

TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 10: SHOCK RECOGNITION



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

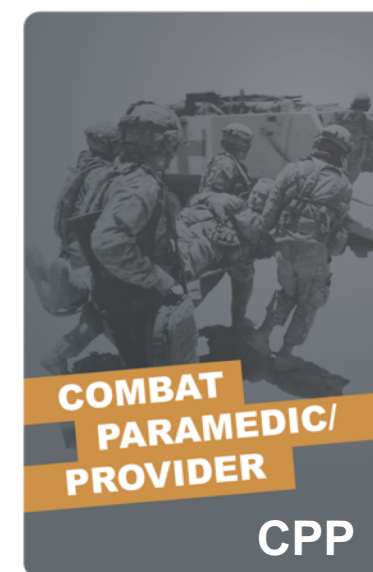
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVE

11 Describe shock assessment in Tactical Field Care in accordance with CoTCCC Guidelines

- **63** Identify the signs, symptoms, and management steps of shock in a trauma casualty with life-threatening bleeding
- **64** Identify the importance of level of consciousness and radial pulse as indicators of shock in Tactical Field Care

2 ENABLING LEARNING OBJECTIVES (ELOs)

● = Cognitive ELOs ● = Performance ELOs

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

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

AFTER LIFE-THREATENING

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

SHOCK RECOGNITION



Video can be found on [DeployedMedicine.com](https://www.deployedmedicine.com)

SHOCK

Shock is **inadequate blood flow to body tissues**.
Inadequate blood volume inside the circulatory system
results in inadequate oxygen delivery to the body's cells

As cells cease to function, tissues cease to function,
then organs cease to function, and eventually the **whole
body will fail** and **DEATH** follows

IMPORTANT CONSIDERATIONS:

Shock will lead to the casualty's death if
not quickly recognized and treated



SHOCK

Caused by a decrease in the amount of blood volume circulating in the casualty's blood circulatory system

Shock can have many causes – low blood volume or hypovolemia (dehydration or blood loss), low blood pressure (massive infection), heart failure, or neurologic damage

Usually caused by severe bleeding, but it can also be caused by severe burns (second- and third-degree burns on 20 percent or more of the body surface)

On the battlefield, assume shock is from severe blood loss (also called hemorrhagic shock)



Hemorrhagic shock can result in the casualty's **death**

M A R C H

GENERAL INDICATORS OF **SHOCK**



SIGNS AND SYMPTOMS OF SHOCK INCLUDE:

Mental confusion

Rapid breathing

Sweaty, cool, clammy skin

Pale/gray skin

Weak or absent radial pulse

Nausea

Excessive thirst

Previous severe bleeding



GENERAL INDICATORS OF SHOCK

IMPORTANT Indicator:

■ Mental confusion

IMPORTANT Indicator:

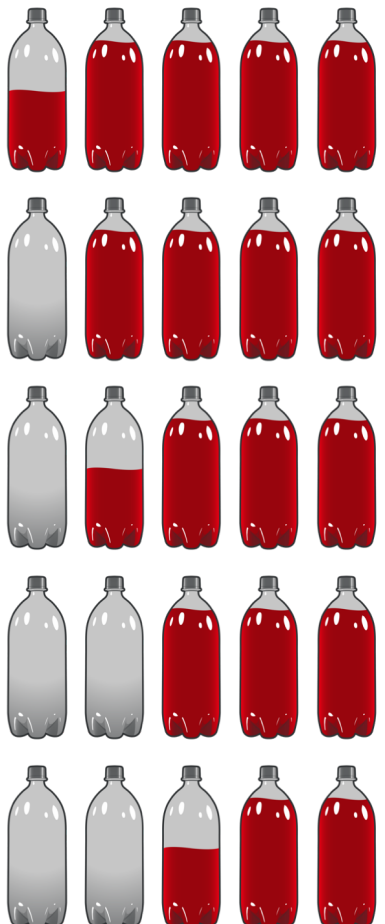
■ Weak or absent radial pulse

If **BOTH** indicators exist, the casualty has lost a **SIGNIFICANT** amount of blood

As previously stated, shock will lead to the casualty's **death** if not quickly recognized and treated



