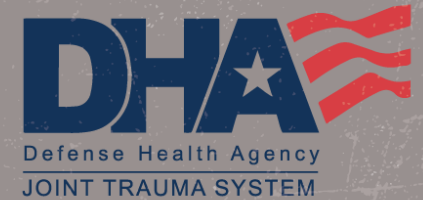




**COMBAT MEDIC/
CORPSMAN**



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 5: TACTICAL TRAUMA ASSESSMENT



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

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Combat Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider

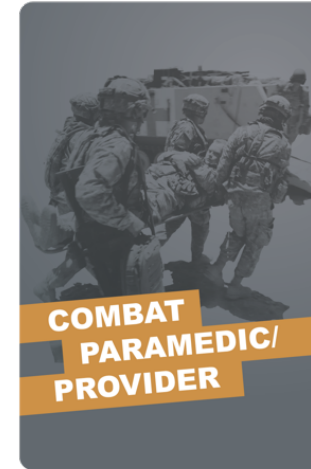
TACTICAL COMBAT CASUALTY CARE ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

**NONMEDICAL
PERSONNEL**



**MEDICAL
PERSONNEL**



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

1 x **TERMINAL LEARNING OBJECTIVES**

06 Given a combat or noncombat scenario, perform a Tactical Trauma Assessment in accordance with Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines.

- 6.1 Identify the common causes of altered mental status in combat or noncombat environments. (CLS T6:E30)
- ⊗ 6.2 Demonstrate the techniques used to assess a casualty for responsiveness. (ASM T3:E9)
- 6.3 Identify the importance of disarming and securing the communications equipment of a casualty whose mental status is altered. (CLS T6:E31)
- 6.4 Identify the importance and techniques of communicating with a casualty in Tactical Field Care. (CLS T6:E32)
- 6.5 Demonstrate communicating with a casualty in Tactical Field Care. (CLS T6:E33)
- ⊗ 6.6 Demonstrate applying body substance isolation in Tactical Field Care. (CLS T6:E34)
- ⊗ 6.7 Demonstrate a Tactical Trauma Assessment in the proper order using the MARCH PAWS sequence in accordance with CoTCCC Guidelines.
- ⊗ 6.8 Demonstrate the appropriate actions and interventions used in a casualty assessment to render aid to the casualty in accordance with CoTCCC Guidelines.

8 x **ENABLING LEARNING OBJECTIVES**

= Terminal Learning Objectives ● = Cognitive ELOs ⊗ = Performance ELOs

INTRODUCTION TO TACTICAL TRAUMA ASSESSMENT (TTA)

Standardized Approach to Assessing a Combat Casualty

RELIABLE, PROVEN METHODOLOGY

Allows seamless approach for multiple responders

CMC COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

CMC TCCC COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
TACTICAL TRAUMA ASSESSMENT

STUDENT NAME, RANK: _____ DATE: _____
INSTRUCTOR NAME: _____ ROSTER#: _____

INSTRUCTION: This checklist should be used in grading a student's ability to perform the TACTICAL TRAUMA ASSESSMENT required for successfully completing the TCCC Combat Medic Course (TCCC-CMC). The student must "PASS (P)" all the critical tasks (marked as "C") to demonstrate proficiency.

SCENARIO: The instructor will provide a scenario for the tactical trauma assessment process. The student will have available a Joint First Aid Kit (JFAK), a Medic/Corpsman Aid bag, and/or the necessary supplies.

