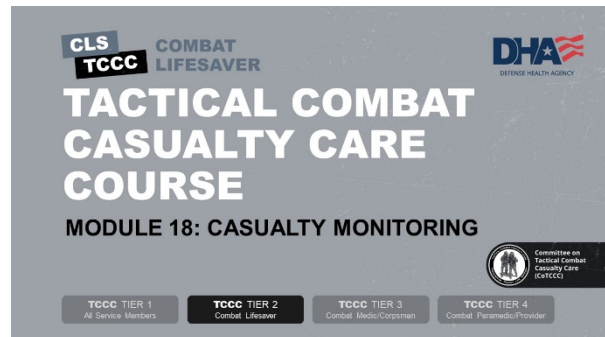


MODULE 18 – CASUALTY MONITORING

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.

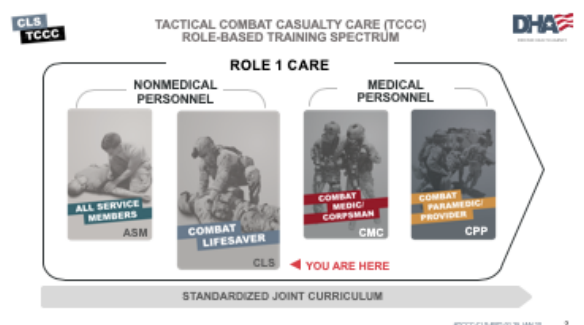
You are in the Combat Lifesaver (CLS) role.

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 casualty monitoring module has **one cognitive learning objective** and **one performance learning objective**.

The cognitive learning objective is to identify the methods to assess level of consciousness, pulses, and respiratory rate of a trauma casualty.

The performance learning objective is to demonstrate the assessment of radial and/or carotid pulse and respirations in a trauma casualty.

CLS TCCC

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

20 Given a combat or noncombat scenario, perform monitoring of a trauma casualty during Tactical Field Care in combat in accordance with CoTCCC Guidelines

- 89 Identify the methods to assess level of consciousness, pulses, and respiratory rate on a trauma casualty in Tactical Field Care
- 90 Demonstrate assessment of radial/carotid pulse and respirations in a trauma casualty in Tactical Field Care

2 ENABLING LEARNING OBJECTIVES (ELOs)

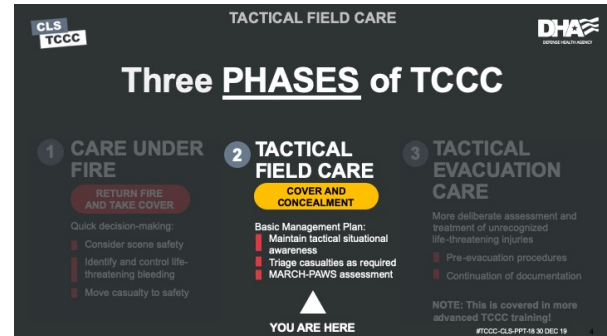
● Cognitive ELOs ● Performance ELOs

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The critical aspects are to recognize when and how to monitor a trauma casualty, and then to perform the necessary skills to assess the pulse rate, respiratory rate, and level of consciousness of the casualty.

SLIDE 4 – THREE PHASES OF TCCC

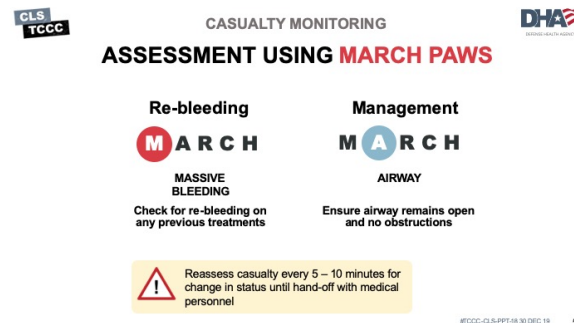
Remember, you are now in the Tactical Field Care (TFC) phase of care, and so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire (CUF) phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications. Casualty monitoring is an important part of this phase.



