



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 05: TACTICAL TRAUMA ASSESSMENT (TTA) [In Depth]



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

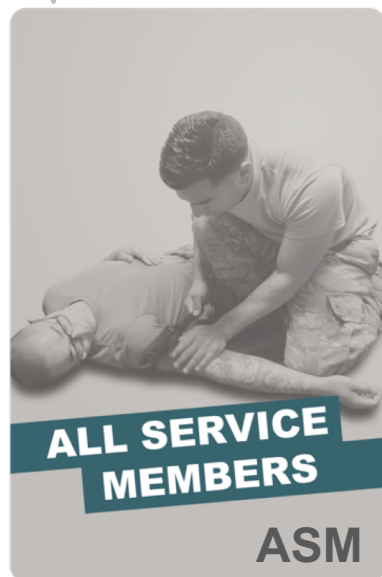
TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider

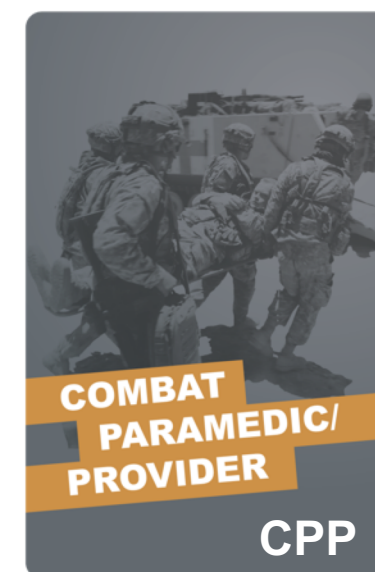
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVE

06 Given a combat or noncombat scenario, perform a Tactical Trauma Assessment (TTA) in accordance with CoTCCC Guidelines.

- 29 Demonstrate the techniques used to assess a casualty for responsiveness.
- 30 Identify the common causes of altered mental status in combat or noncombat environments
- 31 Identify the importance of disarming and securing communications equipment of a casualty with altered mental status
- 32 Identify the importance and techniques of communicating with a casualty in TFC
- 33 Demonstrate communicating with a casualty in TFC
- 34 Demonstrate application of body substance isolation (BSI) in TFC
- 35 Demonstrate a TTA in the proper order using the MARCH PAWS sequence in accordance with CoTCCC Guidelines
- 36 Demonstrate the appropriate actions and interventions used during a casualty assessment to render aid to the casualty in accordance with CoTCCC Guidelines

