

# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 07: AIRWAY MANAGEMENT



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

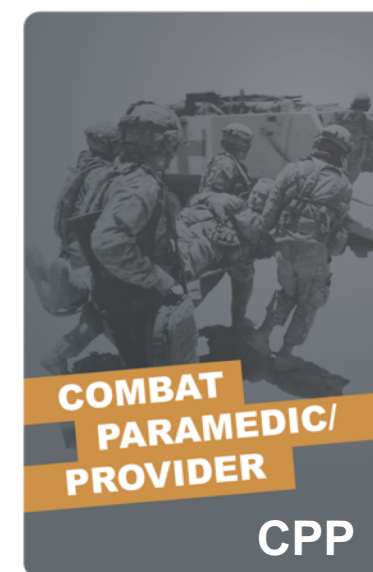
# TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

## ROLE 1 CARE

### NONMEDICAL PERSONNEL



### MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

# TERMINAL LEARNING OBJECTIVE

## 08 Given a combat or noncombat scenario, perform airway management during Tactical Field Care in accordance with CoTCCC Guidelines

- 45 Identify signs of an airway obstruction
- 46 Demonstrate opening the airway with the head-tilt chin-lift or jaw-thrust maneuver
- 47 Demonstrate the placement of a casualty in the recovery position in Tactical Field Care
- 48 Demonstrate the insertion of a nasopharyngeal airway (NPA) into a casualty in Tactical Field Care
- 49 Describe the technique for ventilating a casualty with a bag valve mask (BVM) in Tactical Field Care

## 5 ENABLING LEARNING OBJECTIVE (ELO) ● = 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

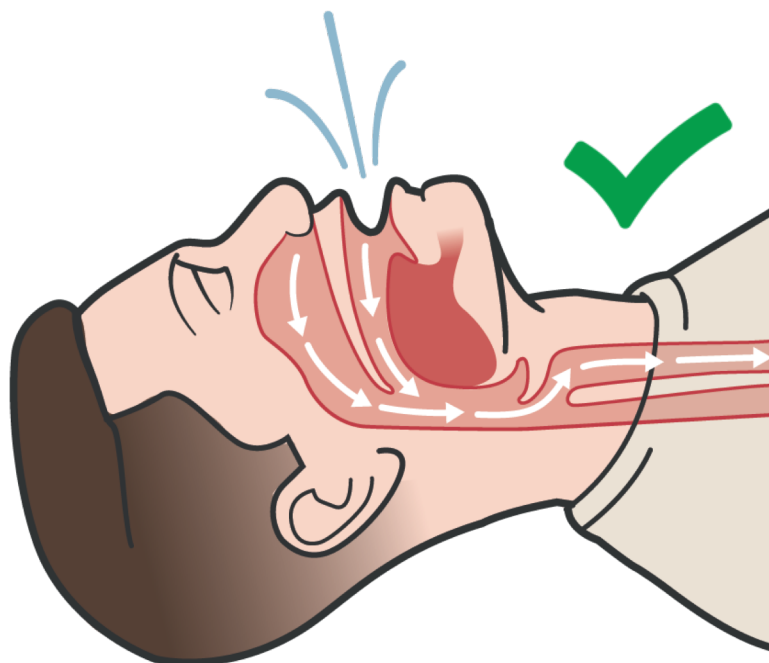
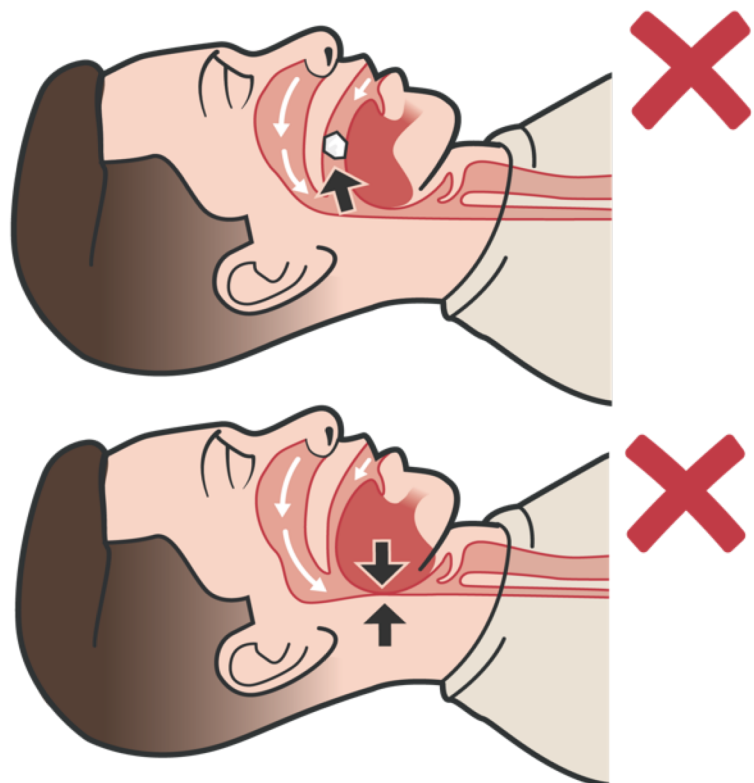


