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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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

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IN REPLY REFER TO

AGAM-P (M) (30 Dec 66) FOR OT RD

5 January 1967

SUBJECT: Operational Report - Lessons Learned, HQ, 8th Field Hospital

TO: SEE DISTRIBUTION

AD 874135

1. Forwarded as inclosure is Operational Report - Lessons Learned from Headquarters, 8th Field Hospital for Quarterly Period Ending 31 July 1966. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

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

1 Incl
a/s

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SEP 11 1970

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(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

FOR OT UT
660185

AD NO. —
FILE COPY

DEPARTMENT OF THE ARMY
Headquarters, 8th Field Hospital
APO San Francisco 96240

AVCA-MB-GA-8FH

9 August 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly Period Ending 31 July 1966 RCS CSGPO-28 (R1) (corrected copy).

THRU: Commanding Officer
43d Medical Group
APO San Francisco 96240

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

1. SECTION I, SIGNIFICANT ORGANIZATION OR UNIT ACTIVITIES:

a. During the period covered by this report emphasis on new construction continued. The two (2) new wards (medical and surgical) are now approximately 90% complete. All that remains for installation are lighting fixtures, floor tile and air-conditioning link-up with the central system. Although no firm completion date has been set it is anticipated that the central air-conditioning systems for the wards will not be turned on due to a lack of sufficient kilowatt power, 60 cycle, from the hospital generator point. Each air-conditioner is rated at ten (10) ton.

b. The new sewage disposal plant is in partial use, but will not reach its maximum effectiveness until the special sludge pumps are installed and the trickel filter constructed. The sludge pumps have not been located at this date.

c. Decreases arose during the month of May with the decreasing supply of potable water attributed to the small output from the shallow wells. During one 24 hour period the hospital had sufficient water for drinking only. Showers and latrines were shut down and box latrines were set up. This effected the hospitals mission and no new patients were admitted from the field due to this crisis. The USARV Engineer furnished technical assistance and equipment which resulted in sufficient water, but still does not meet the optimum requirements for a 400 bed hospital and its staff.

d. It was anticipated that during the period the hospital would receive additional, permanently installed generators originally programed for three (3) 350 kilowatts type. The hospital is presently on 25% sixty (60) cycle current obtained from its own generator equipment and 75% fifty (50) cycle current from commercial source which is most unreliable.

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Frequent power outages materially affected ward operation necessitating the stringing of extension cables, sometime over 100 feet to the nearest source.

e. New construction not programmed by OICC was made possible through local R&U. A modification of the sterilizer room in OR-CMS resulted in venting the three (3) electric autoclaves and a five (5) GPH still through a side wall. This resulted in lowering the work room temperature twenty-five (25) degrees and 40 square feet of useable working and storage space.

f. An extension to the male dressing room was built which now accomodate all operating room personnel and sufficient locker space for clothing and storage. A new entrance to the anesthesia work-room was constructed thus eliminating contamination by duty uniforms being worn into the OR corridor.

g. Rendition of complete area type medical by the 575th Medical Dispensary has not fully materialized due to lack of space necessary to house laboratory and x-ray facilities. As a result of this delay these services are still being provided by the 8th Field Hospital.

h. Replacements for professional personnel are timely and adequate on surgical service, but an acute shortage exists on medical service for internists and general medicine.

<u>SUMMARIZED STATISTICS FOR THIS PERIOD</u>				
<u>Month</u>	<u>Avg Beds Occupied</u>	<u>Avg Admissions</u>	<u>Total Air Evacs</u>	<u>Avg Patient Stay</u>
May	333	20	87	18.5
June	323	33	338	12
July	340	21	222	19

<u>SURGICAL PROCEDURES</u>			
<u>Month</u>	<u>Total Cases</u>	<u>Major Surgery</u>	<u>Casts</u>
May	186	61	347
June	340	148	292
July	137	52	283

DENTAL CLINIC PROCEDURES

Two thousand six hundred seventy three (2673) patients were seen, including 66 facial injuries treated and 1726 dental procedures performed.

9 August 1966

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2. SECTION II: COMMANDERS OBSERVATION AND RECOMMENDATIONS

I. Observations (lessons learned)

Item: Inadequate treatment of a patient with a white phosphorous burn.

