

**ICD code conversion will take effect on October 1<sup>st</sup>, 2015.**

| ICD-9   | DESCRIPTION                   | ICD-10   | DESCRIPTION   |
|---|-------------------------------|----------|---|
| <b>Nervous System Diseases (Including Alzheimer's, Cerebral Palsy, and Paraplegia)</b>                          |                               |          |   |
| 331.0   | Alzheimer's disease           | G30.9    | Alzheimer's disease, unspecified                              |
| 343.8   | Cerebral palsy NEC            | G80.8    | Other cerebral palsy  |
| 343.9   | Cerebral palsy NOS            | G80.9    | Cerebral palsy, unspecified                                   |
| 343.2   | Congenital quadriplegia       | G80.0    | Spastic quadriplegic cerebral palsy                           |
| 780.39  | Convulsions NEC               | R56.9    | Unspecified convulsions                                       |
| 345.90  | Epilep NOS w/o intr epil      | G40.901  | Epilepsy, unsp, not intractable, with status epilepticus      |
| 345.00  | Gen noncv ep w/o intr ep      | G40.A09  | Absence epileptic syndrome, not intractable, w/o stat epi     |
| 345.3   | Grand mal status              | G40.301  | Gen idiopathic epilepsy, not intractable, w stat epi          |
| 340   | Multiple sclerosis            | G35      | Multiple sclerosis  |
| 344.61  | Neurogenic bladder            | G83.4    | Cauda equina syndrome   |
| 357.4   | Neuropathy in other dis       | G63      | Polyneuropathy in diseases classified elsewhere               |
| 331.4   | Obstructiv hydrocephalus      | G91.1    | Obstructive hydrocephalus                                     |
| 332.0   | Paralysis agitans             | G20      | Parkinson's disease   |
| 344.1   | Paraplegia NOS                | G82.20   | Paraplegia, unspecified                                       |
| 344.00  | Quadriplegia, unspecified     | G82.50   | Quadriplegia, unspecified                                     |
| <b>Feeding, Malnutrition, and Nourishment Disorders (Including Dysphagia)</b>                                   |                               |          |   |
| 787.20  | Dysphagia NOS                 | R13.10   | Dysphagia, unspecified  |
| 783.41  | Failure to thrive-child       | R62.51   | Failure to thrive (child)                                     |
| 783.3   | Feeding problem               | R63.3    | Feeding difficulties  |
| 783.22  | Underweight                   | R63.6    | Underweight   |
| <b>Pregnancy, Childbirth, and the Puerperium Disorders</b>  |                               |          |   |
| 676.94  | Lactat dis NOS-postpart       | O92.70   | Unspecified disorders of lactation                            |
| <b>Injury, poisoning, and certain other consequences of external causes</b>                                     |                               |          |   |
| 854.00  | Brain injury NEC              | S06.890A | Intran inj w/o loss of consciousness, init encntr             |
| 891.0   | Open wnd knee/leg/ankle       | S81.009A | Unspecified open wound, unspecified knee, initial encounter   |
| 892.0   | Open wound of foot            | S91.309A | Unspecified open wound, unspecified foot, initial encounter   |
| 879.8   | Open wound site NOS           | S38.309A | Transaction (partial) of abdomen, initial encounter           |
| 879.2   | Opn wnd anterior abdomen      | S31.102A | Unsp opn wnd abd wall, epigst rgn w/o penet perit cav, init   |
| 879.9   | Opn wound site NOS-compl      | S31.029A | Lac w/ fb of low back and pelvis w/o penet retroperiton, init |
| 952.9   | Spinal cord injury NOS        | S14.109A | Unsp injury at unsp level of cervical spinal cord, init       |
| <b>Mental, Behavioral and Neurodevelopmental disorders (Including Autism and Dementia)</b>                      |                               |          |   |
| 299.00  | Autistic disord-current       | F84.0    | Autistic disorder   |
| 790.3   | Debility NOS                  | R53.81   | Other malaise   |
| 315.9   | Development delay NOS         | F81.9    | Developmental disorder of scholastic skills, unspecified      |
| 307.6   | Enuresis                      | F08.0    | Enuresis not due to a substance or known physiol condition    |
| 294.10  | Dementia w/o behav dist       | F02.80   | Dementia in oth diseases classd elswhr w/o behav disturb      |
| 319   | Intellect disability NOS      | F79      | Unspecified intellectual disabilities                         |
| 317   | Mild intellect disability     | F70      | Mild intellectual disabilities                                |
| 318.0   | Mod intellect disability      | F71      | Moderate intellectual disabilities                            |
| 318.2   | Profound intellect disability | F73      | Profound intellectual disabilities                            |
| 296.9   | Psychosis NOS                 | F29      | Unsp psychosis not due to a substance or known physiol cond   |
| 295.90  | Schizophrenia NOS-unaspec     | F20.9    | Schizophrenia, unspecified                                    |
| 290.0   | Senile dementia uncompr       | F03.90   | Unspecified dementia without behavioral disturbance           |
| 318.1   | Sev intellect disability      | F72      | Severe intellectual disabilities                              |
| <b>Cancers, Carcinomas, and Neoplasms</b>   |                               |          |   |
| 230.3   | Cc in situ colon              | D01.0    | Carcinoma in situ of colon                                    |
| 233.4   | Cc in situ prostate           | D07.5    | Carcinoma in situ of prostate                                 |
| 188.9   | Malign neo bladder NOS        | C67.9    | Malignant neoplasm of bladder, unspecified                    |
| 154.1   | Malignant neopl rectum        | C20      | Malignant neoplasm of rectum                                  |
| <b>Procedures influencing health status and contact with health services (Including Colostomy and Urostomy)</b> |                               |          |   |
| V55.3   | Atten to colostomy            | Z43.3    | Encounter for attention to colostomy                          |
| V55.2   | Atten to ileostomy            | Z43.2    | Encounter for attention to ileostomy                          |
| V55.6   | Atten to urostomy NEC         | Z43.6    | Encounter for attn to oth urtl openings of urinary tract      |
| V44.3   | Colostomy status              | Z93.3    | Colostomy status  |
| V44.1   | Gastrostomy status            | Z93.1    | Gastrostomy status  |
| V44.2   | Ileostomy status              | Z93.2    | Ileostomy status  |
| V44.6   | Urostomy status NEC           | Z93.6    | Other artificial openings of urinary tract status             |

