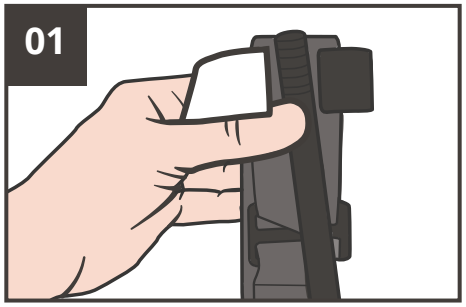
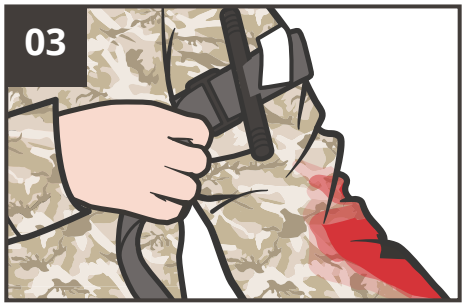
ONE-HANDED (WINDLASS) TOURNIQUET APPLICATION

CARE UNDER FIRE (CUF)

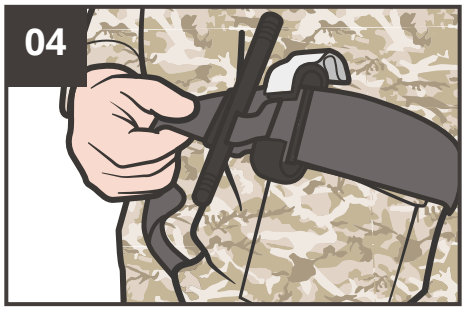


REMOVE tourniquet from the JFAK and/or carrying pouch.

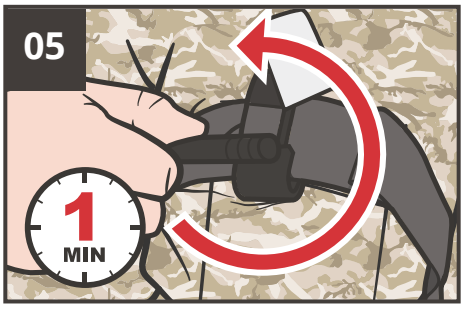
INSERT the wounded extremity through the loop of the self-adhering band.



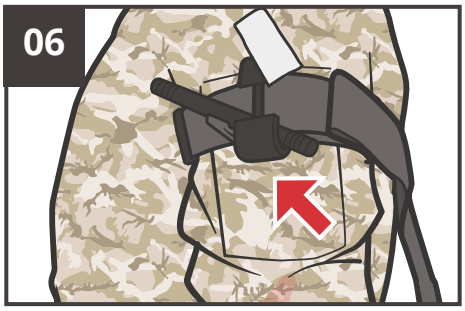
POSITION the tourniquet above the bleeding site, high on the extremity over the clothing/uniform.



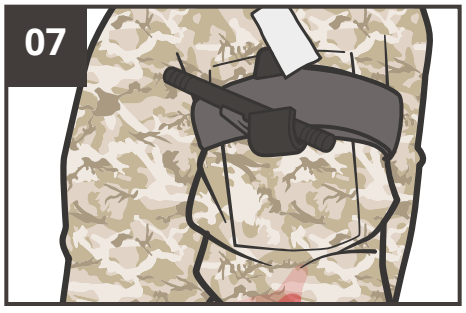
ENSURE all the slack in the band is pulled through the routing buckle before the band is fastened back on itself and the windlass is twisted.



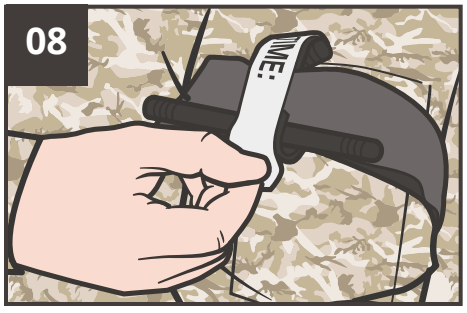
TWIST the rod until bleeding has stopped *(complete steps 1-5 in under 1 min).*



LOCK the windlass rod in place with the windlass clip.



