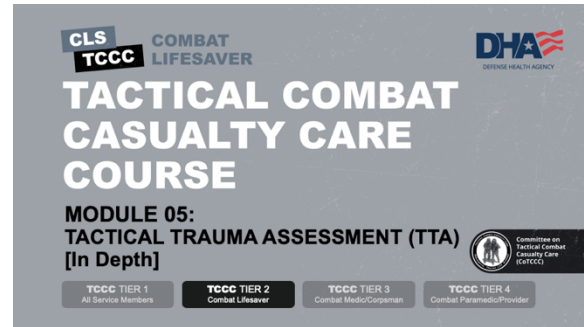


SPEAKER NOTES

MODULE 05 – TACTICAL TRAUMA ASSESSMENT

SLIDE 1 – TITLE SLIDE

This module is an overview of tactical trauma assessment (TTA). The skills practice will take place near the end of the course after you have learned ALL of the skills.



SLIDE 2 – TCCC ROLES

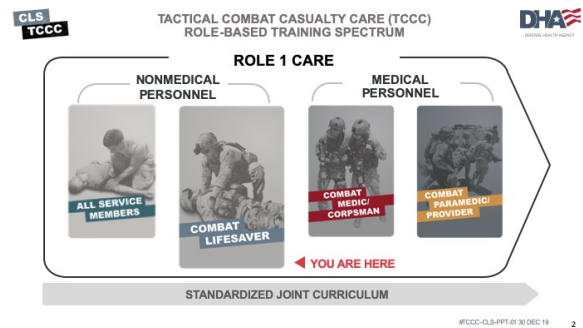
Tactical Combat Casualty Care is broken up into 4 roles of care. The most basic is taught to All Service Members (ASM), which is the absolute basics of hemorrhage control and to recognize more serious problems.

You are in the Combat Lifesaver (CLS) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

The Combat Medic/Corpsman role has much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role is for combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a combat lifesaver is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. In addition, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.



SLIDE 3 – TLO/ELO

There are 3 cognitive learning objectives and 5 performance learning objectives for the Tactical Trauma Assessment module. The cognitive learning objectives are to identify the common causes of altered mental status in combat or noncombat environments, identify the importance of disarming and securing communications equipment of a casualty with altered mental status, and identify the importance and techniques of communicating with a casualty in Tactical Field Care. The performance learning objectives

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

06 Given a combat or noncombat scenario, perform a Tactical Trauma Assessment 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 Tactical Field Care
- 33 Demonstrate communicating with a casualty in Tactical Field Care
- 34 Demonstrate application of body substance isolation (BSI) in Tactical Field Care
- 35 Demonstrate a Tactical Trauma Assessment 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

08 ENABLING LEARNING OBJECTIVES (ELOs) ● Cognitive ELOs ● Performance ELOs

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SPEAKER NOTES

are to demonstrate the techniques used to assess a casualty for responsiveness, demonstrate communicating with a casualty in Tactical Field Care, demonstrate application of body substance isolation (BSI) in Tactical Field Care, demonstrate a Tactical Trauma Assessment in the proper order using the MARCH PAWS sequence in accordance with CoTCCC guidelines, and demonstrate the appropriate actions and interventions used during a casualty assessment to render aid to the casualty in accordance with CoTCCC Guidelines.

The critical aspects are to be able to identify the importance of and demonstrate the systematic approach for assessment and interventions in providing life-saving care to a casualty following the MARCH PAWS sequence in accordance with the CoTCCC guidelines.

SLIDE 4 – MARCH-PAWS

A full tactical trauma assessment should follow the MARCH PAWS sequence.

- **M** Massive bleeding
- **A** Airway
- **R** Respiration/breathing
- **C** Circulation
- **H** Hypothermia/Head injuries
- **P** Pain
- **A** Antibiotics
- **W** Wounds
- **S** Splinting

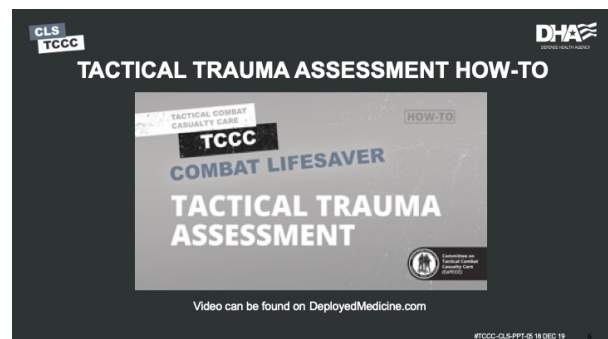


We will cover the interventions and procedures of MARCH PAWS in more detail in later modules.

