

RAPID CASUALTY ASSESSMENT INSTRUCTION

TASK:	Perform a rapid casualty assessment
CONDITION:	Given a trauma casualty in a combat or noncombat scenario and a first aid kit
STANDARD:	Assess and render aid to a trauma casualty using the MARCH sequence in accordance with CoTCCC Guidelines. Subsequently, assess and render aid for other injuries.
EQUIPMENT:	First aid kit and a manikin or a training buddy

PERFORMANCE MEASURES: Step-by-step instructions.

Care Under Fire/Threat Phase

01 Assess scene safety

Assess scene safety for hostile threats including gun fire, burning, electrocution, or anything that can cause further harm.

02 Assess the casualty for responsiveness

If safe to enter, approach casualty. Assess the casualty for responsiveness by asking in a loud, but calm voice “Are you okay” and note any signs of confusion. If unresponsive, gently shake or tap them to see if the casualty is awake.

03 Retrieve the First Aid Kit

- (a) Open the kit and retrieve the tourniquet. If the casualty has a personal first aid kit, use the tourniquet in their personal kit.
- (b) If it is not safe to enter, and the casualty is able, direct them to move to a safe location and, if indicated, perform self tourniquet application using his/her own tourniquet. If the casualty is unable to move, does not have a personal first aid kit, or is unresponsive, eliminate or reduce the threat, perform a visual sweep for obvious extremity bleeding, apply tourniquet(s) as needed and move the casualty to a safe/covered position.

Tactical Field Care Phase

INITIATE “MARCH” SEQUENCE

04 MASSIVE BLEEDING:

- (a) If the source of massive bleeding is obviously visible from an amputation or other major wound, immediately control the bleeding by applying a tourniquet(s) or packing the wound(s) if the injury is in a location where a tourniquet cannot be used (e.g., groin, armpit or neck).
- (b) Once the scene is deemed safe during the Tactical Field Care phase, perform a BLOOD SWEEP. Using both hands, start by feeling the front/back of the neck, looking for blood on your hands. From the neck, move down to sweep each arm, one at a time starting at the arm pit, stopping every few inches to look for signs of blood on your hands. Continue down to sweep each leg, one at a time starting at the groin, stopping every few inches to look for signs of blood on your hands. If during the sweep, you encounter any massive bleeding, immediately apply tourniquet(s). If the injury is in a location where a tourniquet cannot be used (groin, armpit or neck) pack wound(s) and apply pressure bandage. Continue the blood sweep until all the extremities have been checked.

AIRWAY: If tolerated, put the casualty on their back and assess for breathing (look, listen, and feel). If air is not flowing freely in and out, proceed with airway maneuvers to open the airway. Open the airway using head-tilt/chin-lift or jaw-thrust maneuvers.

NOTE: *If you suspect that the casualty has a neck or spine injury, and the situation allows, use and maintain the jaw-thrust maneuver.*

RESPIRATION/BREATHING: Once the airway has been addressed:

- (a) Look, listen and feel for breathing, or if the casualty is attempting to breathe. Look for equal rise and fall with each breath. Listen for gurgling or wheezing.
- (b) Expose the casualty's chest and back to identify penetrating injuries (entry or exit wound).
- (c) Look/feel for any wounds by running both hands and fingertips across the chest, abdomen and back using a sweeping motion. To examine the back, kneel beside the casualty, reach across their body and grab them at the waist and shoulder, rolling them on to your knees, and move or remove clothes and body armor to expose their back.
- (d) Identify signs and symptoms of a penetrating or open chest wound:
 - A "sucking" or "hissing" sound when the casualty inhales
 - Difficulty breathing
 - Puncture wound(s) to the chest
 - Froth or bubbles around the injury
 - Coughing or spitting up blood
 - Pain in the chest or shoulder
- (e) If the casualty is CONSCIOUS place into the SEATED or RECOVERY POSITION. If the casualty is UNCONSCIOUS place in the RECOVERY position.

CIRCULATION: Monitor the casualty for circulation and prevent or render aid for signs and symptoms of shock.

NOTE: Bleeding Re-check. *Reassess every tourniquet and/or dressing that may have been applied earlier. Expose the area and determine if bleeding is controlled. Expose and clearly mark all tourniquet sites with the time of tourniquet application if not previously done. When time and the tactical situation permit, check for further bleeding and for pulses further out on the limb than the tourniquet.*

Prevent Shock. *Assess for shock from excessive bleeding (look for rapid breathing, losing focus and having difficulty engaging, having sweaty, cool, clammy skin and/or pale/gray skin). Prevention of shock is much better than medical aid for shock, so any source of bleeding must be controlled, if possible.*

HYPOTHERMIA: Prevent hypothermia worsened by excessive bleeding by keeping the casualty warm and dry.

NOTE: Hypothermia Prevention. *Try to get the casualty off the bare ground and onto an insulated surface as soon as possible. Remove wet clothing and keep dry clothing on and in place. Cover the casualty with anything that is available (jackets, dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the casualty dry).*

- 05** Assess and render aid for other injuries such as eye trauma, burns, or fractures (identify need to place eye shield, burn dressing, splints or slings). Also, check for signs or symptoms of a head injury, and report your observations to medical personnel. It is important to share any information about how you found the casualty, any signs you observed or self-reported symptoms. For example, was the casualty awake or unconscious, did they complain of a headache or vomiting, ears ringing, double vision and/or dizziness, or did they report "something feels wrong or I don't feel right."
- 06** Document medical aid on the casualty's DD1380 Tactical Combat Casualty Care (TCCC) Card, and place the card on the casualty, if in a tactical situation.
- 07** Communicate your findings and any medical aid provided to medical personnel; assist with evacuation, as requested.