

TACTICAL TRAUMA ASSESSMENT CHECKLIST ABBREVIATED

While in a tactical operational setting you encounter a combat casualty.
You have a aid bag, body armor and helmet, and the casualty's Joint First Aid Kit (JFAK).

Complete a Tactical Trauma Assessment in 30 minutes.

TACTICAL TRAUMA ASSESSMENT ATTEMPT	1 ST	2 ND
PERFORMED CARE UNDER FIRE (CUF)		
Returned fire to gain fire superiority and took cover	C	
Directed casualty to remain engaged as a combatant, if appropriate; or to move to cover and apply self-aid, if able	C	
Performed casualty drag/carry to move casualty as tactical situation permitted		
Addressed Life-threatening Bleeding: Applied high and tight limb tourniquet (TQ) using the casualty's JFAK and supplies	C	
PERFORMED TACTICAL FIELD CARE		
Established security perimeter/maintained tactical situational awareness		
If tactical situation permitted, took body substance isolation precautions		
Triaged casualties as required	C	
Took weapons/communication equipment from casualties with altered mental status		
Verbalized the meaning of MARCH PAWS and used the sequence to perform the tactical trauma assessment	C	
M ASSESSED AND TREATED MASSIVE HEMORRHAGE		
Assessed effectiveness of TQs placed in CUF, if ineffective applied deliberate TQ		
Applied TQ directly to skin, 2–3 inches above bleed site, if not done in CUF (or applied 2 nd TQ side-by-side if bleeding not controlled with the 1 st TQ)	C	
Packed any wounds not amenable to TQs with hemostatic dressing/adjuncts (held pressure for 3 minutes) and applied pressure bandages		
Performed blood sweep of: ___ Neck, ___ Axillary, ___ Inguinal, ___ Anterior, ___ Posterior, and ___ Extremities	C	
Packed and dressed junctional wounds with hemostatic agents and applied junctional TQ(s), as appropriate	C	
Performed initial hemorrhagic shock assessment		
A ASSESSED AND SECURED THE AIRWAY		
Used head-tilt/chin-lift or jaw-thrust maneuver to open airway , if needed	C	
Inserted nasopharyngeal airway (NPA) in an unconscious or semiconscious casualty		
Cleared excess secretions using mechanical or manual suctioning, if indicated		
Inserted extraglottic airway in deeply unconscious casualty with airway obstruction		
Performed a cricothyroidotomy in casualty with upper airway obstruction not resolved with NPA or extraglottic airway		
Assessed airway patency with pulse oximetry, if available		
R ASSESSED RESPIRATION		
Removed body armor and inspected for torso wounds (front and back)	C	
Assessed for signs of tension pneumothorax		
Applied a vented chest seal to all open chest wound(s), burped and/or removed any chest seal previously placed, or performed needle decompression of the chest (NDC)		
Assessed breathing, initiated pulse oximetry (if available)	C	
Supported inadequate ventilations with bag valve mask, if available		
C ASSESSED CIRCULATION		

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Assessed for signs of pelvic fracture and, if present, applied pelvic compression device	C		
Tourniquet Conversion/Replacement			
If ineffective, tighten further or place and tighten an additional tourniquet directly above and next to the deliberate tourniquet or If tourniquet was not indicated, convert high and tight tourniquet and/or junctional tourniquet to other bleeding control means (wound packing and pressure bandage)			
Expose and reassess any previously placed tourniquets, clearly mark all tourniquets with the time of tourniquet application			
Packed significant nonpulsatile bleeding with hemostatic agent (held pressure for 3 minutes) and applied a pressure bandage			
Assessed for hemorrhagic shock , (checking for radial pulses): ‡ If radial pulse is present with normal mental status and significant injuries, insert saline lock (If vascular access is needed but not quickly obtainable via the IV route, use the IO route) ‡ If altered mental status in the absence of brain injury and/or weak or absent radial pulse establish IV or IO	C		
Administered 2 gm of tranexamic acid if: ‡ Weak/absent radial pulses and/or ‡ TBI/altered mental status			
Administered blood products for shock, using fluid warming device , if possible			
Administered 1 gm of calcium after the first unit of blood products			
Reassessed casualty after each unit of blood products, discontinued when appropriate			
Assessed for refractory shock , performed NDC, if indicated			
Notified tactical leader if casualty required evacuation (from the MEDEVAC Request)			
H HYPOTHERMIA TREATMENT AND PREVENTION AND HEAD INJURIES			
Minimized casualty exposure to the environment	C		
Employed active warming measures , applied exterior impermeable enclosure bag, if available	C		
Assessed for head injury (altered mental status, wounds, visual changes)	C		
Assessed for eye trauma , covered eye injury(ies) with a rigid eye shield(s) after visual acuity test (administered oral antibiotic from Combat Wound Medication Pack)	C		
Reassess prior interventions (M/A/R/C/H)	C		
Initiated electronic monitoring if indicated and equipment was available			
P CONTROLLED PAIN			
Checked for drug allergies and disarmed casualty prior to giving opioids or ketamine	C		
Administered appropriate pain medications (reversal agents, if appropriate)	C		
A ADMINISTERED ANTIBIOTICS			
Checked for drug allergies before administration of any medications	C		
Administered appropriate antibiotics	C		
W TREATED ADDITIONAL WOUNDS			
Inspected and dressed known wounds	C		
Applied dry, sterile dressings to any burns			
Assessed for other wounds , applied dressing(s) for abdominal evisceration(s), dressing(s) to stump(s), dressing(s) to any impaled object(s), if indicated			
S SPLINT FRACTURES			

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Splinted any fractures without disrupting any impaled objects	C		
CARDIOPULMONARY RESUSCITATION			
Considered bilateral NDC for pulseless casualty without respirations			
COMMUNICATION			
Communicated with the casualty, if possible			
Communicated with tactical leadership and reported lines 3, 4, and 5 from the MEDEVAC report			
Communicated with medical evacuation personnel and relayed MIST report	C		
DOCUMENTATION			
Documented all findings and treatments on a DD Form 1380 and attached it to the casualty	C		
PREPARED FOR EVACUATION			
Placed and secured casualty on litter for evacuation, if not completed already			
Secured all loose bandages, equipment, hypothermia wraps, and litter straps, etc., as needed	C		
Staged casualties for evacuation and identified litter team(s)			
Maintained security/safety at the evacuation point			

Demonstrated Medic/Corpsman Proficiency: **Yes** **No**
Comments:

Instructor Signature:

Student Signature: