

Period Ending 30 April 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 8 JUL 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOF-DT,
APO 96558

This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1969 from Headquarters, 12th Evacuation Hospital (SMBL) and concurs with the report as indorsed.

FOR THE COMMANDER:

Cy furn:
12th Evac Hosp
44th Med Bde

W. C. ARNTZ
CPT, AGC
Assistant Adjutant General

MFR: ORLL was staffed through:

SURG: LTC Territo/4111

ACTION OFFICER: MAJ NOWAK/LBN 4433

CONCURRENCE/NON CONCURRENCE: Not required.

Suitable for Commander's Notes: Yes/No

READ, AGOFS, G3 RECORD COPY RETURN TO AVHGC-DST.

*266-273
208-25*

To History - 16 July 69

CH DST DIV	<i>[Signature]</i>
CH MS BR	
CH DOC BR	<i>[Signature]</i>
CH TNG BR	

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SUBJECT: Operational Report of 15th Evacuation Hospital (A-15) for
Period Ending 30 April 1969, RCS CSFOR-65 (RL)

DA, HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

14 May 1969

TO: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

1. This report has been reviewed.
2. The following comments are submitted concerning Section 2:

Reference, paragraphs 2 b (1) and 2 b (2); concur.

FOR THE COMMANDER:

Rodney A Edge

RODNEY A. EDGE
1LT, MSC
Adjutant

1 Incl
as

SUBJECT: Operational Report - Lessons Learned of 12th Evacuation Hospital
(Smb1) for Period Ending 30 April 69, RCS CSFOR-65 (RL)

DA, Headquarters, 44th Medical Brigade, APO 96384 19 May 69

TO: Commanding General, USARV, ATTN: AVHGC-DST, APO 96375

1. The basic report and 1st indorsement have been reviewed by this headquarters.

2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of the basic report are submitted:

Reference paragraph 2b (1) and (2). Concur. These recommendations are very worthy and will be published for all medical groups for further dissemination.

FOR THE COMMANDER:

RICHARD B. AUSTIN III
COL, MC
Deputy Commander

Cy furnished:
CO, 68th Medical Group
CO, 12th Evac Hosp

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ-PO
APO San Francisco 96384

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

1. Section 1, Operations: Significant Activities.

a. Mission and Supported Units.

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 45th Surgical Hospital, the 2d Surgical Hospital and Clearing Companies of the 25th Medical Battalion for further care either of an emergency or post-operative nature.

The Wound Data-Munition Evaluation Team, the 20th Preventive Medicine Detachment and the 44th Medical Detachment continue to receive at least some of their logistical support from this hospital.

b. Professional Services.

A total of 2897 patients were admitted to the hospital during the past quarter. This represents a significant 14.5% increase over the previous three months. Of those admitted 2220 were United States Military personnel and the other 677 were ARVN or Vietnamese Civilians. Surgical Services admitted 2224 patients during the quarter and 673 patients were admitted to the Medical Service. IRHA patients accounted for 1801 admissions (an increase of 21.0% over last quarter), non-battle injuries totaled 259 patients and medical and surgical diseases accounted for 852 patients. The average daily bed occupancy was 175 patients. This varied from an average census of 156 in February to 201 in March and then 169 in April.

A total of 2174 surgical operations were performed, including 1447 major operations and 727 minor operations.

Hepatitis, malaria, asthma, diarrhea of unknown cause and fever of unknown origin constituted the majority of illnesses in patients of the Medical Service.

Dental Corp's involvement with the MEDCAP program is a recent development which has worked out very well. A Dental Team accompanies the MEDCAP personnel on their weekly visits to Cu Chi Village. Dental patients now constitute one-third of all patients seen on MEDCAP.

The Outpatient Service includes Medical, General Surgery, Orthopedics, Urology, Ophthalmology and Otorhinolaryngology Clinics. There were 2818 visits to the clinics during the three month period. The Orthopedic Clinic continues to treat the greatest number of patients.

