PECULIARITIES OF AEROMEDICAL EVACUATION
ANESTHESIOLOGICAL SUPPORT IN THE LOCAL
ARMED CONFLICT

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Introduction. Changes in the forms and methods of combat operations during the hybrid war in Eastern Ukraine create additional tasks for the military anesthesiology service to organize and escort injured servicemen and civilians during the air evacuation. Analysis study of the combat injuries structure and the required qualified medical care amount for combatants who were evacuated by anesthesiology teams with the introduction of modern requirements for dynamic monitoring in clinical practice can improve safety, increase evacuation efficiency and prevent adverse flight factors.

The aim of the study. To assess the structure and scope of medical care for combatants who were evacuated by anesthesiology teams of the Dnipropetrovsk Military Hospital during the aeromedical evacuation from the of local armed conflicts area.

Material and methods. In the study retrospectively, for 3 years (2016-2019) were analyzed the medical records of 286 victims who were evacuated by helicopter from field hospitals in order to transfer to the specialized medical care stage.

Study results: As a result of the analysis, it was found that in the process of aeromedical evacuation 232 casualties (81%) were on mechanical ventilation, requiring monitoring and ventilation parameters correcting in flight. 43% of casualties were evacuated after massive infusion therapy (more than 5 doses of blood products in the last 6 hours), which involved intensive monitoring during the evacuation phase. 17% of evacuees (49 casualties) needed vasopressor support. Increased oxygen need with the need for oxygen support and elements of non-invasive ventilation was found in 19% of cases (54 casualties). Casualties with unstable fracture spine and after reconstructive surgery on vessels accounted for 32.5% and 7% (93 and 21 casualties). However, only prolonged analgesia or sedation during transport was required for about 5% (15 victims).

Conclusions. The modern system of aeromedical evacuation from the field hospitals and civilian health care facilities developing continuously, with specialists constantly looking for new and creative ways to improve the conditions of transportation, monitoring and treatment of casualties during anesthesiological support. The structure and scope of medical care provided by anesthesiology teams during the aeromedical evacuation of casualties from the area of local armed conflicts correspond to those provided in the hospital’s intensive care unit due to continuous monitoring and professional medical care support.