

APPENDIX A: RECOMMENDATIONS TO PREVENT INFECTIONS ASSOCIATED WITH COMBAT-RELATED INJURIES BASED ON ROLE OF CARE

LEVEL OF CARE*	CARE CATEGORY	RECOMMENDATIONS
Role 1 (Prehospital)	Initial care in the field	<ul style="list-style-type: none"> Bandage wounds with sterile dressings (avoid pressure over eye wounds) Stabilize fractures Transfer to surgical support as soon as feasible
	Post-injury antimicrobials	<ul style="list-style-type: none"> Provide single dose point of injury antimicrobials (Appendix B) if evacuation is delayed or expected to be delayed
Role 1 and Role 2 without surgical support (IIa)	Post-injury antimicrobials	<ul style="list-style-type: none"> Provide intravenous antimicrobials for open wounds (Appendix B) as soon as possible (within 3 hours). Provide tetanus toxoid and immune globulin as appropriate. Gram negative coverage with aminoglycoside or fluoroquinolone not recommended. Addition of penicillin to prevent clostridial gangrene or streptococcal infection is not recommended. Redose antimicrobials if large volume blood product resuscitation Use only topical antimicrobials for burns.
	Debridement and irrigation	<ul style="list-style-type: none"> Irrigate minor wounds to remove gross contamination with normal saline, sterile, or potable water without additives. Debridement and irrigation of large wounds should be done at a surgical facility (Role IIb or III). Do not attempt to remove retained deep soft tissue fragments if criteria met. Provide Cefazolin 2 gm IV x 1 dose.
Role 2 with surgical support and Role 3	Post-injury antimicrobials	<ul style="list-style-type: none"> Provide intravenous antimicrobials (Appendix B) as soon as possible (within 3 hours). Provide tetanus toxoid and immune globulin as appropriate. Gram negative coverage with aminoglycoside or Fluroquinolone not recommended. Addition of penicillin to prevent clostridia gangrene or streptococcal infection is not recommended. Redose antimicrobials if large volume blood product resuscitation. Use only topical antimicrobials for burns Antimicrobial beads or pouches may be used. Provide post splenectomy immunizations if indicated.
	Debridement and irrigation	<ul style="list-style-type: none"> Irrigate wounds to remove contamination with normal saline or sterile water using bulb irrigation, gravity irrigation, or pulse lavage without additives. For open fractures, use 3 L for each type I, 6 L for each type II, and 9 L for each type III extremity fractures. Repeat debridement and irrigation every 24-48 hours until wound is clean and all devitalized tissue is removed. Do not attempt to remove retained deep soft tissue fragments if criteria met.† Provide Cefazolin 2 gm IV x 1 dose. Do not obtain cultures unless infection is suspected.
	Other surgical management	<ul style="list-style-type: none"> Surgical evaluation as soon as possible. Only dural and facial wounds should undergo primary closure. Negative pressure wound therapy (NPWT) can be used. External fixation (temporary spanning) of femur/tibia fractures. External fixation (temporary spanning) OR splint immobilization of open humerus/forearm fractures.

LEVEL OF CARE*	CARE CATEGORY	RECOMMENDATIONS
Role 4	Post-injury antimicrobials	<ul style="list-style-type: none"> • Complete course of post-injury antimicrobials (Appendix B) • Antimicrobial beads or pouches may be used • Provide post splenectomy immunizations if indicated
	Debridement and irrigation	<ul style="list-style-type: none"> • Irrigate wounds to remove contamination with normal saline or sterile water using bulb • Irrigation, gravity irrigation, or pulse lavage without additives. For open fractures, use 3L for each type I, 6 L for each type II, and 9 L for each type III extremity fractures. • Repeat debridement and irrigation every 24-48 hours until wound is clean and all devitalized tissue is removed. • Do not attempt to remove retained deep soft tissue fragments if criteria met.† Provide Cefazolin 2 gm IV x 1 dose • Do not obtain cultures unless infection is suspected
	Other surgical management	<ul style="list-style-type: none"> • Wounds should not be closed until 3-5 d post-injury when wound is clean and all devitalized tissue is removed. • Only dural and facial wounds should undergo primary closure. • Negative pressure wound therapy (NPWT) can be used. • External fixation (temporary spanning) of femur/tibia fractures. • External fixation (temporary spanning) OR splint immobilization of open humerus/forearm fractures.

Criteria for allowing retained fragments to remain behind: entry/exit wounds < 2 cm; no bone, joint, vascular, body cavity involvement; no high risk etiology (e.g., mine); no obvious infection; assessable by x-ray.