R.C. & Apicoectrimes	7
(9.) Prophylaxis	83
(10.) Caries Prev. Treatment	24
- (3) Patients requiring any type of Prosthetic appliances have to be referred to other clinics in Saigon since the necessary equipment to render this type of service is not available at this clinic.
- (4) Improvements made during the quarter in the Dental Clinic have been the installation of one new dental unit and chair and receipt of one new instrument autoclave.

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(5) Besides the regular service given dental personnel also participate in the hospital Med Gap program. Emergency treatment to Vietnamese Civilian Employees of the hospital is provided. Also the dental officers assist in the operating room during mass casualty situations.

(6) The biggest problem we are going through now is the great difficulty of acquiring certain supply items in particular the replacement of high speed drill unit parts. The lack of operation of this equipment means that a simple procedure sometimes takes more than twice as much time to do. The small size of the dental clinic plus the lack of prosthetic laboratory equipment has handicapped the maximum performance of the dental clinic.

H. Food Service

(1) The conversion from field equipment to station property cooking equipment has been completed, the original attempt gave problems because it was found that burner holes on the stoves were too large for propane gas causing them smoking. This was eliminated by refilling the holes and boring smaller ones to make it suitable for propane gas.

(b) The food service division now has two men assigned with a hospital cook's MOS and many years experience in diet preparation. We are now capable of preparing almost all diets comparable to a station hospital. A weekly on the job class in diet preparation has been started in an effort to teach all mess personnel diet cookery.

(c) Two mobile grills are now available, one electric grill and one propane grill.

(d) Washroom space was increased by twenty square feet and a part of that space will be used for a vegetable preparation area in the very near future.

(e) Electric outlets have been installed in a portion of the kitchen providing plugs for food carts to keep them hot while loading.

(f) China and hot and cold carts have been requisitioned and when received will provide the capability of converting to a central tray system.

(g) Dishwashing machine should be in operation within several weeks. The lack of current has caused much delay in the use of this machine.

I. Chaplain

(a) The chaplain section meets the religious needs of the patients and permanent party at the 3d Field Hospital. Also of concern is the morale and character growth of the individual. Because of the importance of this, the pastoral visitation to patients and staff has increased by 250% and the religious education as increased 700%. Other programs were continued in the last quarter. 12

(b) Civil action is continued by designated worship services offerings to stated Vietnamese missionary activities, visitation to Vietnamese hospitals and missionaries, and occasional accompaniment of the Red Cap excursions!

(c) New programs consist of showing religious movies every Sunday night, a night when no movies are offered to the personnel.

(d) A new temporary chapel was constructed which supplies more seating space, more office space, and in general, is more functional and better looking, requiring less maintenance, and is more conducive to worship and counselling.

(e) Christmas fell in this quarter. Special religious worship services, both Roman Catholic and Protestant, were held Christmas Eve. Also various religious programs were set up at special times during these holidays. Cardinal Spellman made an address and visited the various wards. Evangelist Billy Graham and his group (including vocalist Beverly O'Shea) made an address and visited the wards. Two choral groups came in from the 7th Day Adventist Missionary Hospital and the Mennonite Mission. Also the Vietnamese workers made a Lower Type Nativity scene to go in front of the new Chapel. Christmas gifts and cards sent c/o the Chaplain from the states were distributed by the Chaplains to the patients on the wards.

SECTION II, PART I

OBSERVATIONS (LESSONS LEARNED)

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A. PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE

1. ITEM: Personnel inadequately trained personnel particularly in MOS 91A10 are being assigned and must be utilized for patient care.

DISCUSSION: The inadequacy of the training received by personnel in MOS 91A10 is especially hazardous when these personnel must be assigned in all areas of patient care particularly when the patient load is heavy and more experienced personnel are not always available to supervise these personnel when caring for patients.

The operational requirements of this hospital preclude a formal training program for these personnel consequently these corpsmen are trained only when time permits. Although most of these young corpsmen are intelligent, learn quickly and are well motivated there is no substitute for a proper formal training program.

