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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

IN REPLY REFER TO

AGAM-P (M) (11 Apr 68) FOR OT RD 681033

16 April 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 12th-
Evacuation Hospital (SMBL), Period Ending 31 January 1968 (U)

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 RD, 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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DEPARTMENT OF THE ARMY
HEADQUARTERS, 12TH EVACUATION HOSPITAL (SMBL)
APO US Forces 96353

AVBJ GC-2A

1 February 1968

SUBJECT: Operational Report--Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65)

THRU: Commanding Officer
67th Medical Group
ATTN: AVBJ GC-PO
APO US Forces 96227

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

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 31 January 1968 is forwarded in accordance with Army Regulation 1-19 and 44th Medical Brigade Regulation 870-2.

Robert E. Neimes
ROBERT E. NEIMES
LTC, MC
Commanding

FOROTRD
681033

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Withdrawn,
Hqs, DA

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AVBJ CC-BA

7 February 1968

SUBJECT: Operational Report - Lessons Learned For Quarterly Period
Ending 31 January 1968 (RCS OSFOR - 65)

SECTION I: SIGNIFICANT ORGANIZATIONAL ACTIVITIES

A. Mission and Supported Units.

1. The 12th Evacuation Hospital continues to provide medical support for the 25th Infantry Division and attached units at/or near Cu Chi RVN. In addition patients are received from the 45th Surgical Hospital and Clearing Companies of the 25th Medical Battalion for further care either of an emergency or post-operative nature.

2. Both the Wound Data - Munition Evaluation Team and the 20th Preventive Medicine Detachment continue to receive at least some of their logistical support from this hospital.

B. Timely replacements and augmentation of the professional staff have enhanced the capability of the unit and provided additional specialty care. The assignment of a fully trained otorhinolaryngologist has permitted the formation of a maxillofacial team with the oral surgeon and ophthalmologist. His presence has accounted for a rise in outpatient visits. Acquisition of an audiometer has decreased loss of man hours, to tactical and other units, since audiometry can again be accomplished at this unit.

C. During this quarter a total of 1701 surgical procedure were performed; 1403 being major cases and 298 minor. As noted above the otorhinolaryngologist, the oral surgeon and the ophthalmologist assigned to this unit have comprised a very effective maxillofacial team which has been capable of handling all but the most extensive of such injuries.

D. Vascular injuries remain a frequently seen problem with the quarterly average being 26 cases per month. The majority of such cases involves a vessel of the lower extremities with approximately one half as many involving the vessels of the upper extremity.

E. Debridement of traumatic wounds continues to be the most frequently performed operation comprising approximately 45% of all emergency surgery. A total of 190 laparotomies were performed for acute trauma with 16% being negative for intra-abdominal injury. The organs most commonly injured with cases of abdominal trauma were, colon and/or rectum, small bowel and liver with other organs much less frequently involved.

F. The occurrence of clostridial myositis in a twice operated patient who nevertheless had a previously unrecognized and untreated wound of the back has served to re-emphasize the importance of completely examining each patient and not to limit attention to only the more spectacular interesting wounds.

G. Outpatient visits totaled 4660 during this quarter. This work load could be reduced if the referring physicians would limit such cases only to those patients requiring specialty consultations and most importantly examine each patient personally prior to referral. We continue to receive patients referred by corpsmen and technicians.

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H. The Dental Service has provided out-patient care (1035 visits) and in-patient care (65 visits) during this quarter. The oral surgeon's participation in the maxillo-facial team has been noted above.

I. At the weekly MEDCAP clinic an average of 442 patients have been seen during this quarter. The professional staffing at each such clinic has been reorganized so that one general medical officer and one more senior physician are in attendance each week on a rotational basis. This has enlisted more enthusiastic staff support as well as providing speciality capability on a periodic recurring basis. Selected patients are more extensively studied and treated, when indicated, at the referral clinic in the hospital each Saturday morning.

J. Administration: The following improvements have been made at this installation during the reporting period:

1. A sidewalk was constructed between surgery 1 and 2 to the connecting ramp, eliminating trash from being carried through patient areas.

2. An ambulance turn-around road was constructed to facilitate unloading of ambulance patients.

3. Culverts have been installed to provide for proper water drainage.

4. Sidewalks have been completed to patients showers and latrines.

5. Underground bunkers are nearing completion for assigned personnel.

6. Sandbagging of patient wards is nearing completion.

7. Two new laundry units were obtained and installed.

8. An X-ray film dryer has been installed.

9. Extension of covered ramps is in the process of being constructed.

K. Chaplain Activities:

The chapel worship area is considered adequate for the number of personnel served. Protestant services conducted by one of the 25th Infantry Division chaplains is attended by approximately twenty-five to thirty each Sunday. Protestant coverage for hospital patients is more than adequate, and all adjacently assigned chaplains are very considerate to provide hospital coverage at any time.