# Icd 9 Codes Ptsd

**United States. Congress. House.  
Committee on Veterans' Affairs**

## **Icd 9 Codes Ptsd:**

ICD-9-CM Coding: Theory and Practice with ICD-10, 2013/2014 Edition - E-Book Karla R. Lovaasen, Jennifer Schwerdtfeger, 2012-08-20 Learn to code effectively with ICD 9 CM medical coding and gain a thorough introduction to ICD 10 CM PCS coding with one book ICD 9 CM Coding 2013 2014 Edition combines basic coding principles with proven practical insight and the ICD 9 CM and ICD 10 CM ICD 10 PCS Official Guidelines for Coding and Reporting to prepare you for the upcoming implementation of ICD 10 CM PCS Whether you re learning to code for the first time or making the transition from ICD 9 CM to ICD 10 CM PCS leading medical coding authors Karla Lovaasen and Jennifer Schwerdtfeger deliver the fundamental understanding you need to succeed in hospital and physician settings Both ICD 9 CM codes and ICD 10 CM ICD 10 PCS codes are shown in all coding exercises and examples including answer keys Emphasis on ICD 10 CM and ICD 10 PCS coding prepares you for the upcoming implementation of ICD 10 MS DRG documentation and reimbursement details guide you through this key component of the coding process Line coding exercises and activities challenge you to apply concepts to solve problems ICD 10 Official Guidelines for Coding and Reporting OGCR are included in each coding chapter immediately following the ICD 9 CM coding guidelines Full color A P content disease coverage procedure guidelines and drug data ensure that you re familiar with key topics affecting medical coding Medical record coverage introduces the records and documents you ll encounter on the job Updated Coding Clinic references direct you to the definitive coding resource from the American Hospital Association AHA A companion Evolve website provides convenient online access to the OGCR medical and surgical root operations definitions a MS DRG list partial answer keys and more *Coding and Documentation Compliance for the ICD and DSM* Lisette Wright, S. M. Tobias, Angela Hickman, 2017-01-12 Coding and Documentation Compliance for the ICD and DSM provides professionals professors and students with a logical and practical way of understanding a difficult topic in healthcare for the clinician coding Established professionals will find the tools they need to comply with the ICD series HIPAA and integrated care models Professors and students will appreciate having a systemized standardized approach to teaching and learning the more complex aspects of ICD compliance The interplay between the ICD and DSM manuals is also explicated in clear terms *Workbook for ICD-9-CM Coding: Theory and Practice, 2013/2014 Edition - E-Book* Karla R. Lovaasen, Jennifer Schwerdtfeger, 2012-08-20 Reinforce your knowledge of ICD 9 CM coding concepts and apply that knowledge to realistic medical records Corresponding to the chapters in Lovaasen and Schwerdtfeger s ICD 9 CM Coding with ICD 10 Theory and Practice 2013 2014 Edition this practical workbook offers engaging interactive exercises to help you review concepts in the textbook and transfer your knowledge to successful employment in medical coding Both ICD 9 CM codes and ICD 10 CM ICD 10 PCS codes are shown in all coding exercises and examples including answer keys available on a companion Evolve website to prepare you for the implementation of ICD 10 Hands on activities and case studies let you apply coding concepts to actual health records and case scenarios Matching

