



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6040.03
August 21, 2018

Assistant Director, Combat Support Agency (CSA)

SUBJECT: Joint Trauma Lexicon

References: See Enclosure 1.


1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m), establishes the Defense Health Agency's (DHA) procedures to develop a universally accepted, standardized Joint Trauma Lexicon.
2. APPLICABILITY. This DHA-PI applies to OSD, the Military Departments (MILDEPs), the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PI as the "DoD Components").
3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (e) and (f), that the Joint Trauma Lexicon establishes and defines key common trauma terms used in support of trauma care, operational medical planning, performance improvement, and research across the full range of military operations. The DHA serves as the Military Health System's authoritative source for Joint Trauma Lexicon; therefore, this DHA-PI will be used to update DoD Issuances, Joint Publications (JPs), DHA Publications, and Service-level regulations. The DoD will use these terms where applicable and, if not used, the author of the alternative term and/or definition will disclose the reason.
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).

FOR 
R. C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015
- (d) Public Law 114-328, Section 707, National Defense Authorization Act for Fiscal Year 2017
- (e) Joint Requirements Oversight Council Memorandum 126-17, "Department of Defense Trauma Enterprise DOTmLPF-P Change Recommendation," December 11, 2017
- (f) Joint Requirements Oversight Council Memorandum 031-14, "Force Health Protection DOTmLPF-P Change Recommendation," March 26, 2014
- (g) DoD Instruction 6040.47, "Joint Trauma System (JTS)," September 28, 2016, as amended
- (h) DoD Instruction 5154.30, "Armed Forces Medical Examiner System (AFMES) Operations," December 29, 2015, as amended
- (i) Joint Publication 4-02, "Joint Health Services," December 11, 2017
- (j) Chairman of the Joint Chiefs of Staff Instruction 5705.01D, "Standardization of Military and Associated Terminology," November 10, 2010
- (k) DoD Instruction 5025.12, "Standardization of Military and Associated Terminology," August 14, 2009, as amended
- (l) Office of the Chairman of the Joint Chiefs of Staff, DoD Dictionary of Military and Associated Terms (DoD Dictionary), current edition
- (m) Allied Administrative Publication-6, North Atlantic Treaty Organization Glossary of Terms and Definitions (English and French)

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs, and in accordance with References (e) and (f), the Director, DHA, will:

a. Exercise oversight and provide direction in support of the development of the Joint Trauma Lexicon.

b. Oversee the implementation of this DHA-PI to ensure consistent application across the Military Health System.

c. Coordinate with the Surgeons General of the MILDEPs on Joint Trauma Lexicon initiatives.

d. Assign responsibilities within the Agency to execute the development and ongoing revision of the Joint Trauma Lexicon, as required.

e. Provide clarifying guidance to the Secretaries of the MILDEPs and Combatant Commanders on issues related to the Joint Trauma Lexicon.

f. Coordinate the inclusion of approved trauma terms in relevant DoD Issuances, JPs, DHA Publications, and Service-level regulations, as appropriate.

2. DIRECTOR, JOINT TRAUMA SYSTEM (JTS). Under the authority, direction, and control of the Director, DHA, the Director, JTS, will:

a. Provide oversight of and direction to the JTS chartered committees (e.g., Committee on Tactical Combat Casualty Care (TCCC), Committee on Surgical Combat Casualty Care, and Committee on En Route Combat Casualty Care) and personnel in the development of trauma terms and definitions consistent with the process and format of the Joint Trauma Lexicon as provided within Enclosure 3.

b. Provide lexicon guidance to the JTS chartered committees that serve as the DoD reference bodies for the development of trauma terms.

c. Leverage the JTS chartered committees to coordinate with civilian academia and partner nations, as appropriate, to assist in the development of proposed trauma terms for potential inclusion in this DHA-PI.

d. Submit approved trauma terms to the Joint Staff, Washington Headquarters Service, and MILDEPs for inclusion in doctrine, policy, and curricula as appropriate.

