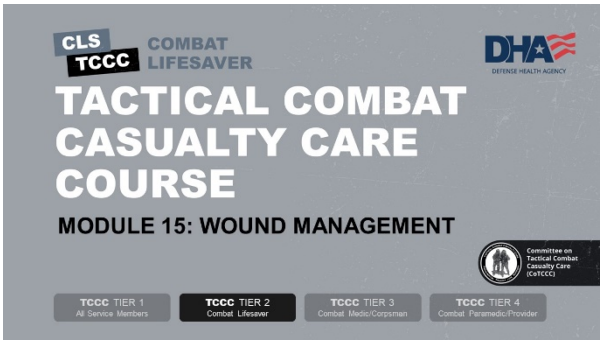
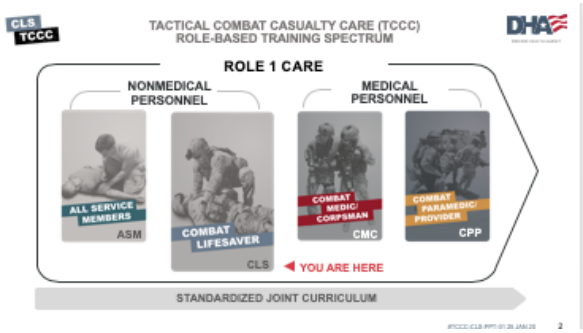
MODULE 15 – WOUND MANAGEMENT

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.

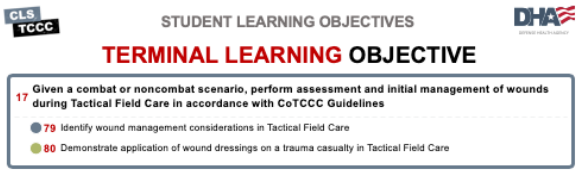
You are in the Combat Lifesaver (CLS) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

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 wound management module has **one cognitive learning objective** and **one performance learning objective**. The cognitive learning objective is to identify wound management considerations, and the performance learning objective is to demonstrate application of wound dressings on a trauma casualty.

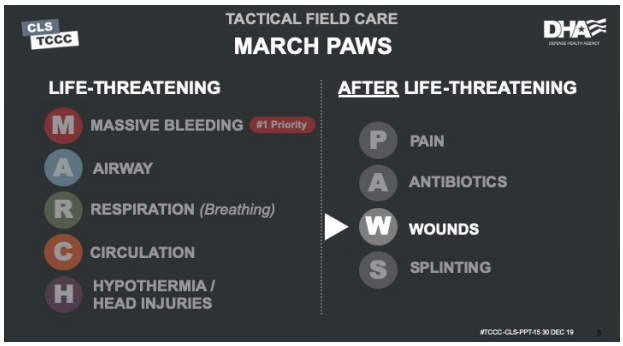
The critical aspects are to recognize non-life-threatening wounds, know the steps to treat them and when in the treatment sequence they should be addressed, and then to demonstrate how to apply wound dressings to those injuries.

SLIDE 4 – THREE PHASES OF TCCC

Remember, you are now in the Tactical Field Care phase of care, so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications such as wound management.

SLIDE 5 – MARCH PAWS

Wound management is the **"W"** in the MARCH PAWS sequence.

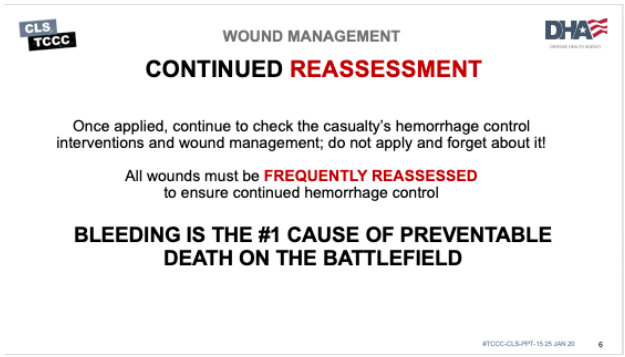


SLIDE 6 – CONTINUED REASSESSMENT

Once the casualty's hemorrhage has been **controlled**, continue to check control interventions and wound management. All wounds must be **FREQUENTLY REASSESSED** to ensure continued hemorrhage control.

DO NOT EVER APPLY IT AND FORGET IT!

REMEMBER: BLEEDING IS THE #1 CAUSE OF PREVENTABLE DEATHS ON THE BATTLEFIELD.



SLIDE 7 – CONFIRM ALL WOUNDS ARE ACCOUNTED FOR

Confirm **all wounds** have been addressed.

Reassess for re-bleeding under gauze or bandages to ensure bleeding is controlled.

Look for blood flowing around or under TQs, bandages, and dressings.

If the bleeding has **not** been controlled, tighten the tourniquet or pressure bandage for that wound if possible, and redress any wounds as necessary.

