













JAW-THRUST MANEUVER



CONSIDER body substance isolation. **NOTE:** If a Combat Lifesaver is available, direct them to assist.

NOTE: Use this technique when neck/spine injury is suspected. **CAUTION:** Neck and/or spine injuries are suspected in obvious head or neck trauma and in blast injuries or motor vehicle accidents.



ROLL the casualty onto their back, if necessary, and place them on a hard, flat surface.



KNEEL above the casualty's head (looking toward the casualty's feet).



OPEN mouth and **LOOK** for visible airway obstructions (e.g., lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).

STEP 3 NOTE: If foreign material or vomit is in mouth, remove as quickly as possible. STEP 3 NOTE: NO blind finger sweeps.



REST your elbows on the ground or floor.

on each side of the casualty's lower jaw at the angle of the jaw, below the ears.

o6 STABILIZE casualty's head with your forearms.

NOTE: DO NOT tilt or rotate the casualty's head.



Using index fingers, PULL jaw up while using thumbs to PUSH casualty's chin forward.

NOTE: If casualty's lips are still closed after jaw has been moved forward, use your thumbs to retract lower lip and allow air to enter the casualty's mouth.



Keeping airway open, **PLACE** ear over mouth and nose, looking toward chest and stomach.



and fall.



LISTEN for air escaping during exhalation.

STEP 8 NOTE: Avoid gross manipulation of the head and neck if tactically feasible. A second rescuer may be needed to maintain the jaw-thrust maneuver (if time and tactics dictate) as the primary rescuer continues to assess and treat the casualty.



11 FEEL for the flow of air on the side of your face.



MEASURE the respiratory rate.



DOCUMENT all findings and treatments on the DD Form 1380 TCCC Casualty Card and attach it to the casualty.