8 ENABLING LEARNING OBJECTIVES (ELOs)

● = Cognitive ELOs ● = Performance ELOs

TACTICAL FIELD CARE

MARCH PAWS

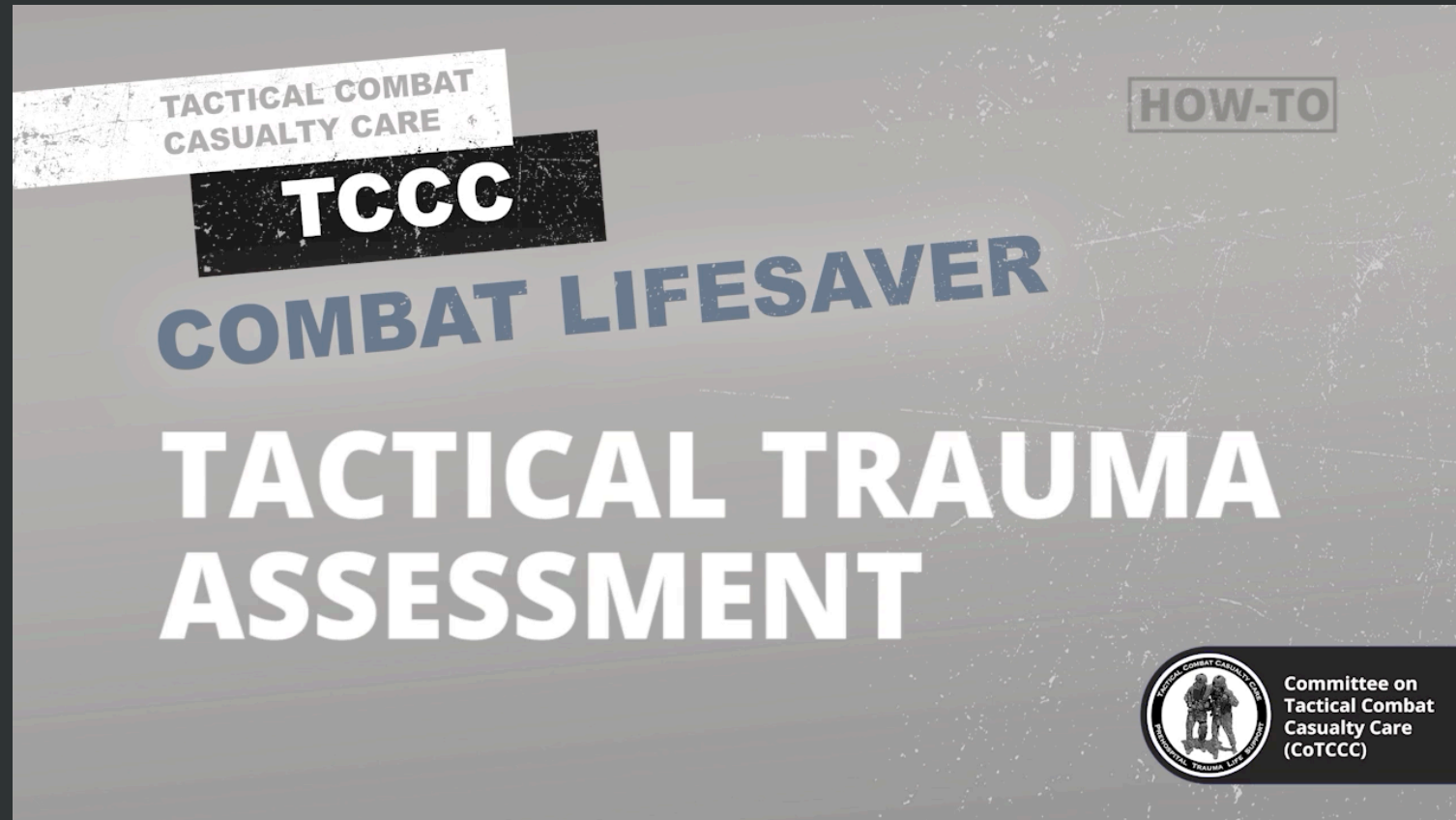
DURING LIFE-THREATENING

- 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

TACTICAL TRAUMA ASSESSMENT HOW-TO



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

COMBAT SPEED TTA "FIRE FIGHT CONSCIOUS CASUALTY"



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

COMBAT SPEED TTA "EXPLOSION" UNCONSCIOUS CASUALTY VIDEO



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

BODY SUBSTANCE ISOLATION (BSI)



Whenever possible, the responder should don **latex-free** gloves as a precaution

CASUALTY BLOOD SWEEP

Your initial casualty evaluation should be a rapid head-to-toe check for any unrecognized life-threatening bleeding

- Check the neck, axillary (armpit), inguinal (groin)
- Check the legs, arms, abdomen, chest (in a raking motion) and back