- e. Approve terms according to the provisions of this DHA-PI and Reference (g).
 - f. Update and maintain the JTS Data Sharing Agreement to reference this DHA-PI and the requirement that the trauma lexicon terms and definitions be used where applicable.
3. ARMED FORCES MEDICAL EXAMINER (AFME). Under the authority, direction, and control of the Director, DHA, the AFME will:
- a. Submit trauma terms pertaining to preventable death reviews, in coordination with the JTS for possible inclusion within this DHA-PI.
 - b. Support activities as related to the development of trauma terms according to this DHA-PI.
 - c. Provide trauma subject matter experts (SMEs) to assist in the development and ongoing revision of the Joint Trauma Lexicon, as required.
4. DEPUTY ASSISTANT DIRECTOR, RESEARCH AND DEVELOPMENT (J-9). Under the authority of the Director, DHA, the Deputy Assistant Director, Research and Development (J-9), will:
- a. Submit research-related trauma terms and proposed definitions, in coordination with the JTS.
 - b. Provide trauma research SMEs to assist in the development and ongoing revision of the Joint Trauma Lexicon, as required.
 - c. Support activities as related to the development of trauma terms according to this DHA-PI.
 - d. Ensure the research community is informed of the requirements contained in this DHA-PI, facilitating use of approved trauma terms and definitions where applicable.
5. THE SURGEONS GENERAL OF THE MILDEPs, THROUGH THE SECRETARIES OF THE MILDEPs. Under the authority, direction, and control of the Secretaries of the MILDEPs, the Surgeons General will:
- a. Identify a primary action officer with the responsibility for serving as the focal point for Joint Trauma Lexicon activities and representing the equities of their respective Department.
 - b. Implement effective trauma lexicon support to ensure compliance with this DHA-PI.

c. Recommend trauma terms through the JTS chartered committees for inclusion in this DHA-PI, as required.

d. Review and update current Service-specific regulations and training plans to reflect trauma terms and definitions consistent with DHA-PI.

6. CJCS. The CJCS will:

a. Incorporate Joint Trauma Lexicon terms and definitions into relevant joint doctrine, training, and plans.

b. Designate an appropriate representative to the JTS chartered committees to facilitate development and implementation of the Joint Trauma Lexicon.

c. Provide operational trauma SMEs to assist in the development and ongoing revision of the Joint Trauma Lexicon as required.

ENCLOSURE 3

PROCEDURES

1. OBJECTIVE. This DHA-PI provides uniform processes and criteria for establishing and maintaining the Joint Trauma Lexicon. This common reference is provided to standardize trauma terminology and:

a. Provide the ability to assess and improve trauma care through a common set of trauma terms that supports a comparable trauma data analysis across the DoD and military-civilian partnerships.

b. Provide the ability to establish and track quality of care outcome measures thereby providing a cohesive/coherent approach to performance improvement.

c. Provide mechanisms to update guidance (e.g., doctrine, policy, clinical practice guidelines, education, and training curricula), as well as provide the research community a set of approved trauma terms for the purposes of research publications and projects.

2. TERMINOLOGY CRITERIA. The Joint Trauma Lexicon contains functionality-specific terms; therefore, References (j) through (m) serve as a general guide for this DHA-PI. For a term to be considered for inclusion in the Joint Trauma Lexicon, it must meet the following additional criteria:

a. Term is operationally relevant without a universally accepted definition.

b. Terminology supports trauma care within the DoD or associated significance (operational medicine).

c. Term is not unique to the North Atlantic Treaty Organization.

d. Term is not Component- or Service-specific unless it is commonly employed by U.S. Joint Forces as a whole.

3. APPROVAL CRITERIA. Trauma terminology will be included in the Joint Trauma Lexicon when it meets at least one of the following criteria:

a. Directed by the Secretary of Defense, CJCS, or Director, DHA.

b. Coordinated by the sponsoring DoD Component with the JTS, Office of the Joint Staff Surgeon, and the MILDEPs at a minimum, and approved:

- (1) In joint doctrine publications for inclusion in JP 4-02 Reference (i).
- (2) In DoD or CJCS Issuances for inclusion in References (i) through (l).
- (3) Terminology proposed from Reference (m).

4. JTS CHARTERED COMMITTEES

- a. Develop trauma terms in support of this DHA-PI.
- b. Review, revise, and approve operational and clinical trauma terms submitted by internal and external SMEs for consideration of inclusion in the Joint Trauma Lexicon DHA-PI.
- c. Conduct a structured search of medical literature and DoD Issuances to identify commonly used terms in trauma care. This search will occur periodically as directed by the committees' chairs.
- d. Conduct activities consistent with this DHA-PI with the purpose of identifying trauma-related terms and establishing definitions in support of trauma care, operational medical planning, performance improvement, and research in support of the following three categories:
 - (1) Terms for official DoD Issuances.
 - (2) Terms for academic publications.
 - (3) Terms used for research purposes.

