

SUBJECT: ALARACT 176/2008 (CORRECTED COPY)  
TEXT:  
UNCLASSIFIED//

(CORRECTED COPY)

THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DASG-ZXA//DAMO-DASG//

THIS ALARACT MESSAGE IS SENT ON BEHALF OF THE SURGEON GENERAL//

SUBJECT: (U) PREVENTION AND TREATMENT OF EYE INJURIES IN THE COMBAT ZONE

REF/A/ALARACT 144/2008/SUBJECT: INCREASE OF LASER EYE INCIDENTS//

1. (U) SITUATION: MILITARY COMBAT EYE PROTECTION (MCEP) CAN EFFECTIVELY PREVENT OR MITIGATE SEVERE EYE INJURY, BUT COMPLACENCY LEADS TO UNNECESSARY OCULAR TRAUMA, LOSS OF VISION, AND BLINDNESS. FROM JAN 07 TO MAY 08, 261 WARRIORS SUSTAINED 339 EYE INJURIES IN COMBAT (JOINT THEATER TRAUMA REGISTRY). ONLY 5% OF THE 261 WARRIORS WERE KNOWN TO BE WEARING PROTECTIVE BALLISTIC EYEWEAR AT THE TIME OF THEIR INJURY. DURING THIS TIME PERIOD, 92% OF EYE INJURIES WERE BATTLE-RELATED, IMPROVISED EXPLOSIVE DEVICES ACCOUNTED FOR 61% OF THE EYE INJURIES, AND SIGNIFICANT EYE INJURIES CONSTITUTED 8.2% OF ALL INJURED WARRIORS ADMITTED TO LEVEL THREE MEDICAL TREATMENT FACILITIES. IN FEB 08, EYE INJURIES WERE A DISPROPORTIONATELY HIGH PERCENTAGE OF MEDICAL EVACUATIONS AT 31% (10 INJURIES), REVERSING A DOWNWARD TREND IN EYE INJURY EVACUATIONS SINCE JUL 07 (15% OF MEDICAL EVACUATIONS; 32 INJURIES).

2. (U) IN ALL SITUATIONS WHICH POSE MORE THAN MINIMAL RISK FOR EYE INJURY, COMMANDERS MUST DIRECT SOLDIERS TO WEAR MCEP SPECIFIED IN THE AUTHORIZED PROTECTIVE EYEWEAR LIST (APEL). ANECDOTAL REPORTS SUGGEST THAT SOLDIERS CONTINUE TO PURCHASE AND WEAR NON-APEL EYEWEAR IN MODERATE AND HIGH RISK SITUATIONS. CDRARCENT SHOULD VERIFY THAT POST EXCHANGES IN THEIR AREAS OF OPERATION CARRY ONLY APEL ITEMS, OR ENSURE THE DISTINCT SEPARATION OF APEL AND NON-APEL EYEWEAR, IAW AAFES MANAGER'S GUIDE AND STORE PLAN-O-GRAM, INCLUDING SIGNAGE. COMPREHENSIVE GUIDANCE AND INSTRUCTIONAL MATERIALS FOR COMMANDERS, SOLDIERS, LOGISTICIANS, AND CLINICIANS ON MCEP TOPICS IS AVAILABLE ON AKO AT: [HTTPS://AKOSECURED.DETRICK.ARMY.MIL/MCEP.CFM](https://akosecured.detrick.army.mil/mcep.cfm). IN ADDITION, COMMANDERS MUST RE-EMPHASIZE THAT CONTACT LENSES ARE NOT TO BE WORN IN THE FIELD AS THEY GREATLY INCREASE THE RISK OF CORNEAL ULCER AND SEVERE INJURY.

