

# TACTICAL MACE (T-MACE) WORKSHEET

## Evaluate For Potentially Concussive Events:

- ☐ Involvement in a vehicle blast event, collision, or rollover
- ☐ Presence within 50 meters of a blast (inside or outside)
- ☐ A direct blow to the head or witnessed loss of consciousness
- ☐ Exposure to more than one blast event (the Service member's commander shall direct a medical examination)

Yes

No

**Stop the T-MACE exam**

## Abbreviated Neurological Exam

### GCS Test:

Eye Opening	Verbal Response	Motor Response
4 - Spontaneous	5 - Oriented	6 - Obeys commands
3 - To verbal command	4 - Confused	5 - Localizes to painful stimuli
2 - To painful stimuli	3 - Inappropriate words	4 - Withdraws from pain
1 - No response	2 - Incomprehensible sounds	3 - Flexion to pain
	1 - No response	2 - Extension to pain
		1 - No response
Total Score: _____		

### Additional Neuro Assessment

- ☐ Pupil: Equal, Round, Reactive, to Light/Accommodation (PERRLA)
- ☐ Push and pull against the upper and lower extremities and note any differences in resistance.

GCS 13-15 and no focal neurological deficit

GCS 3-12 or focal neurological deficit

### Assess for TBI Red Flags:

- ☐ Deteriorating level of consciousness
- ☐ Suspected skull fracture (e.g., raccoon eyes, battle's sign, otorrhea)
- ☐ Combativeness or agitated behavior
- ☐ Seizure activity
- ☐ Focal neurologic deficits such as pupil asymmetry, facial weakness/ asymmetry, weakness or paralysis of one side compared to the other
- ☐ Two or more episodes of vomiting
- ☐ Double vision or loss of vision
- ☐ Severe or worsening headache
- ☐ Concerning clinical presentations not listed above

Yes

### Stop the T-MACE exam

Consult higher level of care for urgent intervention and evacuation using Tactical Combat Casualty Care (TCCC) protocols.

Document on a DD Form 1380 TCCC Casualty Care

\*Refer to JTS TBI Management in PFC and consider neuro checks q1-2 hours while awaiting en route care.

No

### Stop the T-MACE exam

- ☐ Initiate mandatory 24-hour rest period (Commanders may determine that mission requirements supersede this)
- ☐ Provide instruction on when to seek immediate medical attention<sup>1</sup>
- ☐ Instruct SM to follow up in 24-hours for re-evaluation

### Was there an external force?

- ☐ Blow or jolt to the head
- ☐ Object strike to the head
- ☐ Feeling of blast wave
- ☐ Acceleration deceleration of the head
- ☐ Other

No

Yes

### Was there any of the following?

- ☐ Alteration of consciousness (AOC)
- ☐ Loss of consciousness (LOC)
- ☐ Post-traumatic amnesia (PTA)

No

Yes

- ☐ Notify command leadership and medical authority of findings
- ☐ Manage any acute headaches<sup>2</sup>
- ☐ Initiate 24-hour rest period
- ☐ Provide instruction on when to seek immediate medical attention<sup>1</sup>
- ☐ Document positive concussion screen
- ☐ Consider performing repeat Abbreviated Neuro Exam and assess for TBI Red Flags every 12 hours
- ☐ Follow-up in 24 hours for re-evaluation and initiation of PRA IAW operational allowances
- ☐ When no longer in Prolonged Casualty Care and casualty has been evacuated to an appropriate Role 2 facility, continue with page 5 of MACE 2 exam to substantiate concussion diagnosis and detect impaired areas for targeted treatment

## 1. When to seek immediate medical attention

- ☐ Worsening headache
- ☐ Slurred speech or difficulty speaking
- ☐ Unsteadiness on feet
- ☐ Seizures
- ☐ Double or blurred vision
- ☐ Weakness or numbness in any part of the body

- ☐ Disorientation (not knowing where you are, difficulty recognizing people or places)
- ☐ Any unusual behavior (e.g., increased aggression, anger, irritability, or crying)
- ☐ Repeated vomiting
- ☐ Decreasing levels of alertness
- ☐ Something "just isn't right"

## 2. Manage Acute Headaches

- ☐ Use acetaminophen every 6 hours followed by NSAIDS.
- ☐ Delay use of NSAIDS for 48 hours after concussion.
- ☐ Avoid use of any other analgesics (than noted above) unless directed by higher medical authority.