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AUTHORITY

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) (7 Feb 69) FOR OT UT 684069

17 February 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 93d
Evacuation Hospital for Period Ending 31 Oct 68

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided 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

1 Incl
as

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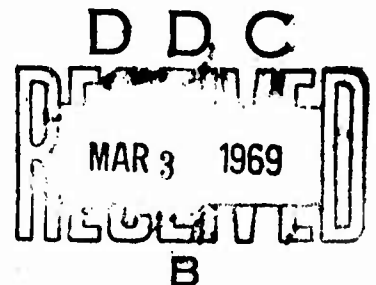
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US Army War College

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UNCLASSIFIED REPORT

DISTRIBUTION NO FOREIGN WITHOUT APPROVAL OF
ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN FOR OT UT. WASHINGTON, D.C. 20310

AD848373

DEPARTMENT OF THE ARMY
HEADQUARTERS, 93D EVACUATION HOSPITAL
APO 96491

AVBJ GD-ED

5 November 1968

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 31 October 1968, RCS CSFOR-65 (RI)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ PO
APO 96384

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

1. Section 1, Operations: Significant Activities.

During the 92 day period of this report the 93d Evacuation Hospital accomplished its assigned mission of providing hospitalization and medical care for all classes of patients originating in the combat zone. There were three units attached to the hospital throughout the quarter including one (1) team MA (Surgical), One (1) team KB (Orthopedic), and one (1) team KO (Psychiatric). In addition to these attached units, personnel from two other agencies have been operating from this hospital during the reporting period. A team consisting of one medical officer and two enlisted men assigned to the US Army Wound Data Munitions Effectiveness team (Vietnam) have been collecting Medical data on Wound Ballistics to evaluate munitions effectiveness. The second agency represented is the Walter Reed Army Institute of Research. Major L.E. Bolick, a pathologist assigned to USA Medical Research Team (WRAIR) Viet Nam, began working with the 93rd Evacuation Hospital on 8 October 1968, for the purpose of conducting two studies. The first regards a comparison of clinical and laboratory data from patients transfused with blood preservative solution contrasted with a group receiving blood in an adenine-fortified ACD solution. The second study will be an attempt to elucidate the nature and pathogenetic mechanisms involved in the bleeding diathesis which occurs in some severely injured patients.

During the quarter there were several changes in key positions within the hospital. CPT Edwin J Gayagas arrived on 10 August 1968 to assume the duties as Hospital Medical Supply Officer. This position had been previously occupied by CPT Allan Schooler. WO1 Jesse A. Wright arrived on 19 August 1968 to assume the position of Hospital Mess Officer which was left vacant when WO3 Donald P Masters was Medically Evacuated out of country. A key position changed hands in early September with the departure of the Hospital Catholic Chaplain, CPT Roger A Dunn, and the arrival of a new Catholic Chaplain, CPT Dermot F Tighe. Another important change which occurred

FOR CT UT
684069
Inclosure

AVBJ GD ED

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 31 October 1968, RGS CSFOR-65 (R1)

during the quarter was that of Chief Radiologist. LTC Raoul O Hagan assumed the Chief of Radiology duties from CPT Martin Bamalaski in mid October. COL Robert E. Neimes assumed the duties of Assistant Hospital Commander on 15 September 1968.

The average monthly surgical admissions dropped from 741 in the previous quarter to 640 during this quarter. Most noticeably, however, was the drop in the average number of IRHA admissions from 410 to 250 per month for the last 3 months. During a fifteen minute period between 0045 and 0100 on 30 August 1968, 40 patients injured as a result of a riot at the Long Binh Stockade were admitted through the emergency room. Maximum utilization of the medical staff under the supervision of the Chief of Surgery for triage and treatment of minor injuries freed the remaining surgeons to permit maximum utilization of operating room facilities. All patients were admitted, treated and placed on the post-op ward within a 4 hour period. It was again demonstrated that maximum utilization of all officers and enlisted men assigned to the hospital were essential for the successful management of this emergency situation.

During the past reporting period there was a marked upsurge in the number of cases of malaria with a total of 98 cases treated during August, the peak month. Most of these cases were due to Falciparum, and occurred in units recently engaged in activities near the Cambodian border. No cases with renal, cerebral or pulmonary complications were seen.

