

TCCC



Tactical Combat Casualty Care

Tier 2 - Combat Lifesaver

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TCCC:

Tactical Combat Casualty Care

IT ONLY
TAKES
3
MINUTES
TO BLEED
TO DEATH!

★ BECOME MULTICAPABLE

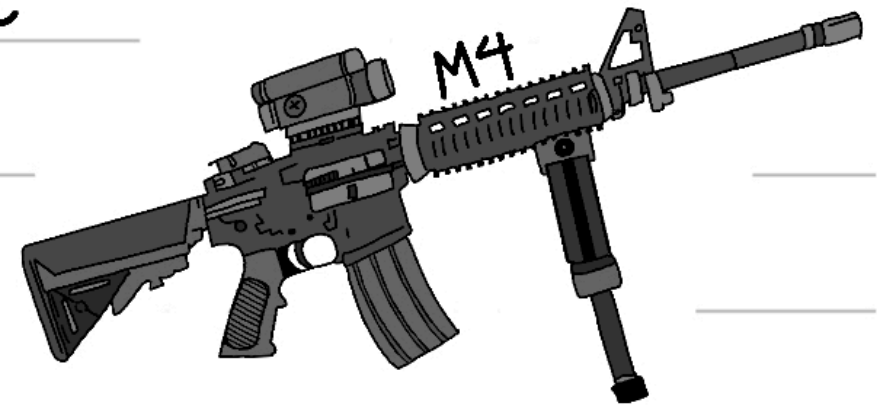
15-20% of military personnel deaths are preventable