Two Catholic services conducted by the hospital chaplain do not cover the requirements of Catholic personnel, therefore two masses will be added to the schedule.

Many patients indicate a desire to attend daily mass but are inclined to forget when the time comes. Prior to daily masses the ward nurse is notified to remind interested patients.

Character guidance lectures have been covered by a mimeographed "Hand Out." As of February, monthly lectures will be delivered by the chaplain.

L. Medical Service: During the quarter covered by this report there were 368 in-patient dispositions from the Medical Service and approximately 600 medical outpatient visits.

The most frequent diagnosis among patients admitted to the service were as follows:

<u>Malaria</u>	<u>41</u>
P. vivax	5
P. falciparum	36
Fever of undetermined origin	22
Infectious hepatitis	20
<u>Intestinal parasitosis</u>	<u>17</u>
Hookworm	11
Strongyloides	6

Pneumonitis (Bacterial and non-bacterial) 17

M. Dental Service: During this quarter, 1,035 patients visited the clinic for routine care. Forty major surgical procedures were performed in the operating room, most of which involved maxillo-facial injuries. During this same period, sixty minor procedures were performed in the operating room, Emergency Room, or in the clinic.

N. Laboratory Service: During the past quarter, the laboratory has undergone a physical reorganization aimed at better use of personnel and space. The laboratory has been refurnished with laboratory benches and storage cabinets. The equipment has been rearranged for easier accessibility. Automated pipeting has been adapted to all chemistry procedures to save time, increasing accuracy and decreasing washing of glass ware. Semi-automatic equipment is now being used to speed up the determination of electrolytes and provide a dual system for checking accuracy of results as well as providing for a back-up system in case of equipment failure.

2. Many procedures have been added to the laboratory capability in the past quarter. Due to the number of cases of Pseudomonas seen at this installation, a selective media for the growth of this organism and typing serum for identification is being used. Chocolate agar is now being used for drug sensitivities and differentiation of gonococcus, hellaera and mimea organisms in cases of persisting urethral discharge. The trichrome method has been added in the identification of amebiasis. Identification of enteric bacteria species is now being done. Tests for the identification of glucose - 6 - phosphate dehydrogenase and fibrinogen deficiencies have been added. Fresh frozen plasma is now stored at 40 degrees centigrade and is available in the blood bank.

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3. With the improvement in supply, physical reorganization of the laboratory and acquisition of new equipment, the limiting factor in the laboratory is an inadequate number of trained personnel. In addition to the work load here at the hospital, dispensaries of the 25th Division utilize these facilities for laboratory support in the absence of a mobile laboratory in the area.

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SECTION II PART I: OBSERVATIONS (LESSONS LEARNED)

PROFESSIONAL SERVICES

ITEM 1: Field use of tourniquets

DISCUSSION: During the past quarter 3 patients have been received in the Emergency Room of this hospital in profound hypotension with soft tissue wounds of the extremities who had constricting dressings applied as tourniquets to one or more wounds. No arterial injury was noted and the magnitude of hemorrhage appeared related to the presence of these "field tourniquets."

OBSERVATION: Only in frank arterial bleeding is a tourniquet indicated and even then a compression dressing will control hemorrhage adequately if the patient can be promptly moved to a field type hospital. In cases of venous bleeding a tourniquet is not indicated. In the training of field medical personnel the differentiation between venous and arterial bleeding should be employed as should the rarity of need for a tourniquet and the advantages of a compression dressing.

ITEM 2: Lack of interpreter during non-duty hours

DISCUSSION: This hospital frequently acquired large numbers of Vietnamese patients during non-duty hours as a result of hostile action. Furthermore, since there is no adequate provincial hospital, numerous other emergency cases present themselves during these hours. Heretofore, the hospital had only one interpreter who was present during duty hours thus rendering care of the above patients unnecessarily awkward, time consuming and at times confusing.

OBSERVATION: By arrangement with the 25th Infantry Division the full time services of an excellent interpreter have been obtained. This interpreter lives at the hospital and is available at all times thus improving the effectiveness of the staff in dealing with Vietnamese patients and enabling a higher level of medical care to be provided.