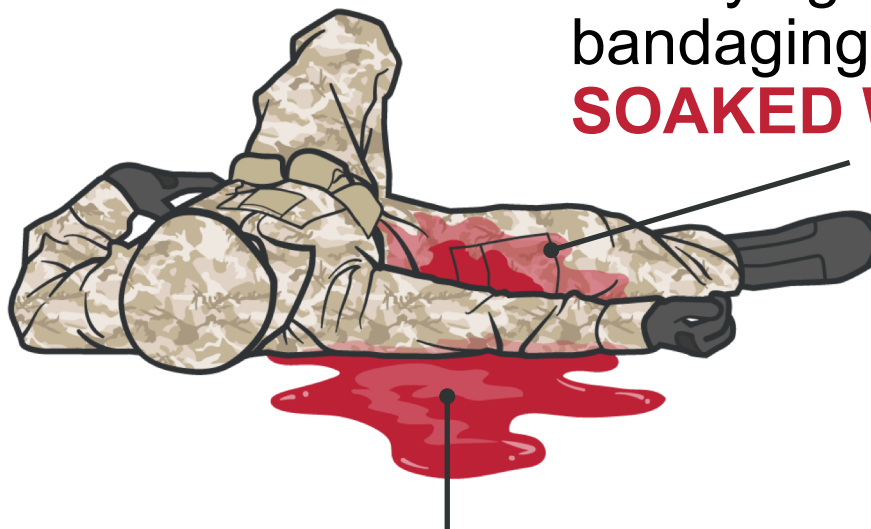
QUICKLY IDENTIFY MASSIVE, LIFE-THREATENING BLEEDING

BRIGHT RED BLOOD

is pulsing or spurting, or there is steady bleeding from the wound



Overlying clothing or ineffective bandaging is becoming
SOAKED WITH BLOOD



BRIGHT RED BLOOD

is pooling on the ground



AMPUTATION of the arm or leg

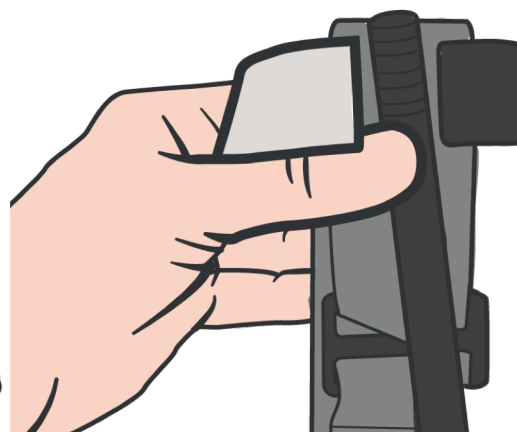


IMPORTANT! Casualties with severe injuries can bleed to death in *as little as 3 minutes*

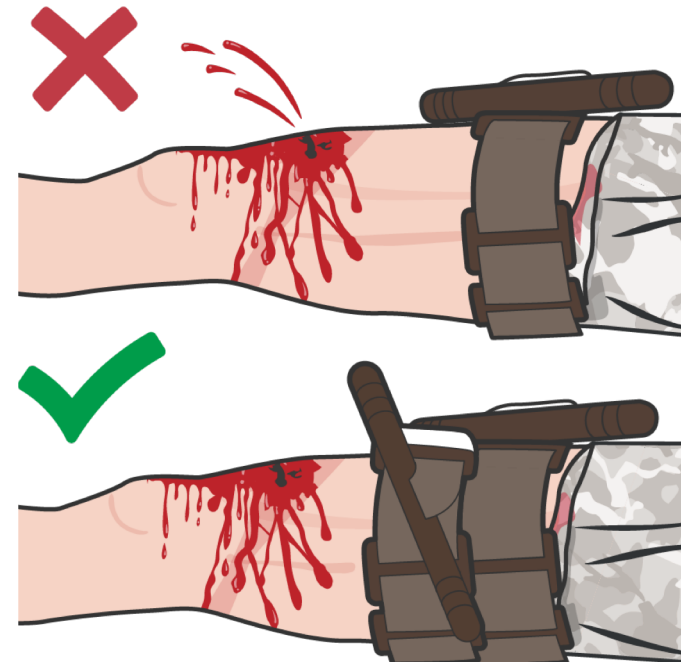


HEMORRHAGE CONTROL

Assess for other sources of hemorrhage, and control all life-threatening bleeding

