

NATO STANDARD

AJMedP-8

**ALLIED JOINT MEDICAL DOCTRINE
FOR MILITARY HEALTH CARE (MHC)**

Edition A Version 1

FEBRUARY 2018



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED JOINT MEDICAL PUBLICATION

**Published by the
NATO STANDARDIZATION OFFICE (NSO)
© NATO/OTAN**

INTENTIONALLY BLANK

NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

8 February 2018

1. The enclosed Allied Joint Medical Publication AJMedP-8, Edition A, Version 1, ALLIED JOINT MEDICAL DOCTRINE FOR MILITARY HEALTH CARE (MHC), which has been approved by the nations in the Military Committee Medical Standardization Board is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2598.
2. AJMedP-8, Edition A, Version 1, is effective upon receipt.
3. No part of this publication may be reproduced, stored in a retrieval system, used commercially, adapted, or transmitted in any form or by any means, electronic, mechanical, photo-copying, recording or otherwise, without the prior permission of the publisher. With the exception of commercial sales, this does not apply to member or partner nations, or NATO commands and bodies.
4. This publication shall be handled in accordance with C-M(2002)60.



Edvardas MAŽEIKIS
Major General, LTUAF
Director, NATO Standardization Office

INTENTIONALLY BLANK

RESERVED FOR NATIONAL LETTER OF PROMULGATION

INTENTIONALLY BLANK

INTENTIONALLY BLANK

INTENTIONALLY BLANK

TABLE OF CONTENTS

CHAPTER 1 OVERVIEW OF THE ALLIED JOINT MILITARY HEALTHCARE DOCTRINE	1.1
1.1 Aim	1.1
1.2 Overview	1.1
1.3 Clinical Guidelines	1.1
CHAPTER 2 MEDICAL TRAINING OF MILITARY AND HEALTH CARE PERSONNEL	2.1
2.1 Introduction	2.1
2.2 Basic Medical Training for All Military Personnel	2.1
2.3 Training Requirements for Healthcare Personnel	2.1
2.4 Training of Host Nation Military Personnel	2.1
2.5 Requirements for Military Acute Trauma Care Training	2.2
CHAPTER 3 SURGICAL CARE	3.1
3.1 Introduction	3.1
3.2 Emergency War Surgery	3.1
CHAPTER 4 CARE OF WOMEN IN JOINT/COMBINED OPERATIONS	4.1
4.1 Essential Requirements for Providing Female-specific Medical Care	4.1
4.2 Pregnancy and Related Complications	4.1
CHAPTER 5 DENTAL CARE AND DENTAL FORENSIC EXAMINATION	5.1
5.1 The Extent Of Dental And Maxillofacial Treatment At Role 1-3	5.1
5.2 Military Forensic Dental Identification	5.1
CHAPTER 6 DEPLOYED LABORATORY CAPABILITIES	5.1
6.1 Guidance on Deployed Laboratory Capabilities	5.1
CHAPTER 7 MENTAL HEALTH CARE	7.1
7.1 Introduction	7.1
7.2 A Psychological Guide for Leaders Across the Deployment Cycle	7.1
7.3 Mental Health Conditions and Topics Important to Military Operations	7.2

CHAPTER 8 POST EXPOSURE PROPHYLAXIS	8.1
8.1 Introduction	8.1
8.2 HIV	8.1
8.3 Rabies	8.1
CHAPTER 9 VETERINARY CARE	9.1
9.1 Guidance on Veterinary Issues	9.1
CHAPTER 10 MEDICAL EQUIPMENT AND SUPPLIES	10.1
10.1 Medical and Dental Supply Procedures	10.1
10.2 First-Aid Dressings, First Aid Kits, and Emergency Medical Care Kits	10.1
10.3 Minimum Requirements of Emergency Medical Supplies on Board Ship	10.2
CHAPTER 11 ADMINISTRATIVE ASPECTS OF MILITARY HEALTHCARE	11.1
11.1 Introduction	11.1
11.2 Classification of Diseases, Injuries and Causes of Death	11.1
11.3 Medical Warning Tags	11.1
11.4 Documentation Relative to Initial Medical Treatment & Evacuation	11.2
11.5 The Field Medical Card	11.2
11.6 Procedures for disposition of allied patients by medical installations	11.2
11.7 Basic Military Hospital Records	11.3
11.8 Determination and Recording of Ionizing Radiation Exposure for Medical Purposes	11.3
CHAPTER 12 EMERGENCY MEDICAL CARE IN THE OPERATIONAL ENVIRONMENT	
12.1 Introduction	12.1
12.2 AMEDP-24	12.1

