



Combat Medic Advanced Skills Training (CMAST) 91W To 68W Transition Course - Student Reference

U.S. Army

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The Combat Medic Advanced Skills Training (CMAST) course was developed to provide the soldier medic with an overview of the stark contrast between garrison and combat trauma care. The foundation of CMAST is the concept and principles of Tactical Combat Casualty Care (TC-3). CMAST takes the basic knowledge and skills the soldier medic attained in the Emergency Medical Technician - Basic (EMTB) course and addresses the many differences when applying them to casualties on the battlefield. The management of the airway, chest trauma, hemorrhage, and hypovolemic shock of the battlefield casualty are all addressed. Triage and evacuation, as well as the treatment of detainees under international law are also discussed. This course contains a 25-question pre-course self-assessment examination and culminates in several practical examinations and a 50-question written examination.

Levels of Care on the Battlefield

- (1) Self-Aid/Buddy-Aid (SABA): every individual soldier trained to treat the preventable causes of death.
- (2) Combat Lifesaver (CLS): specifically trained soldiers able to provide intermediate levels of medical care in combat, once again trained to treat the preventable causes of death.
- (3) 91W (68W) Health Care Specialist: formally trained combat medic who specializes in the ability to provide trauma medicine on the battlefield.

NOTE: The 91W Health Care Specialist became the 68W Health Care Specialist on 1 October 2006. They are tasked with:

- (a) Care Under Fire.
- (b) Tactical Field Care.
- (c) Combat Casualty Evacuation Care (CASEVAC).
- (d) Casualties in combat involve both a medical problem and a tactical problem as well. We want the best outcome for both the soldier and the mission. Good medicine can sometimes be bad tactics, and bad tactics can get everyone killed and or cause the mission to fail. This recognizes an important aspect of battlefield care: performing the right intervention at the right time. What may be a perfectly correct intervention performed at the wrong time puts the care provider and their casualty at risk. With limited battlefield medical assets, we cannot afford to take these risks.

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