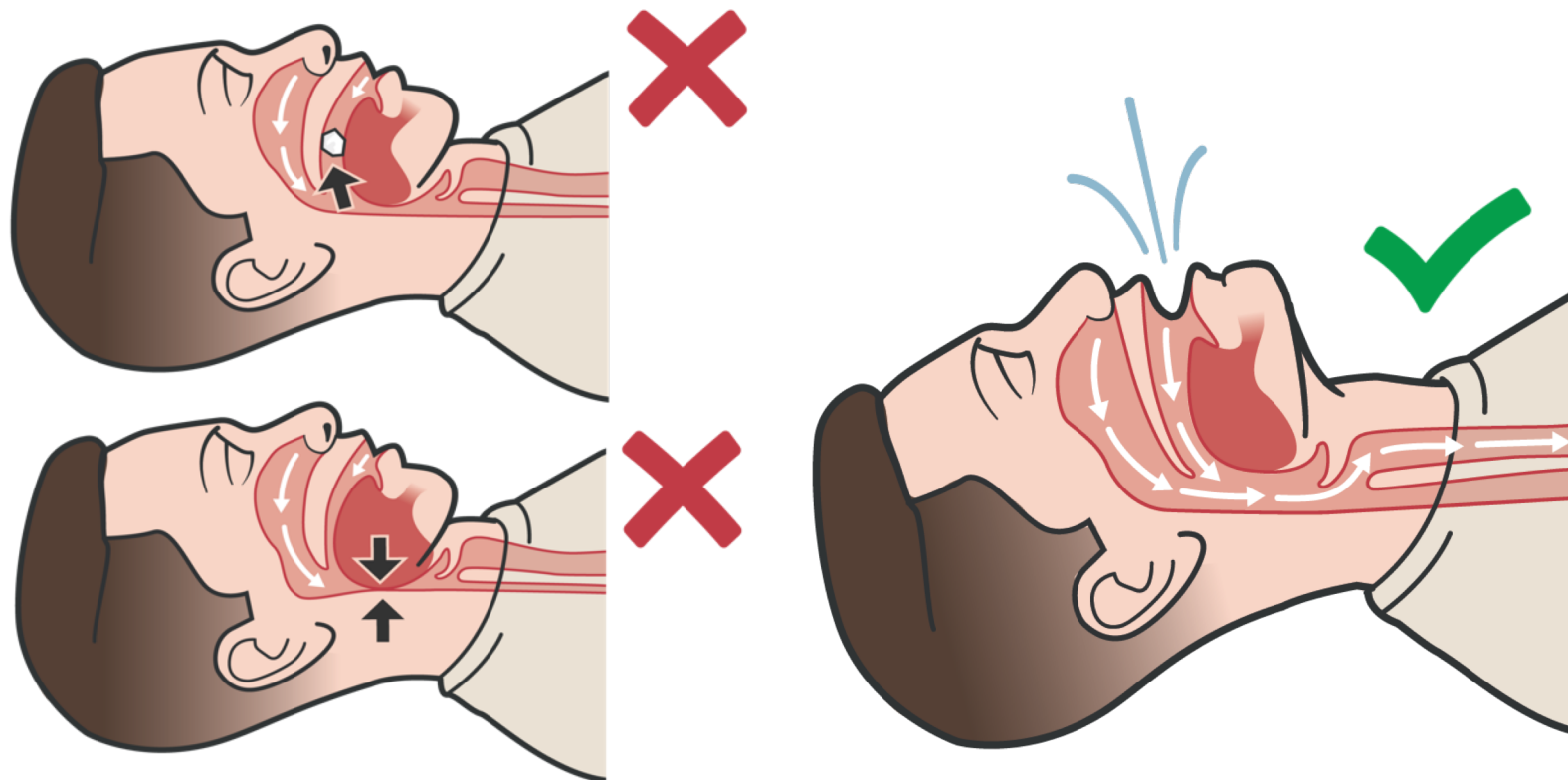


If not already done, where appropriate, use a CoTCCC-recommended limb tourniquet (TQ) to control life-threatening external hemorrhage, applying it 2-3 inches above the source of bleeding, directly on the skin



Reassess CUF interventions, and if bleeding is not controlled with the first TQ, apply a second TQ side-by-side with the first

IDENTIFYING OBSTRUCTED AIRWAY



SIGNS AND SYMPTOMS AIRWAY MAY BE BLOCKED:

- Casualty is in distress and indicates they can't breathe properly
- Casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Maxillofacial trauma (severe trauma to the face) is observed



IMPORTANT! Remove any visible objects, but do not perform a blind finger sweep

MARCH

IN A **CASUALTY** WITHOUT AN AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS:

Unconscious casualty's tongue may have relaxed, causing the tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe

HEAD-TILT CHIN-LIFT



JAW-THRUST



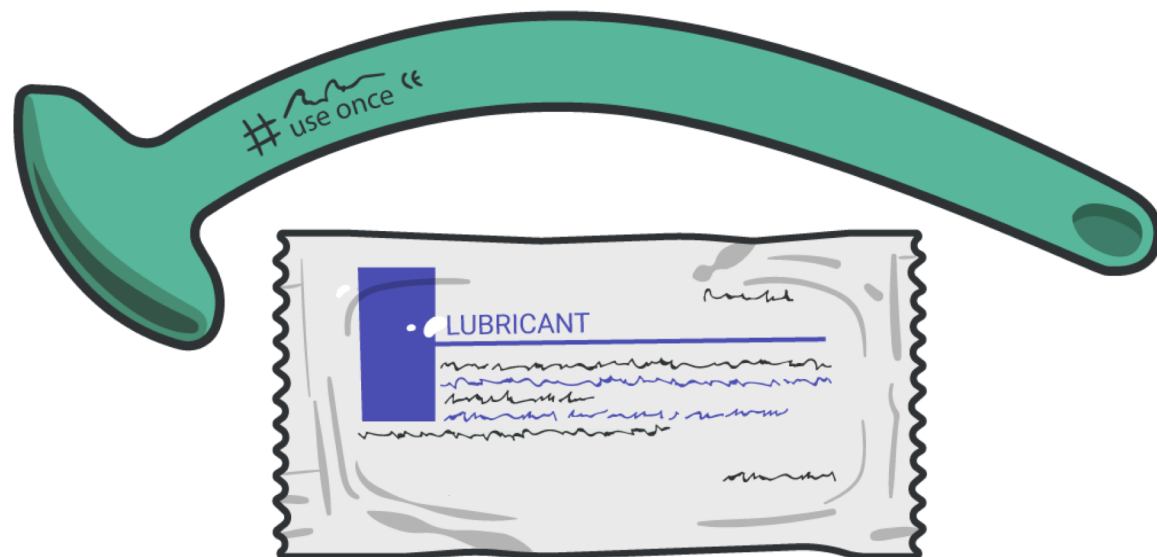
If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method

MARCH

MANAGING THE AIRWAY

IF the casualty is breathing on their own but unconscious or semiconscious **AND** there is no airway obstruction, further airway management is best achieved with a nasopharyngeal airway (NPA)

An NPA can be used on a conscious or unconscious casualty to help open/maintain an open airway



MARCH

MANAGEMENT/**RECOVERY POSITION**



Casualties with **severe facial trauma** can often protect their own airways by sitting up and leaning forward



Assist a conscious casualty by helping them assume any comfortable sitting-up position that **ALLOWS THEM TO BREATHE EASILY**



For an unconscious casualty not in shock, place them into the **RECOVERY POSITION**

M A R C H

RESPIRATIONS



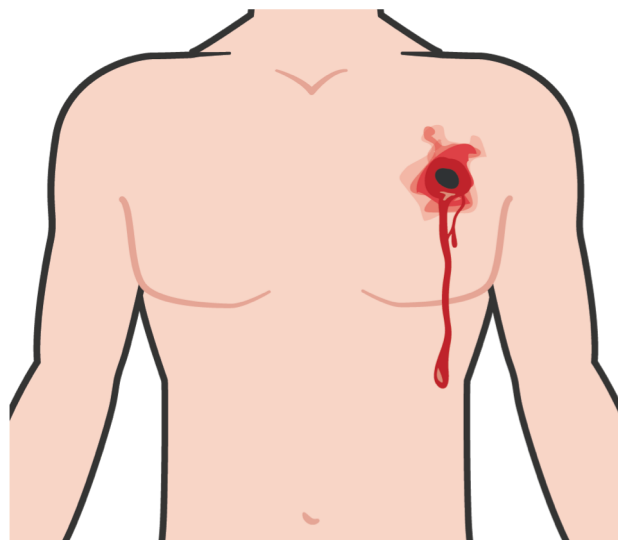
Breathing rate
(Monitor respirations)