CHAPTER 1 OVERVIEW OF THE ALLIED JOINT MILITARY HEALTHCARE DOCTRINE
--

- 1.1 The aim of this publication is to provide a doctrinal overview of operational military healthcare support as guidance for medical and also non-medical personnel.
- 1.2 AJMedP-8 is a novel document aiming to build a bridge between the medical policy paper “NATO Principles and Policies of Medical Support” (MC 326/3) and the medical standardization agreements and publications (STANAG/AMedP). It complements the contents of AJP Med 1 to 7, providing a summary of a number of healthcare related STANAGS. As such it does not provide a comprehensive overview of the whole of military healthcare. This document does not supersede any established guidance in STANAGs and AMedPs. Specific topics and details should be consulted in the original standardization documents.

Health service support is provided, directly or indirectly, to contribute to the health and well-being of patients or a population. (AAP-06) Military Healthcare is a patient centric health service provision by military healthcare professionals for the defined populations at risk; it encompasses preventive health protection, pre-hospital emergency care, primary healthcare, hospital care and rehabilitative care. Military Healthcare is also capable to support the full range of military operations including humanitarian assistance.

- 1.3 To enable healthcare support to NATO military operations and to support the NATO military medical planning process a clearly articulated principle is required. The purpose of the NATO standards is to offer guidance to physicians and other healthcare providers. Single nations will have their own standards of care and NATO standards are designed to promote standardization and interoperability for NATO operations.

The military healthcare standards referred to in AJPMed-8 are developed by subject matter experts and cover a range of clinical aspects such as surgical care, mental health conditions and post-exposure prophylaxis.

They are evidence-based and provide a common agreed platform, outlining standards for care and facilitating the development of healthcare protocols. They capture best practice and implement lessons learned in operational healthcare, thus contributing to optimal levels of interoperability. The subsequent chapters of this publication provide a summary of extant military healthcare standards in NATO. Extant standards are under regular review and new standard will be developed to further extend interoperability between nations.

INTENTIONALLY BLANK

CHAPTER 2 MEDICAL TRAINING OF MILITARY AND HEALTHCARE PERSONNEL
--

- 2.1 As NATO works toward the development of combined and joint medical deployable teams to support operations, there is an increased need to have standardized training to ensure that high standard of care is maintained throughout the whole healthcare continuum. As NATO allies move closer in cooperation (pooling and sharing), this standardized training becomes crucially important to enhance multinational interoperability.
- 2.2 Basic Medical Training for All Military Personnel.
STANAG 2122(3) Requirement for training of first-aid and emergency care in combat situations and basic hygiene to all military personnel is essential. The basic ability to stabilize an injured person greatly improves the likelihood of survival and allows time for medical personnel and other professionals to respond. To stop serious bleeding, secure the airway and provide the casualty the ability to breathe are the first steps towards the successful resuscitation and stabilization. Combat Life Support (CLS) courses have been developed to train military personnel to perform basic life-saving medical procedures. Additionally, all military personnel need some understanding and training in simple hygiene and force health protection measures to prevent and limit the development and transmission of infectious diseases in a deployed environment.
- 2.3 Multinational Missions
STANAG 2249(2)/AMedP-8.3(A) Training Requirements for Health Care Personnel in International Missions.
NATO nations must meet the training standards which are acceptable to all participating nations. The aim of the medical training is to provide care and treatment based on best medical practice. The participation in multinational medical cooperation poses challenges to the nations due to differences in national medical education, qualification, skills, training and clinical authorities what to perform. The standardized predeployment training for medical personnel provides opportunity to address and succeed these challenges.
- 2.4 The document delivers the pre-deployment training requirements for Health Care Personnel participating in multinational missions under military command. The document outlines nine distinguished modules of the required training:
- a. Basic Training for Healthcare Personnel,
 - b. Traumatology, in General and Tactical Level
 - c. Multinational Relations and Medical Ethics,
 - d. Environmental Risk, Tropical and Epidemic Diseases,
 - e. Stress Management,

- f. Disaster Relief,
- g. Language proficiency,
- h. Current Proficiency in Primary Healthcare Issues,
- i. Mission Orientated Training

To enhance NATO capability to develop and provide standardized training, Allied Command Transformation (ACT) and the NATO Centre of Excellence for Military Medicine (MilMed CoE) has been tasked to coordinate the military medical trainings.