MEDICAL SERVICES

ITEM 2: Melioidosis

DISCUSSION: During the period covered by this report eight cases of Melioidosis were seen at this hospital. This represents a considerably higher incidence of this disease than has been apparent in other areas of the command. Three of these cases (two in traumatically injured patients) terminated fatally. In the two injured patients the diagnosis was not suspected antemortum. In the third, a case of purulent pericarditis, the diagnosis was suspected and the patient treated appropriately but unsuccessfully. Of the five non-fatal cases, three presented with pulmonary cavity disease resembling pulmonary tuberculosis, one with acute pneumonitis and one with a cutaneous leg ulcer. All but the case with a cutaneous ulcer received antibiotic therapy with good response. The cutaneous infection resolved spontaneously. Bacteriological confirmation of *Pseudomonas pseudomallei* was obtained in four instances and the remaining four diagnosed by clinical presentation associated with a diagnostic rise in the Melioidosis hemagglutination serological titer.

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OBSERVATION: From our clinical experiences it has become apparent that Melioidosis is a disease of protean manifestations, of marked variation in severity, and at least in this area, must be considered in the differential diagnosis of pneumonitis or obscure febrile illness in the post-operative or traumatically injured patient as well as in the more commonly recognized settings.

ITEM 3: Impedance of patient flow by X-ray limitations during mass casualty situations.

DISCUSSION: At times of rapid acquisition of large numbers of casualties when triage has been performed, resuscitation initiated, and operative priorities established; further care and operative intervention with such patients is frequently delayed by the prolonged time needed to obtain X-ray examination of such patients.

This delay is occasioned by the space and equipment limitations of the X-ray service. Only two suitable X-ray units are available and all films are hand processed.

OBSERVATION: A larger area for the Radiology Service along with at least one other suitable examining unit and an automatic film processor are felt necessary for optimum patient care.

ITEM 4: Civil Affairs Medical Officer

DISCUSSION: Since June 1967 this hospital has conducted a weekly MEDCAP clinic at the Cu Chi Dispensary with an average of 513 patients seen per month. Because of the heavy trauma work load the professional staff was frequently occupied and medical personnel became progressively more difficult to obtain and schedule for this clinic.

OBSERVATION: A senior physician was appointed Civil Affairs Medical Officer and has scheduled all assigned physicians on a rotation basis for this clinic. One general medical officer and one senior physician attend this clinic each week. The general medical officer assists at the MEDCAP referral clinic the following Saturday thus providing continuity of care. The senior physician provides a medical specialty capability to the clinic on a periodic recurring basis. This arrangement has been well received (because of the equity of workload distribution) and has improved the overall level of care rendered at this weekly clinic.

ITEM 5: Civilian Employment Medical Officer

DISCUSSION: Local hire Vietnamese employees working in this unit's mess hall, on the grounds and in housing areas were previously given only a cursory medical examination. With a high occurrence rate of pulmonary tuberculosis as well as other endemic diseases, this posed a definite threat to the health of this unit.

OBSERVATION: One of the fully trained internists assigned to this hospital has been appointed as the Civilian Employee Medical Officer. As such, he examines all employees for obvious disease and obtains a chest X-ray on each employee. Since his appointment, several employees have been found to have disease which precluded further employment.

LABORATORY SERVICE

ITEM 6: Laboratory Environment

DISCUSSION: Stable electrical current, fluctuating temperature, and large amounts of dust effect sensitive laboratory procedures and equipment.

OBSERVATION: Increasing demands on the laboratory with a decrease in personnel has made the use of complicated semi-automated equipment desirable and necessary. The two air-conditioning units are inadequate to maintain a reasonable stable temperature in the laboratory due to the use of flame and electrical equipment. The concrete floor continues to be a source of fine dust which makes operating sensitive electrical equipment a constant problem. A smooth surface such as tile is considered necessary. The acquisition of transistorized equipment for flame photometry and blood gas analysis has made the addition of voltage stabilizers to the laboratory a necessity. The present unfavorable laboratory environment effects the reproductability and accuracy of laboratory procedures.

ITEM 7: Lighting in the Laboratory

DISCUSSION: Standard fluorescent lighting used in quonset buildings is inadequate for detailed laboratory work at the bench.

OBSERVATION: Inadequate lighting is obtained from fluorescent lights on the ceiling. Lights suspended above the work benches is considered necessary to alleviate eyestrain during hours of continuous work.

ITEM 8: Laboratory Personnel

DISCUSSION: The increase of personnel has failed to keep pace with an increasing workload.

OBSERVATION: During the past quarter there has been a decrease of three enlisted personnel in the laboratory during a period of increasing workload. Ten enlisted technicians are considered necessary to perform the needed volume and variety of laboratory procedures at this hospital.

