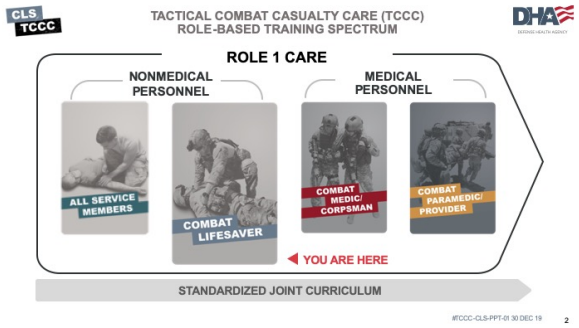
MODULE 07 – AIRWAY MANAGEMENT IN TFC

SLIDE 1 – TITLE SLIDE

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.

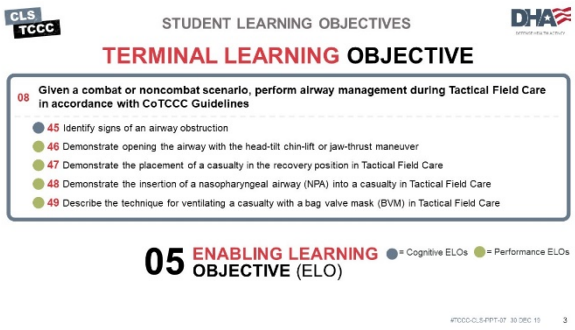
The Combat Medic/Corpsman role has much more advanced and invasive care requiring significantly more medical knowledge and skills.

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

The TCCC-CLS course is built on a foundation of learning objectives. These objectives lay out the basic structure of the course and describe the knowledge and skills you are expected to acquire by the end of the course.

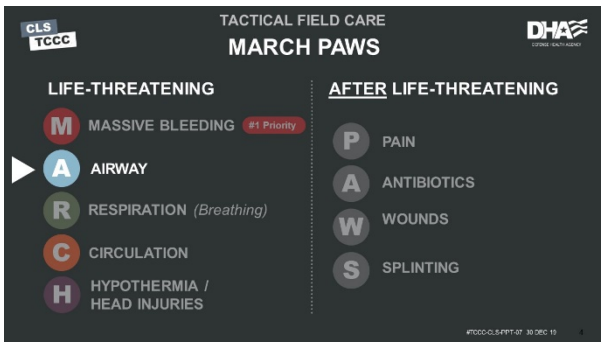


The module has **one Terminal Learning Objective**, or TLO. The TLO is supported by a series of Enabling Learning Objectives, or ELOs. This graphic shows how the ELOs are mapped to the TLOs. The blue dot is the one cognitive or knowledge learning objective for this module which is to identify signs of an airway obstruction. The green dots are the four performance objectives focused on skills and include demonstrate opening the airway with the head-tilt chin-lift or jaw-thrust maneuver, demonstrate the placement of a casualty in the recovery position in Tactical Field Care, demonstrate the insertion of a nasopharyngeal airway (NPA) into a casualty in Tactical Field Care, and describe the technique for ventilating a casualty with a bag valve mask (BVM) in Tactical Field Care.

The critical aspects are to be able to identify signs of life-threatening airway obstruction and the importance of prompt intervention and to demonstrate the appropriate interventions to address airway obstruction in accordance with the CoTCCC guidelines.

SLIDE 4 – MARCH PAWS

Airway management is the “A” in the MARCH PAWS sequence.

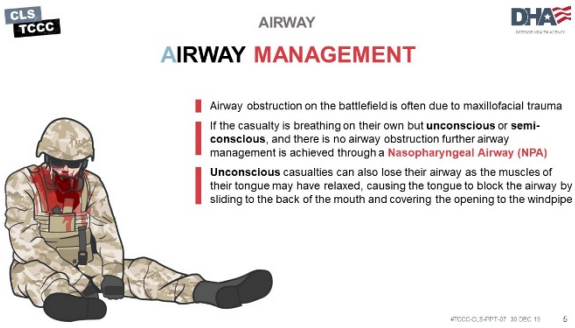


SLIDE 5 – AIRWAY MANAGEMENT IN TFC

Remember: If a casualty is conscious and can speak normally, there is no airway obstruction.