exercises fill in the blank questions coding questions and case scenarios with MS DRG assignment reinforce key concepts from the textbook Greater emphasis on ICD 10 CM and ICD 10 PCS coding prepares you for the upcoming implementation of ICD 10 **Posttraumatic Stress Disorder and Related Diseases in Combat Veterans** Elspeth Cameron

Ritchie,2015-10-27 This book takes a case based approach to addressing the challenges psychiatrists and other clinicians face when working with American combat veterans after their return from a war zone Written by experts the book concentrates on a wide variety of concerns associated with posttraumatic stress disorder PTSD including different treatments of PTSD The text also looks at PTSD comorbidities such as depression and traumatic brain injury TBI and other conditions masquerading as PTSD Finally the authors touch on other subjects concerning returning veterans including pain disability facing the end of a career sleep problems suicidal thoughts violence and mefloquine toxidrome Each case study includes a case presentation diagnosis and assessment treatment and management outcome and case resolution and clinical pearls and pitfalls Post Traumatic Stress Disorder and Related Diseases in Combat Veterans is a valuable resource for civilian and military mental health practitioners and primary care physicians on how to treat patients returning from active war zones

Journal of Rehabilitation R & D ,2008 **Future Directions in Post-Traumatic Stress Disorder** Marilyn P. Safir,Helene S. Wallach,Albert "Skip" Rizzo,2014-11-26 Ours is an era of increasing tension both global and local And not surprisingly PTSD is recognized not only in combat veterans and active military personnel but also disaster and assault survivors across the demographic spectrum As current events from mass shootings to the debate over trigger warnings keep the issue in the public eye the disorder remains a steady concern among researchers and practitioners Future Directions in Post Traumatic Stress Disorder presents findings and ideas with the potential to influence both our conceptualization of the condition and the techniques used to address it A multidisciplinary panel of experts offers new analyses of risk and resilience factors individual and group approaches to prevention the evolving process of diagnosis and effective treatment and delivery Chapters on treatment allow readers to compare widely used prolonged exposure and VR methods with innovative applications of cognitive processing therapy and interpersonal therapy And an especially compelling contribution surveys empirically based programs relating to what for many is the emblematic trauma of our time the events of September 11 2001 Included in the coverage Predictors of vulnerability to PTSD neurobiological and genetic risk factors Early intervention is prevention better than cure The functional neuroanatomy of PTSD The development of evidence based treatment for PTSD Enhancing exposure therapy using D Cycloserine DCS PLUS a case example as seen through five therapeutic perspectives While millions experience trauma relatively few develop chronic PTSD Future Directions in Post Traumatic Stress Disorder is a practical and proactive reference for the health and clinical psychologists sociologists psychiatrists and primary care physicians dedicated to further decreasing those numbers **Journal of Rehabilitation Research & Development** ,2007

Quality of Care for PTSD and Depression in the Military Health System Kimberly A. Hepner,2016-02-18 The U S