OBSERVATIONS: Limitation of assignment to less seriously ill patients initially with progressive advancement to more seriously ill as injured patients is followed if possible, however it is felt that the establishment of a proper training program perhaps at this hospital to adequately train newly arrived personnel prior to assignment to actual patient care duties would be beneficial not only to this hospital but to other hospitals with this problem in Vietnam.

B. SPECIAL STAFF SECTIONS (SURGICAL)

1. ITEM: Blood Recipients

DISCUSSION: The difficulties encountered in some instances after patients have received blood transfusions of a type other than their own, especially when the transfusion was not absolutely necessary can make cross matching for subsequent necessary transfusions very difficult and add to the attending physicians problems at a time when his attention to other details concerning the case are more urgently needed.

OBSERVATIONS: More careful consideration should be given to each case where transfusions are ordered especially those transfusions given during evacuation.

2. ITEM: Saphenous vein cutdowns

DISCUSSION: Vein cutdowns are being done too indiscriminately this causes difficulty in maintaining central venous pressure also the transfusion may be relatively ineffectual if a patient is bleeding from a visceral wound.

OBSERVATIONS: Upper extremity routes for rapid infusions should be used instead of saphenous vein cutdowns, this would be more effective in most cases.


SECTION IV, PART II

RECOMMENDATIONS

1. Assign adequately trained personnel in MCS 91A10 or set up a formal training program to provide additional necessary training for newly arrived 91A10's prior to assignment to hospitals for patient care duties. 14

2. Advise all doctors especially those in more forward areas to use caution when ordering transfusions especially when recipients specific type blood is not available.

3. Use upper extremity routes should be used rather than saphenous vein cutdowns whenever possible.


D.F. ORSS
LTC, MC
Commanding

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AVCA MB-GD-PO (14 Feb 67) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 Jan 67
(RCS CSFOR-65)(3d Field Hospital)

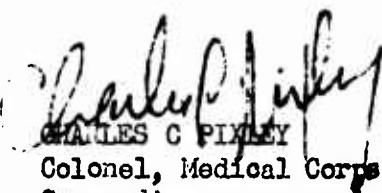
HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 20 February 1967

TO: Commanding Officer, 44th Medical Brigade, APO 96307

1. Section IB. Each unit has a rotational problem to a degree. Action is being taken by this headquarters to alleviate this problem. Additional training is required in most cases for personnel just completing advanced individual training. Concur with observations in Section II, Part I 1.

2. Section II, Part IA and Section II, Part IIB. 91A10 training is not intended to provide other than a general orientation in hospital services, patient care, anatomy and physiology, pharmacology and other related medical areas. When personnel are required for medically sensitive duties, great care must be taken in the selection of the 91A10 to insure the individual will be receptive to the required training. Rotated medical assignments through progressively more demanding areas will insure a continued high standard of medical care.

TEL: Long Binh 3326


CHARLES C PIXLEY
Colonel, Medical Corps
Commanding

1 Incl
DC

15

AVCA-MB-PO (14 Feb 67)

2nd Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65) (3rd Field Hosp)

16

HEADQUARTERS, 44th Medical Brigade, APO 96307, 25 February 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O,
APO 96307

1. This headquarters has reviewed the basic report and 1st indorsement, and the following comments are submitted.
2. Reference to Section I, paragraph B2 of basic report - the problems of personnel administration for this unit was absorbed on 1 February 67 by the 222d Personnel Service Company which is assigned to this headquarters.
3. Reference to Section II, Part IA and Section II, Part II 1 of basic report - concur with comments in paragraph 2 of the 1st indorsement.
4. Reference to Section II, Part IB 1 and Section II, Part II 2 - concur with observations, comments, and recommendations concerning blood recipients in basic report.
5. Reference to Section II, Part IB 2 and Section II, Part II 3 of basic report - agree that cutdowns in the lower extremities are to be condemned. However, when it is necessary to replace a patient with massive transfusion, inguinal cutdowns are superior. Venous pressures are more reliable, cutdowns require less time, and displacements of cutdowns are less.

Lynx 382

~~Incl 3/04~~
~~ORIT (dup)~~
MC

Ray Miller
RAY J. MILLER
Colonel, MC
Commanding

18

16

AVCA GO-O (14 Feb 67)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 January 1967
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 9 APR 1967

TO: Deputy Commanding General, United States Army Vietnam, ATTN:
AVHGC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 3d Field Hospital for the Quarterly period ending 31 January 1967 is forwarded herewith.

