

CPP

TCCC

**COMBAT PARAMEDIC/
PROVIDER**

TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 5: TACTICAL TRAUMA ASSESSMENT



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider

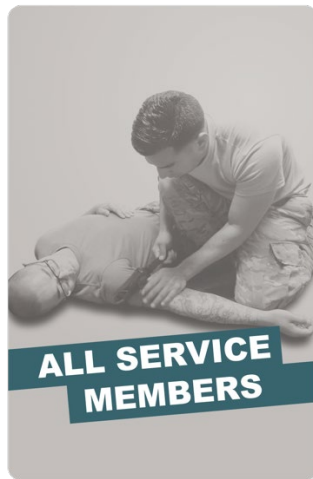


Module 5: Tactical Trauma Assessment

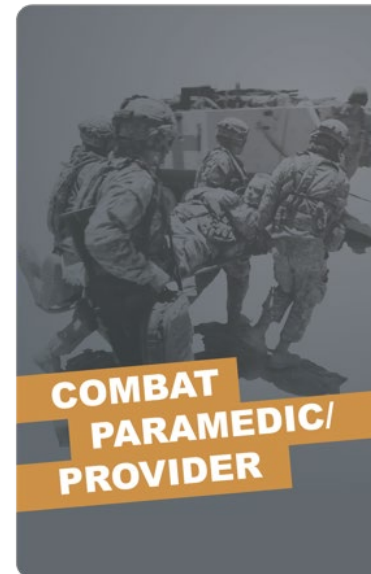
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL
PERSONNEL



MEDICAL
PERSONNEL



▲
YOU ARE HERE

STANDARDIZED JOINT CURRICULUM



Module 5: Tactical Trauma Assessment

1 x **TERMINAL LEARNING OBJECTIVES**

05 Given a combat or non-combat scenario, perform a Tactical Trauma Assessment in accordance with Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines.

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- **5.1** Identify the common causes of altered mental status in combat or non-combat environments.
- **5.2** Identify the importance of disarming and securing the communications equipment of a casualty with altered mental status.
- **5.3** Identify the importance and techniques of communicating with a casualty in Tactical Field Care.
- **5.4** Describe the importance of body substance isolation considerations in Tactical Field Care.
- ⦿ **5.5** Demonstrate a Tactical Trauma Assessment using the MARCH PAWS sequence to render aid and interventions to a casualty in Tactical Field Care IAW CoTCCC Guidelines.

5 x **ENABLING LEARNING OBJECTIVES**

= Terminal Learning Objectives ● = Cognitive ELOs ⦿ = Performance ELOs



INTRODUCTION TO TACTICAL TRAUMA ASSESSMENT (TTA)

Standardized Approach to Assessing a Combat Casualty

RELIABLE & PROVEN METHODOLOGY
Allows seamless approach for multiple responders

CPP TCCC COMBAT PARAMEDIC/PROVIDER (CPP) TACTICAL COMBAT CASUALTY CARE TACTICAL TRAUMA ASSESSMENT DHA

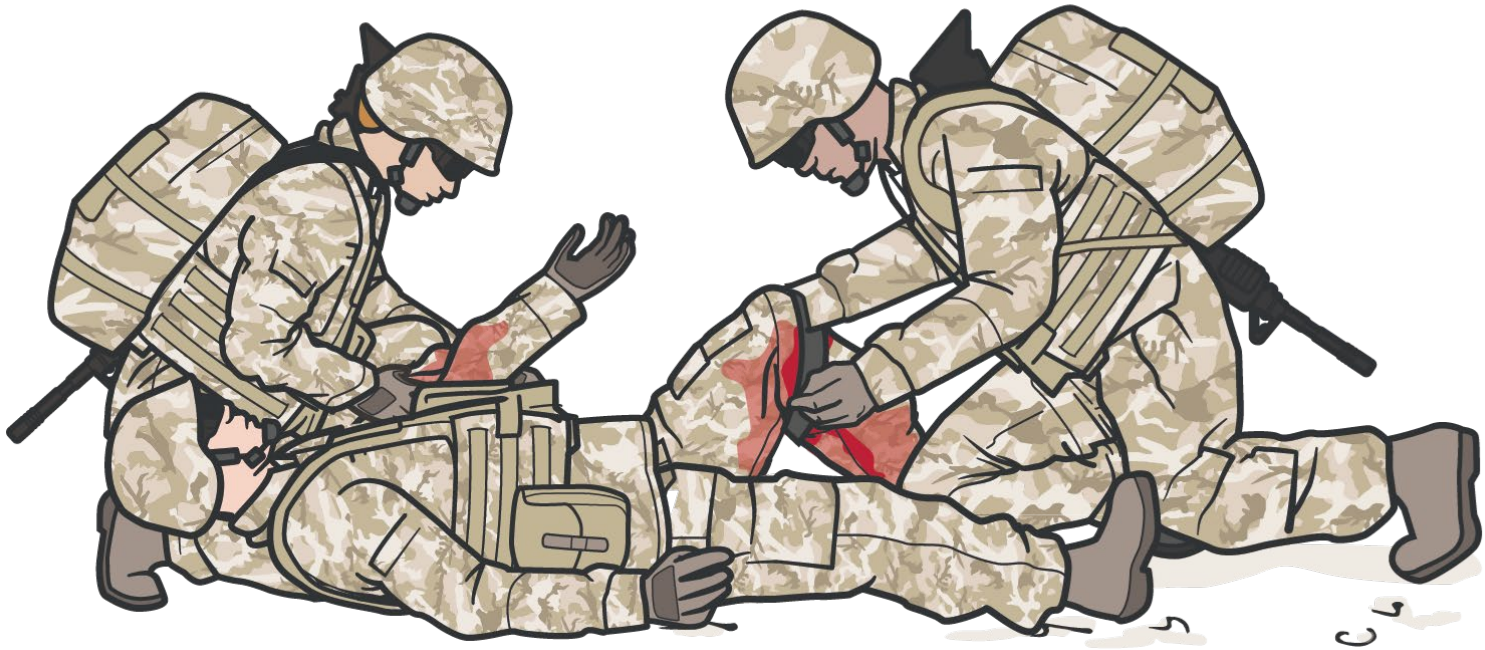
STUDENT NAME, RANK: _____ DATE: _____
INSTRUCTOR NAME: _____ ROSTER#: _____