SLIDE 5 – TACTICAL TRAUMA ASSESSMENT HOW-TO (VIDEO)

Play video

Pay attention to this video. You will be expected to do a full Tactical Trauma Assessment upon completion of this training.



SPEAKER NOTES

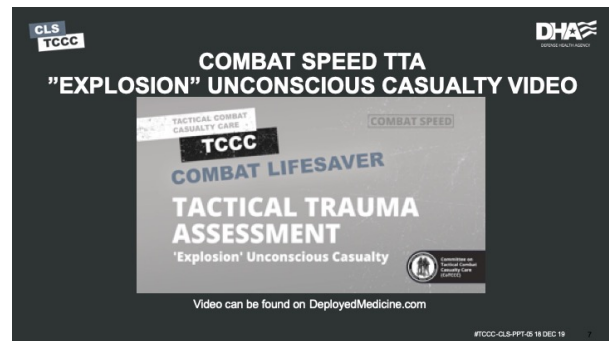
SLIDE 6 – COMBAT SPEED TTA "FIRE FIGHT CONSCIOUS CASUALTY" (VIDEO)

Play video



SLIDE 7 – COMBAT SPEED TTA "EXPLOSION" UNCONSCIOUS CASUALTY (VIDEO)

Play video



SLIDE 8 – BODY SUBSTANCE ISOLATION (BSI)

Whenever possible, the responder/CLS should don latex-free gloves as a BSI precaution.

Gloves are provided in the JFAK and CLS bags.



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

SPEAKER NOTES

SLIDE 9 – CASUALTY BLOOD SWEEP

Your initial casualty evaluation should be a rapid head-to-toe check for any unrecognized life-threatening bleeding (a blood sweep).

This blood sweep should include a visual and hands-on (palpation) inspection of the front and back of the casualty from head to toe, including neck, armpits, groin, etc.



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 raking motion) and back



SLIDE 10 – QUICKLY IDENTIFY MASSIVE, LIFE-THREATENING BLEEDING

This blood sweep is a systematic way to ensure rapid identification of any unrecognized life-threatening bleeding.



MASSIVE BLEEDING

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**



SLIDE 11 – HEMORRHAGE CONTROL

If you identify life-threatening bleeding that was missed in the Care Under Fire phase, immediately apply a tourniquet or hemostatic dressing, and/or pressure dressing.

If a tourniquet was previously applied but bleeding is not controlled, apply a second tourniquet side-by-side with the original tourniquet, preferably higher on the injured limb, if possible, to control the bleeding. This is the “M” of MARCH PAWS.



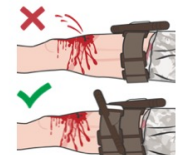
MASSIVE HEMORRHAGE CONTROL IN TFC

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



SLIDE 12 – IDENTIFYING OBSTRUCTED AIRWAY

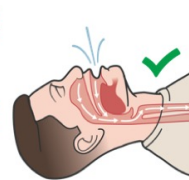
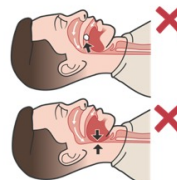
Evaluate the casualty's airway and ensure the airway is open. **LOOK** (for rise and fall of the chest), **LISTEN** (for sounds of breathing), and **FEEL** (breath on your cheek) for indications of trouble breathing, snoring or gurgling sounds, visible objects obstructing the airway, and any severe trauma to the face.

Do not do a blind finger sweep.



AIRWAY MANAGEMENT

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



SPEAKER NOTES

SLIDE 13 – IN A CASUALTY WITHOUT AN AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS TO OPEN THE AIRWAY

If a casualty is unconscious, the tongue may have relaxed, causing the tongue to block the airway. Use the head-tilt chin lift or jaw thrust method to open the airway. **Important note:** If a neck or spinal injury is suspected, use the jaw thrust method to open airway.

This is the first “A” of MARCH PAWS.

NOTE: Once the airway has been opened using one of these maneuvers, the casualty may require repeated/continued maneuvers to maintain an open airway.