PERFORMANCE STEPS	1 st Attempt		2 nd Attempt	
	P	F	P	F
1. Performed Care Under Fire (CUF).	C			
a. Returned fire and took cover.				
b. Directed the casualty to remain engaged as a combatant, if appropriate.				
c. Directed the casualty to move to cover and apply self-aid, if able.				
d. Performed a casualty drag/carry to move an unresponsive or immobile casualty to cover or to a secure site as the tactical situation permitted.				
e. Extracted casualties from sources of burning and moved them to safety.				
f. Stopped the burning process as necessary.				
g. Applied a high and tight limb tourniquet over the uniform and proximal (above) to the bleeding site(s) using the casualty's JFAK and supplies.	C			
2. Performed Tactical Field Care (TFC).	C			
a. Established security perimeter/maintained tactical situational awareness.				
b. If tactical situation permitted, took body substance isolation precautions.				
c. Triage casualties as required.	C			
d. If not completed previously, assessed responsiveness and chief complaint. Unresponsive _____ Responsive _____ <i>(If unresponsive, assess for presence of carotid pulse and respirations. If absent, respond IAW tactical environment.)</i>				
e. Took weapons/communication equipment from casualties with altered mental status.				
3. Verbalized the meaning of MARCH PAWS and used the sequence to perform a casualty assessment.				
4. Assessed and treated Massive hemorrhage.	C			
5. Assessed for unrecognized Life-threatening hemorrhage and controlled all sources of bleeding.				
a. Performed blood sweep of: Neck _____ Axillary _____ Inguinal, and _____	C			

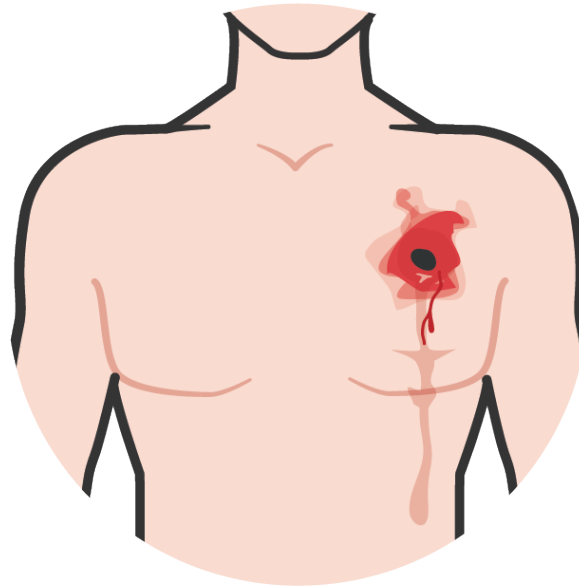
TCCC CLS SKILLS CHECKLIST - TACTICAL TRAUMA ASSESSMENT FORM# TCCC-CLS-02-12: 23 NOV 19



CAUSES OF ALTERED MENTAL STATUS



**TRAUMATIC
BRAIN INJURY**



HYPOXEMIA



HYPOVOLEMIA/SHOCK



HYPOTHERMIA also contributes to altered mental status

TECHNIQUES TO ASSESS RESPONSIVENESS

ALTERED MENTAL STATUS

ASSESS THE MECHANISM OF INJURY

COMMUNICATE WITH THE CASUALTY



Blasts



MVAs



Direct Blow to the Head



Alert



Verbal Stimuli



Painful Stimuli



Unresponsive

DISARMING CASUALTIES AND SECURING COMM EQUIPMENT



"DON'T WORRY,
YOUR UNIT
LEADERSHIP WILL
GET THIS BACK TO
YOU ONCE YOU'RE
BETTER"

REMOVE CASUALTY'S WEAPON, unit leadership (or delegated personnel) should take responsibility for it



This includes **COMMUNICATION EQUIPMENT** or **CLASSIFIED MATERIAL(s)**



COMMUNICATE WITH CASUALTIES

Communicating may improve the casualty outcome – better able to explain symptoms and follow commands; less stress



COMMUNICATE with the casualty if possible

- **Encourage**
- **Reassure**
- **Explain** care each step of the way

Communicate throughout TTA to determine if the casualty's mental status begins to change – a potential sign that something is wrong and they need to be reassessed

TRIAGE AND DIRECT OTHER RESPONDERS



If **MULTIPLE CASUALTIES** are present, you may need to **TRIAGE** before starting an individual casualty TTA

DIRECT COMBAT LIFESAVERS or other responders to help – you cannot do everything yourself

BODY SUBSTANCE ISOLATION (BSI)



As a **precaution**, the responder should don **latex-free** gloves whenever possible



In **CARE UNDER FIRE** or other tactical situations, BSI may not be feasible

TTA SEQUENCE

DURING LIFE-THREATENING

- M** MASSIVE BLEEDING
CUF or TFC **#1 Priority**
- A** AIRWAY
- R** RESPIRATION (breathing)
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

