

CHAPTER 2

ORGANIZATION AND FUNCTIONS**2-1. Organization**

The FST (Corps), TOE 08518LA00, and the FST (Airborne/Air Assault Division/ACR [Light]), TOE 08518LB00, are clinically standardized modules regardless of their assignment. These 20-person units are organized into four functional areas: triage-trauma management (TTM), surgery, recovery, and administration/operations.

2-2. Mission

The mission of the FST is to provide a rapidly deployable immediate surgery capability, enabling patients to withstand further evacuation. It provides surgical support forward in division, separate brigade, and ACR operational areas. The requirement to project surgery forward increases as a result of the extended battlefield. This small, lightweight surgical team is designed to complement and augment emergency treatment capabilities for the brigade-sized task force.

2-3. Assignment

The FST is assigned to the corps medical brigade or medical group, the airborne/assault division, and the ACR (light).

2-4. Capabilities

a. At Echelon I (Level I), the FST is capable of continuous operations with a divisional or nondivisional medical company/troop for up to 72 hours; the ability to continue operations is limited by personnel fatigue/exhaustion and available supplies. The FST provides urgent, initial surgery for otherwise nontransportable patients. The nonforward deployed corps FST will reconstitute, replace, and reinforce the FST of the airborne/air assault division, the ACR, and any other forward deployed brigade combat team, as required.

b. The FST's surgical capability is based on two operating room (OR) tables with a surgical capacity of 24 OR table hours per day. Other capabilities include—

- Emergency medical treatment. Assets to receive, triage, and prepare incoming patients for surgery.
- Surgery. Initial surgery and continued postoperative care for up to 30 critically wounded or injured patients over a period of 72 hours with the FST's organic medical equipment sets (MESs) prior to resupply.

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- Nursing care. Postoperative acute nursing care for up to eight patients, simultaneously, prior to further medical evacuation.
- Rapid strategic deployability. The team's personnel and equipment (less vehicles) capable of deploying in one C-130 aircraft for initial entry missions, when required. The FST is capable of subsequent movement by helicopter sling-load operations.
- Tactical mobility. The team is 100 percent mobile with organic vehicles (six high mobility multipurpose wheeled vehicles [HMMWVs]).

2-5. Dependency

The FST is dependent upon the unit to which it is attached or assigned for—

- Food service, water distribution, and security.
- Unit maintenance for vehicles and communications equipment, to include electrical power backup.
- Patient administration and coordination of medical evacuation.
- Appropriate aviation units of the corps for rigging when sling-load airdrop operations are required.
- Physical security and NBC decontamination support.
- Military police or combat arms escort for security when deploying into and moving through hostile areas.

2-6. Personnel and Unit Functions

a. Forward Surgical Team Commander. The FST commander, (area of concentration [AOC] 61J00 or 61M00) is a working surgeon, as well as team commander. He is knowledgeable in and has an understanding of CHS operations and planning. He also has a thorough knowledge of the tactical operations, the employment, and the clinical operations of the unit.

b. Triage-Trauma Management Element. This element is responsible for receiving, stabilizing, and triaging incoming patients in 57 categories (Appendix A). It also provides preoperative preparations for patients requiring immediate surgery. The TTM element is comprised of the personnel shown in Table 2-1. Surgeons depicted in this area assess patient conditions, move with the patient to the surgery area, and perform required operative procedures.

Table 2-1. Triage-Trauma Management Organization

TRIAGE-TRAUMA MANGEMENT				
PHYSICIAN STAFF				
*GENERAL SURGEON (FST COMMANDER)	LTC	61J00	MC	
*GENERAL SURGEON	MAJ	61J00	MC	(2)
*ORTHOPEDIC SURGEON	MAJ	61M00	MC	
NURSING STAFF				
CRITICAL CARE NURSE (FST HEAD NURSE)	MAJ	66H8A	AN	
EMERGENCY MEDICAL TREATMENT NCO	SGT	91B20	NC	
MEDICAL SPECIALIST	SPC	91B10		
MEDICAL SPECIALIST	PFC	91B10		

*Also part of surgery element—performs required surgery after triaging patient.

