



**COMBAT MEDIC/
CORPSMAN**



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 17: WOUND MANAGEMENT



**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

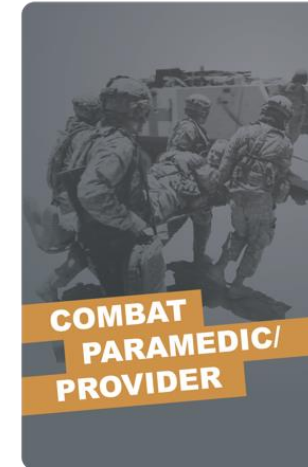
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

**NONMEDICAL
PERSONNEL**



**MEDICAL
PERSONNEL**



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

1 x **TERMINAL LEARNING OBJECTIVES**

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

- **20.1** Identify wound management considerations in Tactical Field Care.
- ⊘ **20.2** Demonstrate application of open abdominal, impalement, and amputation wound dressings in Tactical Field Care.

02 x **ENABLING LEARNING OBJECTIVES**

MARCH PAWS

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



GENERAL WOUND MANAGEMENT PRINCIPLES

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

Only after reassessing all previously addressed wounds should you address non-life-threatening, or minor wounds



If bleeding has not been controlled:

- Tighten or add second tourniquet
- Add packing or tighten pressure bandages
- Redress the wounds
- Shield any exposed eye injuries
- Address any unsealed open chest wounds



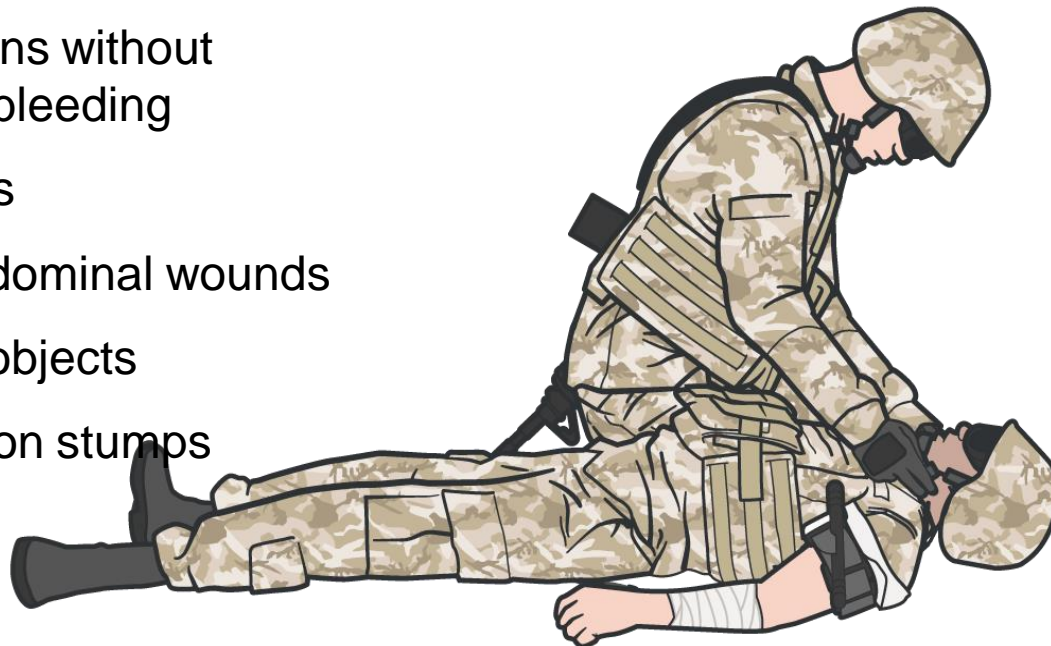
REMEMBER: NEVER apply a tourniquet and forget it!

P A W S

GENERAL WOUND MANAGEMENT PRINCIPLES (CONT.)

