

## **Chapter 2 – OBJECTIVES OF THIS REPORT**

### **2.1 DEFINE MILITARY INDICATIONS FOR HBO**

Whereas military personnel can benefit from HBO as part of classical healthcare when residing in their home country, the use of this treatment in case of injuries and diseases suffered while on deployment is seriously hampered by logistical difficulties and medical prioritizing. However, it appears that many combat-related injuries could, at least theoretically, benefit substantially from hyperbaric treatment if installed within the useful early timeframe. It has been the objective of this Working Group to define the medical conditions potentially encountered in operations, and also the optimal time frame during which addition of HBO to the “normal” care may be beneficial. The summaries and rationale can be found below and in Annex A.

### **2.2 DEFINE “CONDITIONS FOR USE”**

Furthermore, as the addition of any treatment modality cannot be allowed to compromise the quality of the “usual care”, a list of conditions has been formulated for each indication, helping Medical Planning staff to decide whether this is a “viable” option.

In the modern military setting, many if not most of these diseases would happen in remote operational theatres and rapid and coordinated evacuation of these patients to the optimal higher echelon treatment centre is essential. It is unlikely that fully functional military HBO centres can be deployed in close proximity of the operational theatre (bar exceptions, see below), meaning that HBO should be administered early in the evacuation chain back to the home country.

Although in most NATO Nations, at least one military hyperbaric centre is available, either in-hospital or in a stand-alone (e.g. naval) setting, few of those centres can offer the various aspects of multi-disciplinary care. This implies that wounded soldiers will often not be evacuated to the best treatment facility, and only receive partial care. Although the need for hyperbaric readiness and coordination plans is partially addressed in the context of Submarine Escape and Rescue (SMER) planning, a more general approach is needed to encompass other indications for HBO.

Also, there is as yet no formal coordination between the various NATO Nations’ military hyperbaric centres, neither regarding clinical protocols nor operating or safety procedures, nor personnel training and education. Because of this lack of interoperability, collaboration in the context of multi-national operations is difficult to organize.

By working towards a concerted action, NATO Nations will be able to specifically focus the available hyperbaric medicine capacity of each member nation towards an optimal utilization in times of need. More practical, patients referred to one of the Member Nation’s hyperbaric centres will be guaranteed a standardized approach, both medical and administrative, and will thus minimize the time to optimal treatment, and reduce medical and evacuation costs for each NATO Nation.

Among the “conditions for use”, criteria have been developed to aid in identifying the suitable hospitals with (military and civilian) HBO facilities beforehand, so that evacuation routes, military-medical supervision and financial agreements may be elaborated during the planning phase of the medical support operation.

### **2.3 PROPOSE PROCEDURE FOR TREATMENT OF MILITARY INJURIES**

Finally, this report will propose a “general workflow” for HBO treatment of military injuries, which can serve as a framework onto which specific procedures can be developed. Also, it is proposed to organize a

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“Lecture Series” for military (para)medical NATO personnel, with the aim of providing a basic knowledge of HBO and its potential use in military setting.