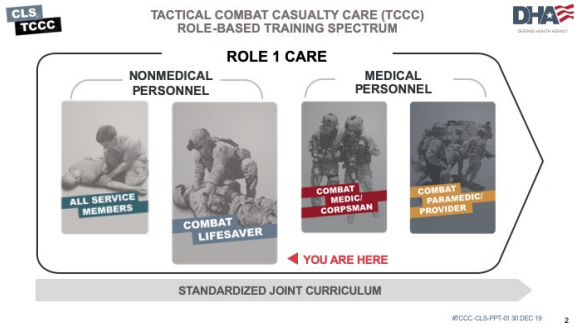
MODULE 19 – PRE-EVACUATION PROCEDURES, COMMUNICATION, AND DOCUMENTATION

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.

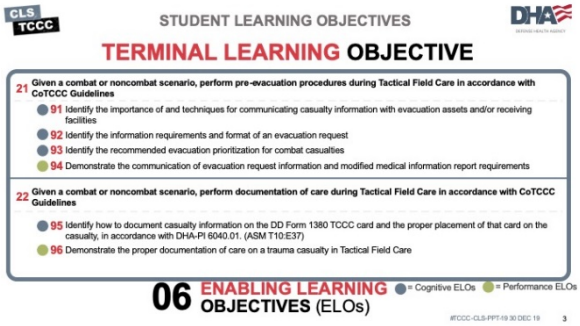
Finally, the last role is for combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

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

There are four cognitive learning objectives and two performance learning objectives for the pre-evacuation procedures module.

The cognitive learning objectives are to identify the importance of and techniques for communicating casualty information, identify the information requirements and format of an evacuation request (9-line), identify the recommended evacuation



prioritization for combat casualties, and identify how to document casualty information on the DD Form 1380 TCCC card.

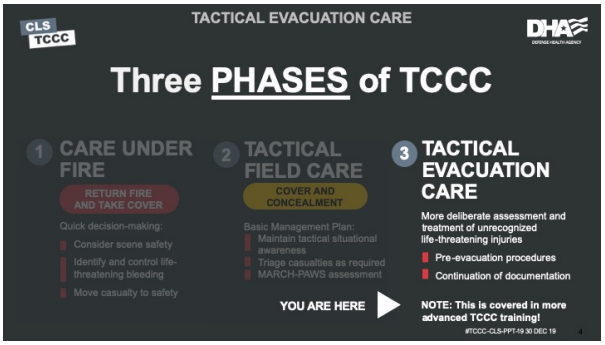
The performance learning objectives are to demonstrate the communication of evacuation request information and modified medical information report and demonstrate the proper documentation of care on a trauma casualty.

The critical aspects are to be able to understand the importance of communication, know the information requirements for evacuation prioritization, evacuation requests and casualty care documentation. Additionally, it is necessary to demonstrate the necessary skills to successfully document casualty care and communicate an evacuation request.

SLIDE 4 – THREE PHASES OF TCCC

Pre-evacuation procedures bridge both Tactical Field Care (TFC) and Tactical Evacuation Care TACEVAC).

Immediate life-threatening hemorrhage control followed by the prevention and treatment of other injuries and complications have all been completed before most pre-evacuation procedures are initiated, although some of the communication and documentation may be ongoing during the TFC phase.

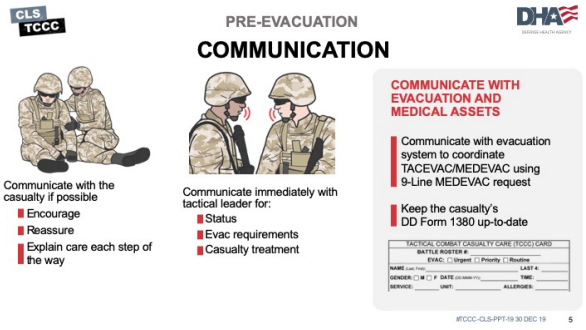


SLIDE 5 – COMMUNICATION

Communicate with the casualty throughout care.

Being physically wounded may generate significant anxiety and fear above and beyond the psychological trauma of combat.

Talking frankly with the casualty about their injuries and offering reassurance by describing the treatments being rendered and emphasizing that everything possible is being done on their behalf and that they will be well taken care of will help to counter their anxiety.



Be honest about the injuries sustained but maintain a positive attitude about rescue and treatment. Talking with the casualty helps assess their mental status, while talking through procedures helps maintain your own confidence and the casualty's confidence in you.

Communicate with tactical leadership ASAP and throughout casualty treatment. Tactical leadership needs to understand the impact to the mission.

For example, tactical leadership may need to know:

- How many casualties were inflicted?
- Who is down as a casualty?
- Can the casualty still fight?