During this period, several cases of melioidosis were seen in various presentations: acute fatal fulminant septicemia, presenting with a hepatitis-like picture in a trooper with co-existent falciparum malaria, whose diagnosis was delayed by probable mistaken identification of the blood culture organism as pseudomonas aeruginosa; a patient with unexplained hepatosplenomegaly without other clinical or laboratory findings whose melioid titer of 1:2560 confirmed the diagnosis; a patient with generalized lymphadenopathy and skin eruption, diagnosed by lymph node biopsy and serologic studies; and a right lower lobe lung abscess which, despite appropriate antibiotic treatment, ruptured to produce a bronchopleural fistula.

The incidence of meningoencephalitis and aseptic meningitis took a marked drop during the third quarter, although 3 cases admitted in late October may signify another upsurge, fewer cases of hepatitis were seen. During August an epidemic of respiratory disease swept our area, presenting as an influenza-like illness, often with bronchitis or pneumonia. The etiology of the infection may have been mycoplasma pneumoniae, based on the increase in titer of cold agglutinins seen in many of the patients. Most cases were treated with tetracycline or erythromycin and all had an uneventful recovery after a 5 day course.

During this quarter, the hospital saw its first case of tetanus, occurring in a Vietnamese male who had sustained a fragment wound of the leg three days earlier that went untreated. Despite tracheostomy, sedation,

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Ending 31 October 1968, RCS CSFOR-65 (R1)

neuromuscular blocking agents and antibiotics, the patient expired one week after admission with pulmonary infection.

Two interesting cases of congenital heart disease were seen. A most dramatic and tragic case was that of a 21 year old soldier who presented with chest pain and shock. Although the correct diagnosis was suspected, his precarious condition precluded evacuation, and he expired 24 hours after admission, at which time autopsy revealed a bicuspid aortic valve coarctation of the aorta, with acute dissection and pericardial tamponade. Another man entered with a low output state, fluid retention and renal failure, and was transferred within hours to the renal unit at the 3d Field Hospital where he died the following day. Post mortem examination revealed tricuspid insufficiency due to congenital fenestration of the tricuspid valve; the kidneys were normal.

An inhalation therapy section was started, utilizing a trained therapist assigned to Central Materiel Supply. While one individual cannot reasonably be expected to provide the complete coverage of a full section, he can be of immense value in maintaining the sophisticated equipment employed and in general improve the quality of inhalation therapy treatment. Specifically, the therapist has been utilized to supervise and initiate IPPB treatments and to instruct both patient and ward personnel in proper techniques. Recently, 2 formal teaching sessions have been scheduled for each ward to further improve total patient care.

The Medical Civic Action Program (MEDCAP) was resumed by the 93d Evacuation Hospital on 17 October 1968, when teams went to Bien Y and Long Binh Tan villages. The schedule includes visiting Long Binh Tan, a village of 1800 people and An Hoa Hung, a village of 10,000 people every two weeks. Bien Y village is visited every three weeks. Headquarters Company, USA Support Command, Saigon is sponsoring the MEDCAP at Bien Y.

The MEDCAP teams consist of three doctors, three nurses, four corpsmen, and an oral Surgeon. The patients register and give an interpreter their chief complaints. The patient is then escorted to a doctor, nurse, corpsman, interpreter team where diagnosis and treatment is accomplished. If medication is indicated, the patient is escorted to the Pharmacy (run by a nurse) where appropriate injections, pills and/or soap is given. An interpreter instructs the patient in dosage and application of medication.

In the first three MEDCAP visits, many presentations of different disease entities have been seen. Examples include: Acute narrow angle glaucoma, pneumonia, tuberculosis, congenital heart disease, many skin diseases, chronic infections, venereal disease, and nasal polyps. As more patients are seen this list will grow and provide much medical stimulation as well as the satisfaction of diagnosing and treating disease which would otherwise go untreated.

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On 10 September 1968 the Hospitals' role in the Long Binh Post ground security defense was changed. With the change the hospital came under the operational control of the 266th Supply and Service Battalion for perimeter defense and alert notification. During the same month the physical barriers on the outer perimeter of the hospital sector of responsibility were upgraded to include an additional row of concertina wire, triple strand, ten meters away from highway 1A.

