DEPARTMENT OF THE ARMY
Charlie Company 101st Forward Support Battalion
1st Brigade Combat Team, 1st Infantry Division
Fort Riley, KS 66442

REPLY TO
ATTENTION OF:

AFZN-BAG-C 1 November 2006

MEMORANDUM FOR Transition Team Medics, Camp Funston, Fort Riley, KS 66442

SUBJECT: Physician Assistant Mentorship Course

1. During in-processing with D/101, all TT medics are responsible for compiling a medical readiness database on their BMIST handheld for each individual on their team (i.e. profiles, allergies, chronic medications, dental, acute and chronic medical problems, eyeglasses, etc). Once the information is gathered, the medic will ensure his team members have received the appropriate evaluation to be cleared to start training at Camp Funston and ultimately to deploy.

2. During in-processing, each TT medic will receive medical references and a Blackhawk Stomp II bag with pre-designated medical equipment and supplies. A sick call bag with a specific drug formulary has been selected for each TT medic to carry with them into country. All TT medics are responsible for understanding the indications, contraindications, side effects, and how to administer each of the selected medications. The sick call bag will **ONLY** be issued to medics that pass the pharmacology exam with a 75%. (**Narcotics will be issued OCONUS**.)

3. After being issued the trauma and sick call bag (qualified TT medics only), each TT medic will receive specific training on basic and advanced clinical skills. Each TT medic must demonstrate competency in each skill listed on his validation checklist prior to deploying. Each TT medic will be evaluated throughout his training at Camp Funston.

4. Once arriving to Camp Funston, all TT personnel will bring all of their medical issues to their team medic for evaluation. The TT medic will evaluate, document, and possibly treat the patients' medical condition within the guidelines addressed below. If the patient requires further care, the TT medic will bring the patient to the FRTM Aid Station (bldg 1981C) for sick call at 0630 Monday through Friday with emergencies until 1630 and 0630 to 0830 on Saturday. After hours, all emergencies should be taken to the Emergency Department at the Irwin Army Community Hospital (building 600). While at the Aid Station, the patient will then be evaluated by a Physician or PA with the TT medic (training purposes) and, if further care is required, the Aid Station personnel will evacuate the patient to the ED. At that point, the TT medic will return to continue training with his team. An exception to this is if life, limb, eyesight, or other potentially long term debilitating emergencies are present. These emergencies should be brought directly to the Aid Station or evacuated directly to the ED from the point of injury.

6. While in training at Camp Funston, each TT medics' scope of practice will be limited since medical assets (Physician/PA) are available on Camp Funston and at the IACH ED. During an emergency/trauma situation, the TT medic will perform emergency related procedures (i.e.

ABCs, administer an Epi-Pen, etc.) while waiting for evacuation assets. **Under no circumstances** will a TT medic perform surgical procedures (i.e. suturing, incision and drainage, staples, toenail removals, etc) or give antibiotics without direct supervision of the Physician/Physician Assistant. After receiving their sick call bag, the TT medics will be authorized to only dispense selected medications as listed below.

A. Acetaminophen 325 mg tabs
B. Bacitracin ointment
C. Benzonatate 100 mg gelcaps
D. Calcium Carbonate chewable tabs
E. Foot powder
F. Hydrocortisone 1% cream
G. Ibuprofen 800 mg tabs
H. Ranitidine 150 mg tabs
I. Terbinafine cream
J. Loratadine 10 mg tabs
K. Pseudoephedrine HCL 60 mg tabs

The TT medic may provide IV fluid therapy (sodium chloride and lactated ringers), band-aids, and basic bandaging to their TT personnel. If a TT medic provides medical treatment or dispenses medications to TT personnel for any reason, the TT medic must complete a SOAP note on an SF600 and document the treatment and/or medication provided. The TT medic must then notify the attending Physician/PA.

7. In theater, medical assets such as the Physician or PA may not be readily available and a list of medications and previously trained medical interventions may be utilized by each TT medic. It will be important, however, to utilize the algorithms presented during training at Ft. Riley while in theater in order to determine when these additional assets need to be utilized.

8. The TT medic is the primary team member responsible for establishing a battle rhythm in the event a team member or members become casualties. Each member of the team will know their role during any particular casualty incident and during training battle drills. Ensuring that proper protocols of secure, organize, communicate, treat, evacuate (SOCTE) will be essential.

9. Combat medic advanced skill training will consist of select medical procedures and/or training for which each TT medic must show proficiency.

10. POC for this memo is the undersigned at 239-6643.

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