INSTRUCTION: This checklist should be used in grading a student's ability to perform the TACTICAL TRAUMA ASSESSMENT required for successfully completing the TCCC Combat Paramedic/Provider Course (TCCC-CPP). The student must "PASS (P)" all the critical tasks (marked as "C") to demonstrate proficiency.

SCENARIO: The instructor will provide a scenario for the tactical trauma assessment process. The student will have available a Joint First Aid Kit (JFAK), a Medic/Corpsman Aid bag, and/or the necessary supplies.

PERFORMANCE STEPS	1 st Attempt				2 nd Attempt			
	P	F	P	F	P	F	P	F
1. Performed Care Under Fire (CUF) .	C							
a. Returned fire and took cover.								
b. Directed the casualty to remain engaged as a combatant, if appropriate.								
c. Directed the casualty to move to cover and apply self-aid, if able.								
d. Performed a casualty drag/carry to move an unresponsive or immobile casualty to cover or to a secure site as the tactical situation permitted.								
e. Extracted casualties from sources of burning and moved them to safety.								
f. Stopped the burning process as necessary.								
g. Applied a high and tight limb tourniquet over the uniform and proximal (above) to the bleeding site(s) using the casualty's JFAK and supplies.	C							
2. Performed Tactical Field Care (TFC) .	C							
a. Established security perimeter/maintained tactical situational awareness.								
b. If tactical situation permitted, took body substance isolation precautions.								
c. Triaged casualties as required.	C							
d. If not completed previously, assessed responsiveness and chief complaint. Unresponsive _____ Responsive _____ (If unresponsive, assess for presence of carotid pulse and respirations. If absent, respond IAW tactical environment.)								
e. Took weapons/communication equipment from casualties with altered mental status.								
3. Verbalized the meaning of MARCH PAWS and used the sequence to perform a casualty assessment.	C							
4. Assessed and treated Massive hemorrhage .	C							
5. Assessed for unrecognized Life-threatening hemorrhage and controlled all sources of bleeding.								
a. Performed blood sweep of: _____ Neck, _____ Axillary, _____ Inguinal, and _____ Extremities.	C							

TCCC CPP SKILLS CHECKLIST - TACTICAL TRAUMA ASSESSMENT FORM# TCCC-CPP-02-12; 23 NOV 21





TACTICAL TRAUMA ASSESSMENT



INSTRUCTOR-LED Demonstration

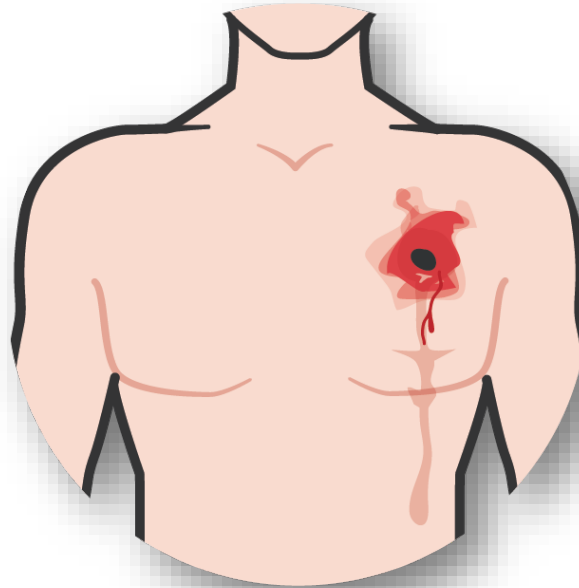
(Trainer-led demonstration review of the TTA sequence/key steps)