Non-life-threatening **wounds** could include:

- Lacerations without massive bleeding
- Abrasions
- Open abdominal wounds
- Impaled objects
- Amputation stumps



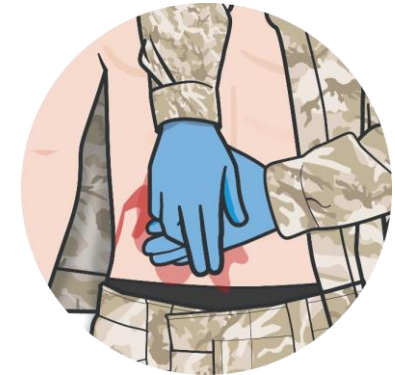
Hemostatic dressings not indicated for minor bleeding

■ Apply direct pressure, as needed (hemostatic dressings not indicated for minor bleeding)

■ Irrigate & clean wounds with sterile or clean water

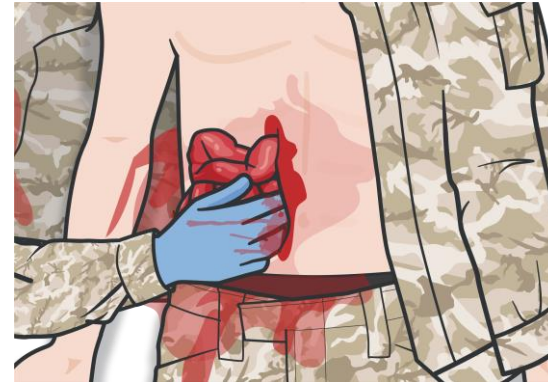
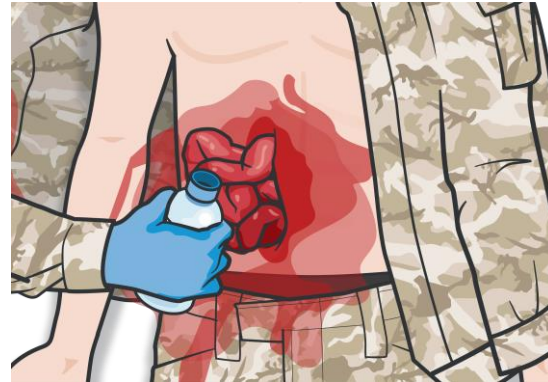
■ Dress wounds with gauze and bandages or dry, clean cloth

■ Administer antibiotics



P A W S

OPEN ABDOMINAL WOUND MANAGEMENT



MANAGEMENT STEPS:

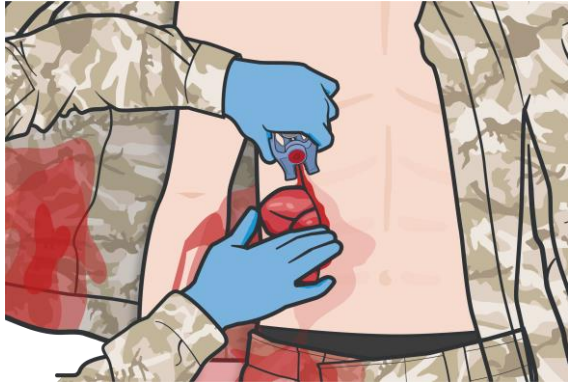
- 1 PLACE** the casualty in the supine position, with knees flexed
- 2 Expose** the wound inspecting for DCAP-BLS and TRD-P
- 3a Rinse** the wound with clean (and warm, if possible) fluid
- 3b Apply** CoTCCC-recommended hemostatic dressing or hemostatic agent to any uncontrolled bleeding.
- 4 Consider a **single brief attempt** (<60 sec.) to reduce/replace eviscerated abdominal contents.**

CAUTION:

- DO NOT** attempt if there is evidence of ruptured bowel (gastric/intestinal fluid or stool leakage) or active bleeding.
- DO NOT FORCE** contents into abdomen or actively bleeding viscera or remove foreign objects.

P A **W** S

OPEN ABDOMINAL WOUND MANAGEMENT



MANAGEMENT STEPS:

- 5** If reduction attempt is successful, **re-approximate** the skin
- 6** **Stabilize** any protruding objects
- 7** **Cover** exposed bowel with moist, sterile abdominal dressings
- 8** **Cover** the dressed, eviscerated organs with water impermeable non-adhesive material
- 9** **Secure** the impermeable dressing to patient using adhesive bandage

CAUTION:

Protruding abdominal organs should be kept moist

(a) Cover the entire mass of protruding organs or area of the wound.