ITEM 9: Dental MEDCAP Activities

DISCUSSION: During the first quarter of FY 68, this service saw and treated 30 to 40 Vietnamese civilians each Saturday morning. This treatment consisted of no more than the removal of those teeth which the individual patient indicated, not necessarily those teeth which should have been removed. This situation was precipitated by the language barrier and the lack of qualified interpreters. The sum total of each session was an extremely filthy clinic which required the rest of the day for cleaning. As a result, an entire day was lost for patient care and scarce supplies expended.

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OBSERVATION: The dental MEDCAP activities were discontinued as such. It is felt that such activities should be limited to those emergency situations when the patient can see and feel obvious benefit if we are going to use this as means to rally the people to the legal government of Viet Nam.

ITEM 10: Oral Hygiene and Troop Morale

DISCUSSION: Our most effective preventive measure is the routine dental prophylaxis with oral hygiene instruction. This is also the most sought after service prior to DEPOS.

OBSERVATION: We have established a full time Oral Hygienist to treat anyone coming to the clinic desiring this service. We strongly feel that each Dental Service should stress this therapy over the routine restoration of carious teeth.

ITEM 11: Registrar

DISCUSSION: Several clinical records per month were being carried from the hospital by patients who have been discharged and returned to duty. Also, on several occasions patients have been observed reading their records while taking them to the registrar section.

OBSERVATION: Patients will hand carry only the Patients Clearance Record and the number 2 copy of the Narrative Summary. Registrar personnel will pick up the remainder of the clinical record on the ward.

DISCUSSION: Many patients admitted to this hospital are I&H's and injuries which require immediate medical attention in the emergency room. Nursing service personnel immediately remove the patients clothing and equipment while registrar personnel must accomplish necessary admission procedures.

OBSERVATION: Immediately upon removal from the patient, clothing is placed in a paper bag marked with the patient's name and register number. Organization equipment and weapons are tagged in a like manner. If there are many patients to be admitted and registrar personnel must immediately continue admission procedures, the bag of clothing is removed from the emergency room and placed in the A & D office, until the property can be inventoried and secured. As soon as time and patient load allow, the clothing is removed from the bag, all valuables and money are inventoried and secured in the baggage room. Weapons and organizational equipment are secured and the patient's unit called to pick-up the items. A receipt is obtained for property returned to the patient, his unit or any other section within the hospital.

ITEM 12: SUPPLY & SERVICES - Dust Control on Surgical ramps

DISCUSSION: Due to the climatic conditions, dust control continues to be a major problem. The surgical ramp is particularly susceptible, since it is located adjacent to the helipad. Incoming and outgoing helicopters are notorious contributors because of the high wind velocities they create.

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OBSERVATION: In an attempt to control dust, surrounding roads and open areas have been saturated with oil and pineprime. Secondly, a wooden baffle has been constructed between the helipad and the ramp area. The combination of the above control methods has reduced the amount of dust.

ITEM: 13 Proper utilization of Drivers:

DISCUSSION: Medical supply and Unit Supply have had difficulty obtaining sufficient drivers for daily runs to the Saigon, Long Binh areas.

OBSERVATION: Medical Supply and Unit Supply have combined their available drivers placing them under the control of a dispatcher. Under this new system, supplies for both sections are picked up daily thus eliminating the use of an additional driver and vehicle.

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SECTION II PART II: RECOMMENDATIONS

RECOMMENDATIONS:

1. Emphasis on the proper use of field tourniquets and compression dressings should be disseminated down thru medical channels to all field medical units.
2. Arrangements should be made to provide hospital units handling a large volume of Vietnamese patients with the services of three interpreters. At least one of these interpreters should be ARVN, and attached to the hospital unit to provide after duty hour coverage.
3. As is the case at the 12th Evacuation Hospital, processing of X-ray films by hand is considered inadequate. This procedure has caused a considerable bottleneck during mass casualty situations. An automatic film processor in such a situation would expedite patient care and eliminate unnecessary waiting on the patient's part. An automatic film processor has been on order since 9 Dec 1967.
4. Since our laboratory is not supported by a mobile lab, the assignment of personnel under TOL 8-581E is considered inadequate to handle the tremendous workload. Consideration should be made to augment the laboratory service with sufficient qualified personnel.