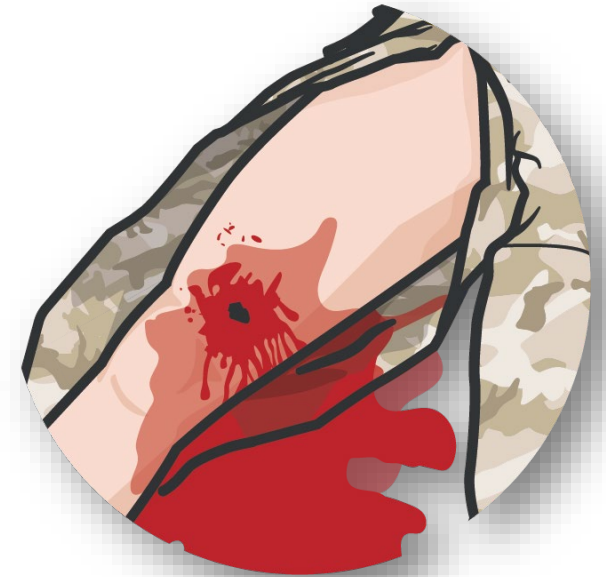
CAUSES OF ALTERED MENTAL STATUS



**TRAUMATIC
BRAIN INJURY**



HYPOXEMIA



HYPOVOLEMIA/SHOCK



HYPOTHERMIA also contributes to altered mental status



TECHNIQUES TO ASSESS RESPONSIVENESS

ALTERED MENTAL STATUS

ASSESS THE MECHANISM OF INJURY



Blasts

MVAs

*Direct Blow
to the Head*

COMMUNICATE WITH THE CASUALTY

- A** lert
- V** erbal Stimuli
- P** ainful Stimuli
- U** nresponsive



DISARMING CASUALTIES AND SECURING COMM EQUIPMENT



REMOVE CASUALTY'S WEAPON, unit leadership will take responsibility for it



If casualty has communication equipment, have the unit leadership take control of it, as well





COMMUNICATE WITH CASUALTIES



Frequent Communication may help the casualty feel calmer and improve their outcome by - *reducing stress, increasing the ability to explain symptoms and follow commands.*

COMMUNICATE with the casualty, if possible

- **Encourage AND Reassure**

- **Explain** care each step of the way

Communicate throughout TTA to determine if the casualty's mental status begins to change – a potential sign that something is wrong, and they need to be reassessed



TRIAGE AND DIRECT OTHER RESPONDERS



If **MULTIPLE CASUALTIES** are present, you may need to **TRIAGE** before starting an individual casualty TTA

DIRECT COMBAT MEDIC
CORPSMEN, COMBAT
LIFESAVERS or other responders to help – you cannot do everything yourself



BODY SUBSTANCE ISOLATION (BSI)



As a **precaution**, the responder should don **latex-free** gloves whenever possible



In **CARE UNDER FIRE** or other tactical situations, BSI may not be feasible



TTA SEQUENCE

DURING LIFE-THREATENING :

- M** **MASSIVE BLEEDING**
CUF or TFC **#1 Priority**
- A** **AIRWAY**
- R** **RESPIRATION** (breathing)
- C** **CIRCULATION**
- H** **HYPOTHERMIA / HEAD INJURIES**