In September thirty-five air conditioners were received and installed on wards 2, 6 and 7. In late October fifteen used air conditioners were received for installation on Ward 4. Once this installation is completed only one ward will remain to be air conditioned.

During the period of this report strong emphasis has been placed on self help projects and area beautification. Improvements were made in the hospital mess facility. The interior of the dining room was paneled and dividers were placed between the serving line and the dining area, and between the EM and Officer-NCO areas. In addition, plants and paintings were obtained for the dining room.

The interior of the nurses quarters was painted, a patio area was established and boardwalks were placed throughout the general use areas. The officers' game room was also paneled and air conditioned. A Pascoe hut (20' x 48') was erected on a self-help basis and will open shortly as the unit dayroom. It will consist of a game room, TV room, and reading room. On 19 October 1968 the Red Cross moved from its location in the Hospital Headquarters to a newly renovated building where they have a patient lounge area, game room, storage room and sufficient office space for their needs. Painting of the wards, clinics and operating room and most of the treatment areas of the hospital was accomplished during the period covered by this report. In the field of beautification, grass, trees and shrubbery have been planted throughout the hospital grounds.

In 1967, the 93d Evacuation Hospital was selected by the Surgeon General USARV as an experimental site to determine the suitability and adaptability of Addressograph equipment in medical treatment facilities operating in the Republic of Vietnam. During this quarter, the long awaited Addressograph system was received and installed by the Register Branch. The entire system, consisting of an "Addressograph Graphotype" machine, an "Addressograph Automatic Imprinter", and five manual imprint machines were programed and fully operational as of 14 October 1968. The new system has greatly reduced the number of man-hours involved in admission and disposition procedures. Additional reductions in man-hours have also been realized by Nursing Service through proper utilization of patient identification plates and imprint machines by ward personnel. Other related activities within the Registrar Branch have been modified to insure maximum utilization of this system. Patients Deposit forms, Patient Personal Effects forms, and nominal index cards are now produced simultaneously upon admission of the patient thus greatly enhancing the Registrar operation.

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Ending 31 October 1968, RCS CSFOR-65 (R1)

During the period covered in this report the 935th Medical Detachment (KO) continued to fulfill its mission of providing direct and consultative neuropsychiatric support to the III and IV Corps Tactical Zones. Services proceeded at an essentially normal pace, uninterrupted by major enemy offensives as in preceding months. The major factor affecting the flow of work load was that of fluctuation of patient load and shortage of enlisted personnel.

Changes in certain personnel were realized during this quarter which significantly affected the service capability of the unit. LTC Jack R Anderson, who served as Commanding Officer of the 935th, left on 6 September 1968, and was replaced by MAJ John E Kehoe, who arrived in country on 2 August 1968. On 4 August 1968 CPT Herbert S Bloch departed for his PCS to CONUS. CPT Michael B Krassner arrived by in-country transfer 5 August 1968 and departed 27 September 1968 on emergency leave due to his father's health. On 7 September 1968 CPT David V Forrest and CPT John K Imahara arrived from MFSS, Ft Sam Houston; the former is in charge of the outpatient psychiatric services, and the latter functions as the Long Binh Stockade Psychiatrist. On 17 September 1968 CPT Allen K Heacock arrived by transfer from the 1st Infantry Division, having been in country since 4 January 1968. MAJ Cecil Lamken (Social Worker) arrived on 14 October 1968 by transfer from Camp Evans, RVN, where he served with the 1st Cavalry Division. In addition, the 935th received 7 social work-psychology specialists, who were reassigned TDY for 90 days as mail sorters.

Several members of the staff continue to contribute to education of groups on the Long Binh Post through the use of both formal, scheduled lectures, as well as informal group discussions, about which the staff feels quite enthusiastic and hopes to enlarge the scope of these activities.

Patients seen in the clinic continue to show an overall increase in number per month, an increase that has been fairly consistent since the organization of the unit in October 1967. The inpatient load has been very slightly higher than that of the previous quarter, which represents a leveling out of the previously consistent upward trend. The overall workload of the Neurology Clinic showed a mild drop.

