TACTICAL COMBA	AT CASUA	LTY CARE (T	CCC) CARD	TACTICAL CO	MBAT CASU	ALTY CARE	(TCCC	) CARD
BATTLE ROS	BATTLE ROSTER #:							
EVAC:	EVAC: ☐ Urgent ☐ Priority ☐ Routine							
NAME (Last, First):		L	AST 4:	NAME (Last, First):			LAST 4	
GENDER: M F DATE	(DD-MMM-YY):	TI	ME:	GENDER: M F	DATE (DD-MMM-YY):		TIME:	
SERVICE: UNIT	:	ALLERG	ES:	SERVICE:	UNIT:	ALLE	RGIES:	
Mechanism of Injury: (X  Artillery Blunt  Landmine MVC  Injury: (Mark injuries with an X  TQ: R Arm  TYPE:  TIME:	□ Burn □ F □ RPG □ C		☐ GSW ☐ IED	Mechanism of Injur Artillery Bl Landmine M Injury: (Mark injuries wit TQ: R Arm TYPE: TIME:	vc Burn Chan X)	Fall 🗌 Gren		SSW   IED
4.5	18	4.5 GAN	18 4.5	4.5	18 4.5		4.5	4.5
TQ: R Leg TYPE: TIME:		TQ: L Leg YPE:		TQ: R Leg TYPE: TIME:		TQ: L Leg TYPE: TIME:		
Signs & Symptoms: (Fill	Signs & Symptoms	: (Fill in the blank)						
Time					ime			
Pulse (Rate & Location)				Pulse (Rate & Locat	tion)			
Blood Pressure	1	1	/ /	Blood Press	sure /	1	1	1
Respiratory Rate			14	Respiratory F	Rate			
Pulse Ox % O2 Sat				Pulse Ox % O2	Sat			
AVPU				Al	VPU			
Pain Scale (0-10)				Pain Scale (0	)-10)			
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BATTLE ROSTER #:  EVAC: Urgent Priority Routine					BATTLE ROSTER #:  EVAC: Urgent Priority Routine						
											Treatments: (X all that apply, and fill in the blank)  C: TQ-
B: O2 Needle-D Chest-Tube Chest-Seal					B: O2 Needle-D Chest-Tube Chest-Seal						
C:	Fluid	Name	Volume	Route	Time	C:	Fluid	Name	Volume	Route	Time
	Blood Product						Blood Product				
ME	DS:	Name	Dose	Route	Time	ME	DS:	Name	Dose	Route	Time
	Analgesic (e.g., Ketamine, Fentanyl, Morphine)						Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
	Antibiotic (e.g., Moxifloxacin, Ertapenem)						Antibiotic (e.g., Moxifloxacin, Ertapenem)				
	Other (e.g., TXA)						Other (e.g., TXA)			,	
OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint Hypothermia-Prevention Type:					OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint Hypothermia-Prevention Type:						
NOT	ES:					NO1	ES:				
FIRST RESPONDER				FIRS	T RESPONDER						
NAME (Last, First):			LAST 4:		NAME (Last, First):				LAST 4:		
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