Department of Defense DoD strives to maintain a physically and psychologically healthy mission ready force and the care provided by the Military Health System MHS is critical to meeting this goal Given the rates of posttraumatic stress disorder PTSD and depression among U S service members attention has been directed to ensuring the quality and availability of programs and services targeting these and other psychological health PH conditions Understanding the current quality of care for PTSD and depression is an important step toward improving care across the MHS To help determine whether service members with PTSD or depression are receiving evidence based care and whether there are disparities in care quality by branch of service geographic region and service member characteristics e g gender age pay grade race ethnicity deployment history DoD s Defense Centers of Excellence for Psychological Health and Traumatic brain Injury DCoE asked the RAND Corporation to conduct a review of the administrative data of service members diagnosed with PTSD or depression and to recommend areas on which the MHS could focus its efforts to continuously improve the quality of care provided to all service members This report characterizes care for service members seen by MHS for diagnoses of PTSD and or depression and finds that while the MHS performs well in ensuring outpatient follow up following psychiatric hospitalization providing sufficient psychotherapy and medication management needs to be improved Further quality of care for PTSD and depression varied by service branch TRICARE region and service member characteristics suggesting the need to ensure that all service members receive high quality care Back cover [Neuropsychiatry of Traumatic Brain Injury, An Issue of Psychiatric Clinics of North America](#) Ricardo Jorge,2014-03-28 It is widely recognized that neuropsychiatric disturbances contribute substantially to disability among persons with traumatic brain injury TBI This issue of Psychiatric Clinics addresses the most common and the most clinically challenging neuropsychiatric sequelae of TBI The overarching aim of this publication is to provide clinicians with information about the clinical characteristics diagnostic assessment neurobiology and treatment of these conditions that will be useful in their work with individuals and families affected by TBI Topics include Posttraumatic Encephalopathy Cognitive Disorders after TBI Emotional and Behavioral Dyscontrol after TBI Mood Disorders following TBI Apathy following TBI Psychotic Disorders following TBI Sleep and Fatigue following TBI TBI and Posttraumatic Stress Disorder Neuropsychiatry of Persistent Post concussive Symptoms Psychiatric Disorders following Pediatric TBI

**Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities** John E.

Pachankis,Steven A. Safren,2019-04-01 Historically mental health clinical research has taken inadequate account of psychosocial disorders experienced by those who identify as sexual and gender minorities however researchers have recently begun developing and adapting evidence based mental health treatment approaches for use with these groups Handbook of Evidence Based Mental Health Practice with Sexual and Gender Minorities offers a comprehensive array of evidence based approaches for treating sexual and gender minority clients mental health concerns The interventions detailed here span a diverse spectrum of populations including sexual and gender minority youth transgender populations same sex couples

sexual minority parents and bisexual individuals Chapters also address numerous mental and behavioral health problems including anxiety disorders depression substance abuse trauma body image disturbance and sexual health In addition to an overview of the research evidence supporting each clinical presentation and approach chapters contain practical how to guidance for therapists to use in their clinical practice This book reflects a true integration of the best of sexual and gender minority research and the best of evidence based practice research presented by the leading experts in the field As such it is essential reading for mental health professionals who work with these groups as well as trainees in social work counseling and clinical psychology *Persian Gulf War Illnesses* United States. Congress. House. Committee on Veterans' Affairs,1997

**Epigenetic pathways in PTSD: how traumatic experiences leave their signature on the genome** Tania L Roth,David M Diamond,Karestan C Koenen,2015-04-14 This research topic focuses on epigenetic components of PTSD Epigenetic mechanisms are a class of molecular mechanisms by which environmental influences including stress can interact with the genome to have long term consequences for brain plasticity and behavior Articles herein include empirical reports and reviews that link stress and trauma with epigenetic alterations in humans and animal models of early or later life stress Themes present throughout the collection include DNA methylation is a useful biomarker of stress and treatment outcome in humans epigenetic programming of stress sensitive physiological systems early in development confers an enhanced risk on disease development upon re exposure to trauma or stress and long lived fear memories are associated with epigenetic alterations in fear memory and extinction brain circuitry **The Child Psychotherapy Treatment Planner** David J. Berghuis,L. Mark Peterson,William P. McInnis,Timothy J. Bruce,2014-01-02 A time saving resource fully revised to meet the changing needs of mental health professionals The Child Psychotherapy Treatment Planner Fifth Edition provides all the elements necessary to quickly and easily develop formal treatment plans that satisfy the demands of HMOs managed care companies third party payors and state and federal agencies New edition features empirically supported evidence based treatment interventions including anxiety attachment disorder gender identity disorder and more Organized around 35 behaviorally based presenting problems including academic problems blended family problems children of divorce ADHD and more Over 1 000 prewritten treatment goals objectives and interventions plus space to record your own treatment plan options Easy to use reference format helps locate treatment plan components by behavioral problem Includes a sample treatment plan that conforms to the requirements of most third party payors and accrediting agencies including CARF The Joint Commission TJC COA and the NCQA **Examining Quality of Life and Ancillary Benefits Issues** United States. Congress. House. Committee on Veterans' Affairs. Subcommittee on Disability Assistance and Memorial Affairs,2010