Working facilities were greatly improved in August 1968 after this unit moved into its own building, including an additional wing built to accommodate the neurology department. During this quarter there has been no difficulty secondary to shortage of working space. The surrounding grounds are gradually being improved to provide recreation and work areas felt to help in the rehabilitation of mental patients. A small, frequently used basketball court has been constructed, and a volleyball court is in the programming stage.

Clinical operations remain basically the same in mission as in previous quarters; with extensive changes in key personnel, including an increase in the number of psychiatrists, and a drop in ancillary personnel (primarily technicians), some change is to be expected, and has occurred.

5 November 1968

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Ending 31 October 1968, RCS CSFOR-65 (R1)

For instance, psychiatrists now spend a large part of their time typing what would ordinarily be done by clerks.

The bi-weekly professional conferences instituted in January 1968, sponsored and hosted by the 935th KO Team and attended by representatives from all the divisional MHC Services, have been continued. In addition to the obvious educational role of these meetings, they serve to keep the ever-changing members of the various IIT and IV CTZ mental health teams acquainted with each other, which helps maintain unity of purpose, mutual understanding, and consequently enthusiasm for attainment of mental health goals.

The general orientation and emphasis of the 935th KO Team has remained much the same from previous quarters. There is a continuous trend for outlying combat and support units to deal with their poorly motivated members by referring them to the psychiatrist. To counteract this trend, this unit continues to work to provide education and consultative support as close to the potential psychiatric patient's base unit as possible. There remains a great deal of potential work in this area, which can be put into effect as the mental health personnel become available.

Following the riot at the USARV Installation Stockade on 30 August 1968, a MHCS, headed by a full-time psychiatrist was begun. It is felt that this will enable more rapid evaluation of prisoners for illness amenable to psychiatric treatment. It is also felt that an important part of improving conditions at the stockade includes the facilitation of communications, particularly between cadre and prisoners.

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 31 October 1968, RCS CSFOF-65 (PI)

2. Section 2, Lessons Learned: Commanders' Observations, Evaluations and Recommendations.

a. Personnel. None.

b. Operations.

(1) Surgical Evacuees.

(a) OBSERVATION. A significant number of injured patients arrive in our Emergency Room having received liquids and/or solid food along the evacuation route. Some, (who obviously require surgery) have actually been given meals in forward medical facilities.

(b) EVALUATION. Full stomachs constitute a clear and present danger to patients who are in imminent need of anesthesia and surgery.

(c) RECOMMENDATION. Command emphasis and dissemination of this fact be made to all personnel (especially AMEDS personnel). Patients who are likely candidates for surgery should have all food and liquids withheld until they reach their final destination. (This includes water, coke, milk and beer).

(2) Outpatient Psychiatric Service.

(a) OBSERVATION. The physicians at the various dispensaries on Long Binh post were inclined to refer any mild psychiatric cases to the Psychiatric Clinic of the 935th Med Det KO. This was wasteful of manhours consumed in patient transportation and the duplication of interviews by dispensary and KO team doctors and staff. More important, the lack of decentralization in such a process was not in accord with the principles of military psychiatry, in that the men were not being seen in the environment of their units, and fixation and exaggeration of symptoms were being encouraged by the delay, dislocation, and fanfare of centralized consultation by a psychiatrist. A program was therefore set up in September 1968 of supplying the 9 dispensaries in the Long Binh area with Social Work-Psych Specialists on one or more afternoons a week.

(b) EVALUATION. The new program was enthusiastically received by the dispensary physicians, who felt that they now had more versatile treatment centers, and were obtaining help with the cases they found most difficult to handle. The advantages of the patient being seen in or near his working environment were several. Information directly from the reporting sources gave an impartial view of problems, which were not distorted or amplified in the retelling. Clinical screening was cut down by each man who could be seen rather than referred. Major problems could be sent to the psychiatric clinic as before, but a wide range of cases could be handled by the specialists with the aid of the psychiatrists only a phone call away. As a result, the enlisted men of the 935th derived new interest and feeling of accomplishment of an important and responsible job. A particular type of patient was especially well handled by this program. The individual who occupied himself with the escapist tactic of continual clinic visits would be seen at his local dispensary and only on the designated days, so that his time away from his job was minimized and he could be dealt with more summarily.