- Has the enemy threat been eliminated?
- Are weapons systems down or fields of fire not covered because the unit has taken casualties?
- Is it necessary to have others fill in the casualties' fighting positions or to move the casualties?

Communicate with the evacuation coordination cell to arrange for TACEVAC. Communicate with medical providers about details of the casualty injuries. This includes 9-line communication and ongoing MIST reports.

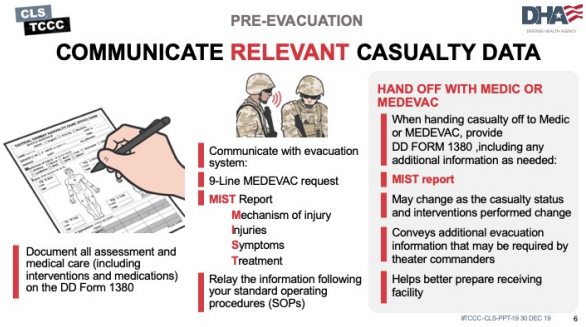
Medical leadership may need to know:

- What injuries were sustained
- The mental and physical status of each casualty
- Treatments rendered and treatments needed
- Does the medic need to triage multiple casualties?
- Should the medic move to a casualty, or should the casualty be moved to the medic?
- Are there enough Class VIII medical supplies?
- Does the unit need to break out litters or extraction equipment?

SLIDE 6 – COMMUNICATE RELEVANT CASUALTY DATA

Medical documentation may be difficult to accomplish in tactical prehospital settings, but it is important to the casualty's subsequent care that every effort should be made to document the care provided by first responders and medics throughout the trauma care continuum from point of wounding/injury to definitive care at the hospital.

Communication is also important, as the injured casualty may impact the success of the mission or change the tactical landscape.



A **DD Form 1380 TCCC Card** is provided in each Joint First Aid Kit (JFAC). Based on the principles of TCCC, the card provides an easy way to document initial lifesaving care provided at the point of wounding. The card also serves as a prompt to remind first responders of the assessment and treatment steps of the MARCH sequence.

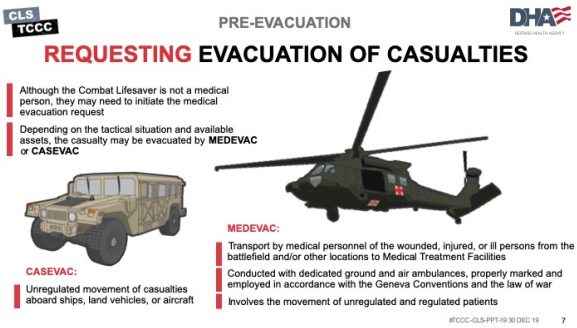
The DD 1380 is relatively self-explanatory, but there might be some acronyms or sections that are intuitive to someone who hasn't filled one out before. So, we'll watch this video on the subject to familiarize ourselves with the form and then we'll practice filling one out with each casualty as we go through the rest of the skills training. This information about the casualty informs the medical evacuation request and can be collected simultaneously with the other required information.

MIST reporting was instituted as a standard part of the MEDEVAC request during *Operation Enduring Freedom* in Afghanistan. **MIST** stands for **M**echanism of injury, **I**njuries, **S**igns and **S**ymptoms and **T**reatment. Though not a formal part of the NATO and U.S. standard MEDEVAC request, MIST reporting has become a norm in combat theaters. The MIST transmits medical information to the receiving treatment facility and to the evacuation platform. A MIST report conveys additional evacuation information that may be required by theater commanders. MIST information helps the receiving Military Training Facility better prepare for specific inbound casualties. Transitioning casualty care to another medical team is best accomplished with an oral discussion of the casualty's status, along with the written documentation on the DD Form 1380. But in cases where an oral hand-off isn't a viable option, the written information may be the only way receiving medical personnel will know what you have done to help the casualty and what the next steps should be to provide the best care going forward.

SLIDE 7 – REQUESTING EVACUATION OF CASUALTIES

Every service member should be able to initiate a medical evacuation request.

Depending on the situation, the evacuation options may involve dedicated evacuation resources with medical capabilities, MEDEVAC, or could involve other transportation assets not dedicated to patient movement, but called on as vehicles of opportunity support **Cas**ualty **Evac**uation (CASEVAC).



In CASEVAC, the casualties are moved without regulating their movement, and in MEDEVAC the patients are often regulated.

MEDEVAC assets are usually marked with a red cross and **cannot** be used for nonmedical missions.