SLIDE 5 – ASSESSMENT USING MARCH PAWS

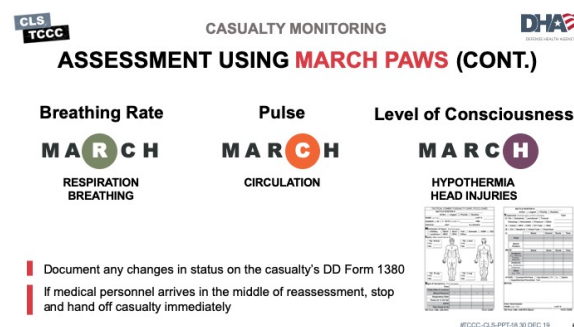
After your initial casualty assessment and performing any treatments that were indicated, continue to monitor your casualty and reassess their status **every 5 to 10 minutes** until you have handed off the casualty to medical personnel.

During your reassessments, follow the same MARCH PAWS process to guide your assessment, starting with reassessing and massive bleeding issues/interventions, and then looking at their airway status.



SLIDE 6 – ASSESSMENT USING MARCH PAWS (CONTINUED)

Next, evaluate for any changes in respiratory status, look for any signs or symptoms of shock, and check for ongoing issues with hypothermia or head injuries by monitoring the casualty's respiratory rate, pulses, and level of consciousness.



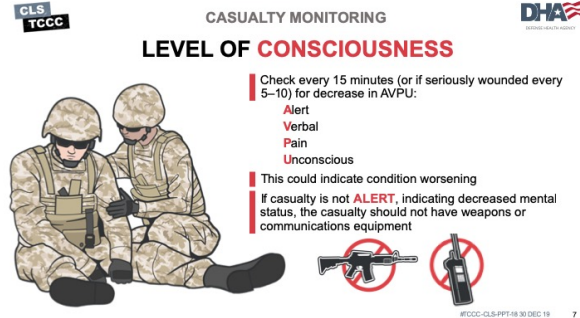
SLIDE 7 – LEVEL OF CONSCIOUSNESS

The level of consciousness is best expressed by addressing the casualty's response using the AVPU acronym as a guide.

AVPU stands for:

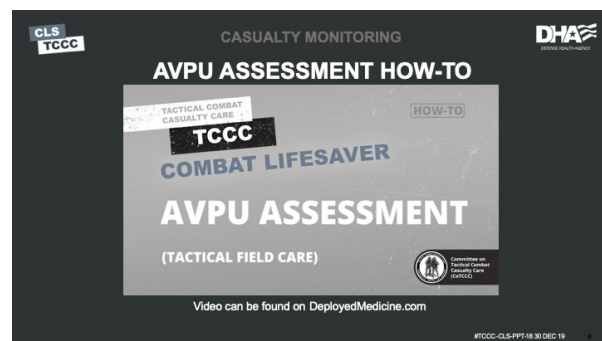
- Alert
- Verbal
- Pain
- Unconscious

A casualty who is awake and conversing with you appropriately is "alert." If they are not fully alert and appropriate, but can still respond to your verbal commands (like asking them to raise their hand or move their toes), they are "verbal." If they do not respond to verbal commands, but respond to pain when performing assessments/procedures or withdraw from you when you rub their breastbone with your knuckles, they are "pain." And if they do not respond to painful stimuli, then they are "unconscious." Documenting the timing on any AVPU assessments and any changes in status helps medical personnel better understand the casualty's situation.



SLIDE 8 – AVPU ASSESSMENT HOW-TO

Play video.



SLIDE 9 – CHECKING PULSE

Play video.