(1) *Surgeons.* The general surgeons (AOC 61J00) perform preoperative assessment, treatment, and surgery. These surgeons, along with the FST commander and the orthopedic surgeon (AOC 61M00), work as a two-physician team, and when required, perform two surgeries simultaneously.

(2) *Critical care nurse.* The critical care nurse (AOC 66H8A) serves as the FST head nurse. This officer—

- Provides overall direction and supervision of nursing care for incoming patients, preoperative and postoperative patients, and patient preparation for medical evacuation.
- Participates, as required, in preoperative assessment and preparation of the patient and in perioperative nursing care.
- Plans and organizes work schedules for the staff.
- Directs and performs cross-training of nursing personnel as applicable to the FST needs.

(3) *Emergency medical treatment noncommissioned officer.* This clinical noncommissioned officer (NCO) (military occupational specialty [MOS] 91B20) assists in the sorting and emergency medical-surgical care and treatment of critically injured or ill patients presented at the triage area. He performs preventive and therapeutic procedures, as required, to include NBC detection procedures. His duties also include—

- Performing ATM and routine patient care, as needed.

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- Assisting senior patient care personnel in the performance of their duties.
- Ensuring that sterile supplies are provided in the treatment area.
- Maintaining MESs and general and medical supplies.

(4) *Medical specialists.* These patient care specialists (MOS 91B10) assists physicians, nurses, and EMT NCOs in performing emergency medical care for patients presented in the triage area. Their duties also include—

- Maintaining the MESs.
- Operating, maintaining, and performing preventive maintenance checks and services (PMCS) on assigned vehicles.
- Assisting in the assembly/disassembly of medical treatment shelters.
- Operating, maintaining, and performing PMCS on power-generation equipment.

c. *Surgery Element.* This element is comprised of the surgeons of the TTM element and the personnel shown in Table 2-2. It is designed to function on a 24-hour basis with the capability of performing two surgeries simultaneously, providing general and orthopedic surgery. (Refer to Appendix B for surgical guidelines and procedures.)

(1) *Orthopedic surgeon.* The orthopedic surgeon (AOC 61M00) performs preoperative assessment, treatment, and surgery for injuries of the musculoskeletal system. He provides specialized care/consultation on the necessary limb-saving procedures in casualties with injuries to the spine and extremities.

(2) *Clinical nurse anesthetists.* These anesthetists (AOC 66F00) perform professional nursing duties of a specialized nature in the care of patients requiring general or regional anesthesia, respiratory care, resuscitation, and/or fluid therapy. They perform general and regional anesthesia, assist with initial and ongoing emergency resuscitation, and provide postanesthesia management of patients.

(3) *Operating room nurse.* The OR nurse (AOC 66E00) performs specialized nursing duties; supervises the surgical nursing staff; ensures that safe supplies and equipment are provided in the OR area; and establishes and executes OR nursing policies and procedures.

(4) *Senior operating room noncommissioned officer.* The senior OR NCO (MOS 91D30) performs circulator duties as required, supervises and/or performs rapid sterilization of surgical equipment and ensures technical resupply requirements are met. He also—

- Assists the OR nurse in ensuring the readiness of surgical equipment.
- Supervises the enlisted OR specialists and assists the OR nurse in cross-training in perioperative nursing care.

Table 2-2. Surgery Element Organization

SURGERY ELEMENT				
PHYSICIAN STAFF				
*GENERAL SURGEON (FST COMMANDER)	LTC	61J00	MC	
*GENERAL SURGEON	MAJ	61J00	MC	(2)
*ORTHOPEDIC SURGEON	MAJ	61M00	MC	
ANESTHETIST STAFF				
CLINICAL NURSE ANESTHETIST	CPT	66F00	AN	(2)
NURSING STAFF				
OPERATING ROOM NURSE (OR TEAM LEADER)	CPT	66E00	AN	
SENIOR OPERATING ROOM NCO	SSG	91D30	NC	
OPERATING ROOM NCO	SGT	91D20	NC	
OPERATING ROOM SPECIALIST	SPC	91D10		

*Also part of TTM element—performs required triage after completion of surgery.