★ CARE UNDER FIRE

1. Retaliate/return fire

2. Tourniquet major bleeds

3. Get yourself @ casualty to safety



★ EXTRACTION OF CASUALTIES

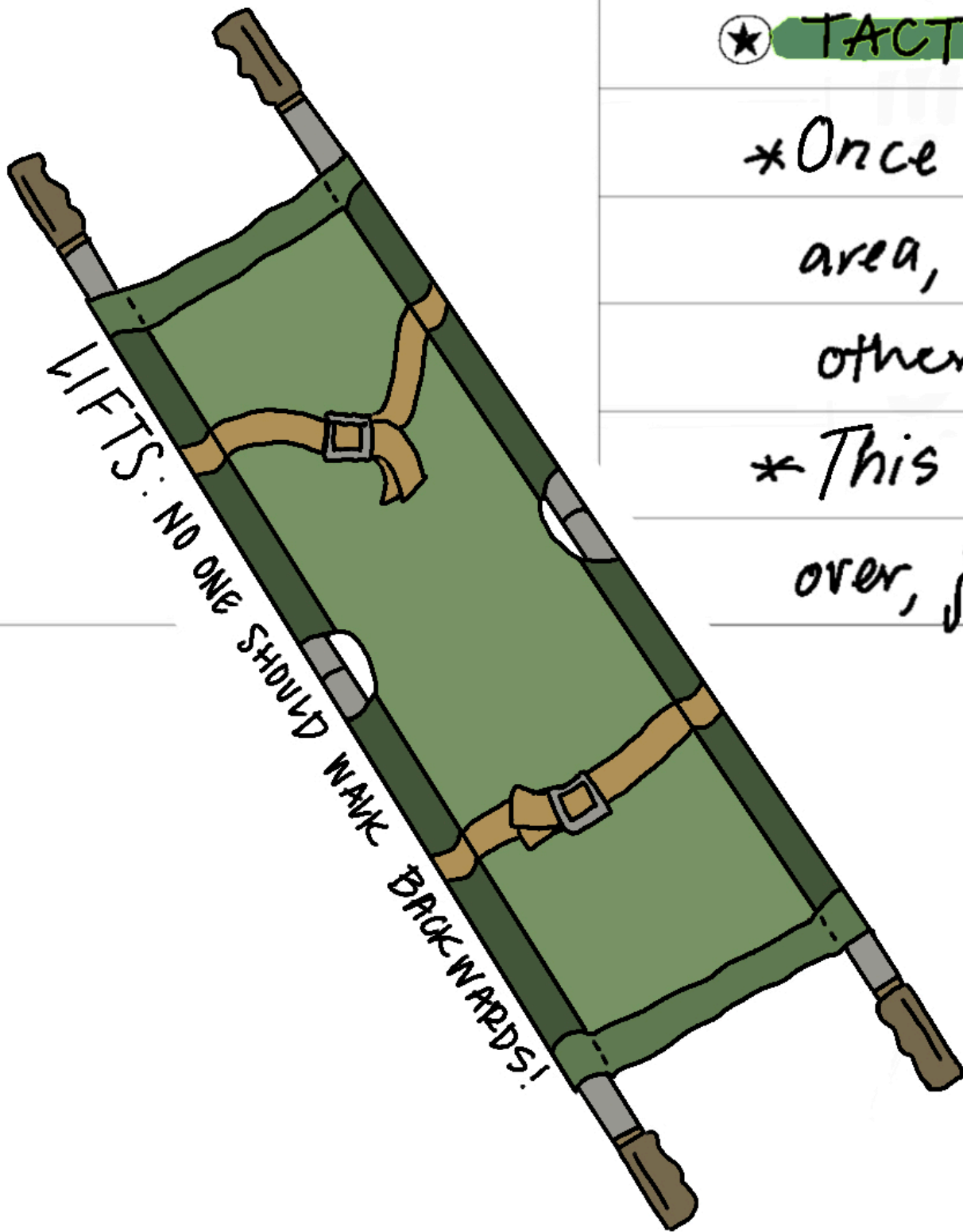
* Know your different lifts @ carries

* Get casualty out of fire before applying anything more than a tourniquet!

★ TACTICAL FIELD CARE

* Once in a (relatively) safe area, you may begin treating other injuries/reassessing

* This doesn't mean the danger is over, just that you're not under fire.



PRACTICE HOW YOU PLAY:

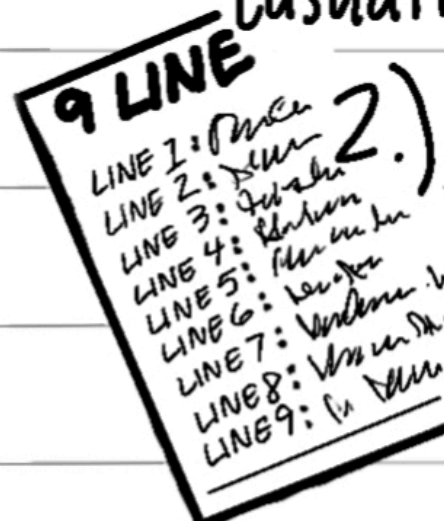
Learn it the way you'll need to do it in real life. Build muscle memory!

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★ TACTICAL FIELD CARE CONT'D

1.) Remove and Secure Weapons from Casualties with an altered mental status



2.) A. Assess Scene

B. Assess Patient

C. Communicate continually with Pt and Team

★ TACTICAL TRAUMA ASSESSMENT

BSI: Body Substance Isolation
(have gloves on)

DO A BODY SWEEP

M	<u>MASSIVE BLEEDING</u>
A	<u>AIRWAY</u>
R	<u>RESPIRATION</u>
C	<u>CIRCULATION</u>
H	<u>HYPOOTHERMIA</u>

P	<u>PAIN</u>
A	<u>ANTIBIOTICS</u>
W	<u>WOUNDS</u>
S	<u>SPRINT</u>

STAY ENGAGED WITH ONE ANOTHER.