Communicate with the evacuation system, **the Patient Evacuation Coordination Cell,** to arrange for TACEVAC. Communicate with medical providers on the evacuation asset if possible and relay mechanism of injury, injuries sustained, signs/symptoms, and treatments rendered. Provide additional information as appropriate.

SLIDE 8 – MEDEVAC REQUEST KEY POINTS

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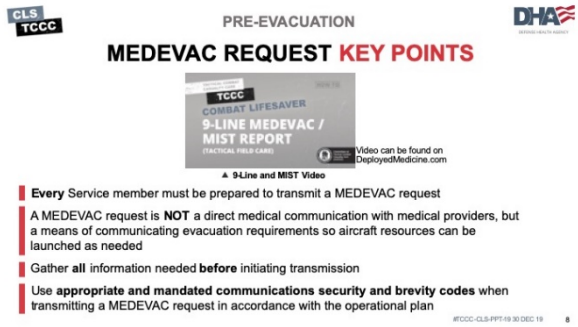
Before initiating an evacuation, collect all of the information you will need, and when calling in, be sure to follow all appropriate communication protocols and guidance.



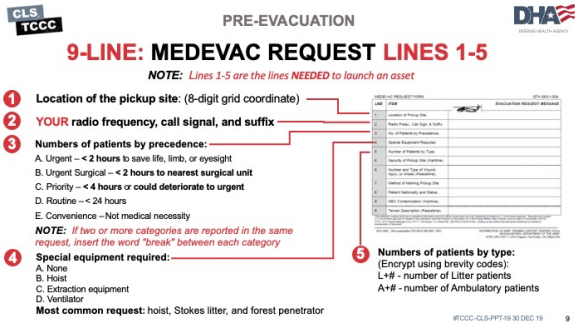
Remember that when you request a medical evacuation, you aren't directly coordinating with medical providers, but are explaining your evacuation requirements with someone who coordinates air asset movements.

Although they still require some general information about the status of the casualty, much of the information that they need to coordinate evacuation is not clinical and relates to logistical and operational issues.

SLIDE 9 – 9-LINE: MEDEVAC REQUEST LINES 1–5

The standard MEDEVAC request has 9 lines. However, lines 1-5 are required before a MEDEVAC can be launched.

Using a phonetic alphabet and following your unit's normal communications procedures, call in your grid location, your radio frequency and call sign, the number of casualties that you have by precedence, any equipment that needs to be brought by the evacuation team, how many of the casualties will be on litters, and how many will be ambulatory.

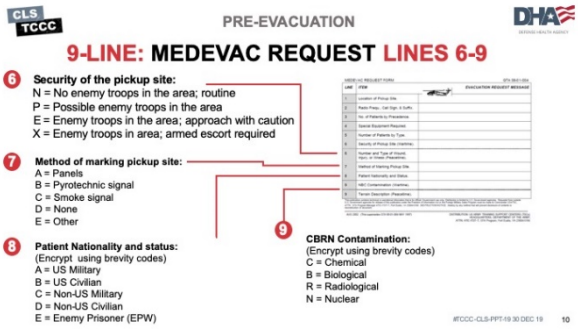


Determining the precedence of the casualties is arguably the hardest part of this process, as it is often difficult to estimate how well a casualty might do after you have provided appropriate initial TCCC support.

SLIDE 10 – 9-LINE: MEDEVAC REQUEST LINES 6–9

The last four lines of the request include:

1. Security situation at the pick-up site
2. How you plan on marking the landing zone
3. The casualties' nationalities and status
4. CBRNE threats that might be present

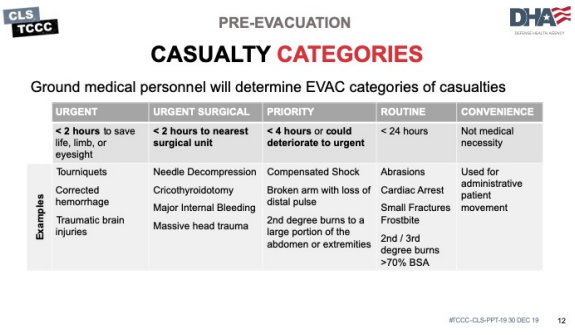


SLIDE 11 – SKILL STATION

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

- 9-Line and MIST Report

SLIDE 12 – CASUALTY CATEGORIES

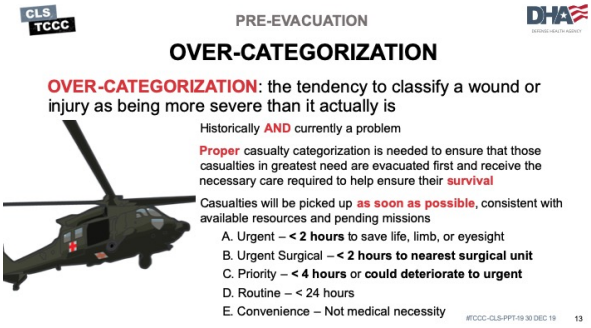


SLIDE 13 – OVER-CATEGORIZATION

It is important to **accurately categorize casualties** for MEDEVAC to ensure that the limited evacuation resources are used as efficiently as possible.