Airway obstruction on the battlefield is often due to maxillofacial trauma (trauma to the face and jaw).

Unconscious casualties can also lose their airway when the muscles of their tongue relax, causing the tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe.



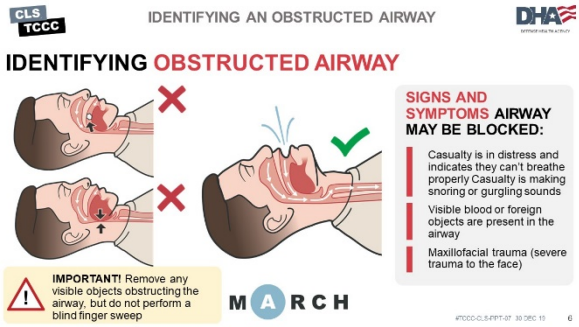
Airway obstruction on the battlefield is often easily corrected with simple maneuvers.

SLIDE 6 – IDENTIFYING OBSTRUCTED AIRWAY

Airway obstruction on the battlefield is often due to maxillofacial trauma, which may include disrupted airway anatomy and/or bleeding into the airway.

Casualty may indicate that they are in distress and/or make snoring or gurgling sounds.

If you see something in the casualty's mouth (such as foreign material, loose teeth, dentures, facial bone, or vomitus) that could block their airway, use your fingers to perform a sweep to remove the material as quickly as possible.

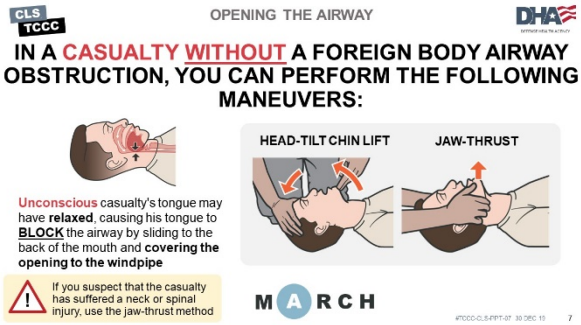


Do not perform a blind finger sweep if no foreign body is seen in the casualty's mouth.

SLIDE 7 – IN A CASUALTY WITHOUT A FOREIGN BODY AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS

Unconscious casualties can also lose their airway, as the muscles of their 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.

Using the head tilt/chin-lift or jaw-thrust maneuver to move the tongue away from the windpipe and open the airway may allow the casualty to resume breathing on their own.



If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method. If a casualty cannot maintain an open airway once opened, a second responder may be needed to assist in maintaining an open airway.

SLIDE 8 – HEAD-TILT / CHIN-LIFT AND JAW-THRUST MANEUVER (VIDEO)

Play video.

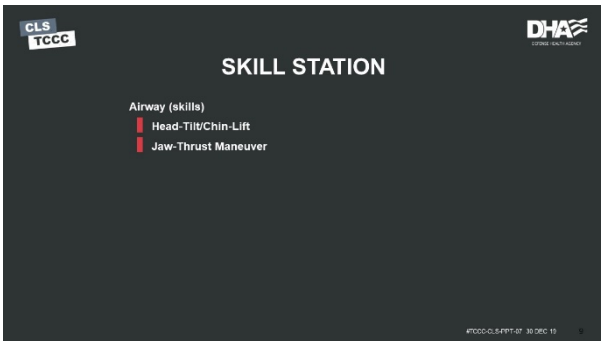
Inspect mouth for injuries, burns, or foreign items.

Do not perform a blind sweep if a foreign body is not visualized.