Keep some form of the 9-Line and 1380 on you at all times

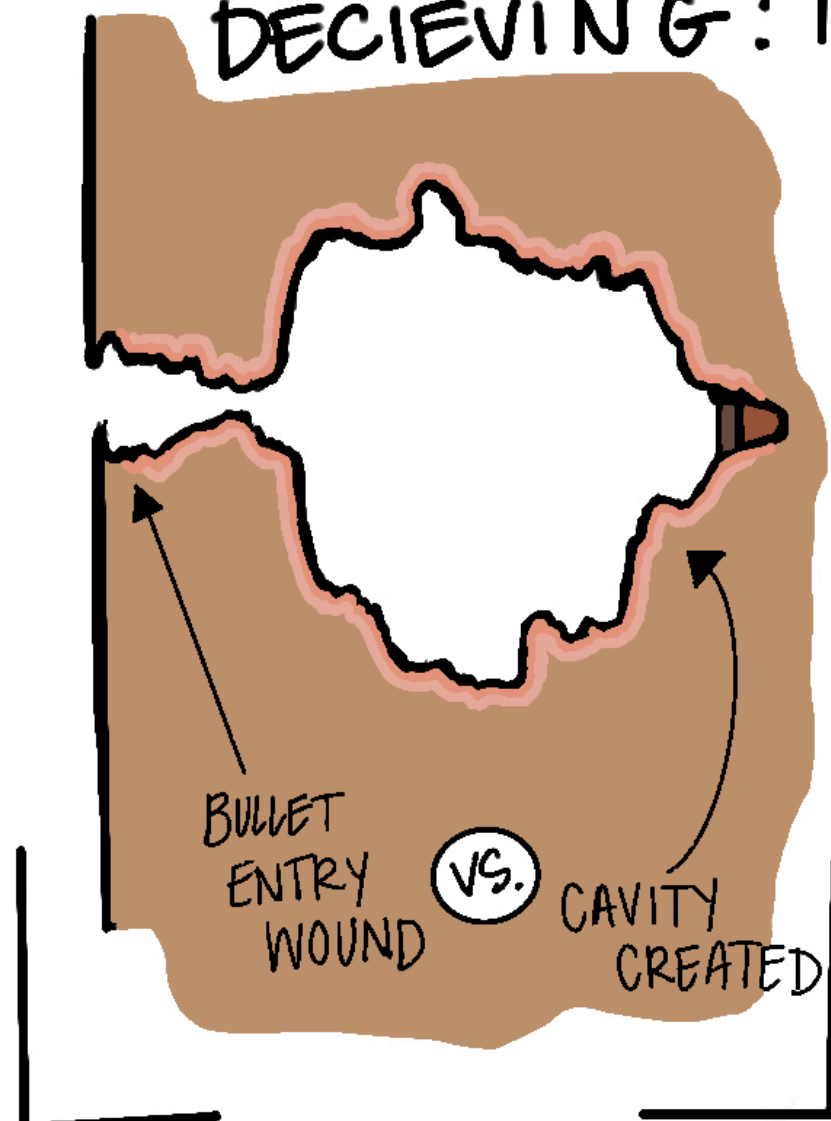
Examples for both on pages 11/12

CONTINUALLY REASSES PATIENT'S WOUNDS, BREATHING, AND MENTAL STATUS

THE ACRONYMS ABOVE WILL BE EXPLAINED IN MORE DETAIL IN THE FOLLOWING PAGES...

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WOUNDS CAN BE
DECEIVING:



M:

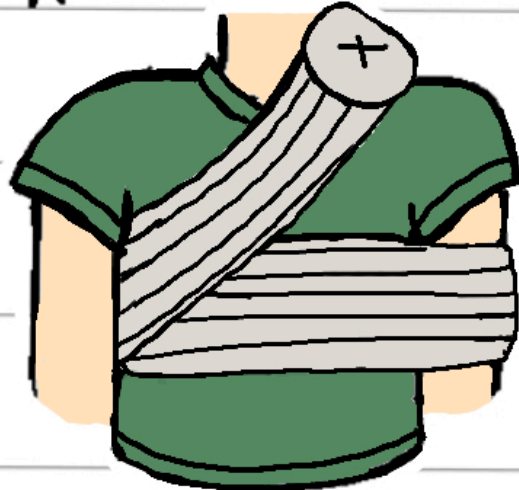
★ MASSIVE HEMMORRHAGE CONTROL

- * Hemostatic Dressing: coated in wound cauterizing agent, avoid contact with eyes/mouth
- * Pack Wound → Apply Pressure (3Min)
- * Pack in a clockwise motion

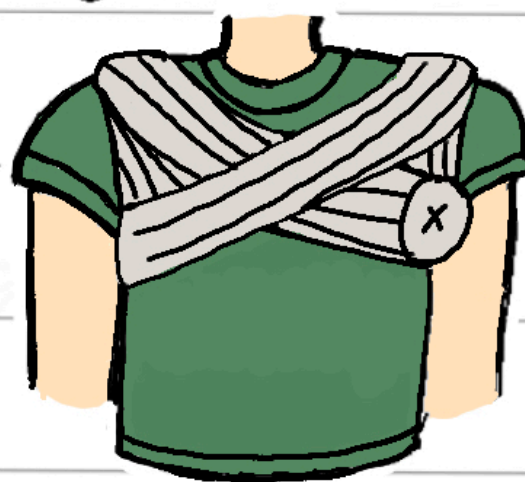
★ JUNCTIONAL PRESSURE WRAPS

Done to provide pressure
⊕ stop area from moving

A. NECK



B. AXILLA



C. GROIN



WHEN IN
DOUBT,
APPLY A
TQ!

★ TOURNIQUETS

- * Tighten until it hurts
- * Don't EVER remove a TQ
- * Do not apply over joints

TOURNIQUET APPLICATION

Apply TQ's high and tight, at least 2 inches above the wound. If the first isn't working, apply a second above the first if possible. (If not possible to go above, apply below TQ, as long as it's above the wound)

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A:

★ OPENING THE AIRWAY

* Head tilt Chin Lift (or)
Jaw thrust Maneuvers

* NPA's unconscious (or conscious)
casualties with difficulty breathing

Put unconscious casualties in recovery
position

→ unless suspected spinal injury

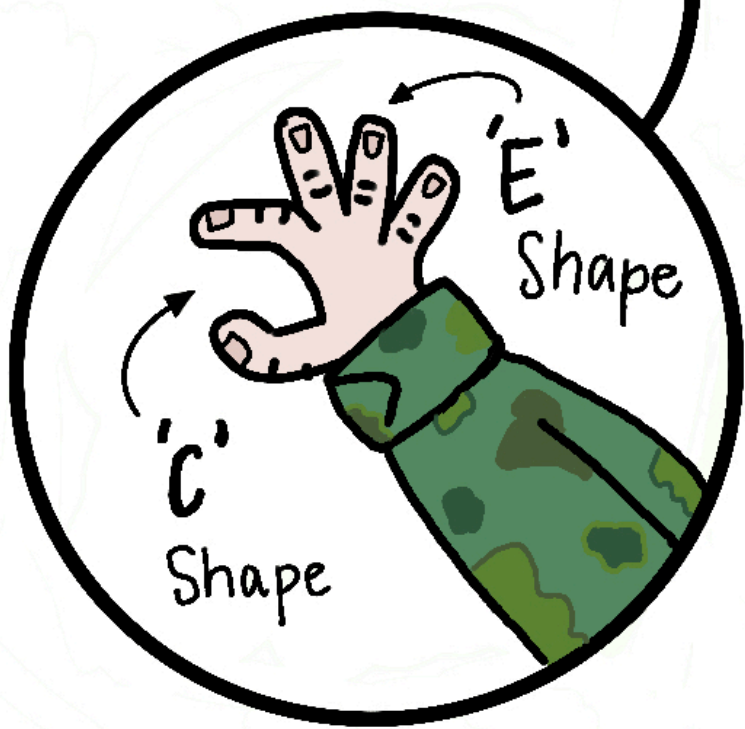
NO CPR IN THE FIELD ★★

BVA: 'C' and 'E' formation with
hand while doing ~ half squeezes
of the bag to breath for the casualty

★ CASUALTY REASSESSMENT

* re-bleeding and management
(Refer to Diagram B)

STOPS AIRWAY
FROM
COLLAPSING



After getting out of fire, you will be more
likely to have the manning and the time to
breath for the casualty than to beat their
heart for them. Save more viable casualties.

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R: ★ SUCKING CHEST WOUND

* Apply a chest seal to keep any more air from entering cavity

★ TENSION PNEUMOTHORAX

* Air filling chest area outside lung and getting trapped, preventing lung from inflating

* Symptoms:

- > Progressive difficulty breathing
- > Blue-ish Coloration
- > Rapid pulse
- > Confusion

* NEEDLE D'S (NDC's)

Diagram refers to areas to apply NDC's

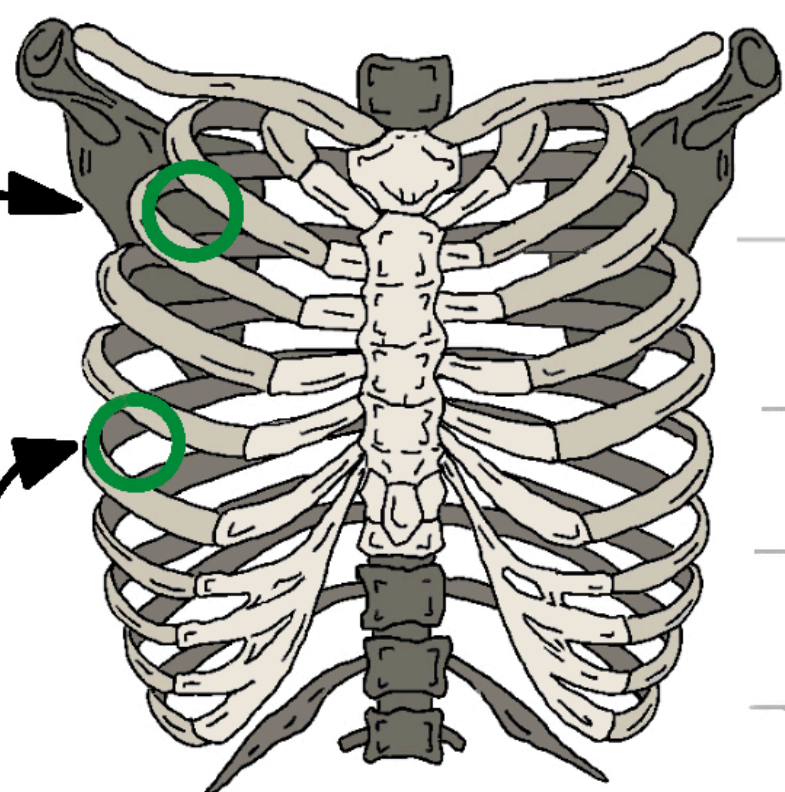


#1

2ND PLEURAL SPACE, ABOVE THE NIPPLE LINE.

