

Joint Theater Trauma System Clinical Practice Guideline

Prehospital Trauma Care in the Tactical Setting

Original Release/Approval	24 Nov 2014	Note: This CPG requires an annual review.	
Reviewed:	August 2014	Approved:	24 Nov 2014
Supersedes:	This is a new CPG and must be reviewed in its entirety.		
<input type="checkbox"/> Minor Changes (<i>or</i>)	<input type="checkbox"/> Changes are substantial and require a thorough reading of this CPG (or)		
<input type="checkbox"/> Significant Changes			

1. Goal. To provide guidelines for management of combat casualties in the prehospital tactical environment.

2. Background. The specifics of casualty care in the tactical setting depend on the tactical situation, the injuries sustained by the casualty, the knowledge and skills of the first responder, and the medical equipment at hand. The Tactical Combat Casualty Care (TCCC) Guidelines are customized for battlefield use and throughout the prehospital environment.

The original TCCC guidelines were published in Military Medicine in 1996. The Committee on Tactical Combat Casualty Care (CoTCCC) reviews and updates the guidelines on an ongoing basis. Changes to the guidelines are based on direct input from combat medical personnel, an ongoing review of the published medical literature, new research coming from military medical research organizations, performance improvement analyses from the Joint Trauma System, and lessons learned from U.S. and allied service medical departments.

The TCCC Guidelines are the only set of battlefield trauma care best-practice guidelines to have received the triple endorsement of the American College of Surgeons Committee on Trauma, the National Associations of EMTs, and the DoD.

3. TCCC Guidelines. The Tactical Combat Casualty Care Guidelines recommend procedures for combat casualty care to include a Basic Management Plan for Care Under Fire, Basic Management Plan for Tactical Field Care, and a Basic Management Plan for Tactical Evacuation Care. The TCCC Guidelines also recommend documentation of clinical assessments, treatments rendered and changes in casualty's status on DD Form 1380 TCCC Card and sending DD Form 1380 with the casualty to the next level of care.

Because of the near continuous process by which the CoTCCC updates these guidelines, they are not repeated here and reference should be made to the most current CoTCCC-approved guidelines located on the U.S. Army Institute of Surgical Research (USAISR) public web site at http://usaisr.amedd.army.mil/joint_trauma_system.html or the Military Health System website at <http://www.health.mil/Training-Center/Clinicians-and-Healthcare-Providers>

4. Performance Improvement (PI) Monitoring.

a. Intent (Expected Outcomes).

1. Prehospital care will be documented on DD Form 1380 and sent with the patient.
2. All patients will receive appropriate CoTCCC-recommended hemorrhage control if indicated, prior to initial evacuation.

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3. All patients will receive appropriate CoTCCC-recommended analgesia during the prehospital phase of care.
 4. All patients with indication for tranexamic acid (TXA) administration will receive it within three hours of injury.
- b. Performance/Adherence Measures.
1. Presence of completed DD Form 1380 in the patient record.
 2. Type and time of hemorrhage control intervention is documented.
 3. Type, time and route of prehospital analgesic administration is documented.
 4. TXA is administered when indicated, with administration dose and time documented.
- c. Data Source.
1. Patient Record
 2. Department of Defense Trauma Registry (DoDTR)
- d. System Reporting & Frequency.

The above constitutes the minimum criteria for PI monitoring of this CPG. System reporting will be performed annually; additional PI monitoring and system reporting may be performed as needed.

The system review and data analysis will be performed by the Joint Theater Trauma System (JTTS) Director, JTTS Program Manager, and the Joint Trauma System (JTS) Performance Improvement Branch.

- 5. Responsibilities.** It is the trauma team leader's responsibility to ensure familiarity, appropriate compliance and PI monitoring at the local level with this CPG. It is incumbent that all providers at every level of trauma patient care are familiar with TCCC principles and guidelines. This will ensure that variances in practice are minimized and when they are identified, they are appropriately addressed.
- 6. References.** Refer to the most current TCCC guidelines.

Approved by CENTCOM JTTS Director,
JTS Director and CENTCOM SG

Opinions, interpretations, conclusions, and recommendations are those of the authors and are not necessarily endorsed by the Services or DoD.

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APPENDIX A

ADDITIONAL INFORMATION REGARDING OFF-LABEL USES IN CPGs

- 1. Purpose.** The purpose of this Appendix is to ensure an understanding of DoD policy and practice regarding inclusion in CPGs of “off-label” uses of U.S. Food and Drug Administration (FDA)–approved products. This applies to off-label uses with patients who are armed forces members.
- 2. Background.** Unapproved (i.e., “off-label”) uses of FDA-approved products are extremely common in American medicine and are usually not subject to any special regulations. However, under Federal law, in some circumstances, unapproved uses of approved drugs are subject to FDA regulations governing “investigational new drugs.” These circumstances include such uses as part of clinical trials, and in the military context, command required, unapproved uses. Some command requested unapproved uses may also be subject to special regulations.
- 3. Additional Information Regarding Off-Label Uses in CPGs.** The inclusion in CPGs of off-label uses is not a clinical trial, nor is it a command request or requirement. Further, it does not imply that the Military Health System requires that use by DoD health care practitioners or considers it to be the “standard of care.” Rather, the inclusion in CPGs of off-label uses is to inform the clinical judgment of the responsible health care practitioner by providing information regarding potential risks and benefits of treatment alternatives. The decision is for the clinical judgment of the responsible health care practitioner within the practitioner-patient relationship.
- 4. Additional Procedures.**
 - a. **Balanced Discussion.** Consistent with this purpose, CPG discussions of off-label uses specifically state that they are uses not approved by the FDA. Further, such discussions are balanced in the presentation of appropriate clinical study data, including any such data that suggest caution in the use of the product and specifically including any FDA-issued warnings.
 - b. **Quality Assurance Monitoring.** With respect to such off-label uses, DoD procedure is to maintain a regular system of quality assurance monitoring of outcomes and known potential adverse events. For this reason, the importance of accurate clinical records is underscored.
 - c. **Information to Patients.** Good clinical practice includes the provision of appropriate information to patients. Each CPG discussing an unusual off-label use will address the issue of information to patients. When practicable, consideration will be given to including in an appendix an appropriate information sheet for distribution to patients, whether before or after use of the product. Information to patients should address in plain language: a) that the use is not approved by the FDA; b) the reasons why a DoD health care practitioner would decide to use the product for this purpose; and c) the potential risks associated with such use.