

FM 4-02.25 (FM 8-10-25)

**EMPLOYMENT OF
FORWARD SURGICAL
TEAMS**

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

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PREFACE

The forward surgical team (FST) is a 20-man team which provides far forward surgical intervention to render nontransportable patients sufficiently stable to allow for medical evacuation to a Level III hospital (combat support hospital [CSH]). There are 57 patient condition codes (Appendix A) that identify patients with the type of injuries that would benefit most from FST intervention. Surgery performed by the FST is resuscitative surgery; additional surgery may be required at a supporting Level III hospital in the area of operations (AO). Patients remain at the FST until they recover from anesthesia, once stabilized they are evacuated as soon as possible. The postoperative intensive care capacity of the FST is extremely limited, there is no holding capability. The FST is not a self-sustaining unit and must be deployed with or attached to a medical company or hospital for support. Further, the FST is neither staffed nor equipped to provide routine sick call functions.

This field manual (FM) outlines doctrine for the employment of the FST. It is the primary reference document for the Active Component (AC) and the Reserve Component (RC) of the Army. It presents tactics, techniques, and procedures for employing FSTs. It is primarily intended for the use of the FST chief, his team, and the medical company/troop commanders and their staff. Other intended users include senior medical commanders, senior medical staff advisors, and joint and Army health service support (HSS) planners.

This publication is fully compatible with Army operations doctrine in war and stability operations and support operations as outlined in FM 3-0. It is also compatible with combat service support (CSS) and HSS doctrine outlined in FM 4-02, FM 100-10, and FM 100-15. This publication assumes that the user has a fundamental understanding of FM 4-02, FM 100-10, and FM 100-15; it does not repeat the concepts contained therein except to explain operations unique to the FST.

Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line number of the text where the change is recommended. The proponent for this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Comments and recommendations should be forwarded directly to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052, or at e-mail address: *Medicaldoctrine@amedd.army.mil*.

This publication implements and/or is in consonance with the following North Atlantic Treaty Organization (NATO) Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs):

TITLE	STANAG	QSTAG
Emergency Alarms of Hazard or Attack (NBC and Air Assault Only)	2047	183
Emergency War Surgery (Edition 4) (Amendment 3)	2068	322

TITLE	STANAG	QSTAG
Regulations and Procedures for Road Movements and Identification of Movement Control and Traffic Control Personnel and Agencies	2454	
Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations	2931	
Procedures for Disposition of Allied Patients by Medical Installations	2061	423
Medical, Surgical, and Dental Instruments, Equipment and Supplies	2127	
Basic Military Hospital (Clinical) Records	2348	
Medical Requirements for Blood, Blood Donors, and Associated Equipment	2939	815

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

The staffing and organizational structure presented in this publication reflects information in the most current tables of organization and equipment (TOE).

CHAPTER 1

DOCTRINAL CONCEPTS**1-1. Power Projection**

The ability of a nation to apply all or some of its elements of national power—political, economic, informational, or military—to rapidly and effectively deploy and sustain forces in and from multiple dispersed locations to respond to crises, to contribute to deterrence, and to enhance regional stability.

1-2. Force Projection

The ability to project the military element of national power from the continental United States (CONUS) or another theater, in response to requirements for military operations. Force projection operations extend from mobilization and deployment of forces to redeployment to CONUS or home station.

1-3. Combat Service Support

The essential capabilities, functions, activities, and tasks necessary to sustain all elements of operating forces in theater at all levels of war. Within the national and theater logistic systems, it includes but is not limited to that support rendered by service forces in ensuring the aspects of supply, maintenance, transportation, health services, and other services required by aviation and ground combat troops to permit those units to accomplish their missions in combat. Combat service support encompasses those activities at all levels of war that produce sustainment to all operating forces on the battlefield.

1-4. Health Service Support

All services performed, provided, or arranged by the Services to promote, improve, conserve, or restore the mental or physical well-being of personnel. These services include, but are not limited to, the management of health services resources such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat operational stress control; and medical, dental, veterinary, laboratory, optometry, nutritional care, and medical intelligence services.

1-5. Forward Surgery

a. The forward surgery concept supports HSS requirements for improving, conserving, and restoring the physical well-being of our personnel. Forward surgical teams accomplish this by providing immediate surgical support at Level II medical treatment facilities (MTFs). The FST is designed to perform resuscitative surgery that is essential to stabilize severely injured patients so they may be safely evacuated to the next higher level of medical care. The FST combined with the medical company is considered a Level II+ MTF.