#2

5TH PLEURAL SPACE



IF THE FIRST NDC DOESN'T WORK, TRY AGAIN AT THE SECOND SITE SHOWN

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C:

★ CIRCULATION

* When to check pulse ; -

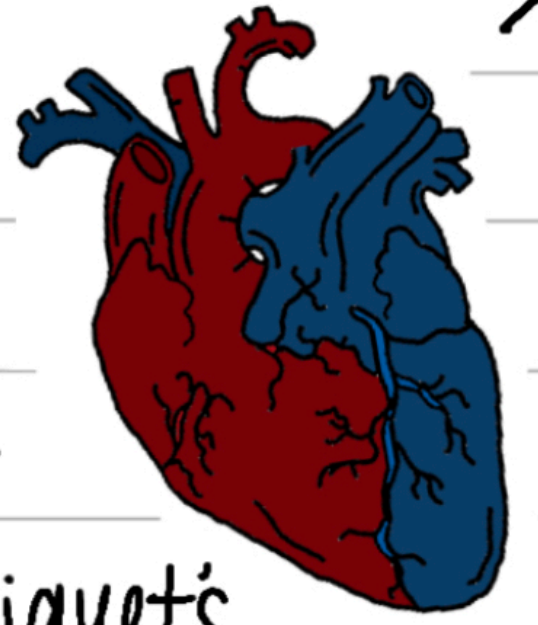
➤ Initial check

➤ After applying Tourniquets

➤ After applying pressure wraps & splints

➤ After moving casualty

* If not pulse, check capillary refill



REVIEW CASUALTY
EVERY TIME
YOU MOVE THEM!



Even if
it is 120°F,
the casualty
can still get
hypothermia b/c
of shock and
blood loss

H:

★ HYPOTHERMIA

* Wrap casualty with blanket

* Active heating is more effective
than passive

★ HEAD INJURY

* Assess mental status

* Could be from explosions, a car crash, etc.

COGNIZANCE:

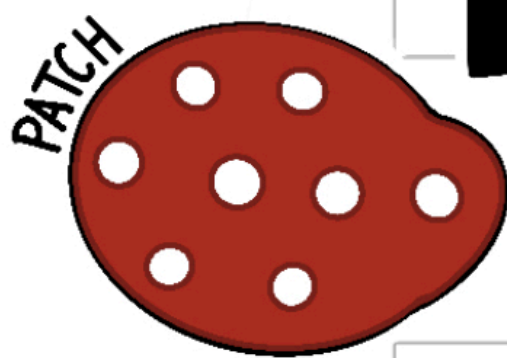
Is the patient able to clearly
answer questions?

(ie: they know their own name/the date)

★ Mental status can change
very quickly, continue to check

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PAWS.



★ PENETRATING EYE INJURY

- * Cover eye wound with patch
- * If penetrating wound, pack around the object and secure

DEGREES of BURN

1st. Superficial

2nd. Partial Thickness

3rd. Full Thickness

★ BURN CARE

- * Remove any jewelry
- * Cover with NON-ADHESIVE gauze

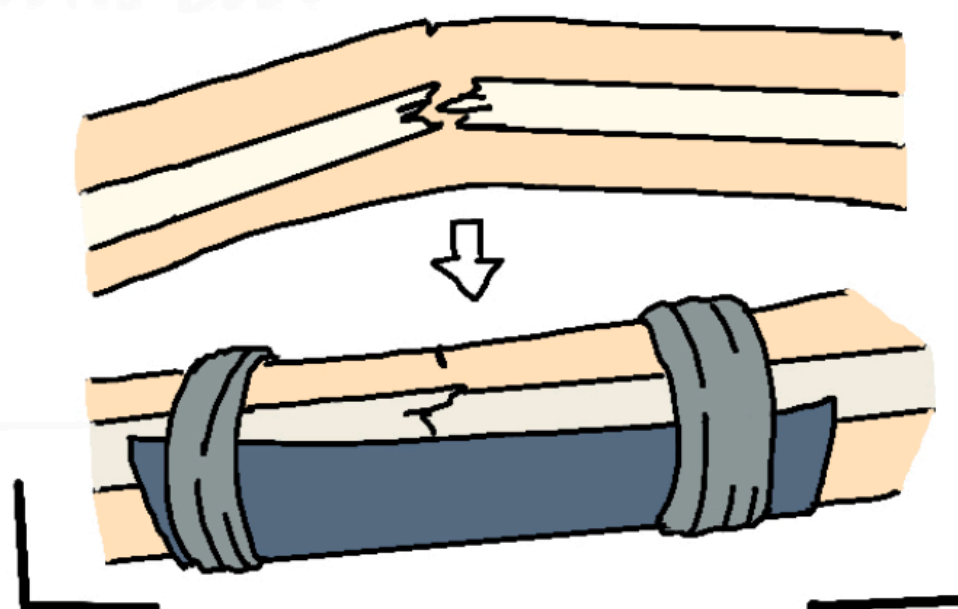
★ FRACTURES

- * CLOSED fracture: Secure, wrap, pain meds
- * OPEN fracture: Secure, wrap, pain meds, antibiotics

WHITE PHOSPHORUS

Wash out any burns made by white phosphorus with water as soon as possible!