3. (U) THEATER OPHTHALMOLOGISTS GO TO EXTREME LENGTHS TO SAVE INJURED EYES, BUT SUCCESS DEPENDS ON SEVERAL FACTORS: EXTENT OF INITIAL INJURY; INITIAL TREATMENT AT THE SCENE; AND PROMPT MEDICAL AND SURGICAL TREATMENT. IF A PENETRATING EYE INJURY IS NOTED OR SUSPECTED (AS EVIDENCED BY LID OR FACIAL INJURY, BLEEDING IN OR AROUND THE LIDS OR EYES, OR LID SWELLING), MEDICAL PERSONNEL MUST:

3.A. PERFORM A RAPID FIELD TEST FOR VISUAL ACUITY.

3.B. TAPE A RIGID EYE SHIELD OVER THE EYE(S). RECOMMENDED ITEM IS SHIELD EYE SURG FOX, 12'S, NSN 6515-01-449-1016. APPROPRIATE SUBSTITUTES ARE EYE SHIELD PATIENT OPTICAL, 12'S, NSN 6540-01-347-1053; OR SHIELD EYE SURG GOFFMAN, 50'S, NSN 6515-01-253-8165. AT LEAST THREE RIGID EYE SHIELDS SHOULD BE CARRIED BY ALL 68W COMBAT MEDICS AND MAY BE REQUISITIONED THROUGH NORMAL MEDLOG CHANNELS. TOPICAL ANTIBIOTICS SHOULD NOT BE APPLIED TO AN UNREPAIRED OPEN EYE INJURY. PRESSURE DRESSINGS (EITHER HEAD OR OCULAR) MUST NEVER BE APPLIED TO AN UNSHIELDED EYE, AS THEY MAY CONVERT AN OPEN EYE INJURY IN WHICH VISION CAN BE SAVED TO ONE WHERE TOTAL BLINDNESS OCCURS DUE TO EXTRUSION OF GLOBE CONTENTS.

4. (U) TIMELY ADMINISTRATION OF ANTIBIOTICS IS PARAMOUNT TO PREVENTING DANGEROUS EYE INFECTIONS AFTER PENETRATING WOUNDS. BECAUSE THEATER OPHTHALMOLOGISTS ROUTINELY ADMINISTER SYSTEMIC ANTIBIOTICS PROMPTLY, ROUTINE ADMINISTRATION OF ORAL ANTIBIOTICS BY 68W COMBAT MEDICS IS NOT RECOMMENDED SOLELY TO PREVENT EYE INFECTIONS. HOWEVER, IF OPERATING REMOTELY IN AN ISOLATED REGION, OR IF EVACUATION TO THEATER DEFINITIVE CARE IS EXPECTED TO TAKE LONGER THAN THREE HOURS, ADMINISTRATION OF SYSTEMIC ANTIBIOTICS SHOULD BE CONSIDERED (IF AVAILABLE, NOT CONTRAINDICATED AND IF ORAL ADMINISTRATION WOULD NOT CAUSE RETCHING OR VOMITING). SPECIFICALLY, 750MG OF LEVOFLOXACIN OR 400MG OF MOXIFLOXACIN CAN BE ADMINISTERED ORALLY AT THE TIME OF INITIAL TREATMENT (RECOMMENDED ITEMS: LEVOFLOXACIN 750MG 6505-01-487-6727; OR MOXIFLOXACIN HYDROCHLORIDE 400MG 5S 6505-01-516-3201). IF ORAL MOXIFLOXACIN IS UNAVAILABLE OR CANNOT BE ADMINISTERED SAFELY, CASUALTIES SHOULD RECEIVE INTRAMUSCULAR OR INTRAVENOUS ANTIBIOTICS AS SOON AS POSSIBLE. BOTH THE FOX RIGID EYE SHIELD AND ORAL MOXIFLOXACIN HAVE RECENTLY BEEN ADDED TO THE 68W SURGICAL INSTRUMENT AND SUPPLY SET INDIVIDUAL, NSN: 6545-01-534-6145, LIN U65480.

5. (U) POC: COL ROBERT A. MAZZOLI, OPHTHALMOLOGY CONSULTANT TO THE SURGEON GENERAL, COM: (253) 968-1760, DSN: 782-1760 OR E-MAIL ROBERT.MAZZOLI@US.ARMY.MIL.

6. (U) EXPIRATION DATE CANNOT BE DETERMINED.