2011

Clinical Exemplar

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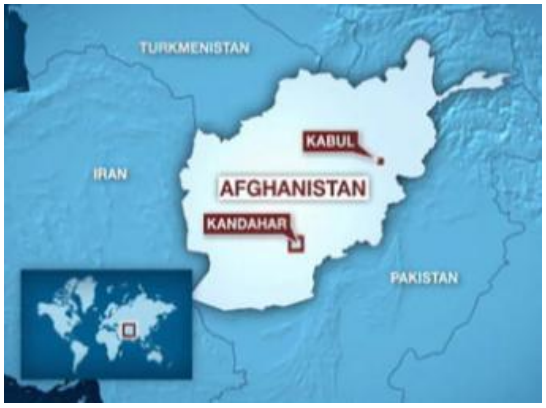
Story

18

A NOTE FROM AFGHANISTAN

We are launching the Combat Trauma Mission here at our NATO Role 3 Multinational Medical Unit. I want to send you official greetings from Afghanistan! It seems like I have been away forever, although it has only been 93 days or 3 months, but who is counting!



I thought I would give you all a sneak preview of our actual medical mission at the NATO Role 3 Multinational Medical Unit (MMU). Remarkably, our orientation to the hospital was over in just five short days. Lucky for us, late August through early September, the number of patient admissions for our US/Coalition troops began very slowly with the major patient traumas coming from local Afghanistan forces, police, and population. In the beginning we cared for over 40% local children of all ages. Most of these innocent children suffered from IED blast injuries. Most notably, one day in mid-September, we received 10 alphas. The alpha category is a true emergency and must be taken to the OR within 30 minutes of arrival from the trauma bay. It seemed like our pagers and phones were ringing constantly. Miraculously, we were able to assess their injuries, resuscitate and perform surgery, recover them in the postanesthesia care unit or provide intensive care

nursing on our critically injured American troops, coalition forces, and local nationals.

We work tirelessly to provide expert care and prepare our coalition forces and US troops for their flight back to their respective countries or the United States of America (USA). Many times our injured soldiers are with us less than 24 hours, but might receive over 70 units of blood products during their short stay. Our goal is to stabilize their injuries through adequate resuscitation post surgery; maximize their oxygenation status; and the following morning (0300 to 0500) prepare to Medivac these seriously injured US troops/coalition forces back to the USA or their respective countries via Landstuhl, Germany.

I must admit, I am loving the rapid, but safe "throughput" of patients, unlike my experience back home where we have extended stays and boarding of patients in the PACU. When we need to accept another urgent trauma patient, our Intermediate Care Ward (ICW) nurses come quickly (within minutes) to get report at the bedside and then transport our patient to their ward. Everyone understands the mission and why patients need to be transferred expeditiously.

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Now, after one month, we are beginning to form a cohesive team that practices both postanesthesia care and critical care nursing. I was extremely pleased that you sent the 2010-2012 ASPAN Standards, the ASPAN Orientation Program, and the ASPAN Safety Toolkit to our ICU/PACU. I could not ask for better international advertising to use the ASPAN educational references for our international staff. Many of them have never heard of ASPAN. Although our surgical patients are a little more complex and seriously injured from blasts and gunshot wounds than the patients we care for currently in our PACU, I feel that our inpatient PACU nurses would feel right at home in our unit. Of course an orientation to wartime injuries and the current science in managing these injuries is the key to optimal care. It is amazing, however, to see how quickly you feel like you have worked together in our NATO hospital for years. The ICU and the trauma teams really build on the strengths of our shipmates and minimize

our weaknesses. Everyone (nurses, corpsmen, and doctors) bring special talents and expertise to the high tech, compassionate care we provide.

As I reflect back, September war casualties have been horrific – sometimes beyond comprehension of the human mind. The stretching, tearing, shredding, torquing, breaking, burning, exploding, amputating of the human body is beyond belief. At times, we have questioned why our corpsmen or medics have sent the expectant soldiers arriving with active CPR to our trauma bays. Foremost we truly understand that they have been embedded with these casualties and know them as their friends. Likewise, our hospital has a wonderful reputation with the local Kandahar community and our fighting forces. During our second week in September, we had 7 children, all under the age of 7 years, come in with IED blast explosion injuries. These precious children were severely injured. Two died before their arrival, one died in the trauma bay, and one died in our ICU. Know that our entire teams worked valiantly to resuscitate them. The NATO Role 3 hospital's reputation has a 98% survival rate. However, the reality of survival from combat injuries is linked to the famous quote: "the Golden Hour" that was coined by Colonel R. Adams Cowley during the Viet Nam era.

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Many of you might wonder what kind of schedule we have at the Role 3. We all work at least 12 hours a day. Most of us are expected to work on our days off – or take call for the traumas. Exhaustion has become a common occurrence. Everyone not only works their assigned hours, but is on-call for the urgent/emergent trauma cases that come in. No one questions why they are on call, because the staff know full well that when they are working and the patients exceed the surge capacity, more help is needed. We all come in willingly to augment the needed patient care. Soon our Belgium, United Kingdom, Danish, and Canadian nurses will be going back to their respective countries. The Canadians have been the major country, besides the US to provide medical and nursing care. We will miss our comrades, but know they have served faithfully in the Afghan war effort. I will provide a glimpse of the wartime Afghanistan environment….. so be sure to read my next month's "News from the Front" article that focuses on Veterans Day.

Yes, I have had a couple deaths too and that has been hard. When one of our US soldiers dies - we give honors to the fallen hero that is called "Dignified Transfer." This is accomplished shortly after the soldier's passing. An announcement is made of the "Dignified Transfer" and all available staff come from all clinical and admin units to line the halls and stand at attention while the soldier's body is taken from the hospital. Our Navy Chaplain, cites a brief scripture and reflects on his/her honor, bravery and commitment in service to our country. It is such a moving ceremony as the tears stream down our faces. Our flags fly at half staff until the "Angel Flights'" depart for Dover Delaware.

Last week I was also selected to be the Assistant Director of Nursing (ADN) for the Department of Nursing as my collateral duty! I try to make rounds before and after work to learn how our nursing staff are doing. I am also writing Standards of Care Policies for our coalition hospital, too. Yes, I still work my regular 12 hour shifts in the ICU. We are always "on call" 100% for incoming Trauma and also staff the PACU for daily elective/urgent and emergent cases. I look at it as – we are only for 5 more months. I cannot wait to be back in civilization where there are no more rocket attacks. The hospital and barracks are over 12 inches thick with rebar in between, they are bomb proof – the bad part is that of course the rocket attacks are always during breakfast, lunch or dinner time. When everyone is either walking to or from work or on their way to meals. We do have reinforced thick cement bunkers to go to when we hear the sirens. However, the sirens remind me of WWII in London as the eerie sound warns you to "take cover." I am keeping a journal... so someday I may write a book. You know my son got his masters degree in screen writing - I keep telling him he may have a great Best Seller!

We are now well into our combat trauma mission. Each day we become more confident in the ICU and are adjusting to not only the hospital, but also the Afghanistan weather, the people, and our critically ill patients. I truly miss you and my ASPAN friends! I love hearing from you and learn what you are doing. I cannot wait to come back and find out all the things you and ASPAN leaders are doing.

Thanks to all who sent the wonderful care packages from home and the treasured emails. I have been wondering how everyone is doing. It has been wonderful for me to stay in touch with all of your activities, as well as hear from those we care about from back home. It is great to feel connected. At times we feel very isolated as we do not get any news - the Internet is up and down with connections. The phone system is not reliable either.

Take care and see you at our ASPAN Conference next spring!

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