



UNITED STATES TRANSPORTATION COMMAND
SCOTT AIR FORCE BASE, ILLINOIS 62225-5357

30 DEC 2009

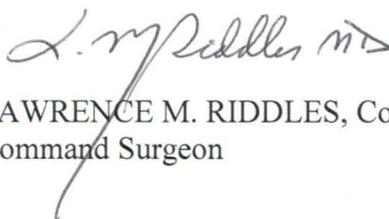
MEMORANDUM FOR (SEE DISTRIBUTION)

FROM: USTRANSCOM/SG
508 Scott Drive
Scott AFB, IL 62225-5233

SUBJECT: Global Patient Movement (PM) of In-Garrison and Deployed Burn Patients

1. This policy letter addresses Department of Defense (DOD) movement of the burned patient, in-garrison or deployed, to a specialized burn center for care. Patients with significant burns, as defined by American Burn Association (ABA) criteria (<http://www.ameriburn.org>) or at attachment 1, will benefit from prompt consultation with a burn surgeon and transport to a burn center. All military burn patients requiring burn center care will be regulated to the US Army Institute of Surgical Research (USAISR) Burn Center, Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas. Physicians treating burn patients shall stabilize the patient and begin fluid resuscitation following established burn care clinical practice guidelines, such as those available on the USAISR website (<http://www.usaisr.amedd.army.mil/cpgs.html>).
2. The treating physician shall initiate the PM process and contact the USAISR Burn Center designated representative. The governing Patient Movement Requirements Center (PMRC) shall assist the sending physician with appropriate recommendations for the PM process. Physician-to-physician communication is enormously valuable in developing the optimal movement plan for each patient. The USAISR is committed to providing timely and rapid access to all providers who call the Burn Center for consultation at 210-222-2876 or DSN 312-429-2876. Timely and accurate feedback is needed to ensure process improvement and optimal care.
3. Burn patients who meet ABA burn center referral criteria shall be regulated for movement precedence (urgent, priority, or routine) in consultation with the Theater Validating Flight Surgeon (VFS), USAISR and the referring physician, and the patient movement request shall be placed in the TRANSCOM (US Transportation Command) Regulating and Command & Control Evacuation System (TRAC2ES). If TRAC2ES is not available, direct contact with the servicing PMRC is recommended to facilitate patient movement. The USAISR Burn Center will provide the name of the accepting burn surgeon which will be documented in TRAC2ES by the referring facility. Delay or inability to contact the Burn Center directly should not delay the processing of the PMR.
4. USAISR will determine if a burn patient requires the USAISR Burn Flight Team for transfer. The USAISR Burn Flight Team is a Special Medical Augmentation Response Team with initial US Air Force (USAF) Critical Care Air Transport Team (CCATT) training and specialty expertise in burn care and inhalation injury, consisting of one or more burn surgeons, Burn Intensive Care Unit (BICU) nurses and respiratory care technicians.

- a. If determined by USAISR that a Burn Flight Team is not required based on the severity of injury or when time and distance may significantly delay care, a USAF CCATT will attend all critically ill burn patients.
 - b. Non-critically ill burn patients who meet ABA criteria for burn center referral may be transported without a CCAT Team if the treating physician, Theatre Validating Flight Surgeon and the USAISR representative determine this to be appropriate to the burn patient's enroute care.
5. If unable to contact the USAISR Burn Center directly, the treating physician may request assistance from their supporting PMRC or the Global Patient Movement Requirements Center located at Scott AFB, Illinois (Phone numbers located at attachment 1). Validating flight surgeons (VFS) may also initiate consultation with USAISR and/or theatre burn surgeon if management questions arise concerning regulation of burn patients for movement.
6. This letter replaces USTRANSCOM SG Policy Letter "Utilization of Specialized Burn Patient Management During Patient Movement Operations" dated 7 Dec 2004. My point of contact for this policy is Colonel Nick Lezama at DSN 312-779-7208.



LAWRENCE M. RIDDLES, Colonel, USAF, MC, CFS
Command Surgeon

Enclosures

1. Distribution List
2. References
3. Burn Ctr Referral and PMRC Ph #s (Atch 1)

DISTRIBUTION LIST:

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References:

1. JP 4-02, *Health Service Support*, 31 Oct 2006
2. USTRANSCOM Memorandum: *Utilization of Specialized Burn Patient Management During Patient Movement (PM) Operations*, 07 December 2004 (hereby rescinded)
3. AFI 41-307, IC-1, *Aeromedical Evacuation Patient Considerations and Standards of Care*, 10 August 2007
4. The United States Army Institute of Surgical Research, Joint Theater Trauma System, *Clinical Practice Guidelines*, Updated November 2008, <http://www.usaisr.amedd.army.mil/cpgs.html>
5. The American Burn Association, *Burn Center Referral Criteria*, <http://www.ameriburn.org>

BURN CENTER REFERRAL CRITERIA

A burn center may treat adults, children or both. Burn injuries that should be referred to a burn center include the following:

1. Partial-thickness burns of greater than 10% of the total body surface area
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints
3. Third-degree burns in any age group
4. Electrical burns, including lightning injury
5. Chemical burns
6. Inhalation injury
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
8. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
9. Burned children in hospitals without qualified personnel or equipment for the care of children
10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention

*Excerpted from Guidelines for the Operation of Burn Centers (pp. 79-86)
Resources for Optimal Care of the Injured Patient 2006
Committee on Trauma
American College of Surgeons*

PMRC Phone Numbers (name/location/time zone/DSN phone number)

GPMRC (Scott AFB, IL) CST – DSN 312-779-4200/4201
PMRC-E (Ramstein AB, GE) CET – DSN 314-480-8040/2264/2643
PMRC – P (Hickam AB, HI) HST – DSN 315-448-1602/8735
JPMRC (Al Udeid AB, Qatar) - AST – DSN 318-436-4417/4418