- Performs specialized OR duties and assists the surgeons, as required.
- Supervises operator maintenance of vehicles assigned to the OR team.

(5) *Operating room noncommissioned officer.* This OR NCO (MOS 91D20) performs scrub duties and assists, as directed, in the anesthesia recovery of patients. He performs administrative and other specialized OR duties, as required.

(6) *Operating room specialist.* This specialist (MOS 91D10) performs scrub duties and assists, as directed, in the anesthesia recovery of patients. His duties also include—

- Preparing and maintaining sterile supplies, OR equipment, and MESs.
- Operating and maintaining the assigned vehicle.
- Operating, maintaining, and performing PMCS on power-generation equipment.

d. *Recovery Element.* The recovery element maintains eight postanesthesia cots and can provide for eight patients simultaneously; four of these cots are capable of providing extended postoperative care, specifically ventilation support. It provides preoperative care for incoming patients and postoperative nursing care for those who have undergone surgery. The element provides care for patients until they are

fully recovered from anesthesia and sufficiently stabilized for further evacuation (usually 1 to 6 hours). Further stabilization of patients with more definitive medical or surgical treatment is provided at an Echelon III MTF. The recovery element is normally staffed as shown in Table 2-3.

Table 2-3. Recovery Element Organization

NURSING				
MEDICAL-SURGERY NURSE (RECOVERY TEAM LEADER)	CPT	66H00	AN	
PRACTICAL NURSE	SSG	91C30	NC	(3)

(1) *Medical-surgical nurse.* This medical-surgical nurse (AOC 66H00)—

- Provides supervision of nursing care for incoming patients, preoperative and postoperative patients, and patient preparation for medical evacuation.
- Participates, as required, in preoperative assessment and preparation of the patient and in perioperative nursing care.

(2) *Practical nurses.*

(a) The practical nurses (PNs) (MOS 91C30) assist, as directed, in emergency care, preoperative preparation of the patient, perioperative nursing care, and instrument sterilization. Some of their specific duties include—

- Implementing physician orders and nursing care policies and procedures.
- Assisting, as directed, in patient care.
- Observing, evaluating, and reporting life-threatening symptoms; reporting death of patients; performing deceased patient procedures; preparing and processing (Field Medical Card) reports of deaths.
- Transporting or arranging for the evacuation of patients; maintaining ward MESs; operating and maintaining medical equipment; and operating and maintaining assigned vehicles.

(b) The senior of the three PNs ensures equipment readiness and assists the medical-surgical nurse in cross-training other enlisted personnel (MOSs 91B and 91D) in anesthesia recovery.

e. *Administration/Operations Element.* The administration/operations element is responsible for the operational and administrative support functions. This element assists the FST commander in planning and executing unit moves. It ensures and/or arranges for unit and personnel administration, organizational

and medical resupply, organizational maintenance of the unit's vehicles and equipment, small arms repair, physical security, and food service support. The element is typically staffed as shown in Table 2-4.

Table 2-4. Administrative/Operations Element Organization

OPERATIONS STAFF			
FIELD MEDICAL ASSISTANT (OPERATIONS OFFICER)	1LT	70B67	MS
EMERGENCY MEDICAL TREATMENT NCO (FST NCOIC)	SFC	91B40	NC

(1) *Field medical assistant.* The field medical assistant (AOC 70B67) is essentially the FST's operations officer. He assists the FST commander in providing for the administrative, logistical, and tactical operations of the team (see Appendixes D and E). This officer, assisted by the EMT NCO (operations sergeant), keeps abreast of current military operations and plans future operations and employment of the FST. During the preparation, planning, and execution phases, he coordinates combat support (CS) and CSS for the team. The operations officer remains abreast of administrative and tactical situations, freeing up the commander to pursue his clinical duties.

(2) *Emergency medical treatment noncommissioned officer (operations sergeant).* The operations sergeant (MOS 91B40) serves as the principal enlisted assistant and advisor to the FST commander and the operations officer. As the senior noncommissioned officer in charge (NCOIC) in the FST, he provides guidance to enlisted members of the team and represents them to the commander. His duties are consistent with those of the operations officer. However, he is a working EMT specialist and is employed primarily in the TTM area.