Over categorization is a tendency to categorize a wound or injury as being more severe than it actually is. This has been and is currently a problem on the battlefield.

Proper categorization helps triage casualties in the order of greatest need and avoid sending evacuation assets to a casualty who has less severe injuries while a more seriously injured casualty has a delayed evacuation.

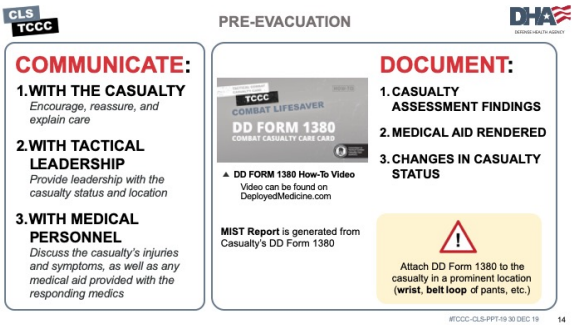


SLIDE 14 – COMMUNICATE AND DOCUMENT

In summary, during the Tactical Field Care (TFC) phase, we must continue to communicate with the casualty and with tactical leadership, and to initiate evacuation.

Every member of the unit must be prepared to perform any of these communication requirements.

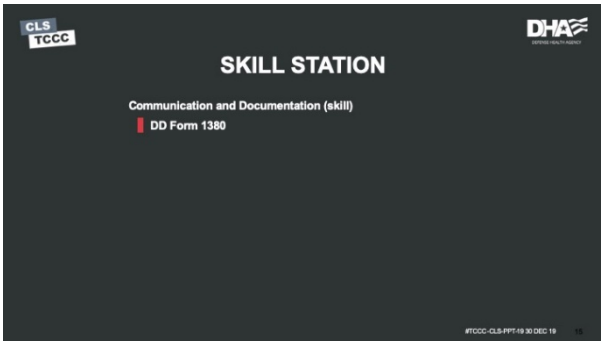
It is **important** that all TCCC actions and information are documented for each casualty so that the next provider in the continuum of casualty care knows what interventions have been performed, including tourniquet times, medications administered, etc.



SLIDE 15 – SKILL STATION

During the skill station for this module you will all be given a scenario that requires you to fill out a DD Form 1380, documenting the casualty's injuries and treatment.

Afterwards, using this information and additional information from the scenario, you will need to prepare a MIST report and then call in a 9-line MEDEVAC request.

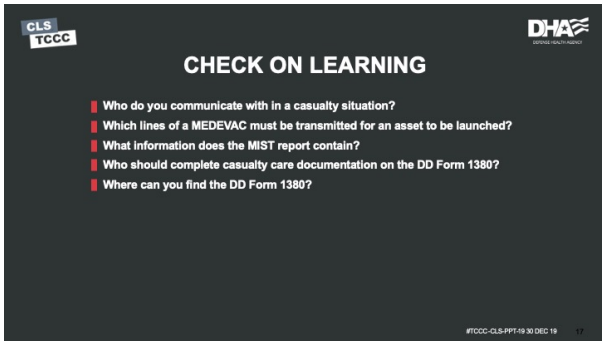


SLIDE 16 – SUMMARY

In this module we highlighted the importance of and techniques for communicating casualty information. We demonstrated how to communicate evacuation request information and a modified medical information report along with how to properly document care on a trauma casualty. We discussed the information requirements and format of an evacuation request (9-line), the recommended evacuation prioritization for combat casualties, and documentation of casualty information on the DD Form 1380 TCCC card.

SLIDE 17 – CHECK ON LEARING

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



Now for a check on learning.

1. With whom do you communicate in a casualty situation?
   - The casualty
   - The tactical leader
   - Medical personnel upon arrival
2. Which lines of a MEDEVAC must be transmitted for an asset to be launched?
   - Lines 1–5 and/or 6 are enough information to initiate a MEDEVAC depending upon pre-planning and coordination between tactical and evacuation units.
3. What information does the MIST report contain?
   - Mechanism of injury
   - Injuries
   - Symptoms
   - Treatment
4. Who should complete casualty care documentation on the DD Form 1380?
   - The card should be filled out by whomever provides care to the casualty.
5. Where can you find the DD Form 1380?
   - In the casualty's JFAK

SLIDE 18 – QUESTIONS