SPLINTS:

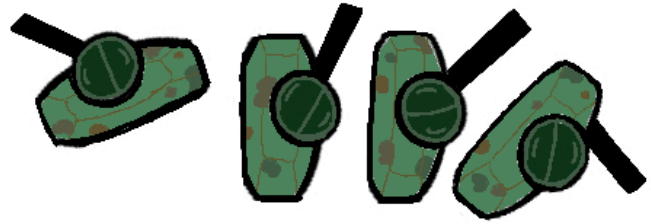


PAIN MEDS + ANTIBIOTICS

Give it to them if they are awake and can take them

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TACTICS



LEAD SCANS
THE AREA
BEFORE
MOVING THE
GROUP!

Starting from the last in line, pat the shoulder of the person in front of you, up to the lead, to confirm that everyone is ready

* Maintain formation and distancing

* Call out loud and clear commands

EG: "Contact twelve!"
"Moving to the medic!"
"Cover my zone!"

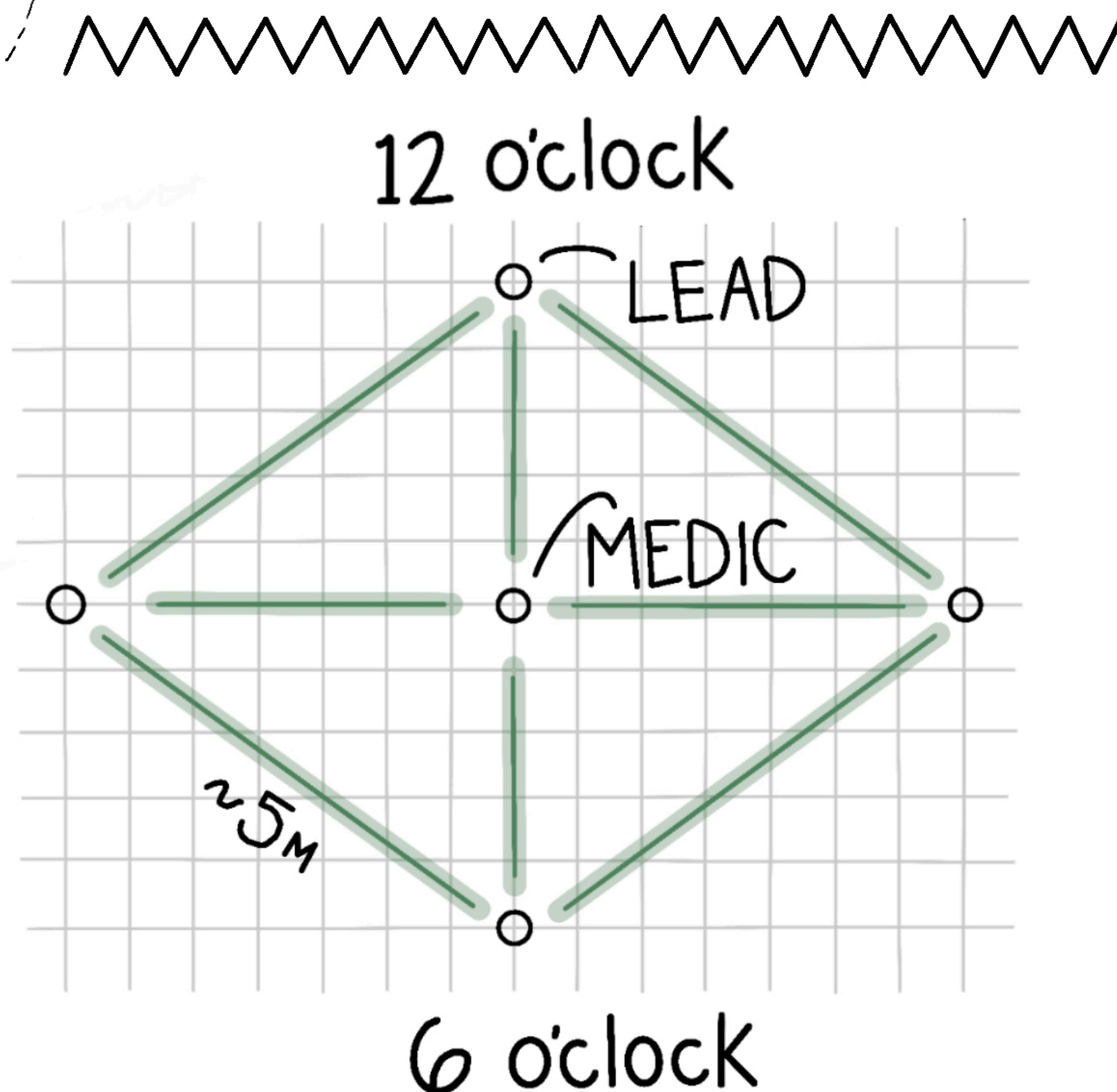


DIAGRAM A



GENEVA CONVENTIONS:

Don't shoot unless gun is pointed at you or firing, along with when the person has ignored multiple requests for them to move away and continue to approach (there needs to be action on their part)

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MARCH-PAWS

TREATING YOUR CASUALTY,
HEAD TO TOE



COGNIZANCE: Are they answering questions clearly?
(if decreased mental status, take their radio @ gun)

AIRWAY: Are they able to speak? Is there facial trauma?

