

CLS
TCCC

COMBAT
LIFESAVER



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 15: WOUND MANAGEMENT



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

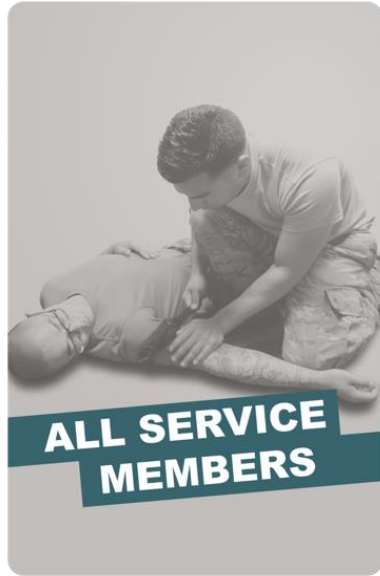
TCCC TIER 2
Combat Lifesaver

TCCC TIER 3
Medic/Corpsman

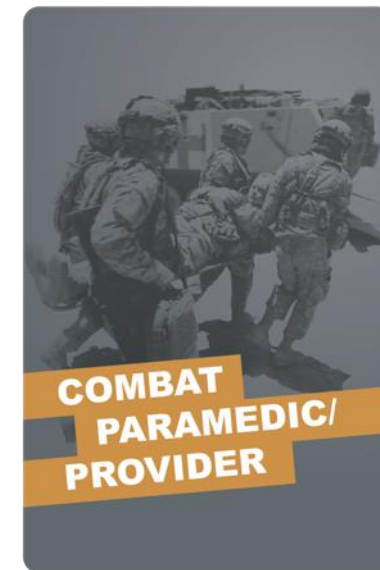
TCCC TIER 4
Combat Paramedic/Provider

ROLE 1 CARE

NONMEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVE

17 Given a combat or noncombat scenario, perform assessment and initial management of wounds during Tactical Field Care in accordance with CoTCCC Guidelines

- **82** Identify wound management considerations in Tactical Field Care
- **83** Demonstrate application of wound dressings on a trauma casualty in Tactical Field Care

02 ENABLING LEARNING OBJECTIVES (ELOs)

● = Cognitive ELOs ● = Performance ELOs

Three PHASES of TCCC

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic management plan:

- Maintain tactical situational awareness
- Triage casualties as required
- Conduct MARCH PAWS assessment

3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TCCC training!



YOU ARE HERE

TACTICAL FIELD CARE MARCH PAWS

DURING LIFE-THREATENING

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

AFTER LIFE-THREATENING

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

CONTINUED **REASSESSMENT**

Once applied, continue to check the casualty's hemorrhage control interventions and wound management; do not apply and forget about it!

All wounds must be **FREQUENTLY REASSESSED**
to ensure continued hemorrhage control

**BLEEDING IS THE #1 CAUSE OF PREVENTABLE
DEATHS ON THE BATTLEFIELD**

CONFIRM ALL WOUNDS ARE ACCOUNTED FOR



Observe for blood flowing around or under:

- TQs, bandages, and dressings

If bleeding has not been controlled:

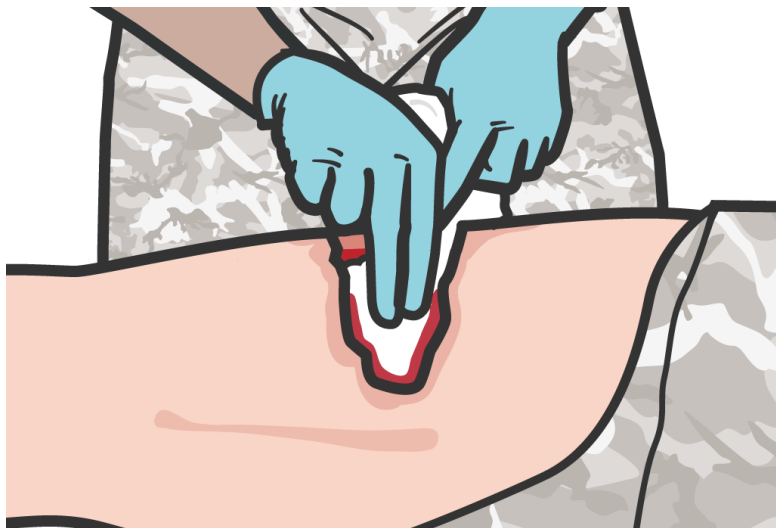
- Tighten the TQ
- Tighten the pressure bandages
- Redress the wounds

Reassess prior life-threatening wounds to ensure bleeding is still controlled

WATCH FOR RE-BLEEDING!

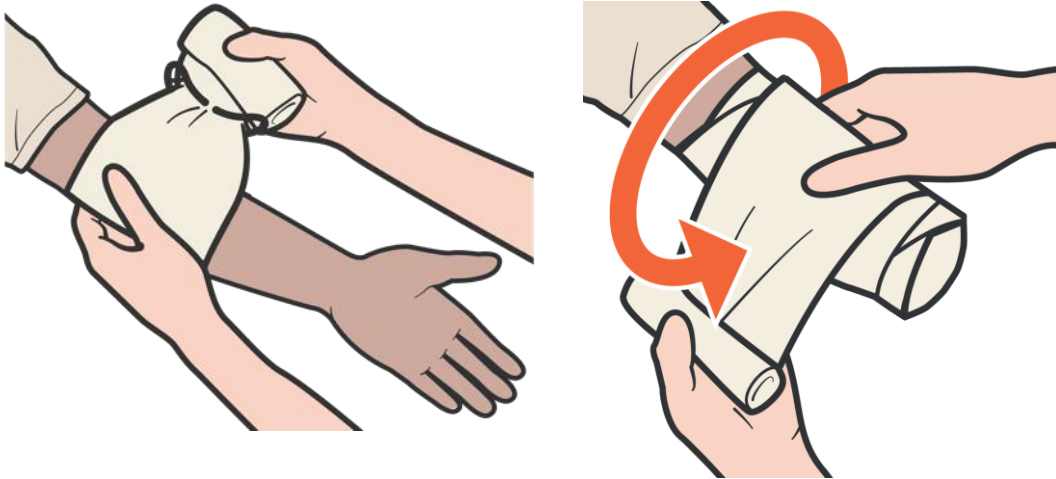
TREAT FOR **RE-BLEEDING**

- █ Pack any wounds that continue to bleed with hemostatic dressing
- █ Once applied (with pressure for 3 minutes), carefully **observe** for blood continuing to flow from under the gauze to determine if bleeding has been controlled
- █ Once you are sure the bleeding has stopped, apply a **pressure bandage** over the hemostatic dressing



ALWAYS REASSESS TREATMENT!

DRESSINGS AND BANDAGES FOR MINOR WOUNDS



Dress any previously untreated wounds by applying (or packing) gauze with direct pressure.

Non-life-threatening bleeding usually does not need hemostatic dressings

If no dressings or gauze are available, use clean dry cloth (torn clothing, cravats, etc.)

Minor wounds include:

- Minor lacerations
- Abrasions (road rash)

This is to include major wounds that are no longer bleeding, such as:

- Amputation stumps
- Gun shot wounds that required TQ
- Major lacerations
- Shrapnel wounds (still in place)
- Impaled objects



REASSESS APPLIED BANDAGES

Assess all applied bandages for:

- **Increased** pain
- Pale or bluish **skin**
- **Pulse**

This might indicate an emergency!

Ensure the applied bandage **isn't too tight**; loosen as needed while keeping the bleeding controlled



DO NOT EVER APPLY IT AND FORGET IT!

MARCH PA **WS**

SKILL STATION

Wound Management (Skill)

■ Wound Dressing

SUMMARY

- We defined **reassessment**
- We discussed **re-bleeding**
- We discussed treatment for **minor wounds**
- We discussed **reassessing** bandages



CHECK ON LEARNING

- Why should all dressed wounds be continuously reassessed?
- When should minor wounds be addressed?

ANY QUESTIONS?