AFTER MARCH

REASSESS MARCH

- P** **PAIN**
- A** **ANTIBIOTICS**
- W** **WOUNDS**
- S** **SPLINTING**

AFTER PAWS

REASSESS MARCH PAWS

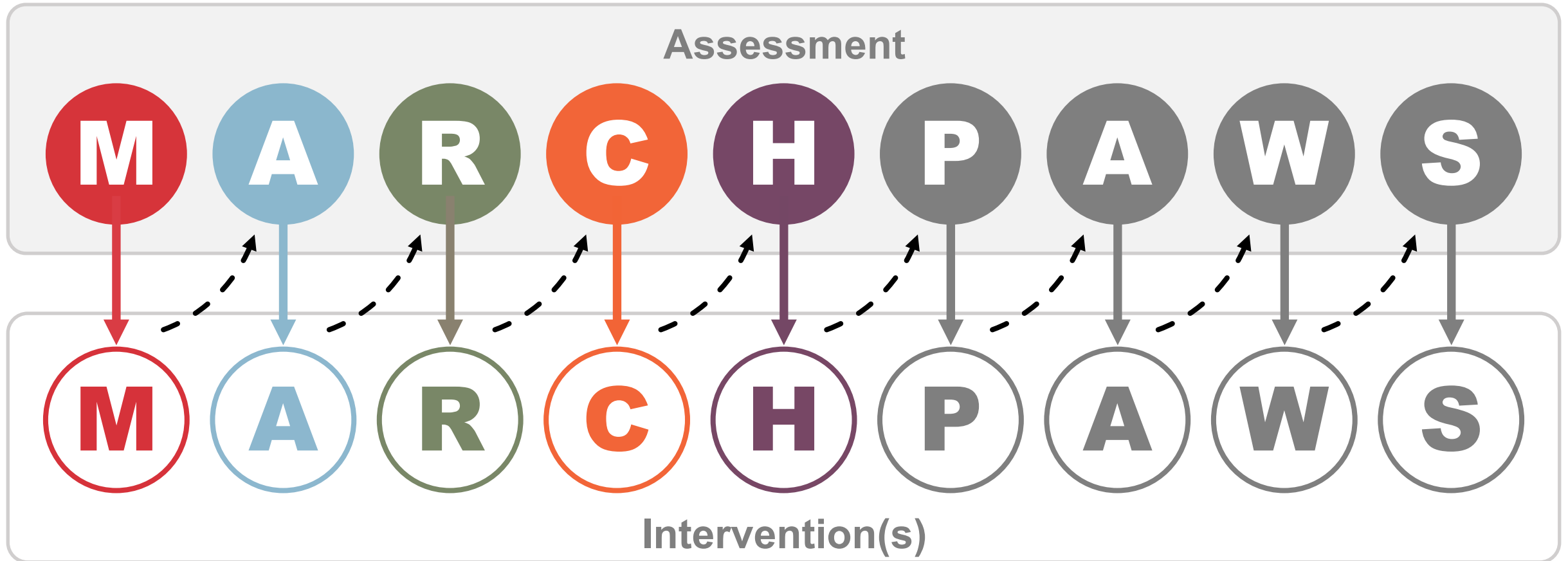
PREPARATION FOR EVACUATION

CONSIDER DETAILED EXAMINATION

← **COMMUNICATION AND DOCUMENTATION** →



TACTICAL TRAUMA ASSESSMENT PROCESS





BEGIN WITH **HEMORRHAGE CONTROL** AND **BLOOD SWEEP**



Treat any obvious massive hemorrhage with limb tourniquets, wound packing, pressure bandages, or junctional tourniquets, as appropriate

After treating obvious massive hemorrhage, do a **rapid head-to-toe** check for any unrecognized **life-threatening** bleeding



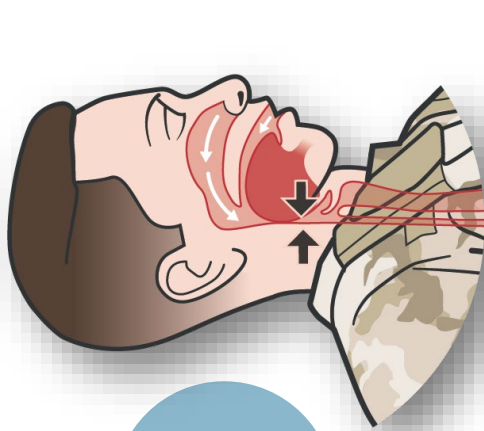
- Check the **neck**, **axillary**, and **inguinal** areas
- Check the **arms** and **legs**