AFTER MARCH

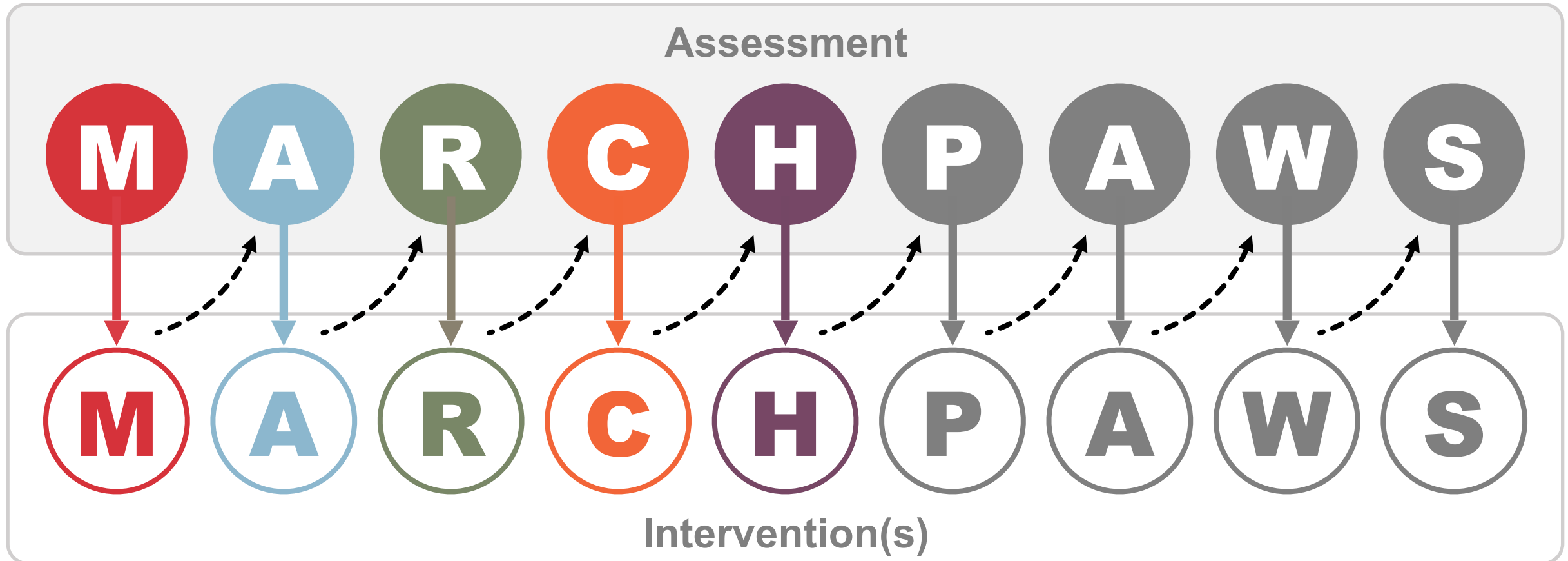
- REASSESS MARCH
- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING

AFTER PAWS

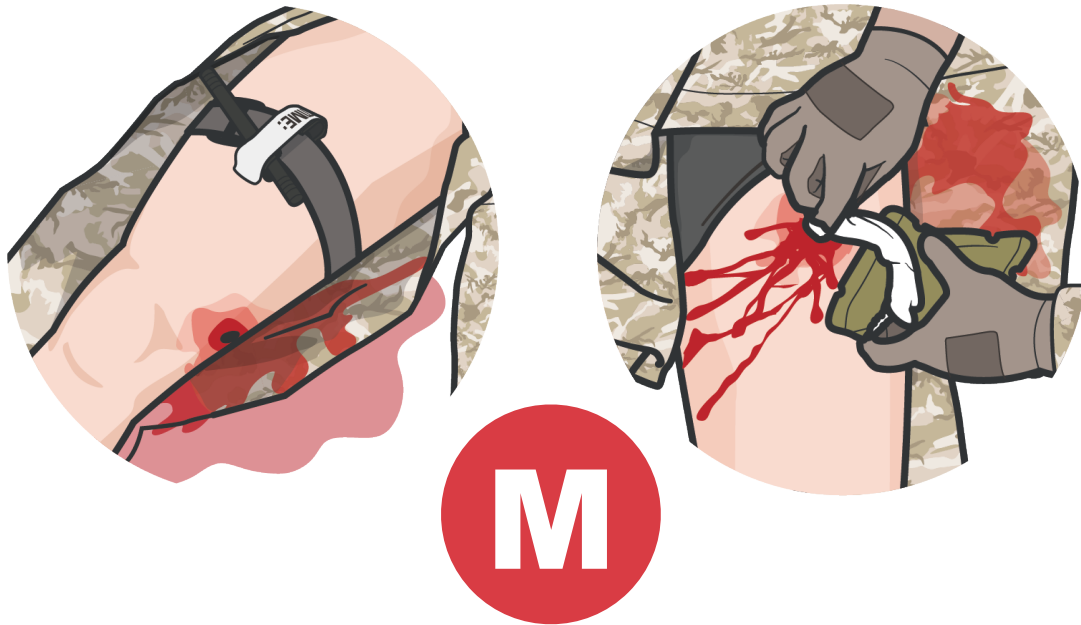
- REASSESS MARCH PAWS
- PREPARATION FOR EVACUATION
- CONSIDER DETAILED EXAMINATION

← COMMUNICATION AND DOCUMENTATION →

TACTICAL TRAUMA ASSESSMENT PROCESS



BEGIN WITH HEMORRHAGE CONTROL AND BLOOD SWEEP



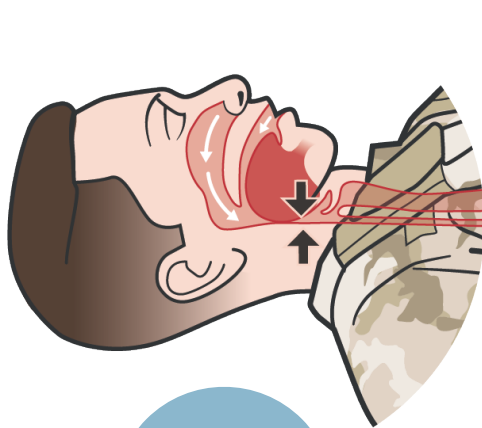
Treat any obvious massive hemorrhage with limb tourniquets, wound packing, pressure bandages, or junctional tourniquets, as appropriate

After treating obvious massive hemorrhage, do a rapid head-to-toe check for any unrecognized life-threatening bleeding

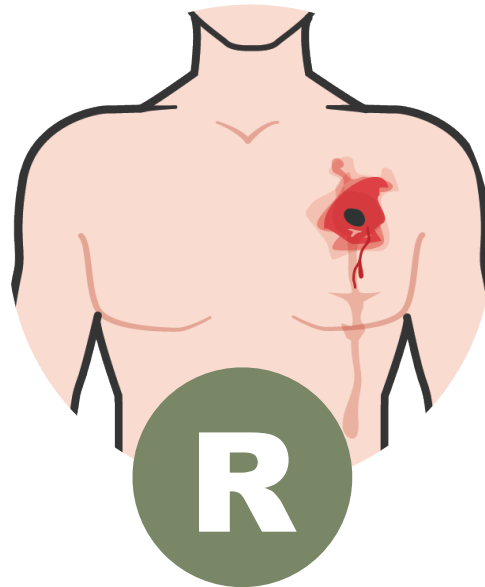


- Check the **neck, axillary, and inguinal** areas
- Check the **arms, legs, abdomen, chest, and back**