- 2.5 The purpose of the document (STANAG 2544(2)/AMedP-8.12(A)) REQUIREMENTS FOR MILITARY ACUTE TRAUMA CARE TRAINING. is to standardize skills in trauma care provided by physicians, nurses, medics or any other military personnel participating in NATO operations. The AMedP-8.12 provides a skill set matrix for each category of medical service personnel and it also covers the tactical trauma skills and the medical evacuation training requirements (MEDEVAC).

CHAPTER 3 SURGICAL CARE

- 3.1 The Surgical Care in military operations is a critical capability; it provides advanced lifesaving procedures for the injured patients throughout the continuum of care in the different levels of medical units. The critical importance of the forward surgical capability close to the point of injury cannot be overstated. The immediate control of serious bleeding, airway and breathing control, which later followed by surgical stabilization has become the mainstay of trauma casualty care. Surgical stabilization prior to the patient movement on ground, by air or sea is an absolute imperative to ensure safe evacuation to higher echelons of care. Due to the advances in military medicine the concept of the surgical care of casualties is constantly evolving and therefore this guidance must remain flexible and focus on the principles of the treatment.
- 3.2 Emergency War Surgery. War surgery is where the conventional trauma care is adapted to austere operational conditions. While historically the results of the war surgical procedures were less awarding, the latest advancements of the operational trauma care are ensuring now homeland standards in surgical care. The newly developed trauma care Clinical Practice Guidelines (US) are the first results of obtaining evidence based medicine in the field setting. The most recent version of the United States “Emergency War Surgery Handbook” extensively uses the latest evidence based knowledge achieved from the military trauma register. Furthermore it also provides clinical guidance that may be used by all NATO and Partner forces. (Emergency War Surgery Handbook, 3rd Ed., Borden Institute¹)

¹ <http://www.cs.amedd.army.mil/borden/Portlet.aspx?ID=cb88853d-5b33-4b3f-968c-2cd95f7b7809>

INTENTIONALLY BLANK

CHAPTER 4 CARE OF WOMEN IN JOINT/COMBINED OPERATIONS

- 4.1 MINIMUM REQUIREMENTS FOR MEDICAL CARE OF WOMEN IN JOINT/COMBINED OPERATIONS (STANAG 2179(3)/AMed-P8.9(A)) defines the essential requirements for providing female-specific medical care in joint/combined operations. Participating nations agree to provide appropriate and competent medical provider, equipment and treatment for routine female conditions. This document also defines the female specific diagnostic skills which expertise allows delivering appropriate routine female health care and also allows obtaining a preliminary diagnosis.
- 4.2 Whilst capability must exist to deal with unexpected pregnancy and related complications, it is envisaged that member nations will not knowingly deploy pregnant female personnel. Although it is possible that pregnant patient from the local population may seek medical assistance. Reasonable efforts are always necessary to incorporate sensitivity and respect to the local cultural, religious practices and preferences when dealing with gynecological and obstetric matters.

INTENTIONALLY BLANK

CHAPTER 5 DENTAL CARE AND DENTAL FORENSIC EXAMINATION
--

- 5.1 THE EXTENT OF DENTAL AND MAXILLOFACIAL TREATMENT AT ROLE 1-3 MEDICAL SUPPORT (STANAG 2453(3)/AMedP-8.13 (A)) describes the different dental care modules required to treat patients with dental and maxillofacial conditions at Role 1-3 facilities. Various capabilities are required at the different MTFs to ensure proper dental care during the deployment; this AMedP describes the minimum required capabilities at Roles 1 to 3. Higher echelon of the MTF includes all capabilities of the lower facility. Annex A of AMedP-8.13 describe each role with the corresponding capabilities, outcomes, objectives, the required personnel and equipment. The publication also describes the necessary skill-sets for each capability and provides a chart that summarizes this capabilities at each level of care with the roles and responsibilities for each position.
- 5.2 MILITARY FORENSIC DENTAL IDENTIFICATION (STANAG 2464(3)/AMedP-3.1(A)) Experiences in NATO operations, UN and other international humanitarian assistance missions reinforced the need to standardize the protocols and procedures among the deployed forensic dental teams. The Military Forensic Dental Identification document aims to:
- a. Outline an organizational structure for military dental forensic identification teams,
 - b. Standardize equipment for the handling, examination, interpretation and presentation of dental evidence,
 - c. Reiterate current internationally recognized protocols and procedures for identifying individuals from their oral remains, particularly in the Mass Disaster/ Mass Casualty scenario.