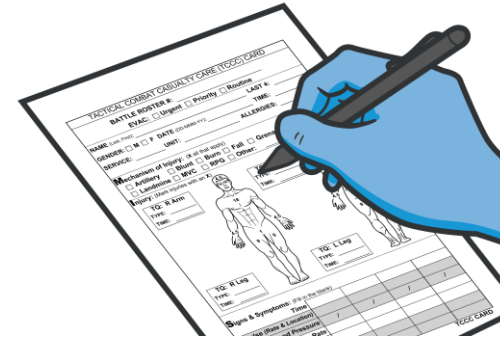
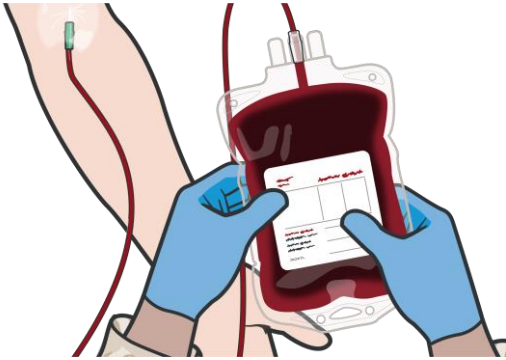
(b) Using the sterile side of the dressing, or other clean, damp material, gather or keep any protruding organs near the wound and cover the wound.

NOTE: Do not touch exposed organs with bare hands.

(c) If using a dressing with tails, tie loosely and do not tie directly over the wound.

P A W S

OPEN ABDOMINAL WOUND MANAGEMENT



MANAGEMENT STEPS:

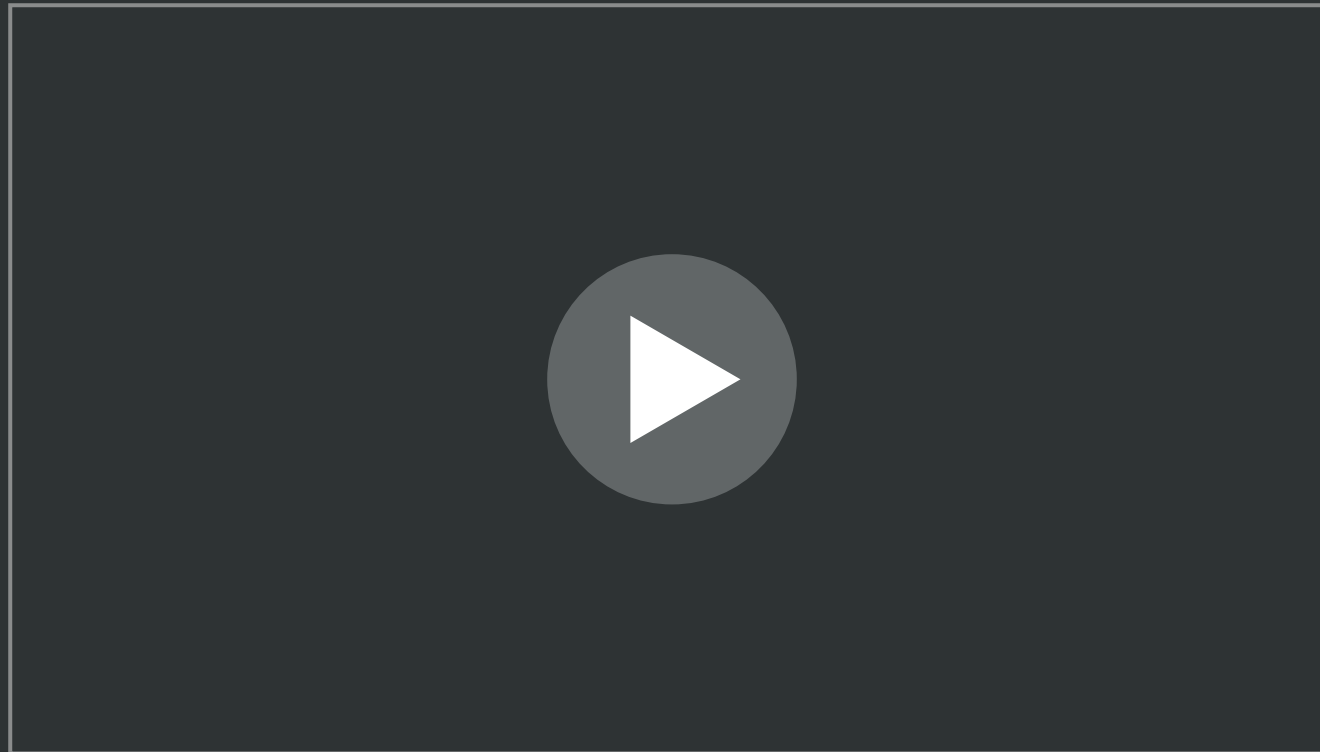
- 10** **Assess and treat** the casualty for shock and continue to reassess periodically
- 11** **Prevent** hypothermia as exposed abdominal contents will result in more rapid heat loss
- 12** **Document** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

