

Symposium

Introduction

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Military Critical Care Nursing: From Point of Injury to Rehabilitation

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Despite the severity and complexity of injuries, survival rates among combat casualties are equal to or better than those for civilian trauma.¹ The principle underlying the care provided to these casualties is that once they enter the military health care system, their level of care never diminishes. Achieving this goal is daunting considering that critically injured patients will pass through numerous hospitals, undergo multiple surgeries, and travel more than 7000 miles in less than 7 days as they are returned safely home.

This symposium will take you inside this extraordinary health care system, from the point of injury and initial resuscitation to patient evacuation on board military MEDEVAC helicopters and long-distance critical care air transport aircraft, and on to definitive care. These articles focus not only on the patients and their unique care requirements but also on the care providers (the critical care nurses and medics) and their required competencies and the challenges they face as they provide this world-class care. The successful outcomes of the operational health care system can undoubtedly be attributed in part to the dedication of all the care providers along the continuum of care, as so eloquently captured by Stockinger² in his article “Death and Life in Afghanistan.” But Gawande, in his book *Better*, also attributes this success to the military making a science of performance—that is, “to investigate and improve the knowledge and technologies at hand.”^{3(p56)} The important contributions of the Joint Combat Casualty Research Team and the Joint Theater Trauma System to this science of performance are highlighted, along with the lessons learned from the battlefield that are advancing critical care. Finally, throughout this symposium, you will see a common message: It is our privilege to care for our warriors—the men and women who put themselves in harm’s way.

REFERENCES

1. Eastridge BJ, Costanzo G, Jenkins D, et al. Impact of Joint Theater Trauma System initiatives on battlefield injury outcomes. *Am J Surg.* 2009;198(6):852-857.
2. Stockinger ZT. A piece of my mind. Death and life in Afghanistan. *JAMA.* 2009;302(18):1947.
3. Gawande AB. *Better: A Surgeon’s Note on Performance.* New York: Henry Holt & Co; 2007.

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