

**Level I.** Level I care consists of care rendered at the unit level. It includes self-aid, buddy aid, and combat lifesaver skills, examination, and emergency lifesaving measures such as the maintenance of the airway, control of bleeding, prevention and control of shock, splinting or immobilizing fractures, and the prevention of further injury. Treatment may include restoration of the airway by invasive procedures; use of IV fluids and antibiotics; and the application of splints and bandages. These elements of medical management prepare patients for RTD or for transportation to a higher level of care. Supporting medical units are responsible for coordinating the movement of patients from supported medical facilities.

**Level II.** At a minimum, Level II care includes physician-directed resuscitation and stabilization and may include advanced trauma management, emergency medical procedures, and forward resuscitative surgery. Supporting capabilities include basic laboratory, limited x-ray, pharmacy, and temporary holding facilities. Patients are treated and RTD, or are stabilized for movement to a MTF capable of providing a higher level of care. Surface or air movement is coordinated for transfer to a facility possessing the required treatment capabilities. Level II is the first level where Group 0 liquid packed red blood cells will be available for transfusion.

**Level III.** Care is administered that requires clinical capabilities normally found in a facility that is typically located in a reduced-level enemy threat environment. The facility is staffed and equipped to provide resuscitation, initial wound surgery, and postoperative treatment; and may also provide the first step toward restoration of functional health.

**Level IV.** In addition to providing surgical capabilities found at Level III, this level also provides rehabilitative and recovery therapy for those who can RTD within the theater patient movement policy. This level of care may only be available in mature theaters.

**Level V.** Level V definitive care includes the full range of acute convalescent, restorative, and rehabilitative care and is normally provided in CONUS by military and Department of Veterans Affairs hospitals, or civilian hospitals that have committed beds for casualty treatment as part of the National Defense Medical System. On occasion, OCONUS military or allied and/or host nation hospitals in CINC-approved safe havens may also be used. This level may include a period of minimal care and increasing physical activity necessary to restore patients to functional health and allow them to RTD or to a useful and productive life.