BREATHING: Take off their flack jacket @ review both
sides of chest for regular breathing

REASSESS TQ'S: Is it still working? Need to apply another?

PAIN & INJURY MANAGEMENT: Treat the patients
pain and help prevent infection through medication

PULSES: Check pulse points @ capillary refill to ensure
limbs are still receiving circulation

HIP INJURY: Can be a way for circulation to get cut
off to body's lower half @ can cause major blood
loss very quickly

BLANKETS: When pts are in shock or have major blood loss,
they can/will be in the first stages of hypothermia

INJURY SWEEP: Take fingers in raking motion over
the whole body so you don't miss anything

SPLINTS: Splint any injuries that were found that
need it

DIAGRAM B

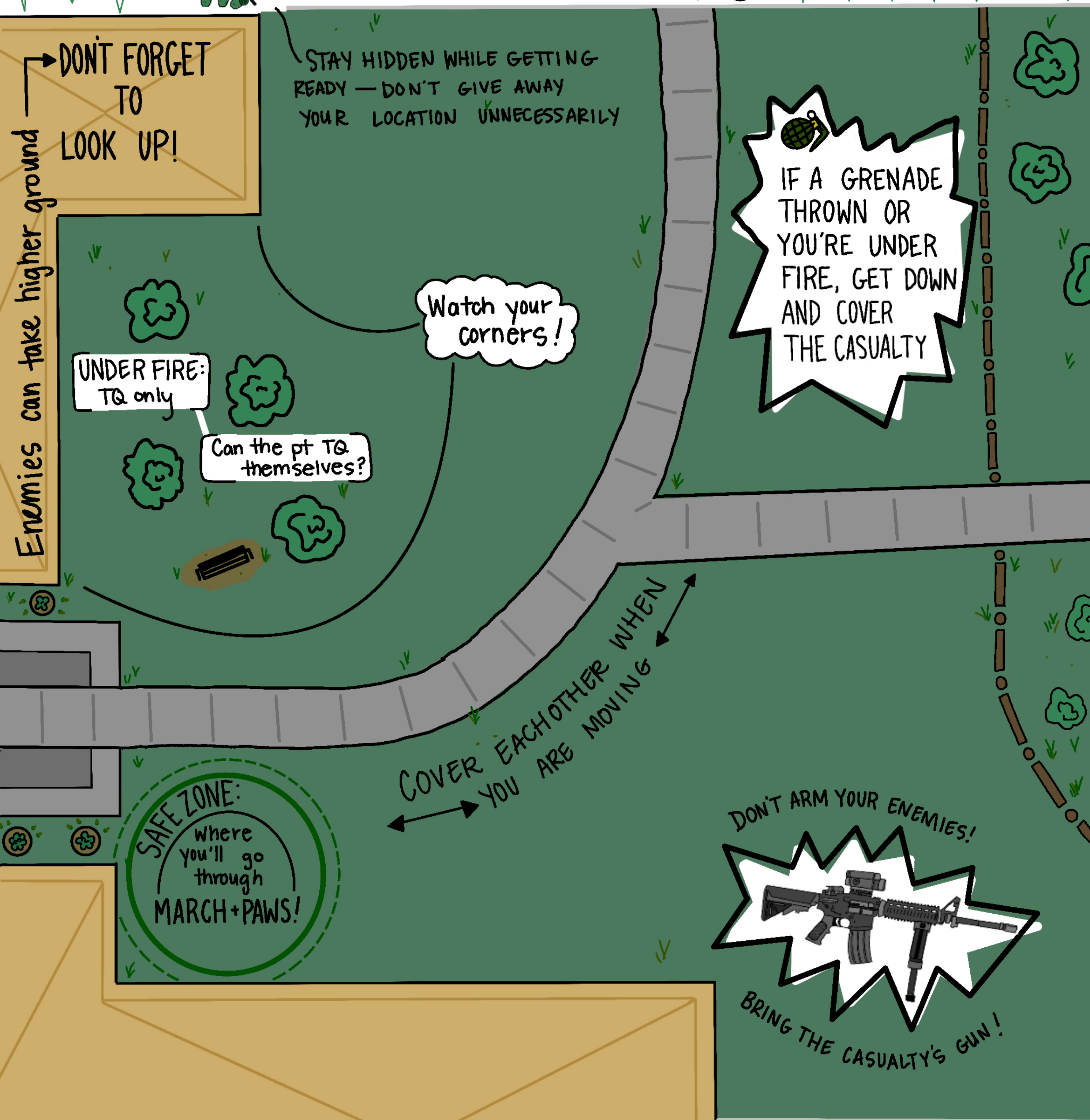
NINE-LINE — FIRST FIVE

1. Location of pickup (8-digit code)
2. Your radio frequency, signal, suffix
3. # of pts, by precedence (ALPHA-CHARLIE)
4. Special equipment required
5. # of pts by type (walking, litter, etc.)

