CLS

TCCC

COMBAT LIFESAVER
TACTICAL COMBAT CASUALTY CARE

MODULE 19:
PRE-EVACUATION PROCEDURES, COMMS, AND DOC
SKILL INSTRUCTIONS

25 JAN 2020

DD FORM 1380 TACTICAL COMBAT CASUALTY (TCCC) CARD INSTRUCTION

TASK: Fill out a DD Form 1380 Tactical Combat Casualty card

CONDITION: Given a Tactical Field Care (TFC) setting with a casualty who has been assessed, treated, and is ready to be evacuated or handed off to a medic for further treatment

STANDARD: Accurately document casualty data on a DD Form 1380 and attach the card to the casualty following all steps and meeting all performance measures

EQUIPMENT: Casualty's DD Form 1380

PERFORMANCE MEASURES: step-by-step instructions

NOTE: As the DD Form 1380 is the first, and sometimes only, record of treatment of combat casualties, having accurate and thorough information is of the utmost importance.

01 Remove the casualty's DD Form 1380 from their Joint First Aid Kit (JFAK).

02 Fill out the DD Form 1380 with a pen or marker, starting with the front side.

NOTE: If a section asks for information you do not have, leave it blank.

03 **Battle roster #**

The battle roster consists of the initials of the casualty's first and last name, followed by the last four digits of the casualty's Social Security number (found on dog tag). (e.g., John Doe. John Doe 123-12-1234 = #JD1234).

04 **Evac** is the evacuation priority (urgent, priority, or routine), if known.

NOTE: Evacuation priorities are determined by medical personnel

Urgent – evacuation required in less than 1 hour
Priority – evacuation required in less than 4 hours
Routine – evacuation required in less than 24 hours

05 **Demographics** section – name, last four digits of the casualty's Social Security number, gender, date, time, service, unit, and allergies

NOTE: When possible, Service members should have filled out this section with the exception of the date and time

NOTE: If casualty is unconscious and card has not been filled out, get any information you can from other unit members

- The date/time is the time of injury (as close as can be estimated)
- Use a DD-MMM-YY format 24-hour clock format and annotate whether time is Zulu (Z) or local (L) – for example, 23-JUN-13 1300Z
- Service options include USA, USAF, USCG, USN, USMC; for US civilians, use US CIV and for non-US personnel, use NON-US (or a standard abbreviation for the casualty's nationality, if known)
- If allergies are not documented, refer to the casualty's dog tags for information; having no allergies is documented as NKDA (no known drug allergies)

06 **Mechanism of Injury** – artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), or other

07 **Injury** – using the diagrams of the body, identify locations of any injuries with an "X"

- For burn injuries, circle the numbers (burn percentages) on the figure.
- For multiple mechanisms of injury and multiple injuries, draw a line between the mechanism of injury and the anatomical site of the injury.
- The boxes labelled TQ are for documenting any tourniquets applied (anatomical location, type of tourniquet if known, and time of application)

08 **Signs and Symptoms** – vital signs and the time each was assessed

- AVPU refers to the casualty's level of responsiveness (alert, responsive to verbal commands, responsive to pain, or unresponsive)

- The pain scale of 0 to 10 uses 0 as no pain and 10 as the worst pain a casualty could imagine.

09 Turn the DD Form 1380 over and fill out the back side

10 **Battle roster # and Evac** should be copied from the front page

11 **Treatment** section – where all treatments are documented

- The first "**C**" (C = circulation) is for any hemorrhage control treatments
  NOTE: tourniquet (TQ) locations are extremities (on an arm or leg), junctional (armpit or groin), or truncal
  NOTE: Document types of tourniquets or dressings, if known (for example, CAT tourniquet or Combat Gauze)

- The "**A**" is for airway assessment/interventions – if airway was not intact, document the intervention and device type used to open it
  NOTE: NPA = nasopharyngeal airway, CRIC = cricothyroidotomy, ET = endotracheal tube, and SGA = supraglottic airway

- The "**B**" is for breathing, or respiration – if applicable, document any interventions and the device(s) used
  NOTE: O2 = oxygen administration, Needle-D = needle decompression of the chest, and Chest-Tube are placed by medical personnel. Chest-Seal = chest seal application.