SLIDE 14 – MANAGING THE AIRWAY

If the casualty is unconscious or semiconscious but breathing on their own AND you do not identify an airway obstruction, you may be able to better support airway management through the use of a nasopharyngeal airway (NPA). This can help open/maintain a conscious or unconscious casualty’s airway.

Note any clear fluid coming from the nose or ears. This may be cerebrospinal fluid, which indicates a possible skull fracture. Do not attempt to place an NPA if clear fluid is coming from the nose or ears.

If airway maneuvers and nasopharyngeal airway are ineffective at opening or maintaining an open airway, notify medical personnel.

SLIDE 15 – MANAGEMENT/RECOVERY POSITION

If the casualty is conscious, allow them to assume any position that best protects the airway and allows them to breath easily, including sitting up.

Place an unconscious casualty in the recovery position. If an NPA was inserted into the right nostril, place the casualty on their right side, if possible.

CLS TCCC OPENING THE AIRWAY DHA DEFENSE HEALTH AGENCY

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

HEAD-TILT CHIN LIFT

JAW-THRUST

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

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

MARCH

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CLS TCCC OPENING THE AIRWAY DHA DEFENSE HEALTH AGENCY

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

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CLS TCCC MANAGING THE AIRWAY DHA DEFENSE HEALTH AGENCY

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**

MARCH

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SPEAKER NOTES

SLIDE 16 – RESPIRATIONS

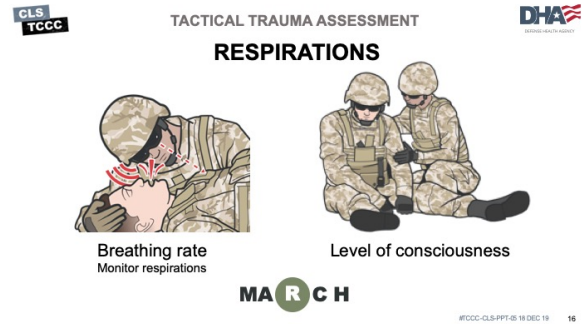
LOOK (for rise and fall of the chest), **LISTEN** (for sounds of breathing), and **FEEL** (breath on your cheek) for indications of trouble breathing (as noted for airway previously).

Respiration rate (breaths per minute) and quality (shallow, labored, etc.) should be noted.

Indications of respiratory distress include:

- Breathing that is progressively difficult
- Decreased breathing sounds
- Distended neck veins
- Opposed to “progressive” respiratory distress
- Hunched over; they need to be in the “position of comfort”
- Agitation due to a lack of oxygen
- High pulse

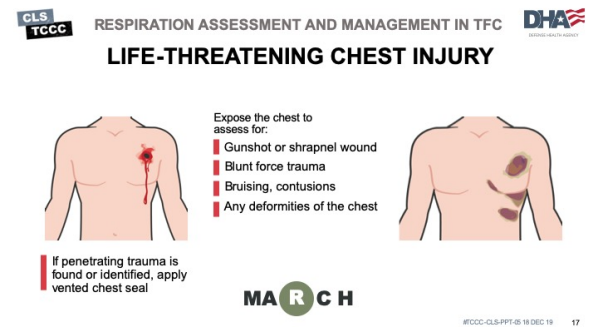
This is the “R” of MARCH-PAWS.



SLIDE 17 – LIFE-THREATENING CHEST INJURY

Common causes of chest injuries include gunshot, stab, or shrapnel wounds to chest and blunt-force trauma.

Note obvious signs of penetrating trauma, bruising, swelling, crackling/popping (on palpation), or other deformities of the chest. **Check** the casualty’s respiration and ability to breathe. All open and/or sucking chest wounds should be treated by immediately applying a vented chest seal to cover the defect.



For respiratory distress not resolved by a chest seal or in a casualty with known or suspected chest or back trauma without an open and/or sucking chest wound, consider a tension pneumothorax, and perform a needle decompression of the chest.