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AVBJ GC-0 (1 Feb 68) 1st Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period End-
ing 31 January 1968 (RCS CSFOR-65) (12th Evacuation Hospital)

Headquarters, 67th Medical Group, APO 96227

14 February 1968

TO: Commanding General, 44th Medical Brigade, APO 96384

Reference Section II, Part II

a. Concur in recommendation 1.

b. Reference recommendation 2. In December 1967, the Commanding Officer, 12th Evacuation Hospital, submitted a TDA for Civilian Personnel. This document indicated a requirement for two interpreters. Commanding Officer, 12th Evacuation Hospital, will be advised to review this document, and submit a modification with appropriate justification if a requirement for three interpreters exists.

c. Reference recommendation 3. An automatic film processor was requisitioned on document number 05/7343-002, approved by this headquarters and forwarded to 44th Medical Brigade for approval. The requisition has been received by the 1st Platoon, 32nd Medical Depot.

d. Reference recommendation 4. Commanding Officer, 12th Evacuation Hospital, will be advised to submit MTOE with justification for additional laboratory personnel.

James W Thompson

JAMES W. THOMPSON

LTC, MC

Acting Commander

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AVBJ-PO (1 Feb 1968) 2d Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period
Ending 31 Jan 1968 (RCS CSFOR-65) (12th Evacuation Hospital)

HEADQUARTERS, 44th Medical Brigade, APO 96384 22 Feb 1968

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 the recommendations in Section II, Part II (page 13) of the basic report are submitted:


a. Reference paragraph 1. This recommendation concerns a technical professional matter and should be considered by appropriate consultants to the USARV Surgeon and the Surgeon General.

b. Reference paragraph 2. Concur with paragraph b., first indorsement.

c. Reference paragraph 3. Concur with recommendation as it pertains to the advantages of an automatic film processor. Appropriate action has been initiated as evidenced by paragraph c., first indorsement.

d. Reference paragraph 4. Concur with paragraph d., first indorsement.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

cc: 12th Evacuation Hospital

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AVHGC-DST (1 Feb 68)

3d Ind

SUBJECT: Operational Report---Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375

1 MAR 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 January 1968 from Headquarters, 12th Evacuation Hospital (SMBL) (BH5A).

2. Pertinent comments follow: Reference item concerning field use of tourniquets, page 7, item 1; and page 13, paragraph 1: Concur.

a. The teaching at Medical Field Service School and in the NATO handbook is that a tourniquet should be used to control hemorrhage if the bleeding endangers life and if it cannot be controlled by other means. The aidman has an important decision to make and often does not have the medical knowledge or experience to render a professional opinion. To him the blood loss may be life threatening and requires a tight dressing or tourniquet. His first concern is the life; the second is the limb. Subsequent evaluation of the patient may not reveal severe bleeding since normal hemostatic mechanism, given time, will often control bleeding. The aidman does not have the benefit of time and repeated examinations; lack of bleeding upon a second examination 15 - 20 minutes after a tight dressing has been applied is not prima facie evidence that the compression was erroneously applied.

b. The subject of the control of extremity bleeding is under study in Vietnam at this time. Tentative findings are that in the field, casualties have died from extremity wounds because tourniquets are not being used; contrariwise, the USARV hospital reports indicate that fewer tourniquets and more pressure dressings should be used. Each reporting group is dealing with selected cases, i.e., the KIA's dying from bleeding do not reach the hospitals, and the field medical service does not have the benefit of subsequent evaluation of patients who have had tourniquets or dressings applied. The current recommendation is to use a tight tourniquet for amputations and a compression dressing for the majority of other wounds. Faced with severe bleeding a tourniquet should be applied if a compression dressing does not readily control it. The most common mistake in the use of a tourniquet is applying it too

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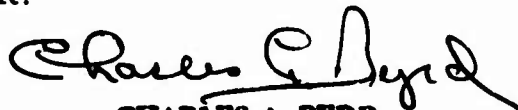
AVHGC-DST (1 Feb 68)

SUBJECT: Operational Report---Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65)

loosely; it should impede arterial outflow. The emergency control of bleeding from extremity wounds needs repeated emphasis. After completion of this study, the results and recommendations will be forwarded to all medical units.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:



CHARLES A. BYRD
Major, AGC
Assistant Adjutant General

Copy furnished:

HQ 12th Evac Hosp
HQ 44th Med Bde

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GPOP-DT (1 Feb 68) 4th Ind

SUBJECT: Operational Report for the Quarterly Period Ending 31 January
1968 from HQ, 12th Evac Hosp (SMBL) (UIC: WBH5AA) (RCS
CSFOR-65)

HQ, US Army, Pacific, APO San Francisco 96558 22 MAR 1968

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

This headquarters has evaluated subject report and forwarding indorse-
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN
MAJ, AGC
Asst AG

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