

APPENDIX A: TACTICAL COMBAT CASUALTY CARE CARD, DD 1380

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____
 EVAC: Urgent Priority Routine

NAME (Last, First): _____ LAST 4: _____
 GENDER: M F DATE (DD-MMM-YY): _____ TIME: _____
 SERVICE: _____ UNIT: _____ ALLERGIES: _____

Mechanism of Injury: (X all that apply)
 Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
 TYPE: _____
 TIME: _____

TQ: L Arm
 TYPE: _____
 TIME: _____

TQ: R Leg
 TYPE: _____
 TIME: _____

TQ: L Leg
 TYPE: _____
 TIME: _____

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Scale (0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DD Form 1380, JUN 2014 TCCC CARD

BATTLE ROSTER #: _____
 EVAC: Urgent Priority Routine

Treatments: (X all that apply, and fill in the blank) **Type**

C: TQ- Extremity Junctional Truncal
 Dressing- Hemostatic Pressure Other _____

A: Intact NPA CRIC ET-Tube SGA _____

B: O2 Needle-D Chest-Tube Chest-Seal _____

C:

	Name	Volume	Route	Time
Fluid			<input type="checkbox"/>	
			<input type="checkbox"/>	
Blood Product			<input type="checkbox"/>	
			<input type="checkbox"/>	

MEDS:

	Name	Dose	Route	Time
Analgesic (e.g., Ketamine, Fentanyl, Morphine)			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Antibiotic (e.g., Moxifloxacin, Ertapenem)			<input type="checkbox"/>	
			<input type="checkbox"/>	
Other (e.g., TXA)			<input type="checkbox"/>	
			<input type="checkbox"/>	

OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint
 Hypothermia-Prevention Type: _____

NOTES:

FIRST RESPONDER
 NAME (Last, First): _____ LAST 4: _____

DD Form 1380, JUN 2014 (Back) TCCC CARD