TACTICAL MACE (T-MACE) POCKET CARD

Name: _____ Date: _____

EVALUATE FOR POTENTIALLY CONCUSSIVE EVENTS

- ☐ Involvement in a vehicle blast event, collision, or rollover
- ☐ Presence within 50 meters of a blast (inside or outside) or at any distance where a blast wave was felt
- ☐ Witnessed loss of consciousness (LOC)
- ☐ A direct blow to the head with or without LOC, alteration of consciousness (AOC), or post-traumatic amnesia (PTA)
- ☐ Exposure to more than one blast event (the Service member's commander shall direct a medical examination)

NO → **STOP** THE T-MACE EXAM

YES ↓

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 NEUROLOGICAL 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 ↓

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 →

GCS 3-12 or focal neurological deficit ↓

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 card.
- *Refer to JTS TBI management guidelines, and perform neuro checks q1 hour while awaiting en route care.*

FRONT SIDE

NO, CONTINUE MONITORING (FLIP CARD) →

T-MACE POCKET CARD CONTINUED

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 →

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[2].
- ☐ Instruct SM to follow up in 24-hours for re-evaluation.

YES ↓

WAS THERE ANY OF THE FOLLOWING?

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

NO →

YES ↓

STOP THE T-MACE EXAM

- ☐ Notify command leadership and medical authority of findings.
- ☐ Manage any acute headaches[1].
- ☐ Initiate 24-hour rest period.
- ☐ Provide instruction on when to seek immediate medical attention[2].
- ☐ Document positive concussion screen.
- ☐ Consider performing repeat abbreviated neurological exam and assess for TBI red flags every 12 hours.
- ☐ Follow-up in 24 hours for re-evaluation and initiation of Progressive Return to Activity (PRA) in accordance with 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. HOW TO 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.

2. WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION

- ☐ Worsening headache
- ☐ Slurred speech or difficulty speaking
- ☐ Unsteadiness on feet
- ☐ Decreasing levels of alertness
- ☐ 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
- ☐ Seizures
- ☐ Something "just isn't right"

BACK SIDE