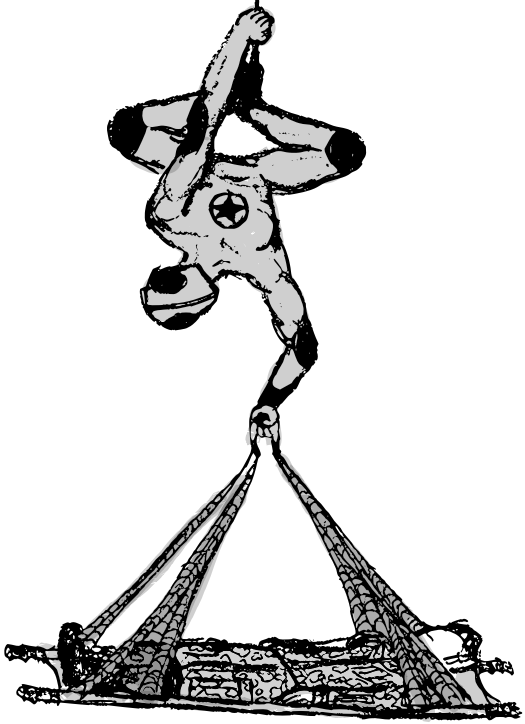
TCCC



TACTICAL COMBAT CASUALTY COURSE

TIER 2 - COMBAT LIFESAVER

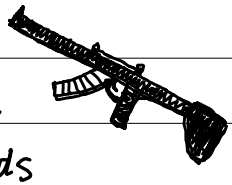
SRA AURELIA GILMER

TCCC: Tactical Combat Casualty Care

IT ONLY TAKES **3MIN** TO BLEED TO DEATH

LIFTS:
no-one should be walking backwards!

- The road to becoming multicapable Airmen
  - 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**
    - If there's a fire → put it out
    - spinal injuries are not first priority, get pt out of fire first
  - **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 LIKE YOU PLAY

Learn it the way you'll need to do it in a real life scenario. Build Muscle Memory!

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STAY ENGAGED WITH ONE ANOTHER!

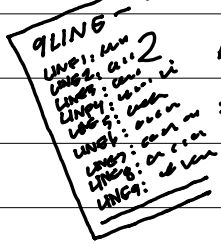
Keep some form of the 9-Line on you at all times

9-Line +1380:

Document or it didn't happen!

★ TACTICAL FIELD CARE CONT'D

1. Remove and secure weapons from casualty's with an altered mental status



A. Assess Scene

B. Assess Patient

C. Communicate continually with Pt and Team

★ TACTICAL TRAUMA ASSESSMENT

TTA

BSI: Body Substance Isolation (have Gloves on)

Body Sweep...

M	ASSIVE BLEEDING
A	IRWAY
R	ESPIRATION
C	IRCULATION
H	YPOTHERMIA

P	AIN
A	NTIBIOTICS
W	OUNDS
S	PLINT

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

THE FOLLOWING PAGES WILL GO INTO MORE DETAIL ABOUT MARCH & PAWS...

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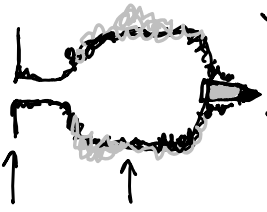
WOUNDS CAN BE DECIEVING:



When in Doubt, Apply a TQ!

M:

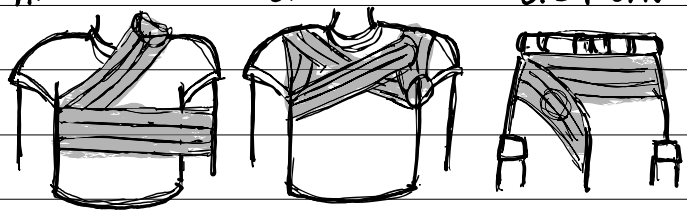
⍟ MASSIVE HEMMORHAGE CONTROL

* 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



⍟ TOURNIQUETS

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

TQ APPLICATION:

Apply tourniquets high and tight, at least two inches above the wound. If the first isn't working, apply another one above the first if possible. (If not possible to go above, apply below TQ as long as its above the wound)

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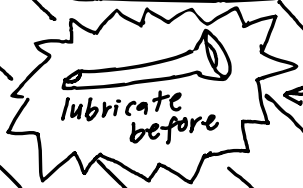
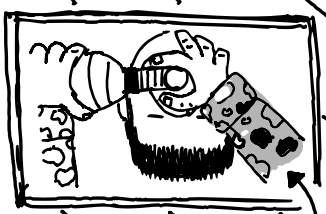
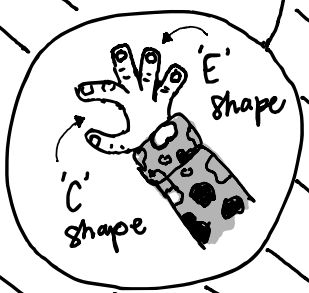
STOPS AIRWAY FROM COLLAPSING







A:

★ OPENING THE AIRWAY

* Head tilt Chin Lift (or) Jaw thrust Maneuvers

* NPA's unconcious (or concious) casualty's with difficulty breathing

Put unconcious casualty's in recovery position

→ unless suspected spinal injury

NO CPR IN THE FIELD, EVER ★★

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

★ CASUALTY REASSESSMENT

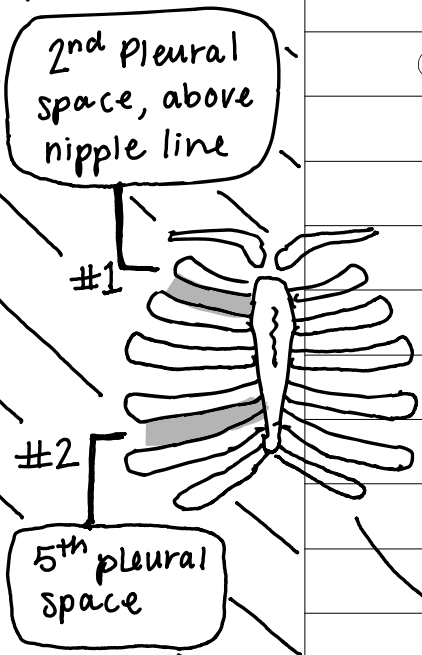
* re-bleeding and management (Refer to Diagram B)

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

TCCC: Tactical Combat Casualty Care

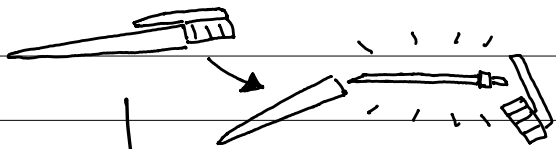
R:

- ⍟ 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



NDC's (needle D's)

Diagram refers to areas to apply NDC's

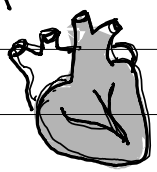


IF THE FIRST NDC DOESN'T WORK, TRY AGAIN IN THE SECOND SITE SHOWN

TCCC: Tactical Combat Casualty Care

REVIEW THE CASUALTY EVERY TIME YOU MOVE THEM!

C:



- ★ CIRCULATION
  - * When to check pulse
    - original check
    - after applying TQ's
    - after applying pressure wraps & splints
    - after moving casualty
  - * If not pulse, capillary refill

H:

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

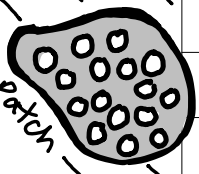
- ★ HYPOTHERMIA
  - * Wrap casualty with blanket
  - * Active heating is more effective than passive
- ★ HEAD INJURY
  - * Assess Mental Status
  - * From Explosions, car crashes, etc.

COGNIZANCE:

IS THE PATIENT ABLE TO CLEARLY ANSWER QUESTIONS? (IE: THEY KNOW THEIR NAME/THE DATE)

★ MENTAL STATUS CAN CHANGE VERY QUICKLY, CONTINUE TO CHECK

TCCC: Tactical Combat Casualty Care



PAWS:

- **PENETRATING EYE INJURY**
  - * Cover eye wound with patch
  - * If penetrating wound, pack around object and secure
- **BURN CARE**
  - * Remove Any Jewelry → Cover with NON-ADHESIVE dressing
  - * White Phosphorus burn
- **FRACTURES**
  - * CLOSED: secure, wrap, pain meds
  - * OPEN: Administer Antibiotics too

DEGREES of a BURN

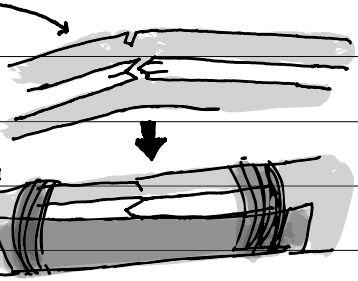
1st Superficial

2nd Partial Thickness

3rd Full Thickness

SPLINTS

Realign & Immobilize



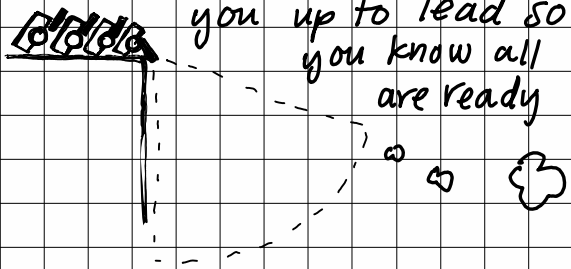
Check Capillary Refill After

PAIN MEDS + ANTIBIOTICS

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

Tactics

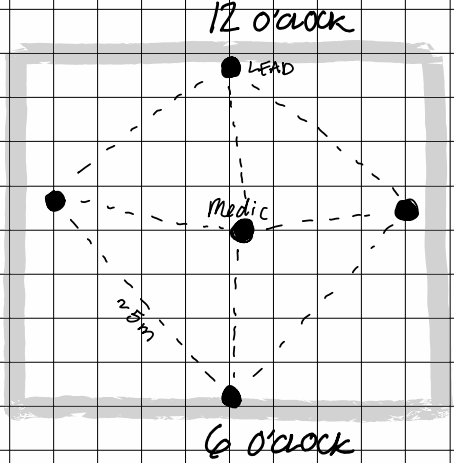
- Starting from last in line, pat the shoulder of person in front of you up to lead so you know all are ready