# AIRWAY MANAGEMENT

- Airway obstruction on the battlefield is often due to maxillofacial trauma
- If the casualty is breathing on their own but **unconscious** or **semi-conscious**, and there is no airway obstruction, further airway management is achieved through a **Nasopharyngeal Airway (NPA)**
- **Unconscious** casualties can also lose their airway as the muscles of their 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



## IDENTIFYING **OBSTRUCTED** AIRWAY



### **SIGNS AND SYMPTOMS** AIRWAY MAY BE BLOCKED:

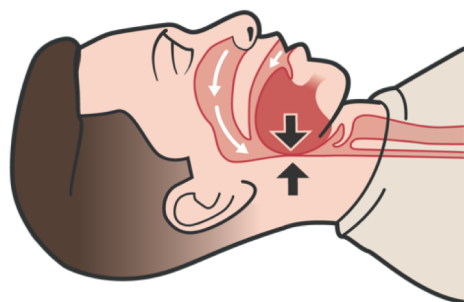
- Casualty is in distress and indicates they can't breathe properly; casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Maxillofacial trauma (severe trauma to the face) is observed



**IMPORTANT!** Remove any visible objects obstructing the airway, but do not perform a blind finger sweep

**MARCH**

## IN A **CASUALTY WITHOUT** A FOREIGN BODY AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS:



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



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

HEAD-TILT CHIN-LIFT



JAW-THRUST



**MARCH**

# HEAD-TILT/CHIN-LIFT AND JAW-THRUST MANEUVER



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

# SKILL STATION

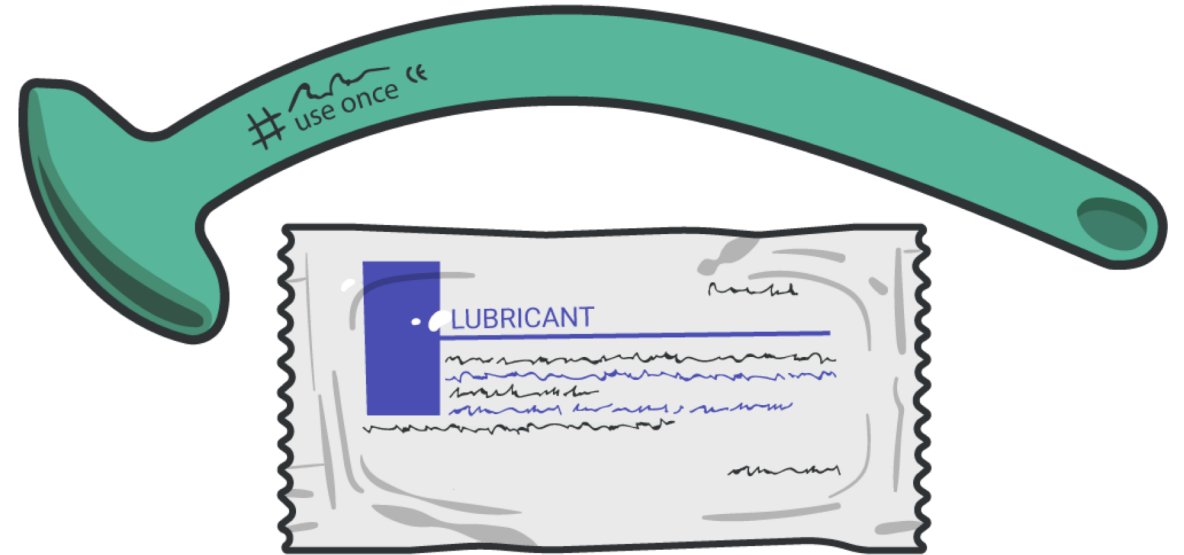
## Airway (Skills)

- Head-Tilt/Chin-Lift
- Jaw-Thrust Maneuver

# MANAGING THE AIRWAY

**IF** the casualty is breathing on their own but **unconscious** or **semi-conscious** **AND** there is no airway obstruction, further airway management is best achieved with a **Nasopharyngeal Airway (NPA)**