CAUTION:

The most important concern in the initial management of abdominal injuries is shock.

Shock may be present initially or may develop later.

MANAGING AN OPEN ABDOMINAL WOUND



Video can be found on deployedmedicine.com

WOUND MANAGEMENT WITH **IMPALED OBJECTS**



DO NOT remove impaled objects

CONSIDERATIONS:

Impaled object may be stopping internal bleeding

Internal structures may be damaged by removal of impaled object



Use **EXTREME CAUTION** to prevent movement of the impaled object during casualty movement



MANAGEMENT STEPS:

Expose the object

Stabilize the object

Secure materials
& object

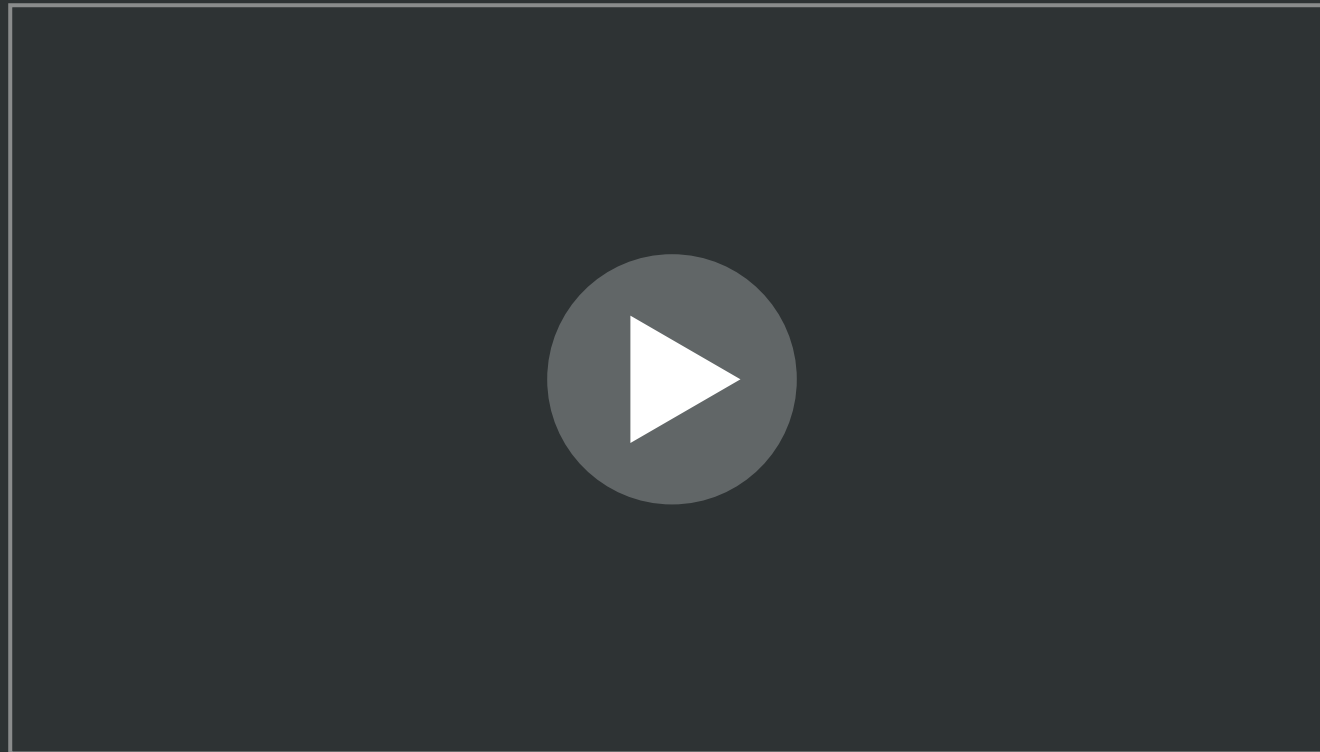
Control bleeding

Build up materials
around object

Splint, if indicated

P A **W** S

MANAGING AN IMPALED OBJECT



Video can be found on deployedmedicine.com

WOUND MANAGEMENT OF AMPUTATIONS




Management of AMPUTATION WOUND STUMPS

Confirm bleeding controlled
(tourniquet, not direct pressure)