Level of consciousness

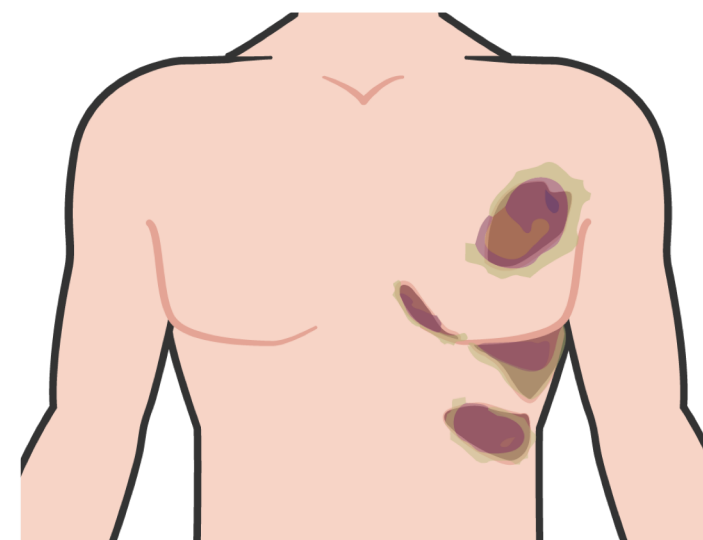
MA **R** C H

LIFE-THREATENING CHEST INJURY



Expose the chest to assess for:

- Gunshot or shrapnel wound
- Blunt-force trauma
- Bruising or contusions
- Any deformities of the chest



If penetrating trauma is found or identified, apply a chest seal (vented, if available)

MA R C H

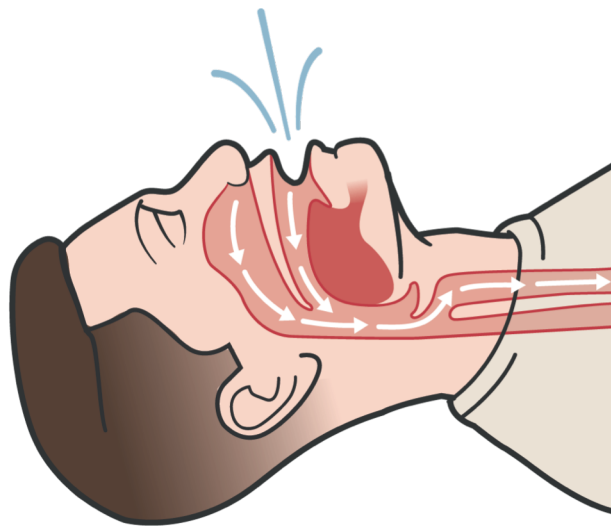
REASSESS TREATMENTS

M



Reassess **ALL** treatment
for **M**assive hemorrhage

A



Reassess **A**irway

R



Reassess **R**espirations

MARCH

GENERAL INDICATOR 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



MARCH

HYPOOTHERMIA PREVENTION

Place the casualty on an insulated surface as soon as possible

Hypothermia is much easier to prevent than to treat! Begin hypothermia prevention as soon as possible

Decreased body temperature interferes with blood clotting and increases the risk of bleeding