*Invisible Wounds of War* Terri L. Tanielian,Lisa Jaycox,2008 Since October 2001 approximately 1 64 million U S troops have been deployed for Operations Enduring Freedom and Iraqi Freedom OEF OIF in Afghanistan and Iraq Early evidence suggests that the psychological toll of these deployments many involving prolonged exposure to combat related stress over

multiple rotations may be disproportionately high compared with the physical injuries of combat. In the face of mounting public concern over post deployment health care issues confronting OEF OIF veterans several task forces independent review groups and a Presidential Commission have been convened to examine the care of the war wounded and make recommendations. Concerns have been most recently centered on two combat related injuries in particular post traumatic stress disorder and traumatic brain injury. With the increasing incidence of suicide and suicide attempts among returning veterans concern about depression is also on the rise. The study discussed in this monograph focuses on post traumatic stress disorder major depression and traumatic brain injury not only because of current high level policy interest but also because unlike the physical wounds of war these conditions are often invisible to the eye remaining invisible to other servicemembers family members and society in general. All three conditions affect mood thoughts and behavior yet these wounds often go unrecognized and unacknowledged. The effect of traumatic brain injury is still poorly understood leaving a large gap in knowledge related to how extensive the problem is or how to address it. RAND conducted a comprehensive study of the post deployment health related needs associated with these three conditions among OEF OIF veterans the health care system in place to meet those needs gaps in the care system and the costs associated with these conditions and with providing quality health care to all those in need. This monograph presents the results of our study which should be of interest to mental health treatment providers health policymakers particularly those charged with caring for our nation's veterans and U S service men and women their families and the concerned public. All the research products from this study are available at <http://veterans.rand.org>. Data collection for this study began in April 2007 and concluded in January 2008. Specific activities included a critical review of the extant literature on the prevalence of post traumatic stress disorder major depression and traumatic brain injury and their short and long term consequences a population based survey of service members and veterans who served in Afghanistan or Iraq to assess health status and symptoms as well as utilization of and barriers to care a review of existing programs to treat service members and veterans with the three conditions focus groups with military service members and their spouses and the development of a microsimulation model to forecast the economic costs of these conditions overtime. Among our recommendations is that effective treatments documented in the scientific literature evidence based care are available for PTSD and major depression. Delivery of such care to all veterans with PTSD or major depression would pay for itself within two years or even save money by improving productivity and reducing medical and mortality costs. Such care may also be a cost effective way to retain a ready and healthy military force for the future. However to ensure that this care is delivered requires system level changes across the Department of Defense the Department of Veterans Affairs and the U S health care system.

Learning Companion for Counselors About DSM-5-TR Carman S. Gill, Stephanie F. Dailey, Shannon L. Karl, Casey A. Barrio Minton, 2025-07-08

**Medicolegal Reporting in Orthopaedic Trauma** Michael A. Foy, Phillip S. Fagg, 2011-12-05 This book now a classic was developed to facilitate the preparation of medicolegal reports

following musculoskeletal injuries It collates data from the world literature in one source together with review articles on related topics such as Repetitive Strain Injury As a result it saves readers from the time consuming task of researching multiple references A comprehensive guide to the preparation of medicolegal reports in the field of personal injury litigation following musculoskeletal trauma It provides prognostic information following musculoskeletal injuries and assists the clinician acting as an expert medical witness prepare the report Each of the chapters is devoted to different areas of injury and takes the reader through the full range of treatments results and complications and how these impact on prognosis Collates data on treatment results complications from the relevant medical literature and review articles and saves the orthopaedic surgeon acting as an expert witness a lot of hours of unnecessary research