Wrap open areas with sterile
gauze or clean, dry cloth

Secure dressing with
bandages or cravats, extending
4 in above the amputation



 **EXERCISE CAUTION:** protruding
sharp bones may injure responders
Do **NOT** cover any tourniquets

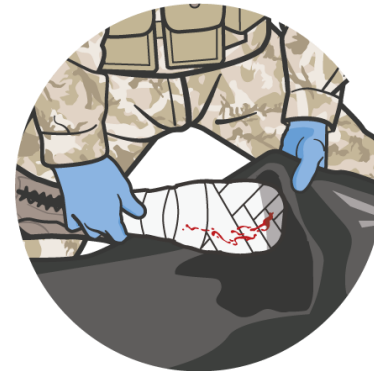



Care of the AMPUTATED BODY PART

Wrap loosely with moistened
gauze

Place in plastic bag

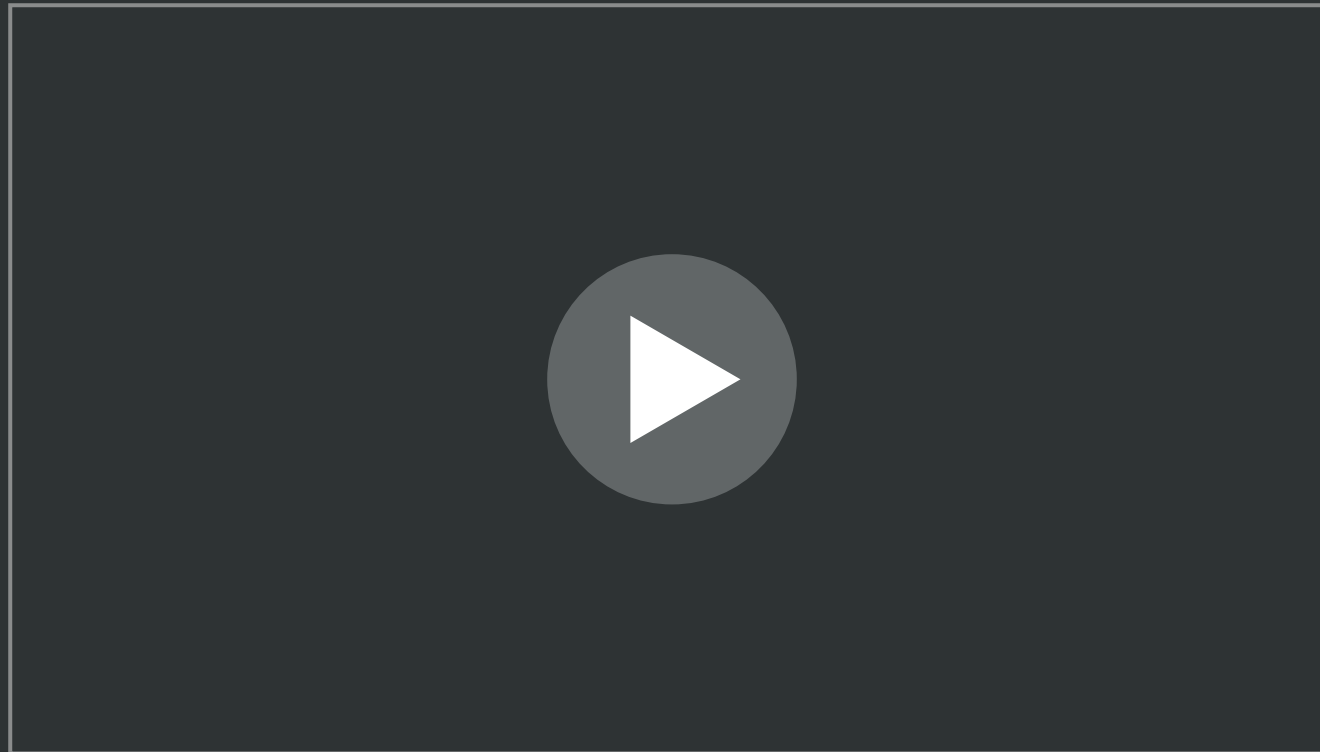
Transport in container with ice,
preferably with casualty