Also, check other wounds to make sure that:

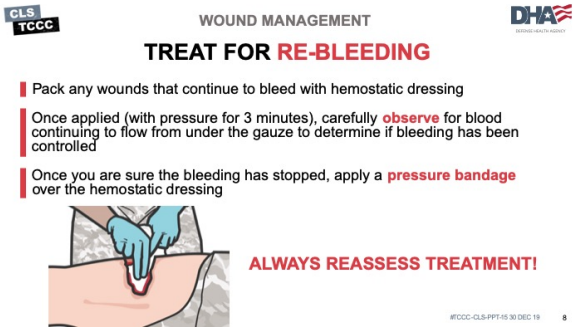
- Fractures are splinted
- All wounds are wrapped
- Eye injuries are shielded
- Open chest wounds are accounted for

SLIDE 8 – TREAT FOR RE-BLEEDING

Always monitor wounds, and **FREQUENTLY REASSESS** to ensure hemorrhage has been controlled.

Pack any wounds that **continue to bleed** with new hemostatic dressing.

Once the dressing has been applied with pressure for **3 minutes**, carefully observe for blood continuing to flow from under the gauze to determine if bleeding has been controlled.



Once you are sure the bleeding has stopped, apply a new pressure bandage over the hemostatic dressing.

ALWAYS REASSESS TREATMENT to make sure bleeding remains controlled.

SLIDE 9 – DRESSINGS AND BANDAGES FOR MINOR WOUNDS

Dress any previously **untreated wounds** by applying (or packing) gauze with direct pressure.

Non-life-threatening bleeding usually does not need a hemostatic dressing.

If no dressings or gauze are available, use a clean, dry cloth, such as torn clothing or cravats.

Minor wounds include minor lacerations and abrasions, such as road rash.

Other wounds that may need to be dressed include major wounds that are no longer bleeding, such as:

- Amputation stumps

- Gunshot wounds that required a tourniquet
- Major lacerations
- Shrapnel wounds, possibly with shrapnel still in place
- Impaled objects

SLIDE 10 – REASSESS APPLIED BANDAGES

Continuously reassess all applied pressure bandages for:

- Increased pain
- Skin color
- Loss of the pulse

If any of these develop, it might indicate an emergency!

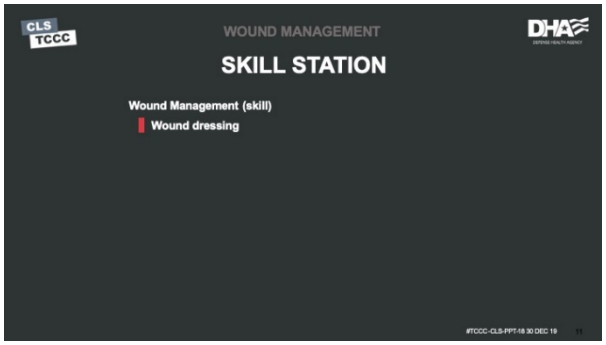
In this case, ensure the applied bandage isn't too tight, and loosen it as needed while keeping the bleeding controlled.

Most importantly, **DO NOT EVER APPLY IT AND FORGET IT!**

SLIDE 11 – SKILL STATION

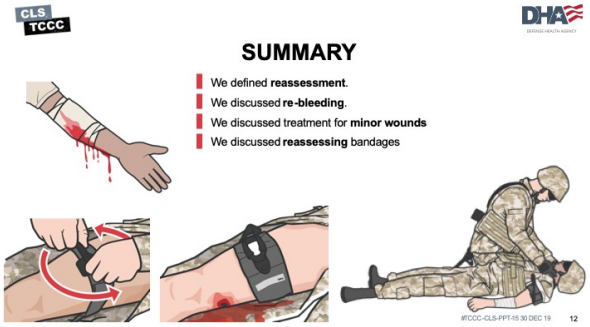
At this time we will break into skill stations to practice the following skills:

- Wound dressing



SLIDE 12 – SUMMARY

In this module, we addressed key considerations in wound management and the application of wound dressings on a trauma casualty. We discussed how to recognize non-life-threatening wounds, what steps to take to treat them, when in the treatment sequence they should be addressed, and how to apply wound dressings to those injuries.



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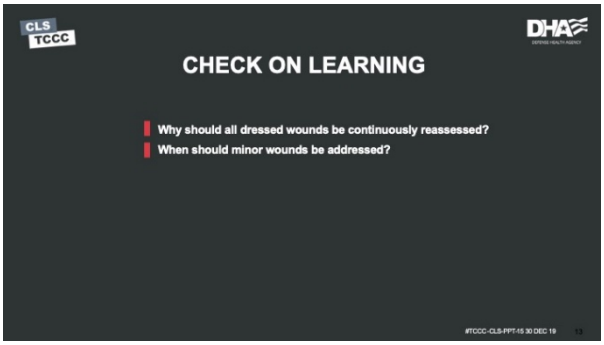
SLIDE 13 – CHECK ON LEARNING



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

Now for a check on learning.

1. Why should all dressed wounds be continuously reassessed?
   - To ensure continued hemorrhage control

2. When should minor wounds be addressed?
   - During the "**W**ounds" portion of the MARCH PAWS sequence

SLIDE 14 – QUESTIONS