CONSIDER the application of a pelvic binder in relation to the MOI

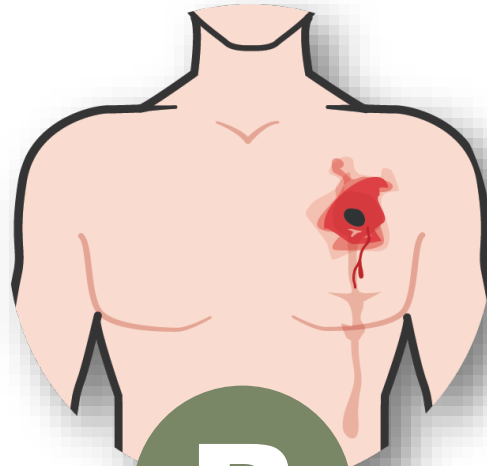


CONTINUE TTA WITH REST OF MARCH SEQUENCE



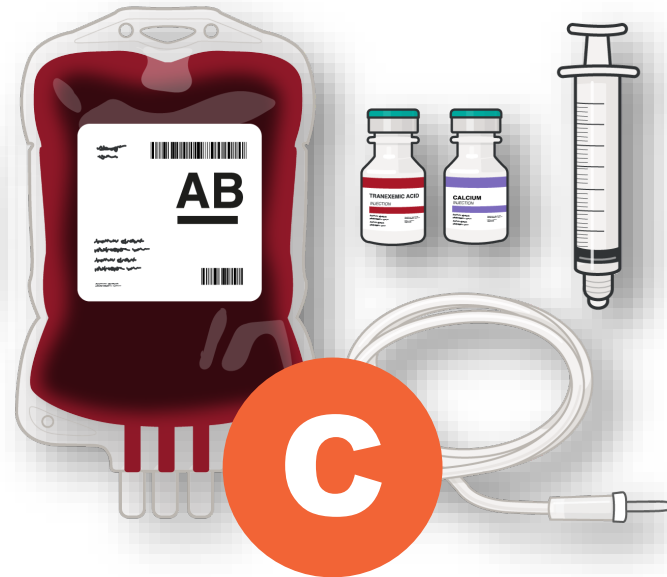
A

Relieve any airway obstructions or pending airway obstructions with maneuvers, adjuncts, or establish a new airway surgically or via intubation



R

Treat open chest wounds with vented chest seals and tension pneumothorax with needle decompression of the chest



C

Establish intravenous or intraosseous access and treat hemorrhagic shock with blood products



H

Use active and passive measures to prevent or treat hypothermia

Assess and document head and penetrating eye injuries



INITIATE MEDICAL EVACUATION

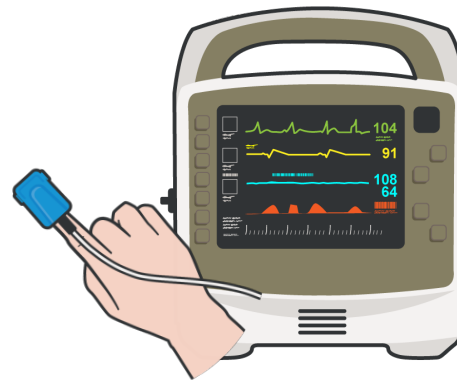
PREPARE EVAC REQUEST

Relay required **MEDEVAC**
Request information to the tactical leader in accordance with unit standard operating procedures



MONITOR THE CASUALTY

REASSESS all lifesaving interventions (MARCH sequence) and continue with the PAWS portion if time permits



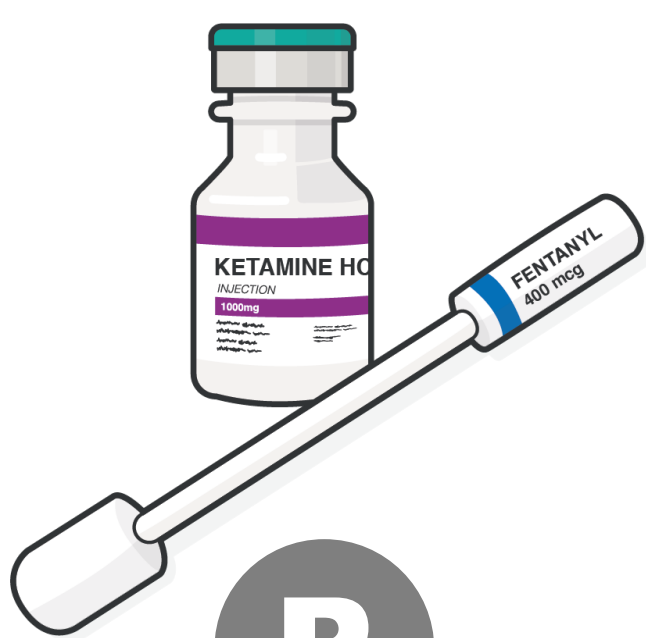
Initiate **ELECTRONIC MONITORING**, if indicated and equipment is available



REASSESS MARCH interventions prior to proceeding to PAWS



COMPLETE THE TTA BY ADDRESSING PAWS



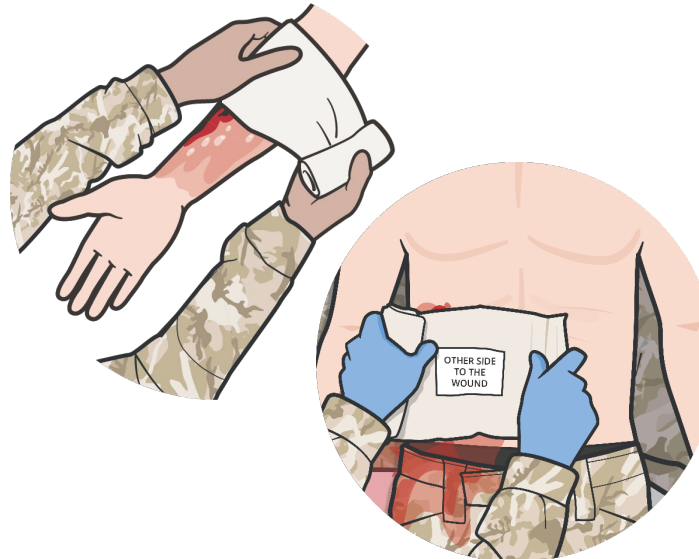
P

Assess for pain and administer the appropriate pain control medications



A

Administer antibiotics for all open combat wounds



W

Address additional wounds (abdominal injuries, impaled objects, burns, minor lacerations, etc.) as soon as possible