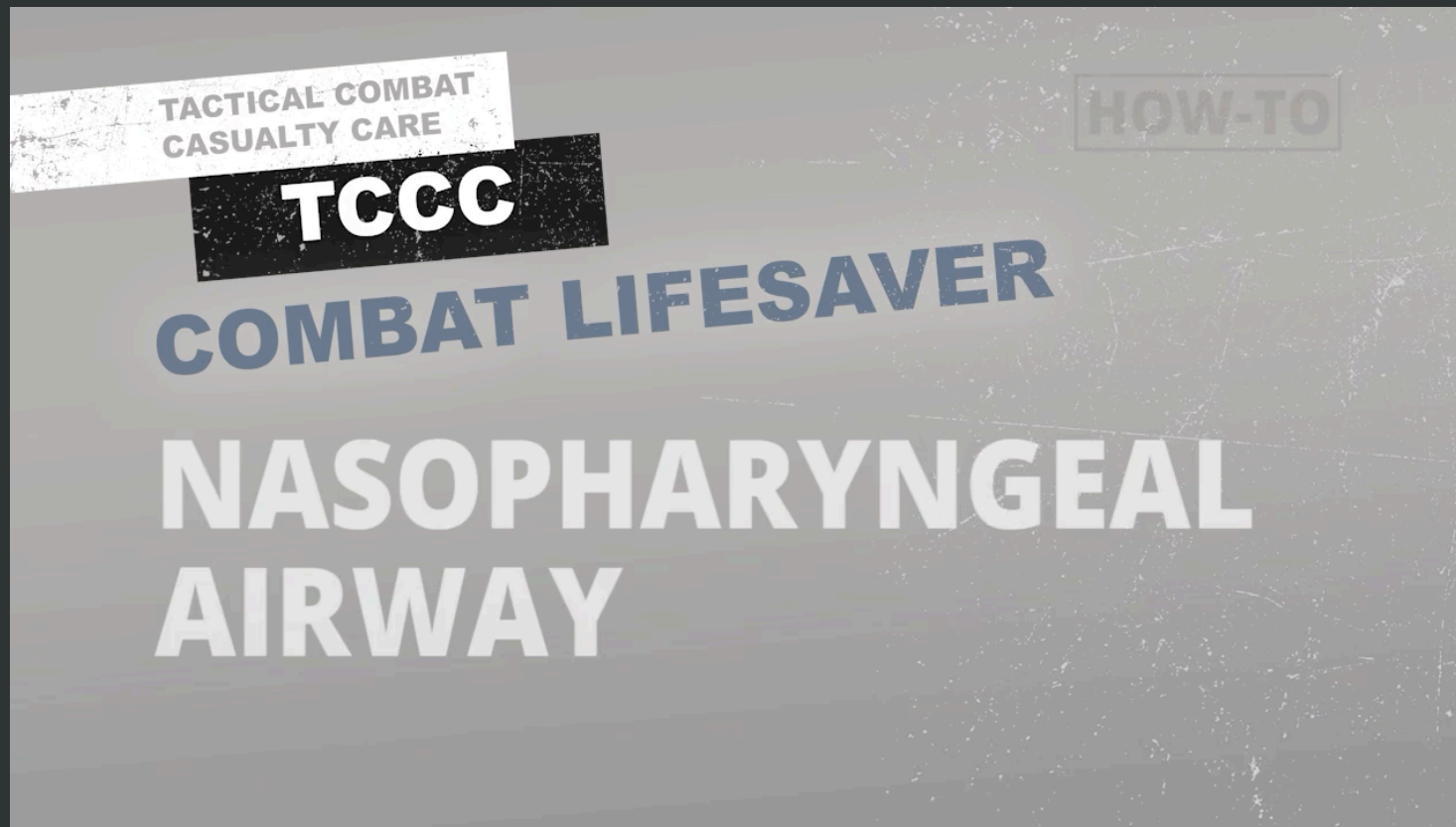
An **NPA** can be used on a **conscious** or **unconscious** casualty to help open/maintain an airway



**DO NOT** attempt to insert an NPA if there is clear fluid coming from the nose or ears. This may be cerebrospinal fluid (CSF) and may be an indication of possible skull fracture.