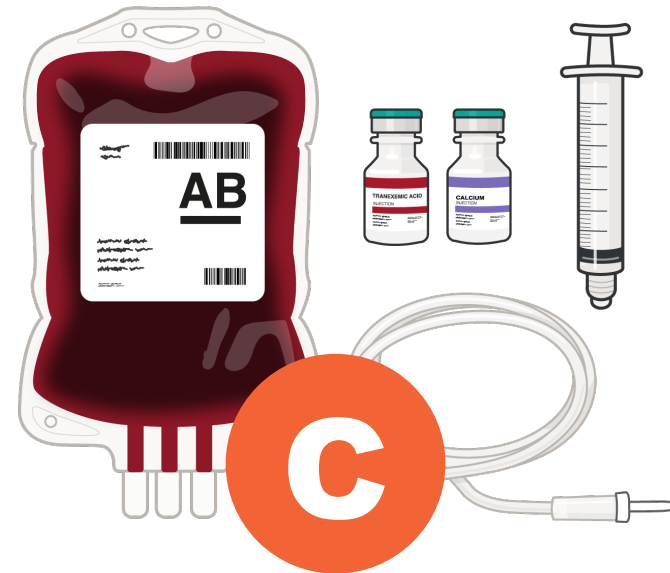
CONTINUE TTA WITH REST OF MARCH SEQUENCE



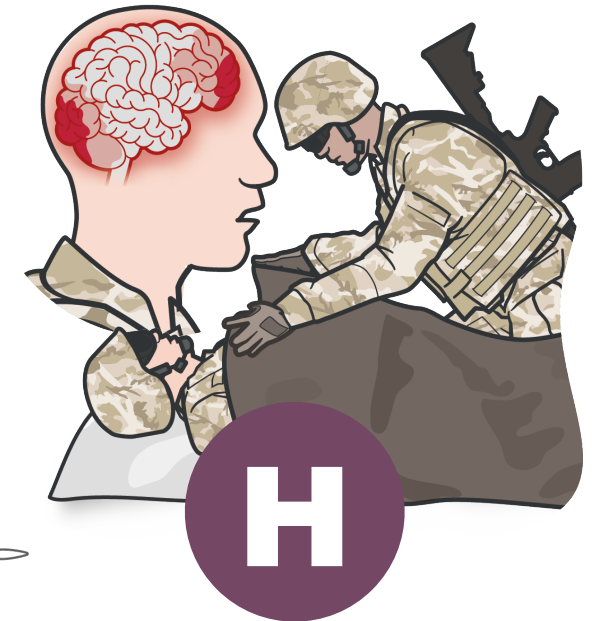
Relieve any airway obstructions or pending airway obstructions with maneuvers, airway adjuncts, or establish a new airway surgically



Treat open chest wounds with vented chest seals and tension pneumothorax with needle decompression of the chest



Establish intravenous or intraosseous access, administer TXA, and treat hemorrhagic shock with blood products



Use active and passive measures to prevent or treat hypothermia

Assess and document all head and penetrating eye injuries

INITIATE MEDICAL EVACUATION

PREPARE EVAC REQUEST

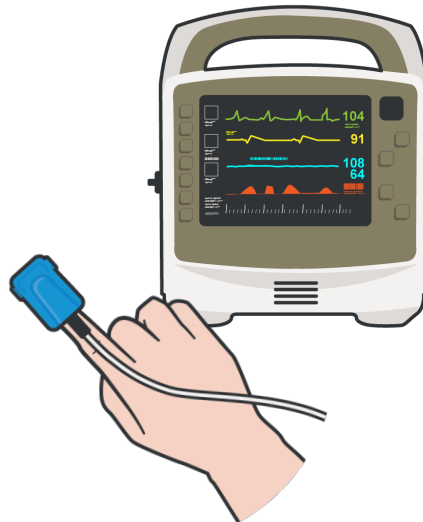
Relay required **MEDEVAC** request information to the tactical leader in accordance with unit standard operating procedures