Lead scans area before starting group forward

- MAINTAIN FORMATION & DISTANCING
- CALL OUT LOUD & CLEAR COMMANDS

IE: 'CONTACT TWELVE'
'MOVING TO THE MEDIC'
'COVER MY ZONE'



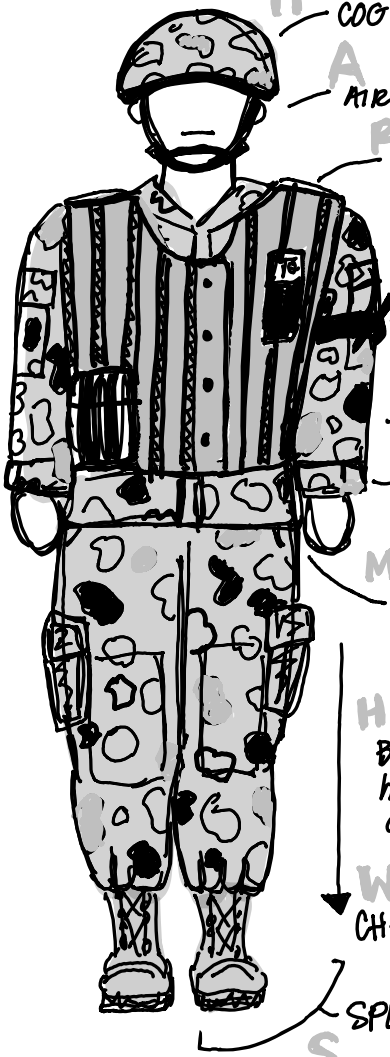
GENEVA CONVENTIONS - Rules of Engagement

Don't shoot unless gun is pointed at you or firing, along with when they've ignored multiple requests to move away and continue to approach.

DIAGRAM A

MARCH-PAWS

TREATING YOUR CASUALTY, HEAD TO TOE



H — COGNIZANCE: are they answering questions clearly (decreased mental, take radio + gun)

A — AIRWAY: are they able to answer questions? facial trauma?

R — BREATHING: take off flack jacket and review both sides of chest for regular breathing

M — REASSES TQ's: is it still working, does another one need to be applied?

P+a — PAIN + INJURY MANAGEMENT: treat pts pain and help prevent infection through medication

C — PULSES: check pulse points to ensure all limbs are still recieving circulation + check capillary refill

M+C — HIP INJURY: can be a way for circulation to get cut off to body's lower half, can cause major blood loss very quickly

H — BLANKETS: When patients are in shock or have experienced major blood loss, they can/will be in the first stages of Hypothermia

W+M — CHECK FOR OTHER INJURIES: fingers in raking motion over whole body

S — SPLINT: splint any injuries that were found that need it.

DIAGRAM B

9-LINE FIRST FIVE:

1. LOCATION OF PICKUP (8-DIGIT CODE)
2. YOUR RADIO FREQUENCY, SIGNAL, SUFFIX
3. # OF PATIENTS BY PRECEDENCE (URGENCY) ALPHA-CHA
4. SPECIAL EQUIPMENT REQUIRED
5. # OF PATIENTS BY TYPE (WALKING, LITTER, ETC.)

DIAGRAM C

SCENARIOS:

ENEMIES CAN TAKE HIGHER GROUND

REMEMBER TO LOOK UP!

STAY HIDDEN WHILE YOU'RE GETTING READY - DON'T GIVE AWAY LOCATION UNNECESSARILY.

REMIND TEAMMATES TO COVER WHEN MOVING/ HELPING THE MEDIC

STAY WITHIN FORMATION

under fire: TQ only

you can tell the pt to TQ themselves

IF GRENADE IS THROWN OR YOU'RE UNDER FIRE, GET DOWN BUT CONTINUE TO SCAN/ TREAT/ FIGHT

WATCH YOUR CORNERS

SAFE ZONE IS WHERE YOU GO THROUGH MARCH PAWS!

Don't leave guns for your enemies! take the casualties gun with you.

COMPLETE 9-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: Tactical Combat Casualty Care

FORM 1380

FILLING OUT THE FORM

BATTLE ROSTER #: _____

EVAC ☐ Urgent ☐ Priority ☐ Routine

Name _____ Last 4 _____

Date _____ Time _____

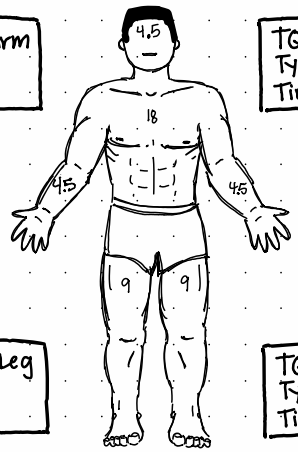
Service _____ Unit _____

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 conciousness (AVPU)