Discussion: A patient was received by transfer 3 days post phosphorous burn of his left upper extremity involving approximately 3% of his body surface. The burn area was covered by a full thickness eschar which was deeply stained with copper sulfate. The urinary output was reduced and the urine was heavily stained with pigment and blood. The PBV was 55 mgms. The patient was moderately jaundiced. The patient was immediately transferred to the renal unit at Clark Air Force Base. Information has not been received for follow up purposes. The discussion of the treatment of phosphorous burns in the NATO Handbook of Emergency War Surgery, pages 72 and 73 is limited in scope and does not emphasize the seriousness of this type of injury.

II. Recommendations: The significance of the burn aspect of this type injury is substantially less than the significance of the possible absorption of a potentially lethal chemical. The emphasis in treatment should be upon the immediate complete removal of the phosphorous. The burn should be kept wet with saline until debridement can be performed. Debridement should be radical enough to insure removal of all phosphorous, however, to insure complete removal the burn area should be kept continuously wet with saline and re-examination for further debridement should be accomplished in 8 to 10 hours. Saline or water for irrigation is preferred to the use of copper sulfate which may also be absorbed in toxic quantities.

/s/ Robert M. Hall

ROBERT M. HALL
LTC MC
Commanding

AVCA-MB-GA-OI (9 August 1966) 1st Ind

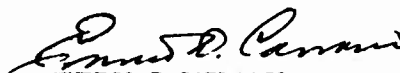
5 October 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 RCS CSGPO - 28 (RI) (Corrected Copy)

HEADQUARTERS, 43d Medical Group, APO 96240

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

1. Concur with Commander's Recommendations in Section II.
2. Drilling of deep wells has partially alleviated the water shortage at the 8th Field Hospital. However, water is still being hauled from outside sources to insure an adequate supply.
3. Additional 100KW generators have arrived and are being connected to the electrical system of this unit. This should partially alleviate the power shortage.
4. Construction of facilities for the 575th Medical Detachment should be completed on or about 15 November 1966. At that time, the 8th Field Hospital will be relieved of the requirement to provide X-ray service for the 575th Medical Detachment.



ENRICO D CARRASCO
COL, MC
Commanding

AVCA-MB-PO (9 Aug 66) 2nd Ind
SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 RCS CSGPO-28 (RI) (Corrected Report)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 24 October 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H, APO
96307

1. Reference Section I, paragraph h., basic report. The shortage of internists and general medical officers has been alleviated by the arrival of replacements through normal channels.

2. This headquarters concurs with the recommendations of the hospital commander and the comments as contained in the 1st Indorsement.

FOR THE COMMANDER:

Lynx 898


RICHARD M. HERIOT
Major, MSC
Adjutant

AVCA GO-H (9 Aug 66) 3rd Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

27 OCT 1966

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

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.
2. Concur with the Operational Report of the 8th Field Hospital as indorsed. The following information is added to comments made in basic report and 1st Indorsement.
 - a. Reference paragraph 2, 1st Indorsement, and paragraph 1c, basic letter: There are 2 wells being drilled by a contractor to alleviate the water shortage.
 - b. Reference paragraph 3, 1st Indorsement: A permanent power system is due to be constructed at Nha Trang which will provide adequate service to the hospital. In the interim, 100 KW generators are providing sufficient power.
 - c. Reference Section I, paragraph 1b: This hospital is under construction by contract and the sludge pumps in question, are on order by the contractor. When the pumps are received, the contractor will remove the temporary pumps now installed. The sewage will be disposed of by means of a sand filter which has an estimated date of completion of 1 December 1966.

FOR THE COMMANDER:

TEL: Lynx 834



GLENN A. DORFF
Capt, AGC
Act. Dir

4th Ind

AVHGC-DH (9 Aug 66)
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 25 NOV 66

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

This headquarters concurs with the basic report and subsequent in-
dorsements with the following amplification:

Reference: Section II, Page 3. After white phosphorus wounds
are debrided and irrigated with saline, it is recommended that sodium
percarbonate solution be instilled and the dressing be kept moistened
with this solution. A better time for re-examination of the burn site
and possible re-debridement is considered to be 24-48 hours rather than
the suggested 8-10 hours. This information will be disseminated to
USARV Hospitals during November's Surgical Consultant visits.

FOR THE COMMANDER:


W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

GPOP-OT(9 Aug 66) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 July 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 10 DEC 1966

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:



J. A. HARRISON
Capt, AGC
Asst AG

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