

“Rationale for Use of Intravenous Acetaminophen in Special Operations Medicine”

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I read with great interest the article by Vokoun¹ advocating the use of intravenous (IV) acetaminophen. I agree with all of the author’s points and commend him on a well-written article with well-made points and a definite applicability to Special Operations medicine. As a member of the Curriculum Evaluation Board (CEB) responsible for the content of the Tactical Medical Emergency Protocols (TMEPs), I can state that the CEB wholeheartedly endorses the use of acetaminophen for use in pain management via the oral and IV routes. Based on this article, we plan to add the IV administration of acetaminophen for the treatment of pain.

I wonder if the author has considered the use of rapid-release acetaminophen gel caps via a nasogastric (NG) tube. The gel caps can be dissolved in water in a short period of time and given through an NG tube with rapid absorption and onset of action. This can overcome the inability of a critically injured patient to ingest an oral medication. While great care should be given to the possible complications of passing an NG tube, this procedure could be technically easier than giving an IV infusion of acetaminophen. Also, the weight and space of an NG tube and acetaminophen capsules are far less than those involved in administering an IV infusion.

The CEB welcomes any and all input to help improve the TMEPs or to correct errors. Any suggestions can be sent to: USSOCOMCEB@gmail.com.

Reference

1. Vokoun ES. Rationale for use of intravenous acetaminophen in Special Operations medicine. *J Spec Oper Med.* 2015;15(2): 71–73.

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