 Do **NOT** place body part directly on
ice or submerge in water
Do **NOT** delay evacuation to locate
or care for amputated body part

P A W S




AMPUTATION BANDAGING



Video can be found on deployedmedicine.com

SKILL STATION

Wound Management





-  Open Abdominal Wound Dressings
-  Impaled Object Wound Management
-  Amputation Wound Management

SUMMARY

- General wound management principles
- Open abdominal wound dressings
- Impaled object wound management
- Amputation stump and amputated body part care

P A W S

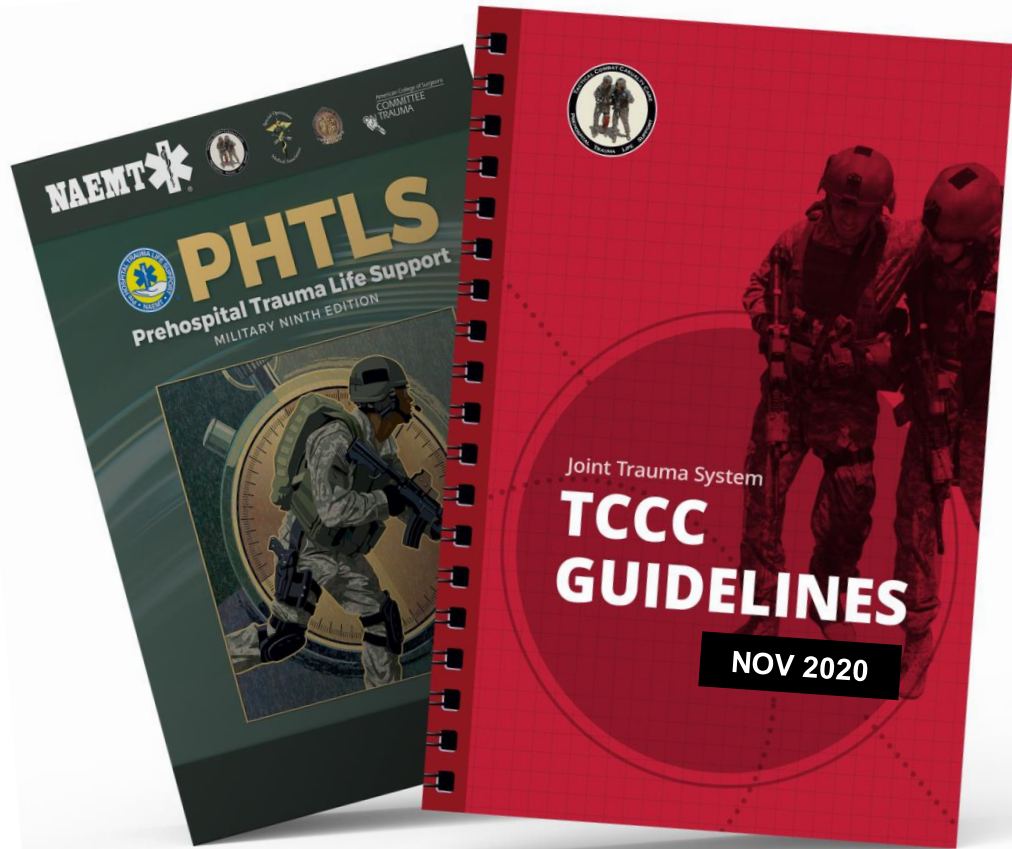
CHECK ON LEARNING

-  After applying pressure to stop bleeding, if necessary, what is the next step in treating a minor wound?
-  Name three of the four complications of open abdominal wounds
-  If an impaled object is on an extremity, what do you need to do in addition to stabilizing the object?
-  How do you care for an amputated body part?



ANY QUESTIONS?

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, Chapter 25

by NAEMT

**Prehospital Trauma Life Support,
Military Ninth Edition**