INTENTIONALLY BLANK

<p style="text-align: center;">CHAPTER 6 DEPLOYED LABORATORY CAPABILITIES</p>

6.1 MINIMUM TEST REQUIREMENTS FOR LABORATORY UNITS OF IN THEATRE MILITARY MEDICAL TREATMENT FACILITIES (MTFS). (STANAG 2571(1)/AMedP-8.5(A)) The document describes the different laboratory capabilities required at Role 2B, 2E and Role 3 medical treatment facilities. The AMedP also defines the minimum required capabilities at Role 1 to 3; higher echelon of MTF includes all capabilities of the lower facility. A laboratory record will be prepared for each patient according to the standards of this publication. This record will accompany the patient upon transfer between hospitals, and will be forwarded to the national military medical authority of the patient when he/she is disposed from the hospital.

INTENTIONALLY BLANK

CHAPTER 7 MENTAL HEALTHCARE
--

- 7.1 Psychological and mental health support to military operations continue to receive increasing focus. The stresses of prolonged NATO operations create the risk for mental health problems and suicides. Mental healthcare requirements range across the deployment cycle from mental health selection pre-deployment, through mental health promotion, management and treatment of patients during combat operations and subsequently into the post-deployment period. The aim of mental healthcare is to improve the overall health of the force and ensure that personnel returning from combat deployments have the necessary services to deal with mental health problems (which include depression, adjustment disorders, alcohol misuse and post-traumatic stress disorder). Several STANAGs have been developed to address mental health issues arising from the participation in military operations.
- 7.2 A Psychological Guide for Leaders across the Deployment Cycle. The important role of the commanders and leaders in understanding and managing the psychological well-being of their personnel has received much recent attention. In addition to achieving operational objectives, Commanders must be able to recognize and deal with a range of mental health problems affecting the unit readiness. While most military personnel do well on deployment, it is the Commander's responsibility to manage psychological support when operational stressors affect individuals. Commanders may be called upon to deal with the implications of the death of a unit member and other crises. Commanders must also deal with less dramatic issues such as interpersonal conflict within their unit. The skills, responsibility and authority of the military leaders put them in a unique position to make a significant difference to how their unit members cope with operational stress.

A PSYCHOLOGICAL GUIDE FOR LEADERS ACROSS THE DEPLOYMENT CYCLE (STANAG 2565(1)/AMedP-8.10 (Study)) is designed to provide tools for the leaders to help them manage the array of psychologically demanding experiences occurring before, during, and after an operation. These episodes have the potential to degrade individual and unit performance. This guidance and its annexes include discussions of the following topics:

- a. Military Leaders' Role In Psychological Readiness
- b. Unit Members and Leaders Expectations,
- c. Individual Psychological Fitness
- d. Morale and Unit Effectiveness
- e. Military Family Readiness

f. Working with Mental Health Professionals

7.3 Mental Health Provision on Operations. FORWARD MENTAL HEALTH CARE (STANAG 2564(1)/AMedP-8.6(A)) provides an overview of why there is a need for early, forward-based intervention. It lays out the principles of mental health support on operations, including what clinical services should be provided. It describes the medical force protection principles as applied to mental health support. It describes the standards of care, clinical timelines and outcomes to be monitored in mental health support.

STANAG 2564 also contains Annexes covering the following specific mental health issues:

- a. Psychological management of potentially traumatic events.
- b. Acute Stress Reaction and its management
- c. Psychiatric medications and availability on operations
- d. Mental fitness for operations and guidance on its assessment
- e. Mental health professional operational capabilities

To ensure successful pre, during and post deployment management of somatoform disorders and their impact on deployed soldiers on operations, a standardized format and a common template is needed. The aim of STANAG 2548(3)/AMedP-8.14 (A) is to establish the common procedures by NATO Nations to prevent and manage post deployment somatoform complaints.

The risk of suicide in the military has made "Suicide Prevention" (STANAG 2566/AMedP-66) an important topic for commanders and health professionals at all levels. This document is still in study draft, awaiting the outcome of a STO HFM research task group's completion on this subject.

