

DD FORM 1380 CASUALTY CARD

A CASUALTY DETAILS

Fill in casualty's personal info and unit details along with the date (DD-MMM-YY) and the time of injury. Use a 24-hour clock indicating local (L) or Zulu (Z) time (e.g., "1300Z").

Battle Roster # is per specific unit SOP or consists of the initials of casualty's first and last name, followed by last four numbers of casualty's Social Security number as found on dog tags (e.g., John Doe 123-12-1234 = #JD1234).

Urgent (evac <1 hr)

Evac within one hour to prevent loss of life, limb, or eyesight.

Priority (evac <4 hrs)

Evac within 4 hours to prevent condition from worsening and becoming urgent.

Routine (evac <24 hrs)

For all other situations, but still accomplished within 24 hrs.

B DETAILS OF INJURY

Mechanism of injury: Mark an "X" on the mechanism of injury (or cause of injury e.g., artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), other (specify)).

Injury:

Mark all that apply. Mark injury sites on the body picture using an "X". For burn injuries, circle the burn percentage(s) on the figure. If multiple mechanisms of injury and multiple injuries, draw a line between the mechanism of injury and the anatomical site of the injury.

If a tourniquet is applied to an arm or leg, write type of tourniquet used and the time of tourniquet application in the box that corresponds to the tourniquet location.

C SIGNS & SYMPTOMS

Make a record of vital signs (*pulse rate and location, blood pressure, respiratory rate, oxygen saturation*) indicating time of reading above.

Record level of consciousness (**AVPU**: Alert, responds to Verbal stimulus, responds to Pain stimulus, Unresponsive), and level of pain (*on numeric rating scale of 0 to 10, with 0 being no pain and 10 being the worst pain*) with time.

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD				
BATTLE ROSTER #: _____				
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine				
NAME (Last, First): _____			LAST 4: _____	
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F		DATE (DD-MMM-YY): _____		TIME: _____
SERVICE: _____		UNIT: _____		ALLERGIES: _____
Mechanism of Injury: (X all that apply)				
<input type="checkbox"/> Artillery <input type="checkbox"/> Blunt <input type="checkbox"/> Burn <input type="checkbox"/> Fall <input type="checkbox"/> Grenade <input type="checkbox"/> GSW <input type="checkbox"/> IED <input type="checkbox"/> Landmine <input type="checkbox"/> MVC <input type="checkbox"/> RPG <input type="checkbox"/> 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				
Pain Scale (0-10)				

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D BATTLE ROSTER

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E TREATMENTS

C (Circulation - Massive Hemorrhage):

Mark an "X" for all Circulation hemorrhage control interventions.

A (Airway): Mark an "X" for all Airway interventions and write type of device(s) used.

B (Breathing): Mark an "X" for all Breathing interventions and write type of device(s) used.

C (Fluid and Blood Products):

Circulation resuscitation interventions. Write name, volume, route, and time of any fluids given.

F MEDICATIONS

Document any medications given. Write *name*, *dose*, *route*, and *time* of any analgesics, antibiotics, or other medications given.

Mark an "X" for any eye shield, limb splinting, or hypothermia treatments.

Hypothermia type would be either *active* or *passive*.

G NOTES

Use this space to record any other pertinent information and/or clarifications.

If more space is needed for documentation, attach another DD Form 1380 to the original. Label the second DD Form 1380 #2. It will show the soldier's name and unit.

H RESPONDER DETAILS

Fill in responder's personal details including last four numbers of their Social Security number.

BATTLE ROSTER #: _____					D
EVAC: <input type="checkbox"/> Urgent <input type="checkbox"/> Priority <input type="checkbox"/> Routine					
Treatments: (X all that apply, and fill in the blank) <i>Type</i>					E
C: TQ- <input type="checkbox"/> Extremity <input type="checkbox"/> Junctional <input type="checkbox"/> Truncal					
Dressing- <input type="checkbox"/> Hemostatic <input type="checkbox"/> Pressure <input type="checkbox"/> Other					
A: <input type="checkbox"/> Intact <input type="checkbox"/> NPA <input type="checkbox"/> CRIC <input type="checkbox"/> ET-Tube <input type="checkbox"/> SGA					
B: <input type="checkbox"/> O2 <input type="checkbox"/> Needle-D <input type="checkbox"/> Chest-Tube <input type="checkbox"/> Chest-Seal					
C:	<i>Name</i>	<i>Volume</i>	<i>Route</i>	<i>Time</i>	
<i>Fluid</i>					
<i>Blood Product</i>					
MEDS:					F
	<i>Name</i>	<i>Dose</i>	<i>Route</i>	<i>Time</i>	
Analgesic (e.g., Ketamine, Fentanyl, Morphine)					
Antibiotic (e.g., Moxifloxacin, Ertapenem)					
Other (e.g., TXA)					
OTHER: <input type="checkbox"/> Combat-Pill-Pack <input type="checkbox"/> Eye-Shield (<input type="checkbox"/> R <input type="checkbox"/> L) <input type="checkbox"/> Splint <input type="checkbox"/> Hypothermia-Prevention Type: _____					
NOTES:					G
FIRST RESPONDER					H
NAME (Last, First): _____ LAST 4: _____					