- The second "**C**" is for circulation – document the name, volume, route, and time of any fluids or blood products given (these interventions are done by medical personnel).

12 **MED** refers to any medications administered (except self-administration of the Combat Wound Medication Package) – document the name, dose, route, and time of any analgesics, antibiotics, or other medications given

13 **Other** provides a place to document administration of the Combat Wound Medication Package (CWMP), application of a rigid eye shield (and location), splints, or active/passive hypothermia prevention (and the type of device used)

14 **Notes** section – use this space to record any other pertinent information and/or clarifications

15 **First responder** section – document the first responder's name and the last four digits of their Social Security number

16 Securely attach the DD Form 1380 to the casualty – appropriate places for attachment include the casualty's belt loop, their left upper sleeve, or their left trouser pocket

NOTE: Placement may be based on the casualty's injuries or clothing worn

NOTE: When more space is needed for documentation, attach another DD Form 1380 to the original by safety pin or other means. The second form will be labeled DD Form 1380 #2 and will show the Soldier's name and unit.

NOTE: Use this space to record any other pertinent information and/or clarifications.

PREPARE AND TRANSMIT 9-LINE MEDEVAC INSTRUCTION

TASK: Transmit a MEDEVAC request
CONDITION: Given a Tactical Field Care (TFC) setting with a casualty requiring evacuation
STANDARD: Transmit a MEDEVAC request, providing all necessary information as quickly as possible
EQUIPMENT: 9-Line Report

PERFORMANCE MEASURES: Step-by-step instructions.

01 Contact the unit that controls the evacuation assets.

02 Give the following in the clear, "I HAVE A MEDEVAC REQUEST, OVER."
Wait 1 to 3 seconds for a response.

03 Transmit the MEDEVAC information in the proper sequence.

Line 01: Location of the pickup site (8-digit grid coordinate)

Line 02: Radio frequency, call sign, and suffix
NOTE: The call sign and suffix (if needed) in line 2 should be transmitted in the clear.

Line 03: Numbers of patients by precedence

(a) Urgent

(b) Urgent Surgical

(c) Priority

(d) Routine

(e) Convenience

NOTE: If using two or more categories, insert word "break" between each category

Line 04: Special equipment required

(a) None

(b) Hoist

(c) Extraction Equipment

(d) Ventilator

Line 05: Number of patients by type (encrypt this using brevity codes)

L+# = number of litter patients

A+# = number of ambulatory patients
NOTE: If requesting MEDEVAC for both, insert word "break" between each entry
NOTE: Transmit, as a minimum, line numbers 1–5 during initial contact with the evacuation unit. Insert the word "break" at the end of line 5.

Line 06:

WARTIME- Security of the pickup site

N = No enemy troops in the area

P = Possible enemy troops in the area

E = Enemy troops in the area; approach with caution

X = Enemy troops in area; armed escort required

PEACETIME: Number and type of wound, injury, or illness

Line 07: Method of marking pickup site

A = Panels

B = Pyrotechnic signal

C = Smoke signal

D = None

E = Other

Line 08: Patient nationality and status (encrypt this using brevity codes)

A = US Military

B = US Civilian

C = Non-US Military

D = Non-US Civilian

E = Enemy Prisoner (EPW)

Line 09:

WARTIME - CBRN Contamination (encrypt this using brevity codes)

   N = Nuclear

   B = Biological

   C = Chemical

PEACETIME: Number and type of wound, injury, or illness

NOTE: Transmit lines 6 through 9 while the aircraft or vehicle is en route, if not included during the initial contact.

04 State all line-item numbers in a clear voice.

05 Provide a MIST report at the conclusion of the 9-line request.
   M - Mechanism of injury and time of injury (if known)

   I - Injury or illness

   S - Symptoms and vital signs

   T - Treatment given

06 Pronounce letters and numbers according to appropriate radiotelephone procedures.

07 End the transmission by stating "OVER."

08 Keep the radio on and listen for additional instructions or contact from the evacuation unit.

Developed by the

JOINT TRAUMA SYSTEM

A Combat Support Division of

DHA

DEFENSE HEALTH AGENCY