MONITOR THE CASUALTY

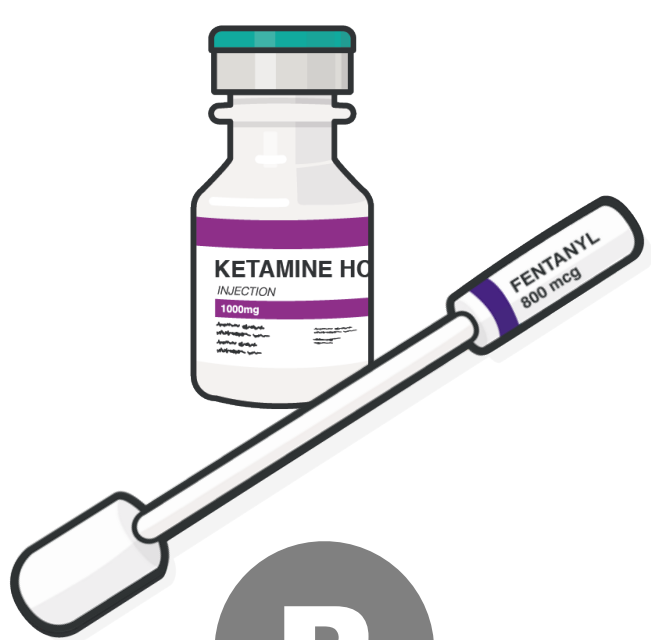
REASSESS all lifesaving interventions (MARCH sequence) and continue with the PAWS portion if time permits



INITIATE ELECTRONIC MONITORING if indicated and equipment is available



COMPLETE THE TTA BY ADDRESSING PAWS



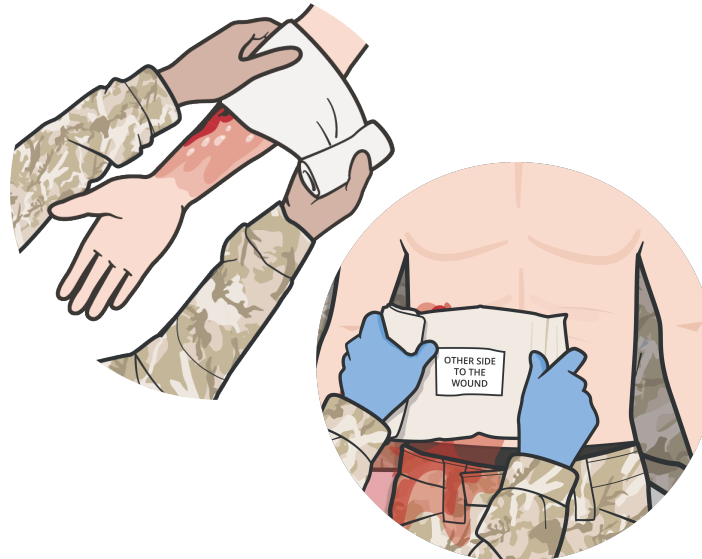
P

Assess for pain and administer the appropriate pain control medications



A

Administer Antibiotics for all open combat wounds



W

Address additional wounds (abdominal injuries, burns, minor lacerations, etc.) as soon as possible

