TACTICAL COMBAT CASUALTY CARE AFTER ACTION REPORT (TCCC AAR)

Complete within 72hrs after mission and submit to the Joint Trauma System via email: dha.jbsa.healthcare-ops.list.jts-prehospital@health.mil

Event Date: ________ Time: ________ ☐ Local ☐ ZULU Country: ________ Theater ________

Injury ☐ Battle Injury (BI): ☐ WIA ☐ KIA ☐ DOW ☐ Non-Battle Injury (NBI): ☐ Alive ☐ Dead

Evacuation Category ☐ URG ☐ PRI ☐ ROU

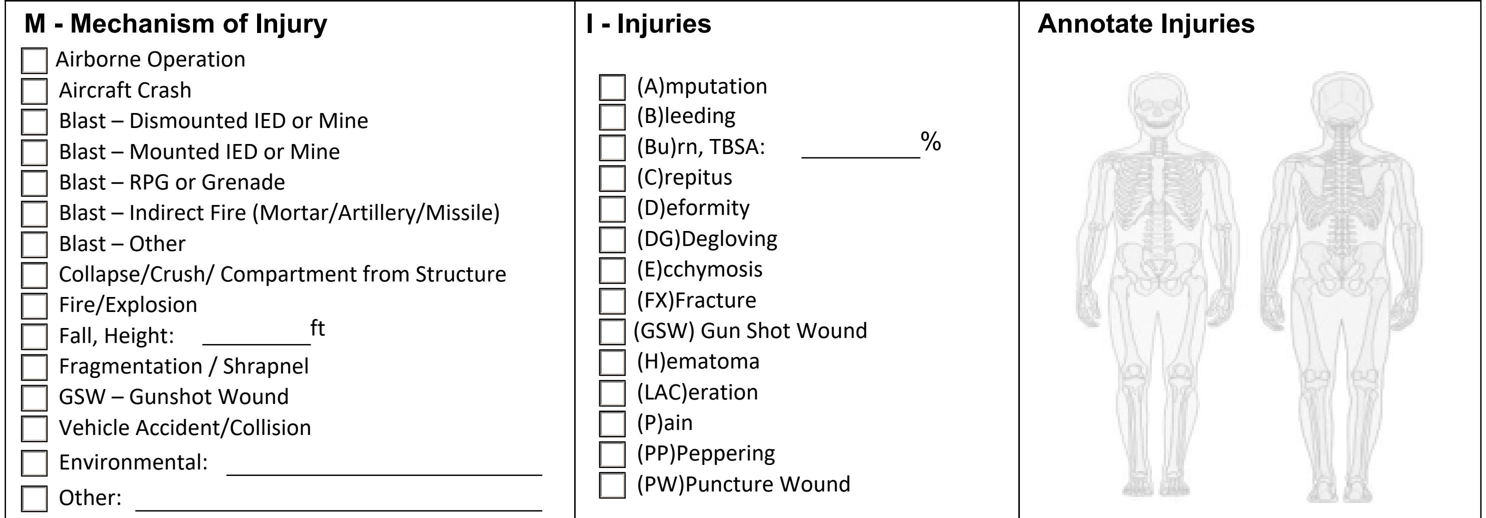
☐ Litter	Type: ________	Time of Pick Up: ________
☐ Ground Vehicle	Type: ________	Time of Pick Up: ________
☐ Aircraft	Type: ________	Time of Pick Up: ________
☐ Watercraft	Type: ________	Time of Pick Up: ________

Casualty Demographics (mini. requirement:last name & last 4 SS# **Last Name:** ________ First Name: ________ Rank: ________

Gender ☐ M ☐ F **SSN/DoD ID:** ________ DOB: ________ Unit: ________ BR#: ________ Mission # ________

Point-of-Injury (POI) Provider Info

Non-Medic (NM) First Responder Last Name: ________	First Name: ________	Rank/Title: ________
Other POI Provider (OP) Last Name: ________	First Name: ________	Rank/Title: ________
Medic (M) Last Name: ________	First Name: ________	Rank/Title: ________



M - Mechanism of Injury

- ☐ Airborne Operation
- ☐ Aircraft Crash
- ☐ Blast – Dismounted IED or Mine
- ☐ Blast – Mounted IED or Mine
- ☐ Blast – RPG or Grenade
- ☐ Blast – Indirect Fire (Mortar/Artillery/Missile)
- ☐ Blast – Other
- ☐ Collapse/Crush/ Compartment from Structure
- ☐ Fire/Explosion
- ☐ Fall, Height: ________ ft
- ☐ Fragmentation / Shrapnel
- ☐ GSW – Gunshot Wound
- ☐ Vehicle Accident/Collision
- ☐ Environmental: ________
- ☐ Other: ________