SLIDE 9 – SKILL STATION

At this time we will break into skill stations to practice the following skills:

- Head-tilt / chin-lift and jaw-thrust maneuver

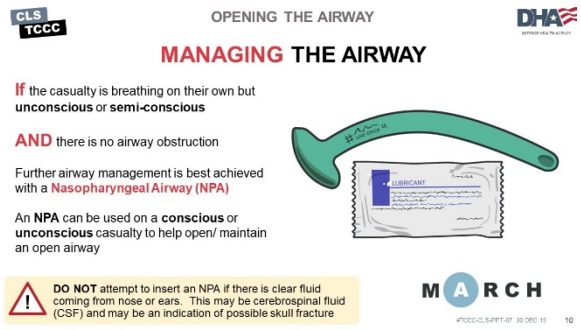


SLIDE 10 – MANAGING THE AIRWAY

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 help an unconscious or conscious casualty maintain an airway if they are breathing on their own.

Also known as a *"Nose Hose"* or *"Nasal Trumpet,"* an NPA is well tolerated by conscious and unconscious casualties and is unlikely to stimulate their gag reflex.



An NPA provides an open (patent) airway and helps to keep the tongue from falling to the back of the mouth and blocking the airway, even if an unconscious casualty's tongue relaxes and partially covers their normal airway.

Do not use an NPA if there is clear fluid coming from the ears or nose. This may be cerebrospinal fluid (CSF), an indication of a possible skull fracture.

The NPA should be inserted into the nostril. If unable to insert into one nostril, insert into the other nostril. Ensure lubrication is used (contained within JFAK).

SLIDE 11 – NPA INSERTION (VIDEO)

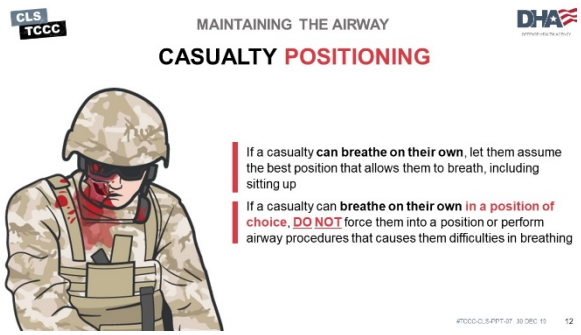
Play video.

SLIDE 12 – CASUALTY POSITIONING

Place unconscious casualties in the recovery position after ensuring their airway is open and completing any necessary treatments.

The recovery position allows blood and mucus to drain out of the casualty's nose and mouth and not to drain back into the airway.

The recovery position also helps to protect against inhaling vomit if the casualty throws up.



SLIDE 13 – MAINTAINING THE AIRWAY/RECOVERY POSITION

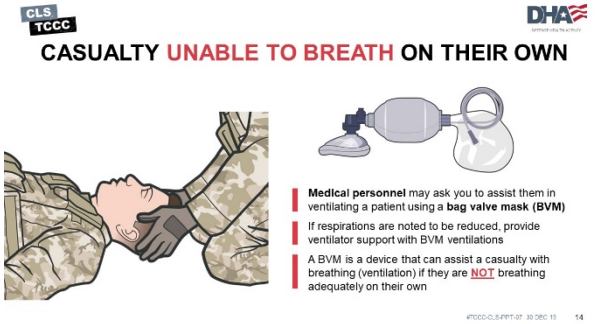
If a casualty can breathe on their own, let them assume the best position (position of comfort) that allows them to breath, including sitting up.

SLIDE 14 – CASUALTY UNABLE TO BREATHE ON THEIR OWN

If a casualty is not breathing on their own, notify a combat medic as soon as possible.

The medic will need to assist the casualty in breathing with a bag valve mask device.

Medical personnel may ask the CLS to assist in using the BVM.