S

Splint and secure fractures before evacuation (if time permits)



COMMUNICATION AND DOCUMENTATION



COMMUNICATE

with tactical leadership **as soon as possible**
with status and evacuation requirements
throughout casualty treatment as needed

FRONT

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First): _____ LAST 4: _____

GENDER: ☐ M ☐ F DATE (DD-MMM-YY): _____ TIME: _____

SERVICE: _____ UNIT: _____ ALLERGIES: _____

Mechanism of Injury: (X all that apply)

☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED
☐ Landmine ☐ MVC ☐ RPG ☐ Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
TYPE: _____
TIME: _____

TQ: L Arm
TYPE: _____
TIME: _____

TQ: R Leg
TYPE: _____
TIME: _____

TQ: L Leg
TYPE: _____
TIME: _____

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014 TCCC CARD

DOCUMENT

on the DD Form 1380 **ALL** assessments and
treatments provided to casualties before evacuation
or handoff to other medical personnel

BATTLE ROSTER #: _____

EVAC: ☐ Urgent ☐ Priority ☐ Routine

Treatments: (X all that apply, and fill in the blank) Type

C: TQ: ☐ Extremity ☐ Junctional ☐ Truncal

Dressing: ☐ Hemostatic ☐ Pressure ☐ Other

A: ☐ Intact ☐ NPA ☐ CRIC ☐ ET-Tube ☐ SGA

B: ☐ O2 ☐ Needle-D ☐ Chest-Tube ☐ Chest-Seal

C:

Name	Volume	Route	Time
Fluid			
Blood Product			

MEDS:

Name	Dose	Route	Time
Analgesic (e.g., Ketamine, Fentanyl, Morphine)			
Antibiotic (e.g., Moxifloxacin, Ertapenem)			
Other (e.g., TXA)			

OTHER: ☐ Combat-Pill-Pack ☐ Eye-Shield (☐ R ☐ L) ☐ Splint
☐ Hypothermia-Prevention Type: _____

NOTES:

FIRST RESPONDER
NAME (Last, First): _____ LAST 4: _____

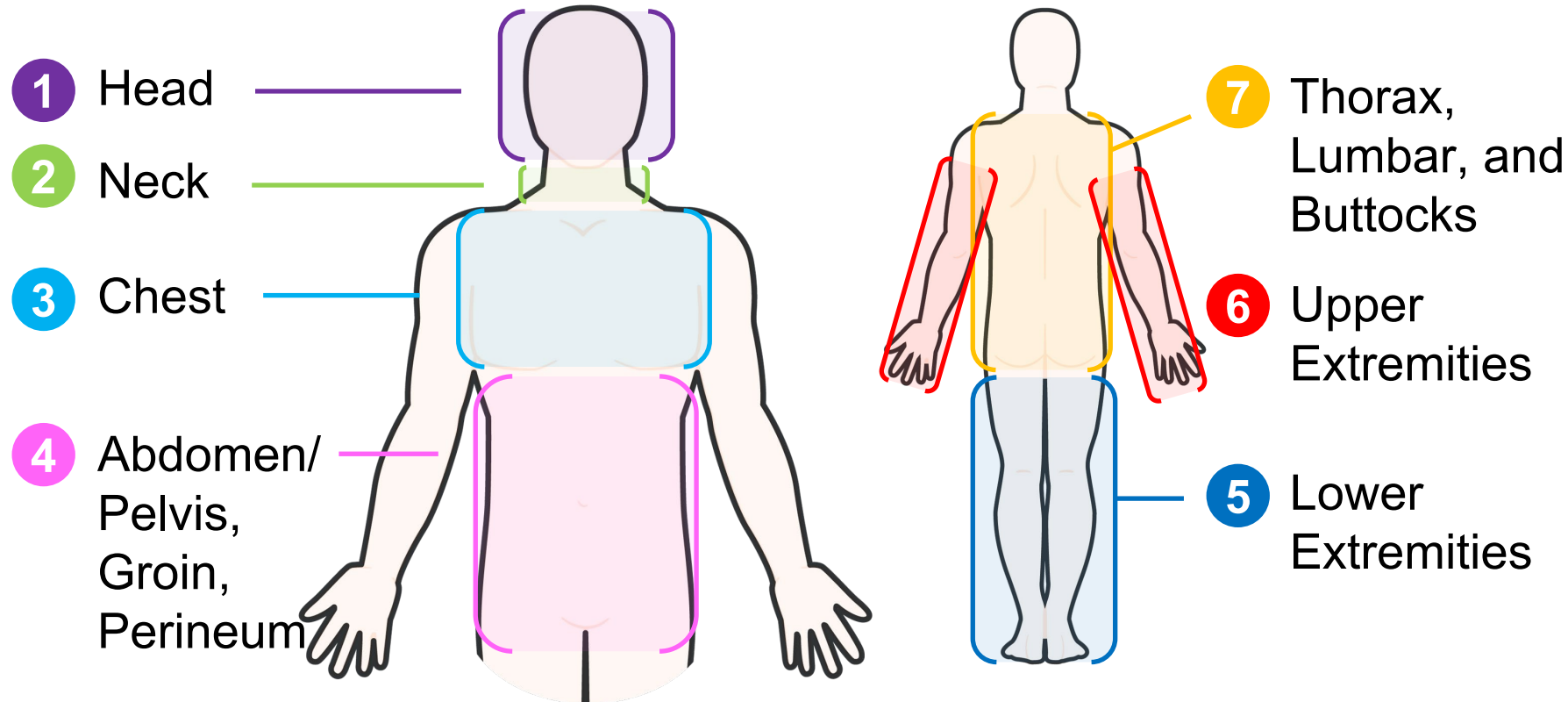
DD Form 1380, JUN 2014 (Back) TCCC CARD

BACK



SECONDARY ASSESSMENT/DETAILED EXAM

Start at the head and work your way to the toes



Reassess and Treat
all prior interventions

Treat minor injuries as
they are found

Document any findings
on the **DD Form 1380**

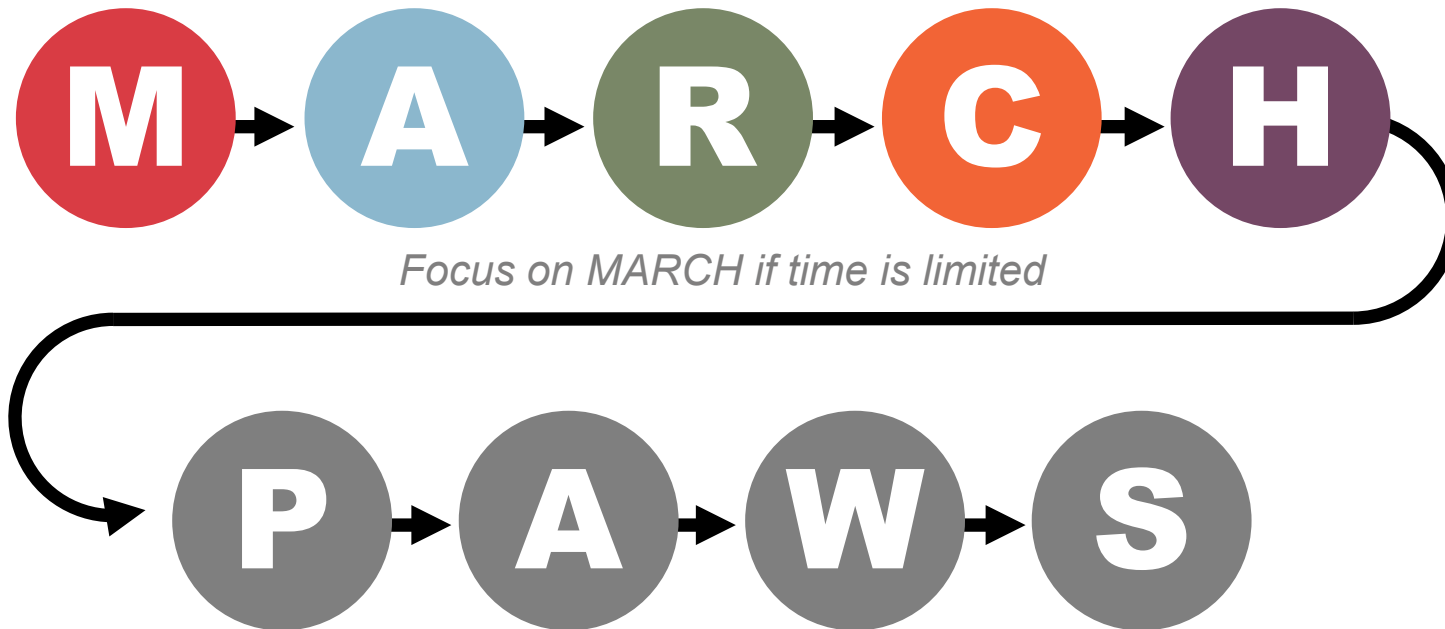


The detailed examination takes some time, and may not be an option if evacuation is ready or multiple casualties require attention



REASSESS TREATMENTS

REASSESS ALL treatments following



Reassess in the same sequence as the original TTA



Reassess frequently, in particular, after any **casualty movement**, **changes in casualty's symptoms** or signs, and before **transitioning care** to another provider



PREPARE FOR EVACUATION

PREP CASUALTY

- Prep evac equipment
- Prep litter
- Pack casualty
- Secure loose items (bandages, blankets, etc.)