CHAPTER 8 POST-EXPOSURE PROPHYLAXIS
--

- 8.1 Some specific medical conditions require a timely and standardized approach in order to mitigate the risk of the development and the progression of the disease. Rapid post-exposure prophylactic treatment of some conditions is fundamental to prevent and impact their progression. Two of these conditions are Human Immunodeficiency Virus (HIV) and Rabies Virus exposures; these virus exposures require a specific approach to the treatment and the prevention.
- 8.2 HIV. Accidental exposure to blood and body fluids from patients with HIV poses a significant risk, especially to the emergency first responders and the medical personnel. While contamination with HIV may not lead to immediate systemic infection, replication of the virus occurs shortly after inoculation. While the medications used to treat HIV are effective at limiting viral replication, they have significant toxicity, therefore it is important to have a risk assessment as soon as possible after the suspected exposure. Treatment, when indicated, must be started by protocols at the soonest possible time. HUMAN IMMUNODEFICIENCY VIRUS (HIV) POST EXPOSURE PROPHYLAXIS MEASURES (STANAG 2554(1)) describes this risk assessment process and the approved treatment protocol for those with suspected HIV exposure.
- 8.3 Rabies. Rabies is an infectious disease that is almost universally fatal. Most rabies exposure occurs from the bite of an infected mammal. Following of an occupational risk assessment, vaccine may be provided pre-exposure to personnel in high-risk occupations or to those with special risk for exposure due to high risk environment. Even when the patient had pre-exposure vaccination, post-exposure treatment with Rabies Immune Globulin and Rabies vaccine is required. Post-exposure prophylaxis for Rabies requires a very specific protocol and failure to follow this protocol increases the risk of the disease and may result death. HUMAN RABIES PROPHYLAXIS IN OPERATIONAL SETTINGS (STANAG 2559(2)/AMedP-4.3(A)) describes the specific protocols for the pre- and post-exposure prophylactic management of individuals at risk, or individuals exposed to the Rabies virus.

INTENTIONALLY BLANK

<p style="text-align: center;">CHAPTER 9 VETERINARY CARE</p>
--

- 9.1 “Animal Care and Welfare and Veterinary Support During All Phases of Military Deployments” (STANAG 2538(2)/AMedP-8.4(A)) provides guidance on veterinary affairs concerning the provision of care to military working animals, and the protection of animal health during military deployments. During deployments, animal welfare will always apply to military working animals but in addition the following animals could require the attention of the deployed veterinary personnel: stray dogs and cats, farm animals (humanitarian assistance and CIMIC), wild animals (especially animal species protected by international laws and regulations). The AMedP covers all aspects of the deployment of the military working animals, including the pre-deployment screening, vaccination, transportation, housing, preventive and routine veterinary care and prophylactic procedures upon returning from the deployment. The AMedP also outlines the equipment requirements for the deployed veterinary team as well as the management of stray animals and the humanitarian support for agricultural animals.

INTENTIONALLY BLANK

CHAPTER 10 MEDICAL EQUIPEMENTS AND SUPPLY
--

10.1 “Medical and Dental Supply Procedures” (STANAG 2128(6)/AMedP-1.12(A)) summarizes key aspects of medical and dental supply. The aim of this STANAG is to facilitate the interoperability amongst NATO Medical Services concerning:

- a. Property exchange or replacement of medical and dental non-expendable items (e.g. ventilators, stretchers) at all levels within a theatre of operation that are required to accompany patients during evacuation from the battlefield to the next appropriate medical or dental facility. This materiel must clearly be marked with the nation of origin in plain text or with the national flag.
- b. The required information on medical and dental supplies and pharmaceuticals are including instructions of specific conditions for storage or transportation (humidity or temperature). The date of the production and the expiry should always be visible.
- c. The methods of the identification of the contents of syringes, syrettes, containers and self-injection devices. For self-injection devices, it is imperative that all medical staff, commanders and users understand the meaning of the color codes that are utilized.

It is the responsibility of the nation providing support of medical material or pharmaceuticals to other nations to ensure that all required conditions for storage and transportation have been pursued until the point of transfer.

10.2 Individual First-Aid Kit is recommended to be carried by all military personnel in NATO operations. This kit is described in FIRST-AID DRESSINGS, FIRST AID KITS, AND EMERGENCY MEDICAL CARE KITS (STANAG 2126(6)/AMedP-8.7(A)(study draft). The STANAG requires the following:

- a. All personnel will be equipped with a suitable first-aid and emergency medical care kit
- b. All first-aid kits and emergency medical care kits are to contain a list of contents and a set of instructions.
- c. All first-aid kits and emergency medical care kits will include at least the essential items meeting the descriptions in Annex C of the STANAG.

All military personnel should be adequately trained in the correct wearing, maintenance of the kit, the application and the use of all components.

The STANAG defines terms and definitions such as:

- a. First Aid: The interventions provided through Self/Buddy Aid at the point of wounding intended to reduce the loss of life in all operating environments.
- b. Emergency Medical Care: Those critical actions required for the timely evaluation, resuscitation, stabilization, initial treatment and transportation of any patient with potential life, limb, or organ threatening illness or injury.

The document furthermore recommends a vehicle first-aid kit to carry in all military vehicles. This vehicle kit should have the same items as the Individual First Aid Kit has but more in quantity. The paper also recognizes the need and recommends setting up unique kits for special military units, such as jungle, snake-bite, survival, commando kits and other sets for airborne or naval operations. These settings should be developed by each nation in accordance with national requirements.

10.3 MINIMUM REQUIREMENTS OF EMERGENCY MEDICAL SUPPLIES ON BOARD SHIPS (STANAG 1208(3)/AMedP-1.9(A)) standardizes the minimum emergency medical supplies onboard NATO naval ships operating in medically isolated areas. Whilst it is accepted that nations have their own choice of drugs for treatment in emergency medical cases, due to potential mutual assistance situations it is important that medical personnel are informed about the medical supplies issued to ships of other member nations.

There are three Annexes:

Annex A: Essential medical and laboratory equipment, intravenous fluids, oxygen supply and emergency drugs specified in their generic names.

Annex B: National equivalents of generic names as well as the concentration of these substances.

Annex C: List of participating ships carrying supplies detailed in Annex A.

CHAPTER 11 ADMINISTRATIVE ASPECTS OF MILITARY HEALTHCARE

11.1 The clear communication and documentation of pre-existing medical conditions, the received field care and other subsequent levels of medical care is imperative to ensure that proper treatment is administered. In the combat settings the sufficient flow of the patient information is crucial throughout the whole continuum of operational medical care. Commonly used documentation ensures the standardization of the terminology and allows the tracking and the trending of the diseases and injury data and consequently allows identification of potential epidemics and other areas for the improvement of care. Several STANAGs provide standardized ways of communication, including the medical phrase book, the classification of diseases and injuries and the communication of the administered care.

This chapter also includes a brief description of the medical recording and documentation of the exposure of ionizing radiation. The treatment and the evaluation of the exposure to ionizing radiation are also addressed in AJMedP-7.

11.2 Classification of Diseases, Injuries and Causes of Death. In all aspects of the NATO operations, interoperability plays a key role in medical support, it also requires all organizations to use common terms when describing diseases, injuries, and causes of death. The alphanumeric coding of diseases and injuries is common practice to facilitate identification and billing for services, the comparison of the status of disease and for the tracking of medical care. The common coding system in place is also essential to the success of the NATO Trauma Registry.

11.3 Medical Warning Tags. First responders and others providing initial medical care must triage and treat individuals who are unconscious or incapacitated and unable to communicate any information. This information may include previous medical history, medications and allergies. Ensuring that this medical information is readily available is critical when treating casualties in NATO operations. MEDICAL WARNING TAG (STANAG 2347(3)/AMedP-8.8(A)(study draft)) document provides standardized means for the members of the forces ensuring this information is communicated. Members of NATO Forces, who are affected by a significant medical condition, shall wear the Medical Warning Tag. The information on a Medical Tag includes: name and family name, personal service number, nationality and the significant condition(s) of the person. A list of such medical conditions is proposed. The shape, the size and the color of the medical warning tag are left to national discretion.