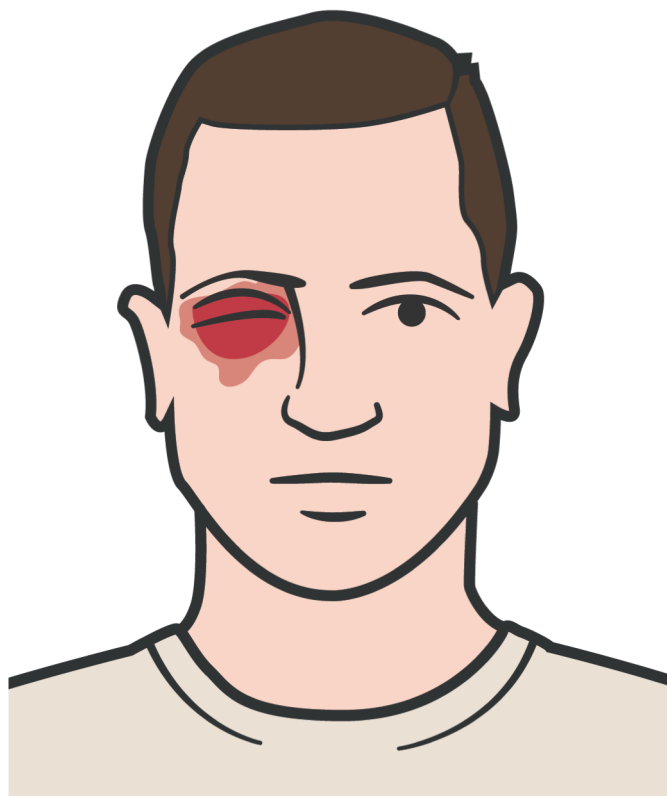
Blood loss can cause a significant drop in body temperature, even in hot weather

REMEMBER:

Hypothermia is an issue even in hot environments and must be prevented



IF A **PENETRATING EYE INJURY** IS NOTED OR SUSPECTED



**Do not cover both eyes unless
both eyes are injured**

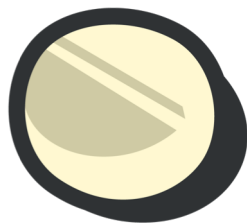
**In the absence of an eye shield,
consider using tactical eyewear**



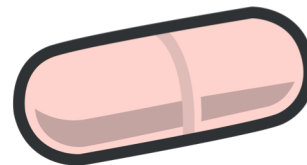
COMBAT WOUND MEDICATION PACK (CWMP)



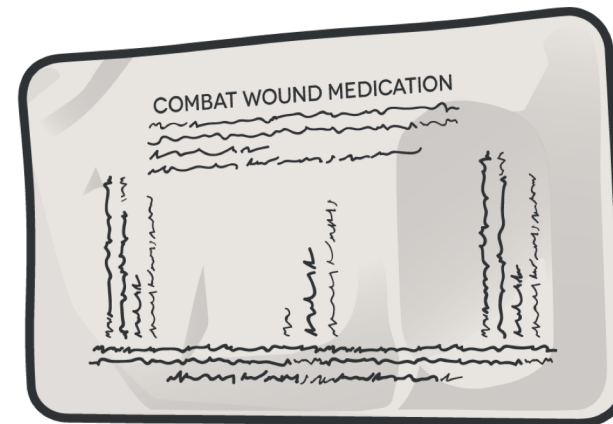
Acetaminophen is used for pain management



Meloxicam can give significant pain relief and will not alter the casualty's mental status



Contains oral antibiotic medication moxifloxacin



Remember:

Found in JFAK

Document all medications administered (and time given) on DD Form 1380

MARCH
PAWS

MARCH
PAWS

INSPECT AND ADDRESS KNOWN WOUNDS

Dress all known wounds and then assess all applied bandages for:

- Increased pain
- Skin discoloration
- Irregular pulse

If any of these conditions are found, they might indicate an emergency!

Ensure the applied bandage **isn't too tight**; loosen as needed while keeping the bleeding controlled



DO NOT EVER APPLY IT AND FORGET IT!