M **A** R C H

# NPA HOW-TO VIDEO



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



# CASUALTY **POSITIONING**



If a casualty **can breathe on their own**, let them assume the best position that allows them to breathe, including sitting up

If a casualty can **breathe on their own in a position of choice**, **DO NOT** force them into a position or perform airway procedures that causes them difficulties in breathing

# MAINTAINING THE AIRWAY/RECOVERY POSITION



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



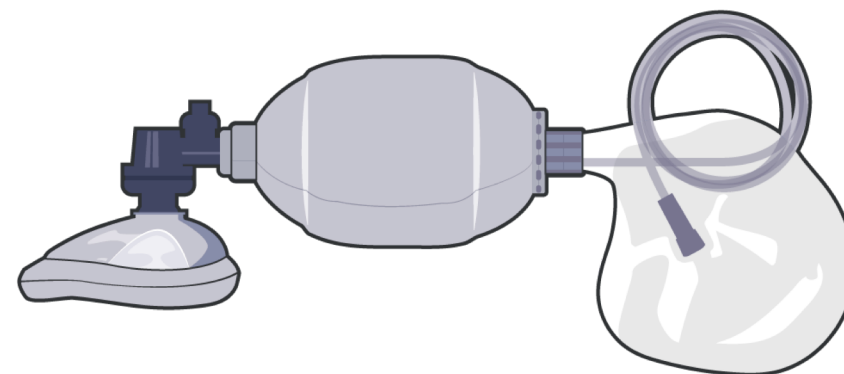
Assist a **conscious** casualty by helping them assume **any position** that allows them to breathe easily, **including sitting up**



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

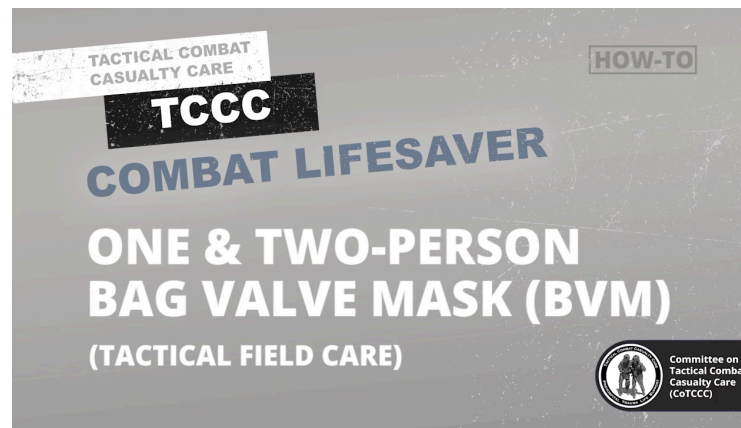
MARCH

# CASUALTY **UNABLE TO BREATHE** ON THEIR OWN



- **Medical personnel** may ask you to assist them in ventilating a patient using a **bag valve mask (BVM)**
- If respirations are noted to be reduced, provide ventilator support with BVM ventilations
- A BVM is a device that can assist a casualty with breathing (ventilation) if they are **NOT** breathing adequately on their own

# BAG VALVE MASK (BVM)



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

## ▲ One- and Two-Person BVM Video

- Ventilations can be performed alone or with two people working together
- The mask is **sealed** over the casualty's mouth so that air **doesn't** escape
- Squeeze **firmly** for **1-2 seconds** and **5-6 seconds** apart

M **A** R C H



# SKILL STATION

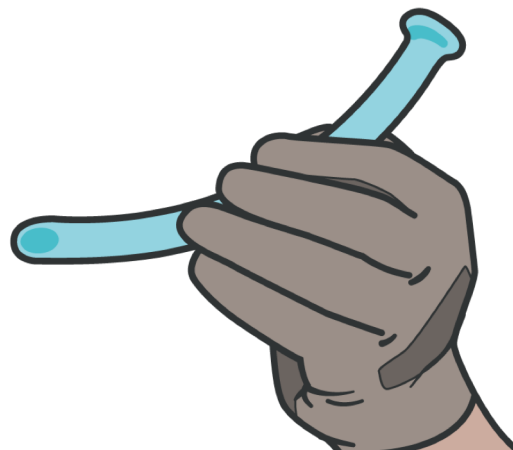
## Airway (Skills)

- Recovery Position
- Nasopharyngeal Airway (NPA)
- One-Person Bag Valve Mask (BVM)/Two-Person BVM



# SUMMARY

- We identified
  - We opened
  - We maintained and managed
- For casualties in which airway positioning and/or nasopharyngeal airways **DO NOT** successfully maintain an open airway, **notify medical personnel IMMEDIATELY**



# CHECK ON LEARNING

- What is the best position for a conscious casualty who is breathing on their own?
- Why are casualties placed in the recovery position?
- What are the two methods that can be used to open an airway?
- How does an NPA provide an open (patent) airway?



# ANY QUESTIONS?