2. Reference paragraph 1b, page 3:

a. The drainage system for the hospital was assigned by OICC and partially completed by RMK-BRJ. To date, neither the required sewage booster pump nor the two storm water pumps have been installed. In lieu of the permanent pumps, this headquarters has directed installation of sufficient temporary pumps to keep the hospital dry during the rainy season. However, because of the insufficient capacity of the city combined sewer into which the runoff must be pumped, water backs up into areas adjacent to the hospital. The drainage of these areas was not included in the OICC directive which only provided drainage of the field hospital.

b. This headquarters has conducted a study of this problem and arrived at the following conclusions:

(1) Enlargement of the city sewer is the most costly and difficult solution. Because of the flat character and low elevation of the terrain, self-scouring velocities could not be maintained in the sewer without an increase in the presently available slope. This increase in grade will require deep trenching and the construction of intermediate lift stations, which will add to the complexity and cost of the project.

(2) A more feasible and economic solution is the extension of the present sewer lines constructed by RMK along Cach Mang Street to the canal or conversely along Vo Tanh Street to the Tan Son Nhut main drainage ditch. A letter has been sent to USARV requesting the present scope of work be expanded to include either of these two lines.

3. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 782/430

1 Inc /
nc

Timothy S O'Hara
O'HARA
LT. INF
Acting Asst AG

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AVHGC-DST (14 Feb 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the period ending
31 January 1967 (RCS CSFOR-65)

mK
18

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 12 MAY 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 3d Field Hospital as indorsed.

2. Pertinent comments follow:

a. Reference paragraph C1b, page 3; and paragraph 2, 3d Indorsement, concerning drainage: The United States Army Engineer Command Vietnam (Provisional) has directed the enlargement of the storm drain into the sewer system in front of the 3d Field Hospital.

b. Reference paragraph E2e(4), page 8, concerning snake bites: A limited quantity of illustrated handbooks to assist units in the identification of snakes in RVN has been obtained and will be distributed. A comprehensive article on the treatment of snake bites also appears in the March-April issue of the USARV Medical Bulletin which is currently in distribution.

c. Reference paragraph E2e(7), page 9, concerning quinine reactions: The incidence of quinine reaction is very low considering the number of personnel who have received quinine in malaria treatment during the last 15 months. An informal survey of incidence does not indicate the need for a major study in this command. Personnel reactions to quinine have been well documented for many years.

d. Reference paragraph E3a, page 9, concerning the requirement for medical books and journals: As a result of unit's comment, numerous duplicate professional books and journals recently have been forwarded to 3d Field Hospital. This headquarters also is attempting to obtain an acceptable fill ratio for subsequent distribution under current contract.

e. Reference paragraph E3b, page 9, concerning medical supply: Argyle chest tubes were requisitioned in November 1966. This is a non-standard item and requires a long lead time. The tubes were received in March 1967, after submission of the Operational Report. Replenishment requisitions for this item have been submitted to maintain adequate issue stocks. Shortages of anesthetic gases which occurred during the report period have, for the most part, been resolved with the receipt of ether

19 AVHGC-DST (14 Feb 67)

4th Ind

12 MAY 1967

SUBJECT: Operational Report-Lessons Learned for the period ending
31 January 1967 (RCS CSFOR-65)

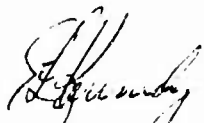
and Fluothane. Penthane is still in short supply, but is on priority
O2 requisition, and should arrive soon.

f. Reference paragraph E3c, page 9; paragraph B1, page 13; and
paragraph 2, page 14, concerning blood transfusions: This headquarters
has established the general policy of continuing blood transfusions with
type O blood in situations cited by reporting unit, rather than switching
to A, B, and AB blood groups for subsequent transfusions. Unit's com-
ment in Operational Report is consistent with this policy.

g. Reference paragraphs A and B2, page 13; paragraphs 1 and 3,
page 14; paragraph 2, 1st Indorsement; and paragraph 5, 2d Indorsement,
concerning saphenous vein cutdowns and the training of personnel in
MOS 91A10: Concur with comments of the indorsing headquarters.