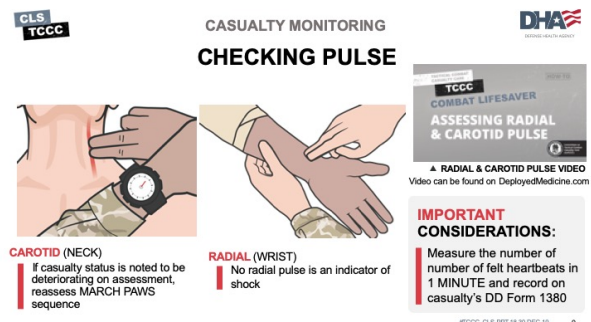
Assessing a casualty's circulation status is done by checking for pulses.

Depending on the casualty and their injuries, you can check the casualty's pulse at either the carotid artery (neck) or radial artery (wrist).

You should use your index and/or middle fingers, **NOT your thumb**, to check pulses.

The absence of a radial pulse is an indication that the casualty is in shock.

Document pulse rates and locations, with the time taken, on the DD Form 1380.



SLIDE 10 – CHECKING RESPIRATIONS

Another sign to monitor is the casualty's respiratory status. This involves checking the rate and the quality of the respirations.

By **looking, listening, and feeling** for breaths on your cheek, you can determine the respiratory rate (documented in number of breaths/minute) and the respiratory effort – shallow breaths, difficulties moving air in and out, loss of air movement on one side of the chest, etc.

Document the rate, respiratory effort, and time you assessed them on the DD Form 1380.

If the casualty's respiratory status begins to change, reassess their status using the same approach you used in the tactical trauma assessment. You may need to insert a nasopharyngeal airway, place a chest seal, or perform a needle decompression of the chest if a tension pneumothorax is present.



CASUALTY MONITORING CHECKING RESPIRATIONS



LOOK, LISTEN, AND FEEL FOR RESPIRATIONS

- If a casualty becomes unconscious or their breathing rate drops below **8 respirations within 1 minute**, insert a nasopharyngeal airway
- Assess for tension pneumothorax and treat as necessary
- Perform needle decompression in the presence of tension pneumothorax
- Reassess** to confirm needle decompression of the chest was successful



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SLIDE 11 – SKILL STATION

During the skill station, you'll have the chance to practice checking pulses and respiratory rates on one another, and documenting them on a DD Form 1380.

CASUALTY MONITORING

SKILL STATION

Casualty Monitoring Concepts (skills)

- Level of consciousness
- Radial pulse
- Carotid pulse
- Tibial pulse

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SLIDE 12 – SUMMARY

There are videos on checking AVPU status, performing pulse checks, and measuring the respiratory rate for additional information.



CASUALTY MONITORING SUMMARY



LOOK, LISTEN, AND FEEL
FOR RESPIRATIONS

- We discussed assessment using **MARCH-PAWS**
- We discussed levels of consciousness
- We discussed checking for pulse
- We discussed checking respirations



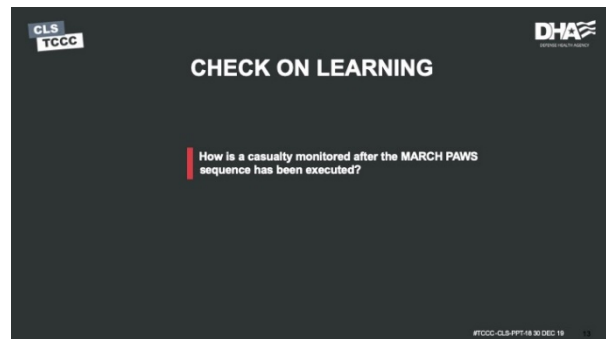
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SLIDE 13 – CHECK ON LEARNING

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

Now for a check on learning.

1. How is a casualty monitored after the MARCH PAWS sequence has been executed?
 - Monitor for changes in level of consciousness
 - Monitor pulse
 - Monitor respiratory distress
 - Reassess all previous interventions



SLIDE 14 – QUESTIONS