- 11.4 Documentation Relative to Initial Medical Treatment & Evacuation (STANAG 2132(3)/AMedP-8.1(A)). The quality of the collected and transmitted medical records (or medical information) has a significant impact on the quality of care been given, especially in a multinational setting. As patients move through the treatment and evacuation chain, the availability of the preceding medical records is critical to the subsequent treatment team at each succeeding medical treatment facility. Multinational military medical care must be "continuous, relevant, and progressive" and this is not possible unless adequate medical patient records are produced, maintained and transferred, particularly at Role 2 and above. The standardization of the medical data transmission and exchange is focusing more extensively on the format than the content, guidance for the development of Medical Information Communication Systems to allow future data transmission is described in AJMedP-5.
- 11.5 The Field Medical Card (STANAG 2132(3)/AMedP-8.1(A)) is required to transfer pre-hospital medical care data to the higher level of care in operations. The documentation of the military medical treatment from the site of injury up to and including hospital treatment is under continuous development along with the development of digitized information systems. Any initial medical treatment and evacuation data is favored to be recorded. The Field Medical Card is a water resistant material that can be drawn or written upon with a water resistant pencil and it is still necessary for recording initial treatment and evacuation information up to and including Role 1. A minimum core data set found on the Field Medical Card consists of identity, nature of injuries or illnesses, diagnoses, treatments and movement information. Nations may include other information in their Field Medical Cards but they should not exclude any of the information agreed upon by this standard. National Field Medical Cards are required to carry in English and French languages with supplement instructions to national language.
- 11.6 Procedures for Disposition of Allied Patients by Medical Installations (STANAG 2061(5)). The document lays out the policy and the procedures of the disposition of allied patient. Furthermore it discusses the principles which should govern the return of patients in medical installations of NATO forces to their own medical facility or to the closest national military unit. All clinical documents, including medical imaging data, will accompany the patient on transfer to the national organization. The clinical documents need to provide full information for the receiving medical facilities, to allow continuing the care, while fully aware of the previously received treatment.

- 11.7 “Basic Military Hospital Records” (STANAG 2348(5)/AMedP-8.2(B)) define the minimum information to be included in the medical records upon transfer of one patient when treated in a medical facility of other nation. Information technology advances have become more common, electronic systems of medical records and data transfer standards required to be developed. STANAG 2231(1)/AMedP-5.1(A) PATIENT DATA EXCHANGE FORMAT FOR COMMON CORE INFORMATION and STANAG 2543(1)/AMedP-5.2 (A)(study draft) STANDARDS FOR DATA INTERCHANGE BETWEEN HEALTH INFORMATION SYSTEMS address these new challenges.
- 11.8 Recording of operational ionizing radiation exposure for medical purposes and management of dosimeters (STANAG 2474(2)/AMedP-7.8(A)) ensures that the medical management of those exposed to ionizing radiation during operations (operational radiation exposure) will be optimized by recording exposure to uncontrolled or occupationally-relevant radiation sources in the medical record.

The aim of this agreement is to ensure that operationally incurred ionising radiation doses, estimated or measured, of all those presenting, whether as outpatients or inpatients at medical facilities, are obtained and recorded, or measures taken for subsequent determination and recording, in appropriate medical records, so that medical management may be optimised and full and permanent records created. When personal radiation dosimeters come into custody of participating nations and/or are recovered on admission to an MTF, these dosimeters are passed through the medical lines of communication for return to the relevant nation. It also provides terms and definitions of the exposure to ionizing radiation.

INTENTIONALLY BLANK

CHAPTER 12 EMERGENCY MEDICAL CARE IN THE OPERATIONAL ENVIRONMENT

12.1 Emergency Medical Care in the operational environment is a critical capability to improve outcome and reduce mortality and morbidity. It provides life and limb saving protocols and procedures for the patients from point of injury through to definitive medical care. The immediate management of serious bleeding, airway and breathing, later followed by damage control resuscitation, including surgery, has become the mainstay of casualty care. Emergency medical care encompasses also non-traumatic emergencies. Due to the advances in military medicine the concept of the emergency medical care is constantly evolving and therefore this guidance must remain flexible and focus on the principles of the treatment.

12.2 STANAG 2549(1) AMedP-24 (Emergency Medical Care in the Operational Environment).

There are many manuals within NATO about the treatment of casualties on the battlefield. AMED P24 is the only manual, collectively agreed upon by the NATO nations. It is published in the form of "Triptychs". These are three-part guidelines describing the key topics for training of medical personnel, the specific recommended treatments and a list of equipment and drugs necessary for such treatment. It defines emergency medical protocols and procedures based on the progressively more complex capabilities of medical facilities found in higher roles. The provision of emergency medical care is intended to be as close as possible to peacetime medical standards, given the constraints of the operational environment. It deals with the land and maritime environment in both war and operations other than war – such as humanitarian and peace keeping missions. The publication is intended for medical planners, medics, nurses and physicians.

AJMedP-8(A)(1)