APPENDIX A : (MARCHE)^2 SUMMARY

TCCC + CBRN = (MARCHE)^2			
	Hot Zone	**Warm Zone**	**Cold Zone**
Priorities	• Think Care Under Fire, sometimes agent is like effective fire • "What is killing the casualty now, is it the agent or trauma?" The answer to this question dictates your treatments • Triage • Treat only immediate life-threats • Expose only what is needed to save life. • CRESS assessment. Identify nerve agent exposure. • If chemical contamination of a wound is suspected, expose perform rapid spot decontamination as soon as possible • Protect yourself and the casualty from the threat: time, distance, shielding, upwind, uphill, upstream • Heat injury from operating in PPE is common and may be unrelated to the agent. • Getting to the warm zone may require prolonged movement of the casualty. • A medic caring for chemical casualties is contaminated (dirty medic) and cannot cross to cold zone with patient until decontaminated. • In conventional TCCC, only massive hemorrhage is addressed during CUF. However, some chemical agents are rapid killers. Nerve agent antidotes and rapid decontamination must be administered as early as possible.	• Think Tactical Field Care • "What is killing the casualty now, is it the agent or trauma?" The answer dictates your treatments • Triage • Provide only life-saving care, get them to the cold zone for definitive care. • Replace dirty tourniquets and decontaminate indwelling devices or replace as indicated. • Casualty may require advanced airway management and ventilator support • Perform cutout and thorough decontamination. • Perform treatments while decontamination is being conducted. "Expose to treat". • Assess circulation and administer resuscitation fluids per TCCC guidelines only if absent radial pulse • Countermeasures: administer specific treatments for life-threats as needed based on exposure and symptoms • Hypothermia is a threat due to exposure during decontamination. • Determine whether altered mental status is due to chemical agent or trauma	• Think Tactical Evacuation or Prolonged Field Care • "What is killing the casualty now, is it the agent or trauma?" The answer to this question dictates your treatments. • Triage • Anticipate and mitigate hypothermia. • Receiving medical personnel may have little to no experience with CBRN. Ensure effective patient handoff. • Clean Medic (remains on cold zone side of hot line and not exposed to contaminated casualties)
TCCC	M: Massive Hemorrhage	M.A.R.: reassessment	(MARCHE)^2 reassessment
	A: Airway, assess	C: Circulation and Shock Status	
	R: Respirations, assess	H: Hyperthermia, H: Head Wounds (altered mental status	
	E: Extraction	E: Evacuation	
CBRN	M: Don Mask, Mask check	M.A.R.: reassessment	(MARCHE)^2 reassessment
	A: Antidote (ATNAA/CANA)	C: Countermeasures (drips, nebulized medicines, etc.)	
	R: Rapid Shot Decontamination	H: Hyperthermia, H: Head Wounds (altered mental status	
	E: Extraction	E: Evacuation	

Terms: (MARCH)^2: Massive hemorrhage/Mask, Airway/Antidote, Respiration/Rapid spot decontamination, Circulation/Countermeasures, Head/Hypothermia, Extraction/Evacuation
TCCC: Tactical Combat Casualty Care; CBRN: chemical, biological, radiological, nuclear; CRESS: Consciousness, Respirations, Eyes, Secretions, Skin PAPR: Powered Air Purifying Respirator; SCBA: Self Contained Breathing Apparatus; ATNAA: Antidote Treatment Nerve Agent Auto-injector; CANA: Convulsant Antidote for Nerve Agent