MARCH PA **W** S

BURN CARE



EXTRACT

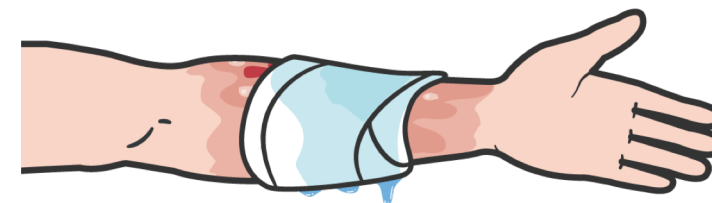
Extract from burning vehicle,
building, or area

STOP THE BURNING PROCESS



COVER

Cover the burn area with dry,
sterile dressings for general
burns



WHITE PHOSPHORUS = WET DRESSING

Eliminate wound contact with
oxygen



Be sure to assess MARCH before burn care

ASSESS FOR A FRACTURE



CLOSED FRACTURE



OPEN FRACTURE

WARNING SIGNS OF A FRACTURE:

- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg (check pulse before and after treatment)
- Crepitus (hearing a crackling or popping sound under the skin)

TACTICAL FIELD CARE COMMUNICATION



Communicate with the casualty and if possible

- Encourage
- Reassure
- Explain care each step of the way



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

COMMUNICATE WITH EVACUATION AND MEDICAL ASSETS

Communicate with the evacuation system to coordinate TACEVAC/MEDEVAC using the 9-Line MEDEVAC request

Keep the casualty's DD Form 1380 up to date

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD			
BATTLE ROSTER #: _____			
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine			
NAME (Last, First): _____		LAST 4: _____	
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F		DATE (DD-MMM-YY): _____	
TIME: _____		SERVICE: _____	
UNIT: _____		ALLERGIES: _____	

PHASE 3: TACTICAL EVACUATION CARE

CASUALTY MONITORING

Continue to reassess and monitor casualty

EVAC REQUEST

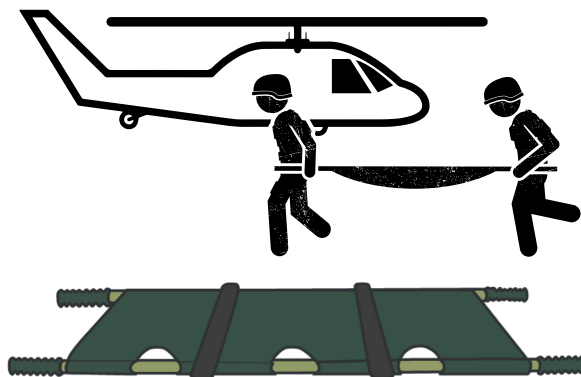
Use 9-Line format

CASUALTY PREP

- Secure items
- Prep litter
- Prep evac equipment
- Pack casualty

COMPLETE MIST REPORT

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



(litter transport)

PRE-EVAC PROCEDURES

Complete DD Form 1380

TRAINER-LED DEMONSTRATION

■ Tactical Trauma Assessment

TACTICAL TRAUMA ASSESSMENT SUMMARY

- We defined Tactical Trauma Assessment
- We discussed assessing the casualty using MARCH PAWS
- We discussed proper communication and documentation



TACTICAL COMBAT CASUALTY CARE (TCCC) CARD				
BATTLE ROSTER #:				
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine				
NAME (Last, First):	LAST 4:			
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	DATE (DD MM YY):			
SERVICE:	UNIT:			
ALLERGIES:				
Mechanism of Injury: (X all that apply)				
<input type="checkbox"/> Artillery <input type="checkbox"/> Blunt <input type="checkbox"/> Burn <input type="checkbox"/> Fall <input type="checkbox"/> Grenade <input type="checkbox"/> GSW <input type="checkbox"/> IED <input type="checkbox"/> Landmine <input type="checkbox"/> MVC <input type="checkbox"/> RPG <input type="checkbox"/> Other:				
Injury: (Mark injuries with an X)				
TQ: R Arm	TQ: L Arm			
TYPE:	TYPE:			
TIME:	TIME:			
TQ: R Leg	TQ: L Leg			
TYPE:	TYPE:			
TIME:	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				

CHECK ON LEARNING

- During which phase of care is the TTA performed?
- What mnemonic is used to prioritize care during the TTA?
- What is a blood sweep?

ANY QUESTIONS?