During the three month period, MEDCAP visits treated 701 patients. This figure was down from the previous quarter because fewer visits were made due to the TET Offensive and hostile action in the immediate area.

There were 21,583 exposures performed by the Radiology Service and 33,430 procedures were performed by the Laboratory Service during the quarter.

c. Significant Events

Two periods of extra heavy casualty influx occurred during the quarter. The first was on 23 February when over 150 fresh battle casualties were treated within a 24 hour period. The second was on 26 February when more than 50 fresh battle casualties were treated in a five hour period.

d. Construction.

Hospital construction continues to receive heavy emphasis at this installation. In the past three months rewiring of the wards was 30% completed, painting of the entire hospital both interior and exterior was 60% finished and airconditioning of the wards was started. In addition, a dayroom for the hospital personnel was established and construction was completed on a new BOQ.

The hospital was connected into the base camp central power system. There remained a few problem areas to be worked out but overall this was a welcomed improvement. In the near future power shortages and fluctuations, with their grave, sometimes critical implications to patient care, will no longer constitute the threat they did when the hospital was forced to rely on generators for its power.

Revetment of all patient care areas and all billeting areas except the new BOQ was completed during this quarter.

2. Section 2, Lessons Learned: Commander's Observations, Evaluations and Recommendations.

a. Personnel. NONE

the recent offensive, it was learned that the Emergency Room staff and all the Admissions and Dispositions Section could not get a complete roster of all patients treated at this hospital. This was due to the fact that Emergency Room personnel were all involved in patient care and A&D personnel were either involved in admitting patients, transferring patients or transporting patients. Complete rosters were found to be an important tool to the Registrar, who would receive many inquiries concerning who was treated, how many were treated and where patients were transferred. As a result of what was learned during previous mass casualty situations three people from administrative sections of the hospital who are not directly concerned with patient care were designated to be detailed to the Registrar during mass casualty situations. These people were briefed as to the administrative procedures employed during these situations and were provided with roster sheet and were instructed to obtain name, rank, serial number, unit, time seen at this hospital and disposition of all patients seen at this facility during a mass casualty situation.

(b) EVALUATION: This procedure has been tested and found to provide the Registrar with complete and timely data on all patients seen during mass casualty situations.

(c) RECOMMENDATION: That this procedure of obtaining data on all patients be utilized in all future mass casualty situations.

(2) Emergency Board.

(a) OBSERVATION: Time is often a critical factor in saving a patient's life. This is particularly true on an Intensive Care Ward. One potential time waster is drugs and other essential equipment being stored in hard to get at places. The Post-Operative Ward has developed an Emergency Board which facilitates the rapid deployment of necessary life saving items. The Emergency Board is perforated wood 31" X 36" X $\frac{1}{4}$ ". The Board is attached to a two-shelf dressing cart. Attached to the Board front are the drugs and equipment essential during an emergency situation, such as a cardiac arrested patient. Each drug and piece of equipment is clearly marked and attached to the Board with rubber bands. Attached to the back of the Board is a cardiac arrest board 28" X 28" X 1" to be used under the patient for closed cardiac massage. The top shelf serves as a work table during the emergency. To the side of the cart is attached a bag with the following items: Ambu bag, extra masks (different sizes) and a portable foot operated aspirator. The bottom shelf contains a defibrillator (cardiac), a cardiac pacemaker and a cardiac monitor.

(b) EVALUATION: The Emergency Board has been used a number of times at this hospital. It is easily wheeled to any site on the ward. It places all items in plain view for the physician and all items are detachable. Precious seconds are not wasted by personnel digging through trays to find a needed item.

(c) RECOMMENDATION: Other hospitals should consider using the Emergency Board as a method of providing speedier patient care.

e. Logistics. NONE

f. Organization. NONE

g. Other. NONE

Mims C. Aultman

MIMS C. AULTMAN

LTC, MC

Commanding