

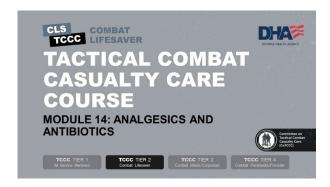
COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE (TCCC) SPEAKER NOTES



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MODULE 14 – ANALGESIA AND ANTIBIOTIC ADMINISTRATION

SLIDE 1 – TITLE SLIDE



SLIDE 2 - TCCC ROLES

Tactical Combat Casualty Care is broken up into four roles of care. The most basic is taught to All Service Members (ASM), which is designed to instruct in the absolute basics of hemorrhage control and to recognize more serious injuries.

You are in the Combat Lifesaver (CLS) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to



recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

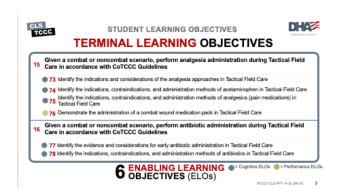
The Combat Medic/Corpsman (CMC) role includes much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role, Combat Paramedic/Provider (CPP) is for Combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a CLS is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.

SLIDE 3 - TLO/ELO

The Combat Wound Medication Pack (CWMP) module has five cognitive learning objectives and one performance learning objective. The cognitive learning objectives are to identify the indications, contraindications, and administration methods of acetaminophen, analgesics, and antibiotics in Tactical Field Care (TFC), the indications and considerations of the analgesia approaches, and the evidence and considerations for early antibiotic administration. The









performance learning objective is to demonstrate the administration of a combat wound medication pack to a trauma casualty.

The critical aspects are to recognize when analgesia or antibiotic administration is indicated, whether the casualty can take the CWMP, when to administer the CWMP, and then to demonstrate how the CWMP is administered to a trauma casualty.

SLIDE 4 – THREE PHASES OF TCCC

Remember, you are now in the TFC phase of care, so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire (CUF) phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications, including the use of the combat wound medication pack, if indicated.



SLIDE 5 – MARCH PAWS

Combat Wound Medication Pack is both the "P" (pain) and the "A" (antibiotics) in the MARCH PAWS sequence.



SLIDE 6 – COMBAT WOUND MEDICATION PACK

The CWMP is a prepackaged pill pack containing CoTCCC-recommend medications for use in combat casualty care. The CWMP can be found in the JFAK.



PAIN MEDICATION & ANTIBIOTIC ADMINISTRATION



COMBAT WOUND MEDICATION PACK





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SPEAKER NOTES



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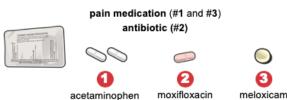
SLIDE 7 – CONSIDERATIONS FOR PAIN MANAGEMENT FROM COMBAT WOUND MEDICATION PACK (CWMP)

The CWMP contains the following components:

- 1. Two 650mg caplets of acetaminophen (total 1,300mg) in extended-release form
- 2. One 400mg tablet of moxifloxacin
- 3. One 15mg tablet of meloxicam

PAIN MEDICATION & ANTIBIOTIC ADMINISTRATION

CWMP PAIN MANAGEMENT CONSIDERATIONS



pain management

antibiotic anti-inflammatory

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Each of the three medications in these dosages is contained in a blister pack.

Note: The popular nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen, and aspirin **interfere with platelet function and blood clotting** and can significantly increase the risk of bleeding in combat casualties.

- 1. Tylenol and meloxicam **do not alter platelet function** and are safe and effective for use in combat casualties.
- 2. Meloxicam **does not alter platelet function** and is the preferred NSAID for personnel who may see combat in the next 7–10 days.

SLIDE 8 – ANALGESIA ADMINISTRATION VIDEO

Play video

ANALGESIA ADMINISTRATION OVERVIEW

TAGTICLE COMBAT LIFESAVER
ANALGESIA
ADMINISTRATION

SLIDE 9 – ANTIBIOTICS OVERVIEW VIDEO

Play video





DEFENSE HEALTH AGENCY

SPEAKER NOTES

SLIDE 10 – COMBAT WOUND MEDICATION PACK

Play video

The CWMP is found in the casualty's Individual First Aid Kit (IFAK) or Joint First Aid Kit (JFAK). It contains the medications for pain and antibiotics that can be taken by mouth.

Take the CWMP as soon as possible after lifethreatening conditions have been addressed.

Document all medications administered and time given on the DD Form 1380.



Pain is common with battlefield injuries. Some injuries and levels of pain can be treated safely by using pain medications (also known as analgesics) in the CWMP. These include **fractures**, **burns**, **and eye injuries**.

For pain relief on the battlefield **of mild to moderate** pain that **will not** keep the casualty out of the fight, ensure they take their CWMP. The casualty should take **all three medications** in the CWMP. This can give significant pain relief and will not alter the casualty's mental status. This is a good option when the casualty's pain and wounds are not severe enough to keep them out of the fight.

NOTE: If the casualty has wounds or pain severe enough to render them unable to fight, then medical personnel have other options for more effective pain relief. Giving these meds will generally require that the casualty be disarmed because the meds can alter the casualty's mental status.

SLIDE 11 – WHEN TO GIVE CWMP

GIVE the CWMP when the casualty:

- Is conscious and able to swallow?
- Has mild to moderate pain?
- Is still able to fight if needed?
- Has any penetrating wounds or break of the skin?

WHEN TO GIVE CWMP Conscious and able to swallow Mild to moderate pain Causally is still able to fight if needed Any penetrating wounds or break of the skin In a traumatic injury, the casually should take the CWMP. Otherwise, consult with medic before taking Note: If you have a break in the skin in a traumatic injury, the casually should take the CWMP. Otherwise, consult with medic before taking

DON'T GIVE if the casualty:

- Is unable to swallow or take oral meds, such as when the casualty is unconscious or has severe facial trauma or burns
- · Has known allergies to the medications

If the casualty is unconscious, refer them to medical personnel as soon as possible.

Note: If the casualty has a break in the skin in a traumatic injury, they should take the CWMP. Otherwise, consult with medical personnel before giving it.





SPEAKER NOTES

SLIDE 12 – SKILL STATION

At this time we will break into skill stations to practice the following skills:

Combat Wound Medication Pack



SLIDE 13 - CWMP IN SUMMARY

Battlefield wounds are often dirty and susceptible to infection. Early administration of antibiotics from the CWMP may reduce the chance of later infections.

Wound infections can kill the casualty or delay their recovery.

The CWMP should be given **ASAP** for wounds after life-threatening issues have been addressed.



Remember: The CWMP should be given for any penetrating wounds.

SLIDE 14 – CHECK ON LEARNING

Ask questions of the learners referring to key concepts from the module.

Now for a check on learning.

- True or False The CWMP contains pain medication and antibiotics.
 - True
- 2. How should the CWMP be taken?
 - The entire CWMP should be taken orally.
- 3. Who should take the CWMP?
 - Casualties who have a break in the skin and/or are in pain

SLIDE 15 – QUESTIONS

