

CLS

TCCC

COMBAT LIFESAVER

TACTICAL COMBAT CASUALTY CARE

MODULE 05:

TACTICAL

TRAUMA

ASSESSMENT

SKILL INSTRUCTIONS

25 JAN 2020



**Committee on
Tactical Combat
Casualty Care
(CoTCCC)**

TACTICAL TRAUMA ASSESSMENT INSTRUCTION

TASK:	Perform a tactical trauma assessment
CONDITION:	Given a combat scenario in which casualty and responder are in combat gear and the casualty has sustained one or more injuries, and the casualty's Joint First Aid Kit (JFAK) and a Combat Lifesaver (CLS) kit are available
STANDARD:	Perform a tactical trauma assessment following all steps and meeting performance measures without causing further injury to the casualty in accordance with Service and/or unit standard operating procedures
EQUIPMENT:	JFAK or other individual first aid kit, a CLS kit, and any other equipment required per Service guidelines

01 Perform Care Under Fire (CUF).

- (a) Return fire and take cover.
- (b) Direct or expect the casualty to remain engaged as a combatant, if appropriate.
- (c) Direct the casualty to move to cover and apply self-aid, if able.
NOTE: If the casualty is not responsive or cannot move, assess the tactical situation for best options to move the casualty or secure the site.
NOTE: If the casualty is unable to move on their own, perform a casualty drag/carry to move the casualty to cover.
- (d) Extract casualties from burning vehicles or buildings and move to places of relative safety. Do what is necessary to stop the burning process.
- (e) Apply a tourniquet to control life-threatening external bleeding.
NOTE: Apply the tourniquet over the uniform proximal (above) the bleeding site(s). If the site of the life-threatening bleeding is not readily apparent, place the tourniquet "high and tight" (as proximal as possible) on the injured limb.
NOTE: Always use the casualty's personal JFAK and supplies.

02 Perform Tactical Field Care (TFC).

- (a) Establish a security perimeter and maintain tactical situational awareness.
- (b) Triage casualties as required.
- (c) For casualties with an altered mental state, take away weapons and communications equipment immediately.

03 Assess and treat the casualty using the **MARCH PAWS** sequence:

- | | |
|----------------------|---------------|
| - Massive hemorrhage | - Pain |
| - Airway | - Antibiotics |
| - Respiration | - Wounds |
| - Circulation | - Splint |
| - Hypothermia/Head | |

04 Assess and treat Massive hemorrhage.

- (a) Assess for unrecognized hemorrhage and control all sources of bleeding.
NOTE: If not already done (in CUF), use a limb tourniquet recommended by the Committee on Tactical Combat Casualty Care (CoTCCC) to control life-threatening external hemorrhage that is anatomically amenable (where the tourniquet can be applied) to tourniquet use or for any traumatic amputation. Apply directly to the skin 2–3 inches above the bleeding site.
NOTE: If bleeding is not controlled with the first tourniquet, apply a second tourniquet side-by-side with the first (above, if feasible).
- (b) For compressible (external) hemorrhage where a limb tourniquet cannot be applied, apply improvised junctional hemorrhage control techniques using a CoTCCC-recommended hemostatic dressing.

- 05** Assess and secure the **Airway**.
- Allow a **conscious** casualty to assume any position of comfort that best facilitates breathing and protects the airway, including sitting up.
 - If the casualty's airway is obstructed, use a head-tilt/chin-lift or jaw-thrust maneuver to open the airway.
 - Insert an NPA in an **unconscious** casualty or a **semiconscious** casualty.
 - Place an **unconscious** casualty in the recovery position.
- 06** Assess **Respiration**.
- Look for chest wounds.
 - Apply a chest seal in the presence of an open chest wound.
 - Assess for tension pneumothorax.
 - Burp the chest seal.
 - Perform needle decompression in the presence of tension pneumothorax.
 - Reassess to confirm needle decompression was successful.
- 07** Assess **Circulation**.
- Reassess prior tourniquet application and/or wound packings with pressure bandages after each movement of the casualty.
 - Assess for pelvic fracture (signs and symptoms, and treatment considerations) and inform medical personnel.
 - Assess for hemorrhagic shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse).
- 08** Prevent and treat **Hypothermia** (active/passive).
- Minimize casualty exposure to the environment.
 - Employ active warming measures, if available.
 - Use passive warming measures if active warming device is unavailable.
- 09** Assess for **Head injury**.
- Check for signs and symptoms of a head injury, and report your observations to medical personnel.
NOTE: Share any information about how you found the casualty, any signs you observed or casualty-reported symptoms (e.g., conscious or unconscious, headache, vomiting, ears ringing, double vision, dizziness).
 - Assess and document mental status using AVPU (Alert, Responds to Voice, Responds to Pain, Unresponsive).
- 10** If a penetrating eye injury is noted or suspected, cover the eye with a rigid eye shield, and administer an oral antibiotic from the Combat Wound Medication Pack (CWMP).
NOTE: Do not apply pressure directly to the eye.
- 11** Control **Pain**: Administer the CWMP if the casualty is **conscious** and can swallow.
- Administer oral analgesic(s) for pain
 - If pain is severe, refer to medical personnel.
- 12** Administer **Antibiotic(s)**: Administer the CWMP if the casualty is **conscious** and can swallow.
- Administer antibiotic(s) for all open wounds.
NOTE: Casualties with penetrating injuries should receive antibiotics.
 - If the casualty cannot swallow (because of shock or **unconsciousness**), refer to a medic.
- 13** Treat additional **Wounds**.
- Inspect and dress known wounds.
 - Check for additional wounds (e.g., scalp lacerations) and dress, as necessary.
 - Assess and treat burns by applying dry, sterile dressings to burns and preventing hypothermia.
NOTE: Burn patients are particularly susceptible to hypothermia. Place extra emphasis on barrier heat loss prevention methods.
- 14** Splint any fractures found on the casualty.
NOTE: Splinting fractures can bring significant pain relief and minimize bleeding.

NOTE: Do not disrupt impaled objects.

- 15** Communicate: Transmit the 9-Line MEDEVAC information in the proper sequence.
- (a) Communicate with the casualty, if possible. Encourage, reassure, and explain care.
 - (b) Communicate with tactical leadership as soon as possible and throughout casualty treatment as needed. Provide leadership with casualty status and evacuation requirements to assist with coordinating evacuation assets.
 - (c) Communicate with the evacuation system (the Patient Evacuation Coordination Cell) to arrange for Technical Evaluation Care (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.
- 16** Document: Record all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.
- 17** Prepare for evacuation.
- (a) Complete the DD Form 1380 TCCC Casualty Card and secure it to the casualty.
 - (b) Secure all loose bandages, equipment, blankets, etc.
 - (c) Secure litter straps as required; consider additional padding for long evacuations.
 - (d) Provide instructions to ambulatory patients as needed.
 - (e) Stage casualties for evacuation and identify litter team(s).
 - (f) Maintain security/safety at the evacuation point.

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