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SCENARIOS:



TCCC: NINE-LINE

READ IT LIKE A SCRIPT

- Hello (their call sign), this is (your call sign)
- Nine line report is as follows...
- Line One: Location (8 digit code)
- Line Two: , , (suffix only if needed)
- Line Three: (casualty precedence)
- Line Four: required
- Line Five: (casualty type)
- Do you copy? over.



Hello COPTER22, This is MEDIC17
Nine Line Report is as follows:
Line One: Location 77643227
Line Two: Frequency 2.4, Call Sign MEDIC17
Line Three: 3 ALPHA, 1 BRAVO
Line Four: No special equipment required
Line Five: 3 Litter, 1 Walking
Do you copy? over.

TCCC: FORM-1380

FILLING OUT THE FORM

BATTLE ROSTER #:

EVAC ☐ Urgent ☐ Priority ☐ Routine

Name _____ Last + 4 _____

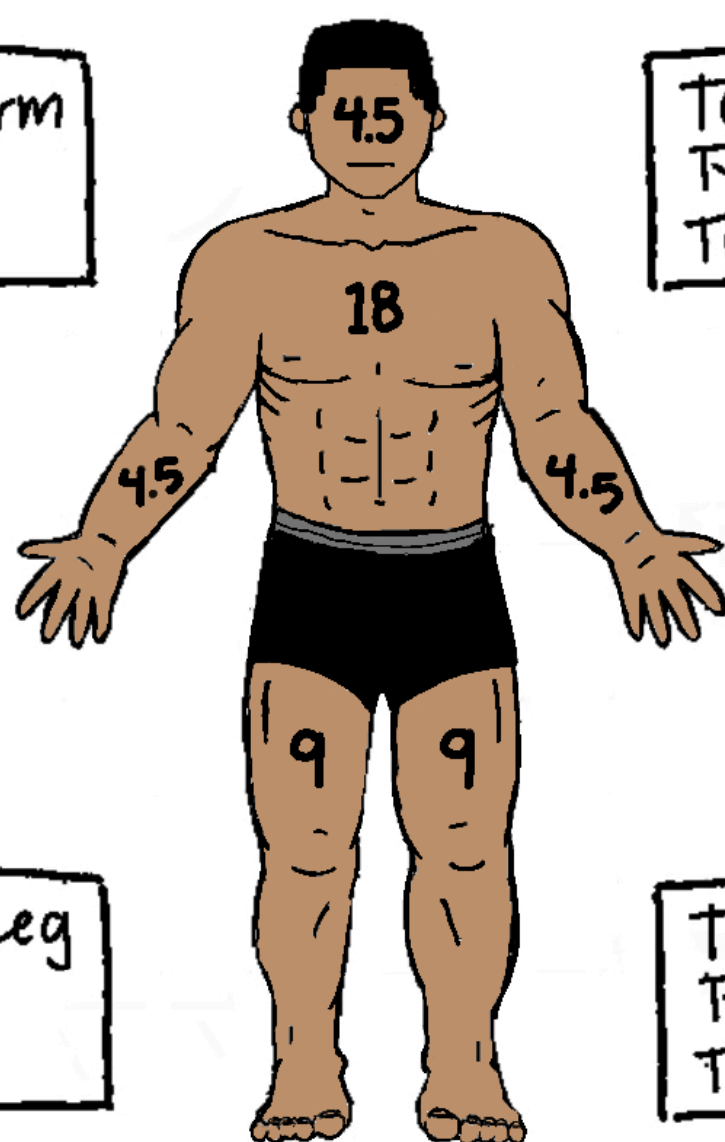
Date _____ Time _____

Service _____ Unit _____

Mechanism of Injury:

☐ Artillery ☐ Blunt ☐ Burn ☐ Etc.

TQ R Arm
Type:
Time:



TQ L Arm
Type:
Time:

TQ R Leg
Type:
Time:

TQ L Leg
Type:
Time:

TIME:

Pulse (R+L)

Blood Pressure

AVPU

Pain Scale (1-10)

Respiratory Rate

/	/	

DD FORM 1380

TCCC

A] CASUALTY DETAILS

Mark EVAC Status

— Fill in personal @ unit info

B] DETAILS OF INJURY

Mark an 'X' on all causes of injury that apply

— Mark all injuries on the body site with an 'X', for burn injuries circle burn percentages

— If a tourniquet was applied, note the time and what type it was

C] SIGNS & SYMPTOMS

— Make a record of vital signs, including time of reading

— Record level of consciousness (AVPU)