The advantages of decentralized psychiatric care, especially the greater expectation of rapid return to duty, appeared to be realized, and psychiatrists were better able to concentrate upon the more difficult management problems.

(c) RECOMMENDATION. The extension of social work-psych specialists to decentralized positions in dispensaries appeared beneficial to the patients and units involved, proved conservative of skilled manhours, and should be encouraged.

(3) Scrotal Injuries.

(a) OBSERVATIONS. The small fragment entering the scrotum can cause laceration of the tunica albuginea without causing significant hemorrhage. On the other hand even small lacerations of the tunica albuginea can result in persistent loss of seminiferous tubules and eventual loss of the testicle which could be avoided by a few simple sutures to close the tunica albuginea.

(b) EVALUATIONS. This problem arises because many apparently minor wounds of the scrotum aren't adequately explored. On the other hand an apparently shattered testicle may not be as bad as it looks superficially although orchiectomy is most frequently performed. Actually 1/3 to 1/2 of the testicles could be salvaged in these cases. The limiting factor usually is not the amount of seminiferous tubular tissue. The resulting testicle even if only partial orchiectomy may still be somewhat effective in spermatogenesis and in addition there is a definite psychological benefit from "not having lost a testicle".

(c) RECOMMENDATIONS. Complete exploration of all scrotal wounds should be carried out and orchiectomy be withheld till proper evaluation has been carried out.

(4) Circumcisions.

(a) OBSERVATION. Many man hours are being lost due to infection and/or inflammation of the glans penis and foreskin in uncircumcised men.

(b) EVALUATION. In the past a plea has been made to CONUS regarding corrective surgery for patients with hernias, gall bladder disease, pilonidal cysts and hemorrhoids prior to leaving for RVN. Phimosis should also be included in this list especially if the foreskin is not retractable or the man has had a history of balanitis, penile ulceration or condylomata, because of high recurrence of symptoms in an area where venereal disease and difficulty with personal hygiene in the field are prevalent.

(c) RECOMMENDATIONS. Men with a history of phimosis or related disease should have a circumcision prior to coming to the RVN.

(5) Resistant Gonorrhea.

(a) OBSERVATION. During the past quarter many cases of gonorrhea which have been termed penicillin resistant have been referred to the urology clinic for further care.

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Ending 31 October 1968, RCS CSFOR-65 (RI)

(b) EVALUATION. The vast majority of the resistant gonorrhea cases responded to higher doses than has been standard in the past. The resistance appears to be only relative to dosage. Also a number of these cases had repeat smears taken and actually had a Non-Specific urethritis which frequently follows gonorrhea.

(c) RECOMMENDATION. Before calling gonorrhea resistant, repeat gram stains on urethral discharge during the course of therapy and increase penicillin dosage as required. In the case of non-specific urethritis, Veolomycin 300mgm BID for 10 days has been efficient where other medication has failed.

(6) Topical Steroids For Eye Injuries.

(a) OBSERVATION. In many outpatient clinics and emergency rooms, a significant number of patients with eye injuries have been treated with topical antibiotic preparations containing steroids or topical anesthetics by corporals and physicians without training in ophthalmology.

(b) EVALUATION. The indiscriminate use of topical steroids has led to the development of Herpes Keratitis and occasionally a corneal ulcer. In addition patients with corneal abrasions have been treated with topical anesthetics which relieve pain but retard corneal ulcer.

(c) RECOMMENDATIONS. The indiscriminate use of topical steroids and anesthetics be avoided in treatment of ocular conditions and that patients thought to require this treatment be referred to an ophthalmologist.

(c) Training. None.

(d) Intelligence. None.

(e) Logistics.

(1) Laundry Facilities.

(a) OBSERVATION. The use of the commercial contract laundry has produced high quality cleaning and laundering service during this reporting period. The linens, and patients' clothing are pressed and neatly packaged in clear cellophane, thereby preventing dirt and dust from ruining the product during transport. During hostile conditions, an alternate source of laundering linens and hospital clothing is provided by the 266th S & S Battalion. This facility has not been operational during the reporting period due to a fire which occurred in August.