I - Injuries

- ☐ (A)mputation
- ☐ (B)leeding
- ☐ (Bu)rn, TBSA: ________ %
- ☐ (C)repitus
- ☐ (D)eformity
- ☐ (DG)Degloving
- ☐ (E)cchymosis
- ☐ (FX)Fracture
- ☐ (GSW) Gun Shot Wound
- ☐ (H)ematoma
- ☐ (LAC)eration
- ☐ (P)ain
- ☐ (PP)Peppering
- ☐ (PW)Puncture Wound

Annotate Injuries

S - Signs

Initial Check Time ________

☐ A ☐ V ☐ P ☐ U GCS: ____ /15 (E ____ /4 V ____ /5, M ____ /6) RR: ____ HR: ____ BP: ____

pOx (%): ____ Pain level (_/10): ____ EtCO2 (mmHG): ____

Last Check Time ________

☐ A ☐ V ☐ P ☐ U GCS: ____ /15 (E ____ /4 V ____ /5, M ____ /6) RR: ____ HR: ____ BP: ____

pOx (%): ____ Pain level (_/10): ____ EtCO2 (mmHG): ____

Eye Opening - 4: spontaneous, 3: to speech, 2: to pain, 1: no response

Motor Response - 6: follows commands, 5: localizes pain, 4: withdraws from pain, 3: decorticate flexion, 2: decerebrate extension, 1: no response

Verbal Response - 5: alert and oriented, 4: disoriented conversation, 3: speaking but nonsensical, 2: moans, unintelligible sounds, 1: no response

T - Treatments

Massive Hemorrhage Control (TQ/Hemostatic Adjunct)

Time		Location		Type		Time off	
Time		Location		Type		Time off	
Time		Location		Type		Time off	
Time		Location		Type		Time off	
Time		Location		Type		Time off	

Airway

Time		Type		Size		Depth		@	
Time		Type		Size		Depth		@	
Time		Type		Size		Depth		@	
Time		Type		Size		Depth		@	
Time		Type		Size		Depth		@	

Respiration/Breathing

☐ Spontaneous ☐ Labored ☐ Assisted ☐ Assisted with BVM — **Time**

☐ NM ☐ M ☐ OP ☐ Chest Seal Type: ________ ________

☐ NM ☐ M ☐ OP ☐ Needle Decompression Location ☐ 2ICS/MCL ☐ 5ICS/AAL # of attempts ____ Cath/Needle size ________ ________

☐ NM ☐ M ☐ OP ☐ Chest Tube ☐ Finger Thoracostomy ☐ Output ☐ Air Blood (ml) ________ ________

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Circulation - Resuscitation

				Time
☐ NM	☐ M	☐ OP	☐ Saline Lock	______
☐ NM	☐ M	☐ OP	☐ IO-Intraosseous Device, Type ______	______
☐ NM	☐ M	☐ OP	☐ TXA-Tranexamic Acid Dose ______	______
☐ NM	☐ M	☐ OP	☐ Blood products Type ______ ______ Volume ______	______
☐ NM	☐ M	☐ OP	☐ IV Fluids Type ______ ______ Volume ______	______

Interventions - Other

					Time	
☐ NM	☐ M	☐ OP	☐ Pelvic Binder Type ______	Successful? ☐ Yes ☐ No	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Hypothermia Prev. Type ______	Successful? ☐ Yes ☐ No	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Eye Shield ☐ Left ☐ Right	Successful? ☐ Yes ☐ No	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Splint Type ______	Successful? ☐ Yes ☐ No	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ C-Collar ☐ Spine Board	Successful? ☐ Yes ☐ No	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Tourniquet Conversion Location ______	Successful? ☐ Yes ☐ No	______	Outcome: ______

Medications - Pain, Infection, Other

							Time	
☐ NM	☐ M	☐ OP	☐ Combat Wound Medication Pack				______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ **Analgesic**	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Analgesic	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Analgesic	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Analgesic	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ **Antibiotic**	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Antibiotic	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ **Other Med**	Name: ______	Dose: ______	Route:	______	Outcome: ______
☐ NM	☐ M	☐ OP	☐ Other Med	Name: ______	Dose: ______	Route:	______	Outcome: ______

Comments-Additional Treatment

Sustains (Treatment, Equipment, Evacuation, Operations):

Improves (Treatment, Equipment, Evacuation, Operations):

Last Name: ______ SSN/DoD ID: ______