

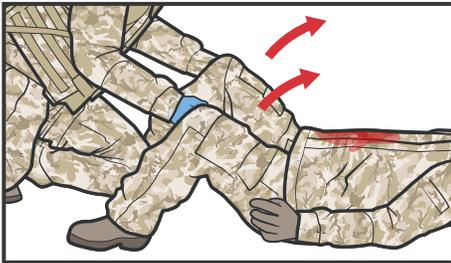
OPEN ABDOMINAL WOUND

CAUTION: The size of the external wound is not a safe guideline for judging its severity

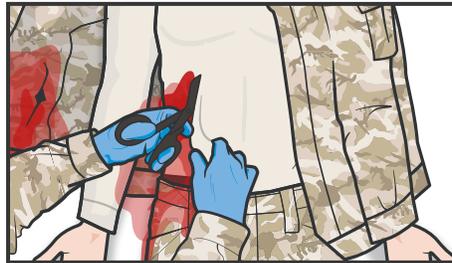


CONSIDER body substance isolation.

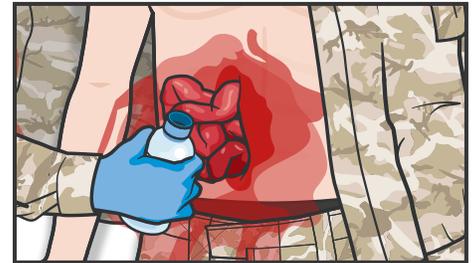
NOTE: If a Combat Lifesaver is available, direct them to assist.



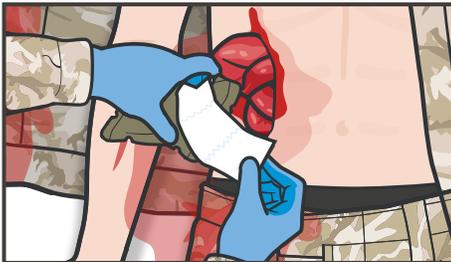
01 **PLACE** the casualty in the supine position, with knees flexed.



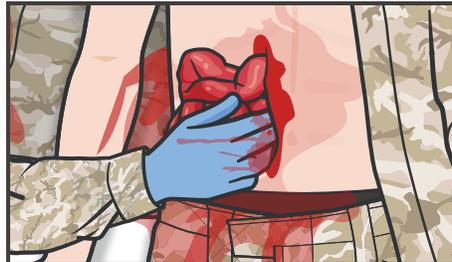
02 **EXPOSE** the wound, inspecting for deformities, contusions, abrasions, penetrations, burns, lacerations, and swelling, and most importantly, tenderness, rigidity, distention, and pulsating masses.



03a **RINSE** the wound with clean (and warm if possible) fluid to reduce gross contamination.



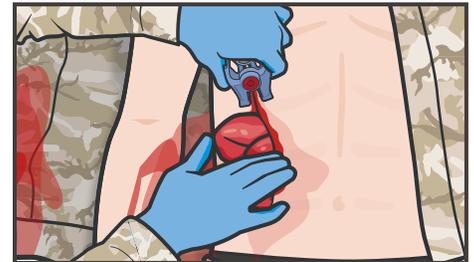
03b **STEP 3 NOTE:** Apply combat gauze or CoTCCC-recommended hemostatic dressing or hemostatic agent to any uncontrolled bleeding.



04 If no evidence of bowel leakage and hemorrhage is visibly controlled, a single brief attempt (<60 seconds) may be made to replace/reduce the eviscerated abdominal contents.

CAUTION: Do NOT attempt if there is evidence of ruptured bowel (gastric/intestinal fluid or stool leakage) or active bleeding.

CAUTION: DO NOT force contents back into abdomen or actively bleeding viscera or remove foreign objects.



05 If reduction attempt is successful, **RE-APPROXIMATE** the skin using available material, preferably an adhesive dressing (chest seal, for example) or with staples, sutures or a wound closure device.

06 **STABILIZE** any protruding objects (see Impaled Object Skill Card).

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OPEN ABDOMINAL WOUND

Continued...



07 COVER exposed bowel with moist, sterile abdominal dressings, if available.

STEP 7 NOTE: Protruding abdominal organs should be kept moist to prevent the tissue from drying out.

- (a) Ensure that the dressing is large enough to cover the entire mass of protruding organs or area of the wound.
- (b) Using the sterile side of the dressing, or other clean, damp material, gather or keep any protruding organs near the wound and cover the wound.

STEP 7 NOTE: Do not touch exposed organs with bare hands.

- (c) If using a dressing with tails, tie loosely and do not tie directly over the wound.



08 COVER the dressed, eviscerated organs with water impermeable non-adhesive material (preferably transparent to allow re-assessment for ongoing bleeding). Examples include the sterile side of a plastic wrapper, IV bag, clear food wrap, etc.

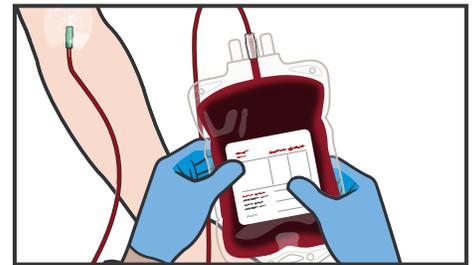
CAUTION: DO NOT apply pressure on the wound or further expose internal organs.



09 SECURE the impermeable dressing to the patient using adhesive bandage (examples: medical tape, chest seal).

NOTE: If an adhesive bandage isn't available, loosely cover the dressing with cravats and tie them on the side of the casualty opposite that of the dressing ties (if present).

NOTE: Use multiple dressings and cravats, if needed, to cover a large wound, ensuring tails of additional dressings are not tied over each other.



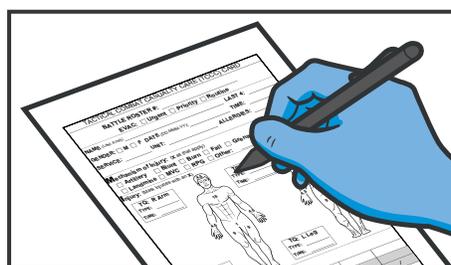
10 ASSESS AND TREAT the casualty for shock and continue to reassess periodically.

NOTE: The most important concern in the initial management of abdominal injuries is shock.

CAUTION: Shock may be present initially or may develop later.



11 PREVENT hypothermia as exposed abdominal contents will result in more rapid heat loss.



12 DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.