(b) EVALUATION. The quality of the products received from the commercial laundry facility will match that of any other state-side facility. The by-products of the military washers and driers are discolored sheets and unmanageable bundles of clothing.

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Ending 31 October 1968, RCS CSFOR-65 (RI)

(c) RECOMMENDATION. The use of the commercial laundry should be publicized and encouraged.

(f) Organization. None.

(g) Other. None.

3 Incl

1. Organizational Chart
2. Registrar Statistics
3. Outpatient Statistics

JOHN J KOVARIC
COL, MC
Commanding

AVBJ HD-PO (5 Nov 68) 1st Ind

MAJ Laing/fb/LB 3813

SUBJECT: Operational Report Lessons Learned of 93d Evacuation Hospital
for Period Ending 31 October 1968, RCS CSFOR-35 (R1)

DA, Headquarters, 68th Medical Group, APO 96491

12 November 1968

TO: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

1. The contents of this report have been reviewed.
2. The following comments pertaining to Section 2 of this report are submitted:

a. Reference paragraph 2b (1), (2), (3), (4), (5), and (6). These recommendations concern technical professional matters and should be considered by the appropriate consultants.

b. Reference para 2c (1), Concur.



RICHARD B. AUSTIN, III
Colonel, Medical Corps
Commanding

AVBJ PO (5 Nov 68) 2d Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 October 1968 (RUS CSFOR-65)(R1)(93d Evacuation Hospital)

DA, Headquarters, 44th Medical Brigade, APO 96384 16 Nov 68

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of this report are submitted:

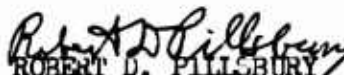
a. Reference paragraph 2b(1), (2), (3), (4), (5), and (6). These items concern technical professional matters and should be evaluated by consultants to the USARV Surgeon and The Surgeon General.

b. Reference paragraph 2e(1). Concur in part. Commercial laundry facilities are employed by hospitals where they are available. This recommendation has considerable merit, but alternative military backup service must be available. Commercial laundry service is unreliable during periods of civil disorder, i.e. The Tet and May Offensives.

FOR THE COMMANDER:

TEL: LBN 2909/2494

Cy furn:
CO, 68th Med Gp
CO, 93d Evac Hosp


ROBERT D. PILLSBURY
Colonel, MC
Deputy Commander

AVHGC-DST (5 Nov 68) 3d Ind
SUBJECT: Operational Report of 93d Evacuation Hospital for Period 29 NOV 1968
Ending 31 October 1968, RCS CSFOR-65 (RI)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 30 NOV 1968

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1968 from Headquarters, 93d Evacuation Hospital.

2. Comments follow:

a. Reference item concerning surgical evacuees, page 7, paragraph 2b(1); and 2d Indorsement, paragraph 2a: Nonconcur. Normal procedure is for the receiving medical treatment facility to document these cases and notify the transferring medical unit and the Surgical Consultant, USARV.

b. Reference item concerning psychiatric service, page 7, paragraph 2b(2); and 2d Indorsement, paragraph 2a: Concur. This successful experience will be discussed at the next USARV Mental Health Conference.

c. Reference item concerning scrotal injuries, page 8, paragraph 2b(3); and 2d Indorsement, paragraph 2a: Nonconcur. This does not constitute a lesson learned. This medical treatment facility will be informed that these cases must be documented and information forwarded to the Surgical Consultant.

d. Reference item concerning circumcisions, page 8, paragraph 2b(4); and 2d Indorsement, paragraph 2a: Concur. Medical treatment facilities will be directed to document these cases so that the Surgical Consultant can transmit this information to CONUS.

e. Reference item concerning Gonorrhea, page 8, paragraph 2b(5); and 2d Indorsement, paragraph 2a: Nonconcur. This is a normal treatment procedure that has been described in the USARV Medical Bulletin.

f. Reference item concerning topical steroids for eye injuries, page 9, paragraph 2b(6); and 2d Indorsement, paragraph 2a: Concur. The Ophthalmology Consultant will prepare an article for the USARV Medical

AVHGC-DST (5 Nov 68) 3d Ind

SUBJECT: Operational Report of 93d Evacuation Hospital for Period
Ending 31 October 1968, RCS CSFOR-65 (RI)

Bulletin and an item for the December Commander's Notes discussing the complications that the indiscriminate use of topical steroids and anesthetics cause.