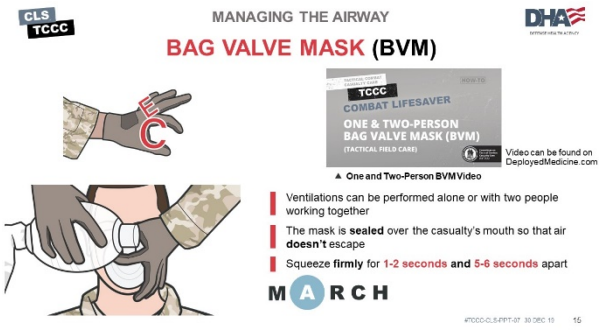


SLIDE 15 – BAG VALVE MASK (BVM) (VIDEO)

Play video.

If respirations are noted to be reduced, provide ventilator support with BVM.

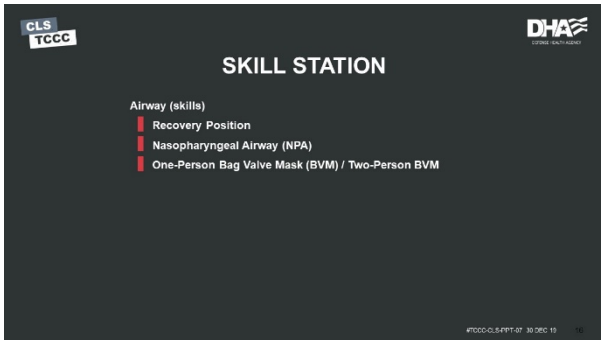
Medical personnel may ask you to assist when using a BVM.



SLIDE 16 – AIRWAY SKILLS STATION

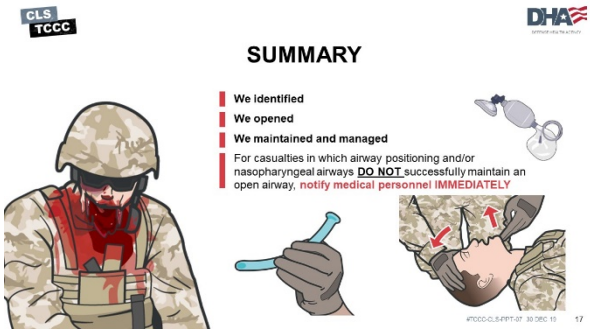
At this time we will break into skill stations to practice the following skills:

- Recovery Position
- Nasopharyngeal Airway (NPA)
- One-Person Bag Valve Mask (BVM) / Two-Person BVM



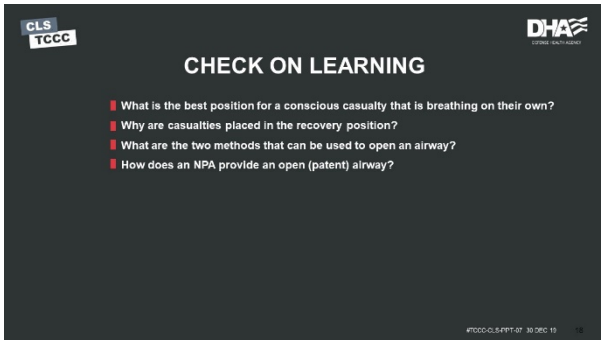
SLIDE 17 – SUMMARY

Prompt identification of airway obstruction and treatment are critical and can be accomplished, in most cases, with simple maneuvers/interventions by a CLS in the TFC phase of care.



SLIDE 18 – CHECK ON LEARNING

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



Now for a check on learning.

1. What is the best position for a conscious casualty who is breathing on their own?
   - A comfortable position of choice that allows them to breathe, including sitting up.
2. Why are casualties placed in the recovery position?
   - The recovery position allows blood and mucus to drain out of the casualty's nose and mouth and not to drain back into the airway. This position also helps to protect against inhaling vomit if the casualty throws up.
3. What are the two methods that can be used to open an airway?
   - Head-tilt/chin-lift method
   - Jaw-thrust method
4. How does an NPA provide an open (patent) airway?

- A nasopharyngeal airway provides an open (patent) airway, helping to keep the tongue from falling to the back of the mouth and blocking the airway even if an unconscious casualty's tongue relaxes and partially covers their normal airway.

SLIDE 19 – QUESTIONS