PREP SITE AND EVAC SUPPORT

- Establish security
- Instruct ambulatory casualties
- Stage casualties



COMMUNICATE CASUALTY STATUS

Monitor the Casualty

Continue to **REASSESS / REASSURE** and monitor the casualty during evacuation preparation phase

PREPARE EVAC REQUEST

Use **MEDEVAC** format

Ensure Completion MIST Report

- M** Mechanism of injury
- I** Injuries
- S** Symptoms
- T** Treatment

Complete DD Form 1380



TACTICAL TRAUMA ASSESSMENT



INSTRUCTOR-LED Demonstration

(Trainer-led demonstration and/or student-led review of the TTA sequence/key steps)



SKILL STATION



TACTICAL TRAUMA ASSESSMENT



SUMMARY

Knowledge Topics

- Define Tactical Trauma Assessment
- Determine common causes of and techniques to assess altered mental status
- Disarm and remove communication equipment when mental status is altered
- Communicate with the casualty throughout the TTA
- Consider body substance isolation

Skills and Abilities

- Perform TTA following the MARCH PAWS sequence



CHECK ON LEARNING



During which phase of care is most of the Tactical Trauma Assessment performed?



What mnemonic is used to prioritize care during the Tactical Trauma Assessment?



Why is it important to assess the casualty's mental status?



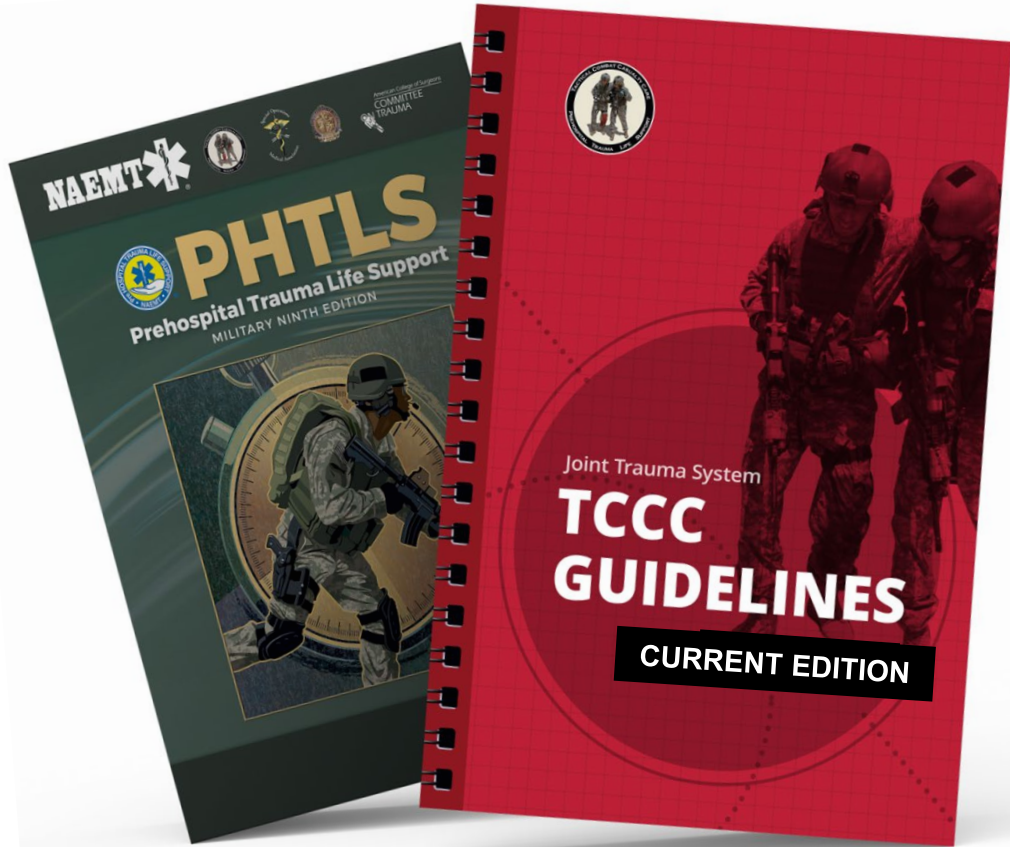
What is the importance of performing a blood sweep?



ANY QUESTIONS?



REFERENCES



TCCC: Guidelines

by JTS/CoTCCC

These guidelines, updated regularly, are the result of decisions made by CoTCCC in exploring evidence-based research on best practices.

PHTLS: Military Edition

by NAEMT

Prehospital Trauma Life Support (PHTLS), Military Edition, teaches and reinforces the principles of rapidly assessing a trauma patient using an orderly approach.