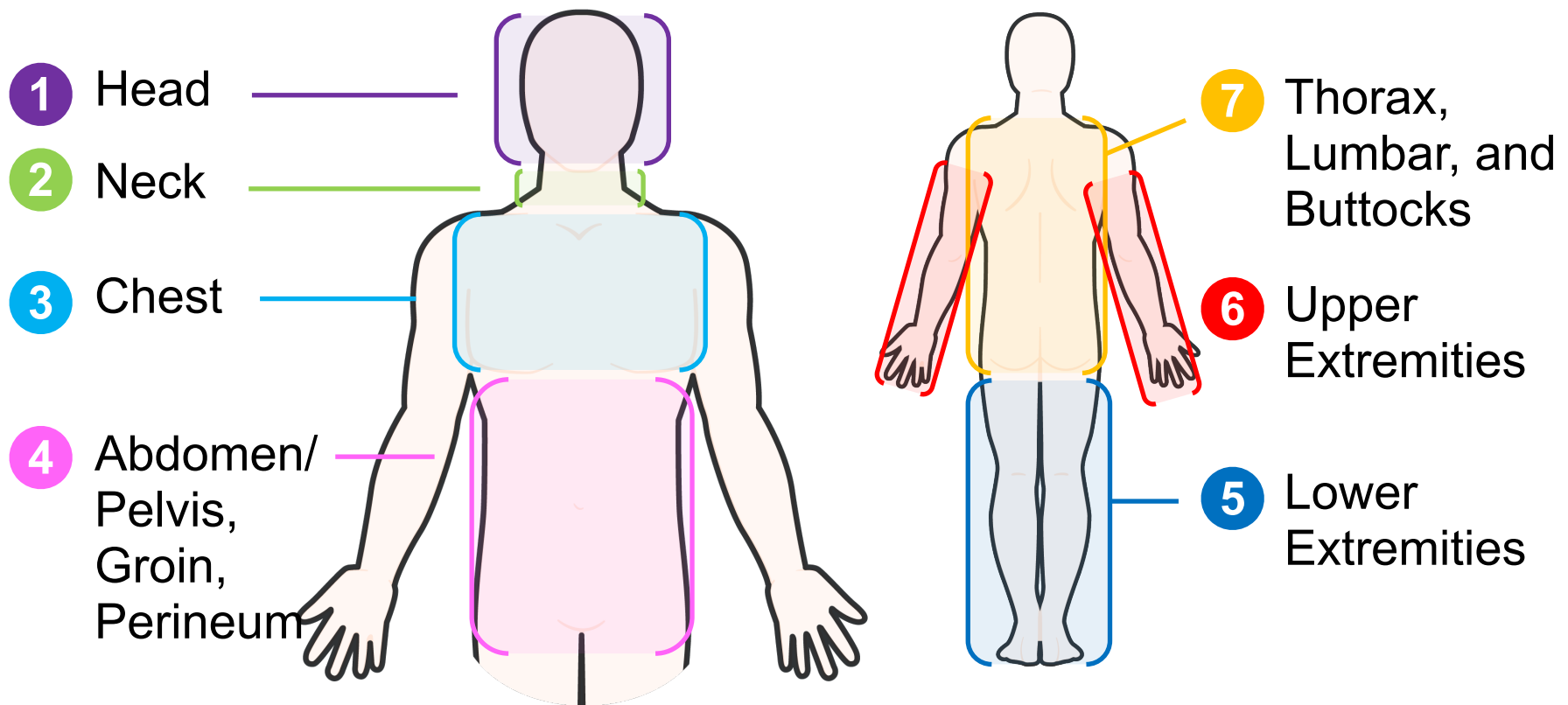


S

Splint and secure fractures before evacuation (if time permits)

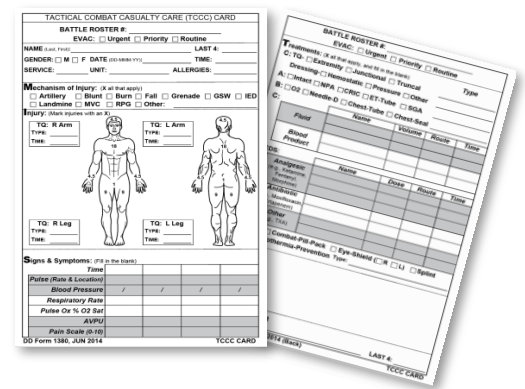
SECONDARY ASSESSMENT/DETAILED EXAM

Start at the head and work your way to the toes



Treat minor injuries as they are found

Document any findings on the **DD Form 1380**



The detailed examination takes some time, and may not be an option if evacuation is ready or multiple casualties require attention

PREPARE FOR EVACUATION

PREP CASUALTY

- Prep evac equipment
- Prep litter
- Pack casualty
- Secure loose items (bandages, blankets, etc.)

PREP SITE AND EVAC SUPPORT

- Establish security
- Instruct ambulatory casualties
- Stage casualties



Monitor the Casualty

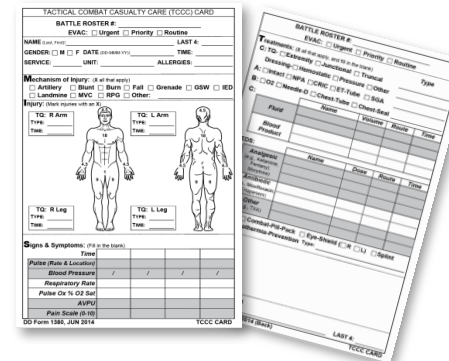
Continue to **REASSESS / REASSURE** and monitor the casualty during evacuation preparation phase