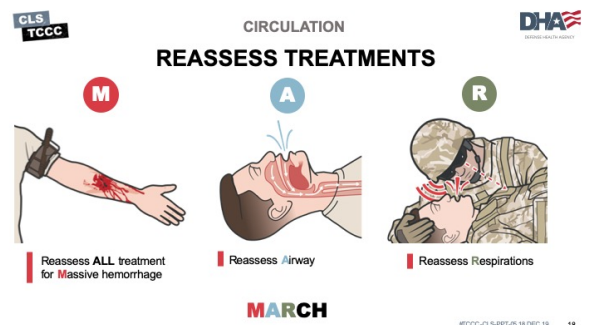
Injuries to the chest are very serious and can be life-threatening. The casualty’s condition can change quickly with a chest injury.

SLIDE 18 – REASSESS TREATMENTS

This is the “C” in MARCH PAWS. The casualty should be reassessed for life-threatening hemorrhage (including effectiveness of prior interventions- TQs, pressure bandages, etc.).

Is there an obvious pelvic or femur fracture? If so, a medic should be informed immediately. Assess the radial pulse.

If absent or weak, shock should be suspected and a medic should be informed immediately.



SLIDE 19 – GENERAL INDICATOR OF SHOCK

The CLS should be familiar with the signs/symptoms of shock. In the combat environment, it is assumed that shock is due to blood loss.

If untreated, shock could lead to death. If shock is suspected, a medic should be informed immediately.

CIRCULATION
GENERAL INDICATOR OF SHOCK
SIGNALS 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

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SLIDE 20 – HYPOTHERMIA PREVENTION

Prevent hypothermia by minimizing the casualty’s exposure to the elements and applying active hypothermia prevention measures, when possible.

If no rewarming equipment is available, then use dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the casualty dry. Make sure you assess for hemorrhagic shock and ensure bleeding is controlled.

HYPOTHERMIA PREVENTION

Get the casualty onto 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

MARCH

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SLIDE 21 – IF A PENETRATING EYE INJURY IS NOTED OR SUSPECTED

Perform rapid field test of visual acuity (e.g., read MRE, label, name tag, etc.).

If the casualty has any penetrating injuries, they should take the antibiotic in the Combat Wound Medication Pack (CWMP).

Cover eye with rigid shield, not pressure patch.

Do not cover both eyes unless both are injured and you are sure the casualty will not return to the fight.

EYE INJURIES
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 the use of tactical eye wear

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SPEAKER NOTES

SLIDE 22 – COMBAT WOUND MEDICATION PACK

The CWMP contains drugs for mild to moderate pain (Meloxicam and Acetaminophen) and an antibiotic specific for penetrating wounds (Moxifloxacin).

Can give significant pain relief for mild to moderate pain and will not alter the casualty's mental status.

Also includes antibiotics for preventing/treating infections after traumatic injuries, such as penetrating wounds, eye injuries, and burns.

This is the “P” and “A” of MARCH PAWS.

CLC TCCC PENETRATING INJURIES **DHA**

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**

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SLIDE 23 – INSPECT AND ADDRESS ALL KNOWN WOUNDS

This is the “W” in MARCH PAWS.

All other wounds (burns, fractures, other soft tissue wounds, etc.) should be addressed with splinting, dressings, etc. as appropriate. This will be covered in more detail in a later module.

Note: Reassess pulses after all dressings are placed to ensure that they are not too tight. Do not ever apply it and forget it!

CLC TCCC TACTICAL FIELD CARE GUIDELINES **DHA**

INSPECT AND ADDRESS KNOWN WOUNDS

Assess all applied bandages for:

- Increased pain
- Skin color
- Pulse

This might indicate an emergency!

- Dress all known wounds

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 PAWS

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SLIDE 24 – BURN CARE

Stop the burning process by extracting the casualty from the source, and cover the burned areas with dry, sterile dressings.

If the burn is caused by **white phosphorus**, submerge the affected area in water, if possible; otherwise, the dressing must be wet. Advise medical personnel immediately.

Remember to prioritize assessing MARCH before addressing burns.

This is part of the “W” of MARCH PAWS.

CLC TCCC SECONDARY INJURIES **DHA**

BURN CARE

EXTRACT
Extract from burning vehicle, building, or area
STOP THE BURNING PROCESS

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

#TCCC-CLS-PPT-05 18 DEC 19 24

SPEAKER NOTES

SLIDE 25 – ASSESS FOR A FRACTURE

Assess for **any fractures**, and if present, splint the fracture using whatever materials are available, making sure to immobilize the joint above and the joint below the fracture.


Check pulses before and after applying splints.