APPENDIX

JOINT TRAUMA LEXICON

The table below provides the Joint Trauma Lexicon terms and definitions, and indicates where these terms officially reside outside of this DHA-PI.

| Term [temporarily numbered to facilitate tracking of recommendations] | Definition | JP | DoDD & DoDI | DHA |
|--|--|----|-------------------|-----|
| 1 case fatality rate | As it applies to trauma, a calculation used to measure the lethality of combat operations for those who are wounded, which compares the number of personnel killed in action and died of wounds to those wounded in action. | X | | |
| 2 casualty | Any person who is lost to the organization by having been declared dead, duty status—whereabouts unknown, missing, ill, or injured. | X | | |
| 3 combat lifesaver | Nonmedical DoD person who has received additional trauma training and equipment, providing enhanced medical treatment beyond self-aid/buddy aid. | X | | |
| 4 died of wounds | A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who dies of wounds or other injuries received in action after reaching damage-control surgical capability and as determined by the AFME. | | | X |
| 5 en route care | The continued provision of care during patient movement between the roles of care; en route care is delivered by qualified medical personnel to optimize positive patient outcomes. | | X | |
| 6 first responder | Anyone who provides initial and immediate treatment to self or others. | X | | |
| 7 injury | 1. A term comprising such conditions as fractures, wounds, sprains, strains, dislocations, concussions, and compressions. 2. Conditions resulting from extremes of temperature or prolonged exposure. 3. Acute poisonings (except those due to contaminated food) resulting from exposure to a toxic or poisonous substance. | X | | |
| 8 JTS | An organization of SMEs that serves as a Defense Center of Excellence for performance improvement and the delivery of trauma care. The JTS is responsible for the coordinated effort that supports the global DoD continuum of trauma care delivery. | | X | |
| 9 killed in action | A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who is killed outright or who dies as a result of wounds or other injuries before reaching damage-control surgical capability and as determined by the AFME. | | X | |
| 10 medical treatment facility | A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. Also called MTF. | X | | |
| 11 non-preventable death | A death that occurred from a survivable or potentially survivable injury when the tactical situation prevented prompt and/or optimal medical care. | | | X |

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|--|---|---|---|---|
| 12 non-survivable injury | An injury so severe the casualty would not have survived even if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care. | | | X |
| 13 potentially preventable death | A death that occurred from a survivable or potentially survivable injury when the tactical situation limited prompt and/or optimal medical care. | | | X |
| 14 potentially survivable injury | An injury that the casualty might have survived if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care. | | | X |
| 15 preventable death | A death that occurred from a survivable injury when the tactical situation did not limit prompt or optimal medical care. | | X | |
| 16 prolonged field care | Field medical care, applied beyond doctrinal planning timelines, in order to decrease patient mortality and morbidity. Prolonged Field Care uses limited resources and is sustained until the patient arrives at the next appropriate level of care. | | X | |
| 17 role 1 | Provides medical treatment, initial trauma care, and forward resuscitation, not including surgical care. | X | | |
| 18 role 2 | Provides medical treatment, advanced trauma management, emergency surgery, and resuscitative care. | X | | |
| 19 role 3 | Provides emergency and specialty surgery, intensive care, medical specialty care, and extended holding capacity and capability augmented by robust ancillary support. | X | | |
| 20 role 4 | Provides the full range of preventive, acute, restorative, curative, rehabilitative, and convalescent care found in US base hospitals and robust overseas facilities. | X | | |
| 21 survivable injury | An injury that the casualty should have survived if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care. | | | X |
| 22 TCCC | A set of trauma management guidelines customized for use in the operational setting (*operational setting was used to explain that to the reader that TCCC is not limited to combat, this care should be provided at all times) that maintains a sharp focus on the most common causes of preventable deaths resulting from combat. (*combat was used as the AFMES/JTS performs studies from combat). | X | | |
| 23 TCCC skills list | A JTS-approved list of procedures that align with scope of practice or training completed during initial TCCC certification. | | X | |
| 24 wounded in action | A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who has incurred an injury due to an external agent or cause validated by a Medical Officer. | | X | |

Table: Joint Trauma Lexicon

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
|--------|--|
| AFME | Armed Forces Medical Examiner |
| AFMES | Armed Forces Medical Examiner System |
| CJCS | Chairman of the Joint Chiefs of Staff |
| DHA | Defense Health Agency |
| DHA-PI | Defense Health Agency-Procedural Instruction |
| JP | Joint Publication |
| JTS | Joint Trauma System |
| MILDEP | Military Department |
| SME | subject matter expert |
| TCCC | Tactical Combat Casualty Care |

PART II. DEFINITIONS

clinical practice guidelines. As defined in DoDI 6040.47 (Reference (g))

Joint Trauma Lexicon. Defines key Military Health System common trauma terms used in the support of trauma care, operational medical planning, performance improvement, and research across the full range of military operations.