PREPARE EVAC REQUEST

Use **MEDEVAC** format

Ensure Completion MIST report

- M** Mechanism of injury
- I** Injuries
- S** Symptoms
- T** Treatment







Complete DD Form 1380

SUMMARY

- Defining Tactical Trauma Assessment
- Determining common causes of and techniques to assess altered mental status
- Disarming and removing communication equipment when mental status is altered
- Communicating with the casualty throughout the TTA
- Considering body substance isolation
- Following the MARCH PAWS sequence when performing a TTA

CHECK ON LEARNING

-  During which phase of care is most of the Tactical Trauma Assessment performed?
-  What mnemonic is used to prioritize care during the Tactical Trauma Assessment?
-  Why is it important to assess the casualty's mental status?
-  What is a blood sweep?



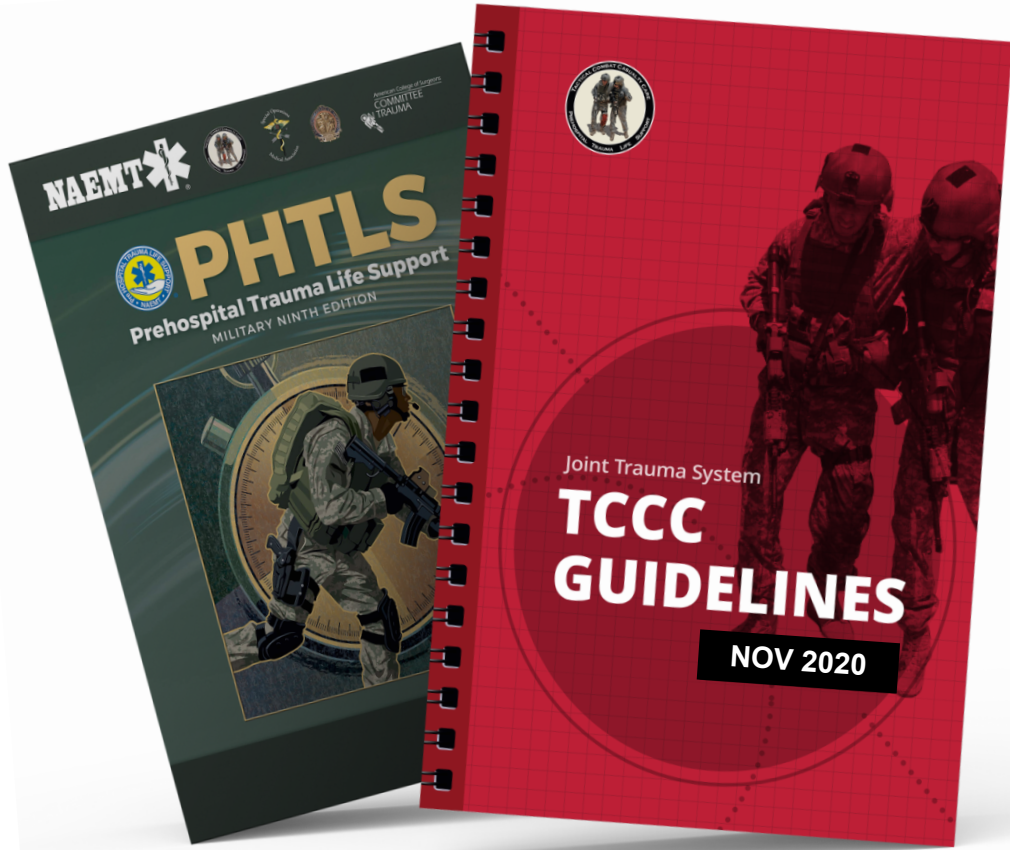
ANY QUESTIONS?

TRAINER-LED DEMONSTRATION



TACTICAL TRAUMA ASSESSMENT

REFERENCES



TCCC: Guidelines

by JTS/CoTCCC

Updated regularly – latest edition dated 5 November 2020

These guidelines are the result of decisions made by the Committee on Tactical Combat Casualty Care as they explore evidence-based research regarding best practices

PHTLS: Military Edition

by NAEMT

Prehospital Trauma Life Support, Military Ninth Edition, teaches and reinforces the principles of rapidly assessing a trauma patient using an orderly approach