Returning Home from Iraq and Afghanistan Institute of Medicine, Board on the Health of Select Populations, Committee on the Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, 2013-04-12 As of December 2012 Operation Enduring Freedom OEF in Afghanistan and Operation Iraqi Freedom OIF in Iraq have resulted in the deployment of about 2.2 million troops there have been 2,222 US fatalities in OEF and Operation New Dawn OND 1 and 4,422 in OIF The numbers of wounded US troops exceed 16,000 in Afghanistan and 32,000 in Iraq In addition to deaths and morbidity the operations have unforeseen consequences that are yet to be fully understood In contrast with previous conflicts the all volunteer military has experienced numerous deployments of individual service members has seen increased deployments of women parents of young children and reserve and National Guard troops and in some cases has been subject to longer deployments and shorter times at home between deployments Numerous reports in the popular press have made the public aware of issues that have pointed to the difficulty of military personnel in readjusting after returning from Iraq and Afghanistan Many of those who have served in OEF and OIF readjust with few difficulties but others have problems in readjusting to home reconnecting with family members finding employment and returning to school In response to the return of large numbers of veterans from Iraq and Afghanistan with physical health and mental health problems and to the growing readjustment needs of active duty service members veterans and their family members Congress included Section 1661 of the National Defense Authorization Act for fiscal year 2008 That section required the secretary of defense in consultation with the secretary of veterans affairs to enter into an agreement with the National Academies for a study of the physical health mental health and other readjustment needs of members and former members of the armed forces who were deployed in OIF or OEF their families and their communities as a result of such deployment The study consisted of two phases The Phase 1 task was to conduct a preliminary assessment The Phase 2 task was to provide a comprehensive assessment of the physical psychologic social and economic effects of deployment on and identification of gaps in care for members and former members their families and their communities The Phase 1 report was completed in March 2010 and delivered to the Department of Defense DOD the Department of Veterans Affairs VA and the relevant committees of the House of Representatives and the Senate The



secretaries of DOD and VA responded to the Phase 1 report in September 2010 Returning Home from Iraq and Afghanistan Assessment of Readjustment Needs of Veterans Service Members and Their Families fulfills the requirement for Phase 2

Neurological and Neuropsychiatric Disorders Affecting Military Personnel and Veterans Mary Jo Pugh, William Walker, Venkatagiri Krishnamurthy, Lisa C. Krishnamurthy, Chen Lin, 2024-03-20 Active military personnel and Veterans of the military face unique neurologic and neuropsychiatric challenges unique to this population compared to the public The military and Veteran population have faced traumatic experiences that lead to both physical and mental consequences Amongst the important challenges unique to this population include traumatic brain injury increased risk of neurological disorders such as dementia and stroke and comorbid neuropsychiatric conditions Unfortunately many of these challenges also have a negative feedback loop such as brain injuries leading to post traumatic stress disorder which can increase risk of Alzheimer's Dementia Unfortunately there are many gaps in knowledge to understand the unique challenges this population faces There are many opportunities to improve our understanding of these challenges that military personnel and Veterans face The goal of this Research Topic is to shine a light and improve understanding of these challenges We aim to collect knowledge from the global network of researchers working on topics related to Neurological and Neuropsychiatric disorders affecting military personnel and Veterans There are currently many gaps in the diagnosis prevention and treatment of conditions that affect this population disproportionately This collection of work in the Frontiers in Neurology will give authors the opportunity to share with the global scientific community important research findings that address these gaps For this collection we are looking for submissions with topics that specifically address the unique challenges affecting military personnel and Veterans with Neurologic and Neuropsychiatric disorders

**A National Trauma Care System**

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on the Health of Select Populations, Board on Health Sciences Policy, Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector, 2016-10-12 Advances in trauma care have accelerated over the past decade spurred by the significant burden of injury from the wars in Afghanistan and Iraq Between 2005 and 2013 the case fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent despite an increase in the severity of injury among U S troops during the same period of time But as the war in Afghanistan ends knowledge and advances in trauma care developed by the Department of Defense DoD over the past decade from experiences in Afghanistan and Iraq may be lost This would have implications for the quality of trauma care both within the DoD and in the civilian setting where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events Intentional steps to codify and harvest the lessons learned within the military's trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems This will require partnership across military and civilian sectors and a sustained

commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost A National Trauma Care System defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors This report provides recommendations to ensure that lessons learned over the past decade from the military s experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U S civilian system

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