Treat open fractures with meds (for pain and to prevent infection) with meds from CWMP.

This is the “**S**” of MARCH PAWS.

CLC TCCC SECONDARY INJURIES **DHA** DEFENSE HEALTH AGENCY

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)

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SLIDE 26 – COMMUNICATION AND DOCUMENTATION

Communicate with the casualty by reassuring them and telling them about procedures being done.

Communicate with medical personnel and your **tactical leadership**, and relay casualty status and evacuation needs.

CLC TCCC TACTICAL FIELD CARE **DHA** DEFENSE HEALTH AGENCY

COMMUNICATION



Communicate with the casualty 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 REGISTER #	
NAME	EMERGENCY PRIORITY
LAST NAME	FIRST NAME
GRADE	DATE
SERVICE	ALLERGIES

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SLIDE 27 – PHASE 3: TACTICAL EVACUATION CARE

Document all assessment and care on a DD Form 1380 TCCC card. Every Service member will carry their own DD Form 1380 in their JFAK. If possible, use a permanent marker (such as a Sharpie) to make entries on the card. When rendering care or assisting medical personnel, include as much information as you can on the card.

This is the official record of the care provided and should go with the casualty when care is handed off to a medic or at the time of evacuation.

Communication includes **MIST report** and **9-line MEDEVAC request**.

CLC TCCC TACTICAL EVACUATION **DHA** DEFENSE HEALTH AGENCY

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

- 1 Mechanism of injury
- 1 Injuries
- 3 Symptoms
- 1 Treatment

PRE-EVAC PROCEDURES

- Complete DD Form 1380



(Litter Transport)

#TCCC-CLS-PPT-05-18 DEC 19 27

SPEAKER NOTES

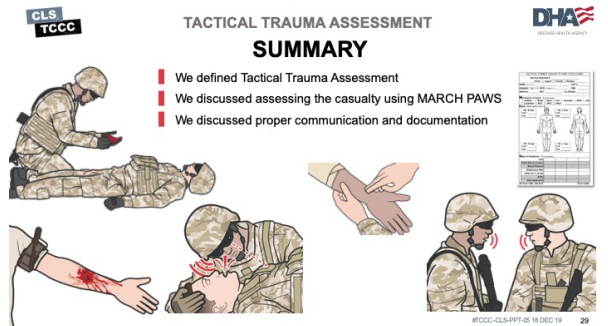
SLIDE 28 – SKILL STATION

At this time we will break for a trainer led demonstration on Tactical Trauma Assessment.



SLIDE 29 – SUMMARY

In this module, we discussed tactical trauma assessment. We identified the common causes of altered mental status in combat or noncombat environments, the importance of disarming and securing the communications equipment of a casualty with altered mental status, and techniques for communicating with a casualty in Tactical Field Care. We also demonstrated techniques for assessing a casualty for responsiveness, applying body substance isolation, conducting a Tactical Trauma Assessment in the proper order using the MARCH-PAWS sequence, and using appropriate actions and interventions in a casualty assessment to render aid in accordance with CoTCCC Guidelines.

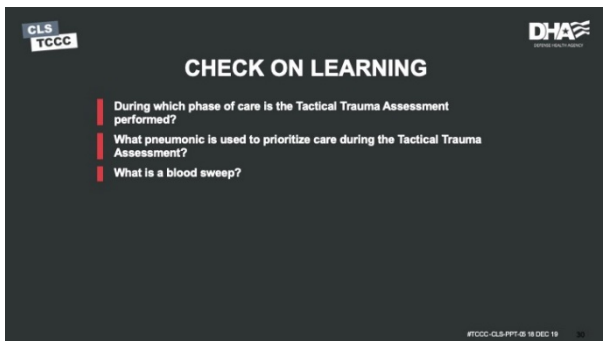


SLIDE 30 – CHECK ON LEARNING

Ask questions of the learners referring to key concepts from the module.

Now for a check on learning.

1. In which phase of care is the Tactical Trauma Assessment performed?
 - Tactical Field Care
2. What pneumonic is used to prioritize care in the Tactical Trauma Assessment?
 - MARCH PAWS
3. What is a blood sweep?
 - A blood sweep is your initial casualty evaluation. It should be a rapid head-to-toe check for any unrecognized life-threatening bleeding.





SPEAKER NOTES

SLIDE 31 – QUESTIONS