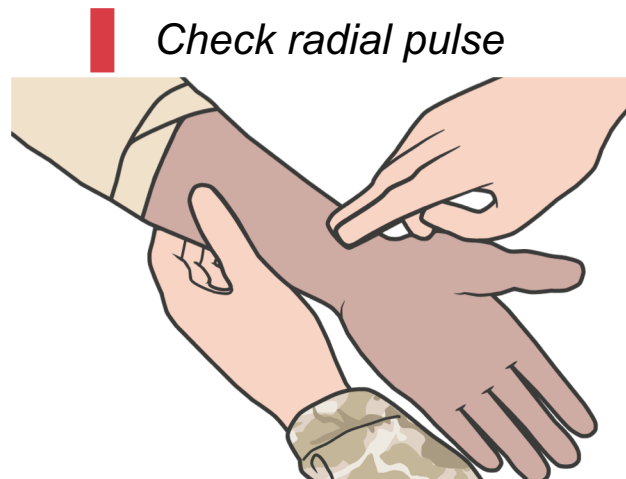
GENERAL INDICATORS OF SHOCK

	Blood Volume	Blood Loss	Signs/Symptoms	Effects/Outcome
	4 liter bottles full, 1 bottle ½ empty	500cc	Possible increased HR	Usually no effects
	4 liter bottles full, 1 empty	1,000cc	Radial pulse >100 Breathing probably normal	Unlikely to die from this amount of loss
	3½ bottles full, 1½ empty	1,500cc	Change in mental status Weak radial pulse >100 Increased respirations	Still unlikely to die
	3 bottles full, 2 empty	2,000cc	Confusion and lethargy Very weak radial pulse >120 High respiratory rate >35	Very possibly fatal if not managed
	2½ bottles full and 2½ bottles empty	2,500cc	Unconscious No radial pulse, carotid pulse, HR >140 Respirations >35	Fatal without immediate and rapid interventions

PREVENT SHOCK BY CONTROLLING BLEEDING

#1- Reassess to confirm all bleeding control measures are still effective

Ensure TQs and pressure dressings remain tight



It is better to prevent shock with hemorrhage control than to treat it

If shock is present, though, the most critical first step is to control the bleeding

Internal bleeding from chest or abdominal trauma may not be controllable, and shock may develop later, so continuously assess the casualty

Medical personnel will provide other treatments, but you can save them time if extremal bleeding is controlled



DO NOT WAIT for signs and symptoms of shock to occur

M A R C H

ASSESS/MONITOR FOR **HEMORRHAGIC SHOCK**



Assess for signs and symptoms of shock as soon as hemorrhage is controlled, the airway is open, and respirations have been managed

The best TACTICAL indicators of shock are a decreased state of consciousness (if casualty has not suffered a head injury) and/or an abnormal, weak, absent radial pulse

Assess for hemorrhagic shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse)

Reassess/monitor for changes in the level of consciousness by checking for alertness or responsiveness to verbal or physical stimulation

MARCH



REASSESS



Level of consciousness

Check casualty every 15 minutes for **AVPU**

Alertness - Knows who, where they are

Verbal - Orally responds to verbal commands

Pain – Level of pain felt when the sternum is briskly rubbed with the knuckle (**if needed**)

Unconscious - Unresponsive

Decreasing AVPU could indicate condition worsening

Breathing rate

Monitor respirations

Thoracic trauma may indicate tension pneumothorax (needle decompression of the chest required)

If a casualty becomes unconscious or their breathing rate drops below two respirations every 15 seconds, insert a nasopharyngeal airway



SHOCK MANAGEMENT



Fluids by mouth are permissible if the casualty is conscious and can swallow

Evacuate the casualty if medical help is not available



Place casualty in recovery position



Reassess the casualty frequently for the onset of shock

HYPOTHERMIA **MANAGEMENT**

REMEMBER:



Keep the casualty **warm** and prevent hypothermia. Even in **very hot environments**, a casualty in **hemorrhagic shock** (blood loss) is at **EXTREME** risk for hypothermia

Place a poncho or blanket **under** the casualty to **protect** from the temperature or dampness of the ground



Cover the casualty with a survival blanket or other available materials to keep them warm and dry



SUMMARY

IMPORTANT Indicator:

- Mental confusion

IMPORTANT Indicator:

- Weak or absent radial pulse

- We **defined** shock
- We **identified** indicators of shock
- We discussed **prevention measures** for shock
- We discussed the **management** of shock
- We **introduced** hypothermia



CHECK ON LEARNING

- What is shock?
- What are the best TACTICAL indicators of shock?
- What is the most important action to prevent hemorrhagic shock?

ANY QUESTIONS?