FOR THE COMMANDER:

1 Incl
nc


E. L. KENNEDY
CPT, MCC
Asst Adjutant General

GPOP-OT (14 Feb 67)

5th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967(RCS-CSFOR-65) - Hq 3D Fld Hosp

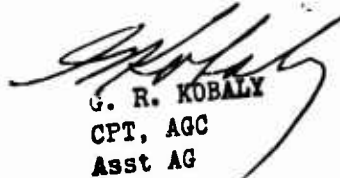
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HQ, US ARMY, PACIFIC, APO San Francisco 96558 1 4 JUN 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:


G. R. KOBALY
CPT, AGC
Asst AG

1 Incl
nc

21

Quarterly Report of 629th Medical Detachment (Renal)

Patient Care

During the above period, activities of the renal unit have included the diagnosis and treatment of 6 patients. Five patients had acute renal failure from a variety of etiologies; 3 were peritoneally dialyzed, and 2 were hemodialyzed via a teflon-silastic AV shunt. One patient was hospitalized in the renal unit and worked up for hypertension and chronic renal disease.

Both patients who were hemodialyzed had severe trauma as precipitants to acute renal failure. One patient, a 23 year old aviator (WO1) suffered a fracture dislocation of L₁, with paraplegia at the 10th dorsal nerve root level. In acute renal failure, he received severely oliguric for 28 days during which time as part of his management he received 8 hours dialyses on a Koeff twin-civil artificial kidney totaling 50 hours of dialyses at intervals of approximately 42 hours between dialyses. Entering the early diuretic phase of acute renal failure. The patient was evacuated to Walter Reed Army Hospital for further care. The second traumatized patient was a 39 year old Viet Cong Suspect, transferred from 93rd Evac Hosp with acute renal failure associated with multiple wounds. Three (3) hemodialyses were carried out on a Koeff twin-civil, totaling 19 hours. The clinical course was complicated by an E. coli septicemia from which the patient succumbed on the 9th hospital day.

Among the three patients who were peritoneally dialyzed, one was a 19 year old PFC infantryman with acute falciparum malaria & black-water fever with acute renal failure who died 14 hours after admission from sudden, irreversible peripheral vascular collapse. A second patient was a 21 year old negro PFC who had acute hemolytic anemia with G-6-PD deficiency and renal failure. This is the second case of hemolytic anemia from G-6-PD deficiency with development of renal failure. In addition to primaquine sensitivity, there has been question of another component to their illnesses which may trigger G-6-PD deficiency such as an underlying viral disease causing a more severe and prolonged hemolytic episode. The third patient was a 28 year old 1Lt paratrooper who was diagnosed clinically as having leptospirosis with hepatic and renal insufficiency. Positive peripheral blood smears (2) for ring form trophozoites of P. falciparum were also obtained at the initial treatment center, and the pt was given a course of quinine therapy for probable acute malaria. Eleven (11) peripheral blood smears for P. falciparum were negative at this hospital. For diagnostic confirmation of leptospirosis, paired sera samples were sent to Japan for leptospire serotyping with results yet pending.

Inclosure #2

Annex A. Con't

Research Activities

Serum and peritoneal clearance quinine determinations in patients with acute fulgurant malaria and renal failure are underway. Three patients have received quinine dihydrochloride IV while undergoing peritoneal dialysis. Quinine determinations are being carried out by LTC Adams and Cpt Schnakenberg of the 9th Medical Laboratory, using an ultra-violet spectrometer at the Pasteur Institute in Saigon. The method has now been worked out satisfactorily, and serum data is available in one patient at present. 22

Because of unavoidable delays in transporting specimens and communicating with those involved in doing the procedure, a micro fluorospectrometer was requested by this detachment for use in the renal unit. Knowing serum quinine levels at the time of treatment would be most helpful in guiding dosage determinations to achieve therapeutic serum levels, yet avoid toxicity. The request for this laboratory tool was turned down on 17 December 1966 by the 44th Medical Brigade. It is the opinion of the physicians assigned to the unit that this instrument is most important in helping to fulfill the complete mission of the 629th Medical Detachment.