FOR THE COMMANDER:



A.R. GUENTHER
CPT. AGC
ASST. ADJUTANT GENERAL

Cy furn:
HQ 93d Evac Hosp
HQ 44th Med Bde

GPOP-DT (5 Nov 68) 4th Ind

SUBJECT: Operational Report of HQ, 93d Evac Hosp for Period Ending
31 October 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 15 JAN 1969

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

This headquarters has evaluated subject report and forwarding indorsements and concurs in the report as indorsed.

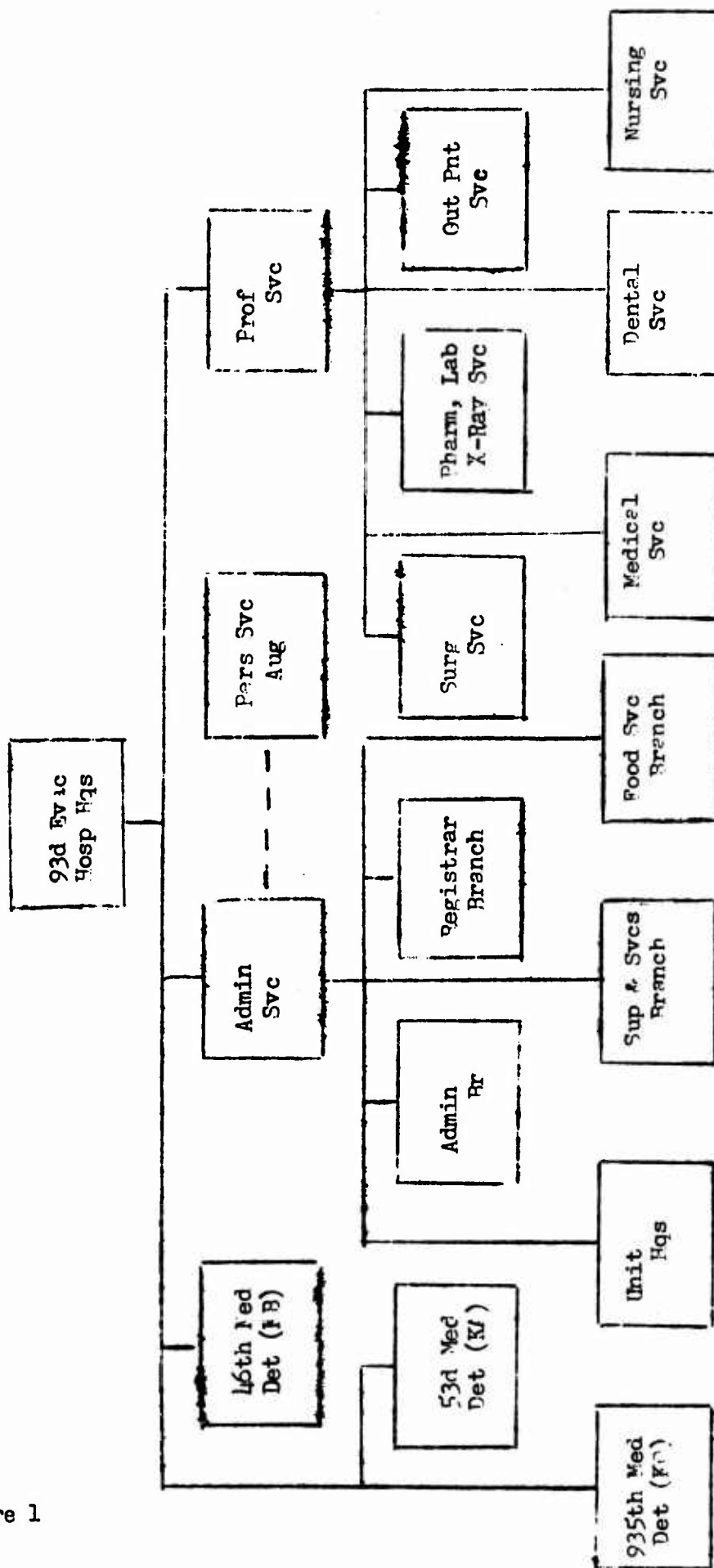
FOR THE COMMANDER IN CHIEF:



C. L. SHORTT
CPT, AGC
Asst AG

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Inclosure 1



REGISTRAR FIGURES FOR THE QUARTER ENDING 31st. OCTOBER, 1968

	AUGUST	SEPTEMBER	OCTOBER	TOTAL
<u>DIRECT ADMISSIONS</u>	1130	1014	937	3081
<u>TRANSFER ADMISSIONS</u>	89	60	25	174
<u>TOTAL ADMISSIONS</u>	1219	1074	962	3255
<u>DISPOSITIONS TO DUTY</u>	519	510	474	1503
<u>DISPOSITIONS BY TRANSFER</u>	639	563	516	1718
<u>TOTAL DISPOSITIONS</u>	1158	1073	990	3221

TRANSFERS TO:

<u>IN COUNTRY</u>	315	214	230	759
<u>PACOM</u>	296	322	256	874
<u>CONUS</u>	28	27	30	85
<u>TOTAL</u>	639	563	516	1718
<u>HOSPITAL DEATHS</u>	12	11	6	29

AVERAGE PATIENT STAY:

<u>PATIENTS TO DUTY</u>	5.8	5.7	6.8	6.1
<u>EVACUATED PATIENTS</u>	5.8	6.0	7.0	6.1
<u>AVERAGE BEDS OCCUPIED</u>	213	216	217	215

CATEGORIZATION OF PATIENT
ADMISSIONS
93d EVACUATION HOSPITAL
AUGUST THRU OCTOBER 1968

ADMISSIONS	AUGUST	SEPTEMBER	OCTOBER	TOTAL
TOTAL SURGICAL	701	650	543	1894
IRHA	293	274	201	768
TOTAL MEDICAL	447	360	361	1168
TOTAL NP	71	64	58	193

Pharmacy Statistics Prescriptions filled	Inpatient	Outpatient	Total
August	8,649	1,313	9,962
September	5,574	1,536	7,110
October	5,377	1,330	6,707
TOTALS	19,600	4,179	23,779

Laboratory Statistics	August	September	October	TOTALS
Laboratory Procedures	21,217	23,335	14,683	59,235
Point Value	41,902	40,586	30,796	113,284

X-ray Statistics		Inpatient	Outpatient	Total
AUG	Patient	1,014	1,794	2,808
	Exposure	2,011	6,296	8,307
	Fluoroscopy	25	35	60
SEPT.	Patient	757	1,530	2,287
	Exposure	1,595	5,912	7,507
	Fluoroscopy	21	37	58
OCT	Patient	693	1,745	2,438
	Exposure	2,138	5,729	7,867
	Fluoroscopy	35	51	86
TOTAL	Patient	2,464	5,069	7,533
	Exposure	5,744	17,937	23,681
	Fluoroscopy	81	123	204

OUTPATIENT STATISTICS	AUGUST	SEPTEMBER	OCTOBER
DISPENSARY	92	134	152
SURGICAL CLINIC	131	151	189
MEDICAL CLINIC	572	563	607
DENTAL CLINIC	449	530	590
GU CLINIC	171	251	254
OPHTHALMOLOGY CLINIC	329	318	176
ORTHOPEDIC CLINIC	580	594	589
ENT CLINIC	0	0	0
PHYSICAL THERAPY CLINIC	349	510	390
NP CLINIC	1,107	1,098	802
EMERGENCY ROOM	1,041	1,396	1,159
TOTAL VISITS	4,821	5,545	4,908
ANCILLARY ACTIVITIES (NOT INCLUDED ABOVE)	AUGUST	SEPTEMBER	OCTOBER
IMMUNIZATIONS	198	425	228
EXG'S	333	284	380
AUDIOGRAMS	0	0	0
SKIN TESTS	20	12	21
SPECTACLES ORDERED	148	137	105
SPECTACLES REPAIRED	325	300	147
REFRACTIONS	0	0	0
PARTIAL PHYSICAL EXAMS	235	249	297

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