ROUTE the self-adhering band around the rod and between the clips.

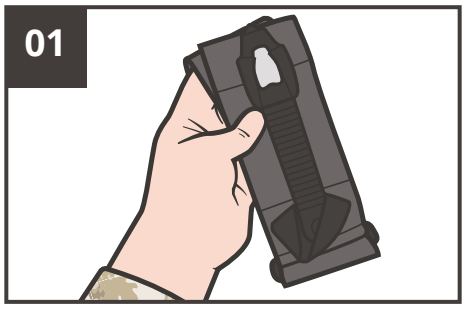


SECURE with the windlass safety strap.
NOTE: Do not document tourniquet application time until the Tactical Field Care phase.

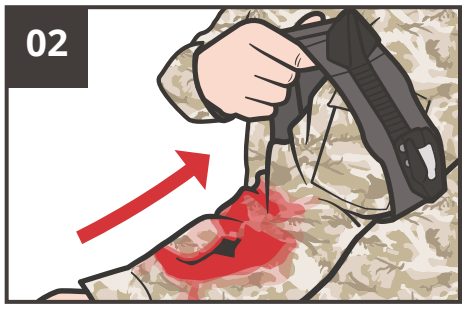
If no other major bleeding is present, **MOVE TO COVER.**

ONE-HANDED (RATCHET) TOURNIQUET APPLICATION

CARE UNDER FIRE (CUF)

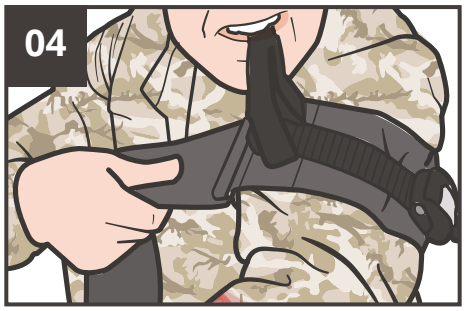


REMOVE tourniquet from the JFAK and/or carrying pouch.



INSERT the wounded extremity through the loop of the tourniquet band.

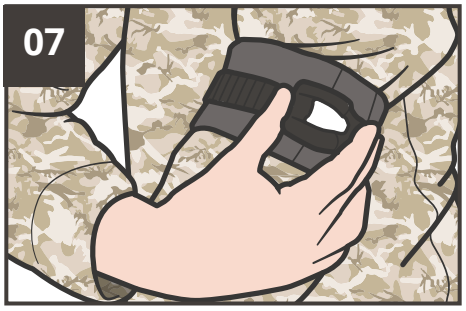
POSITION the tourniquet above the bleeding site, high on the extremity over the clothing/uniform.



GRASP the tourniquet loop with your teeth (or if able lean against a hard surface) to prevent slipping when tightening.

TIGHTEN the tourniquet strap as much as possible.

LIFT the lever arm of the ratcheting buckle and tighten by ratcheting the tourniquet until bleeding has stopped *(complete steps 1-5 in under 1 min).*



LOCK the ratchet on itself (it will click into place).

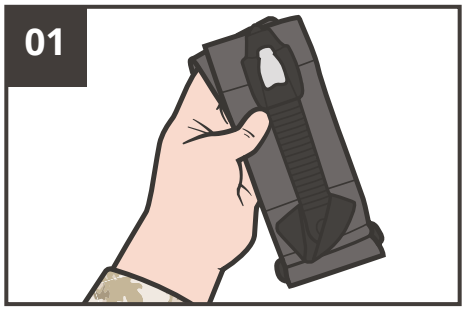
If no other major bleeding is present, **MOVE TO COVER.**

NOTE: If bleeding is not controlled, continue to ratchet the maneuver device until bleeding has stopped.

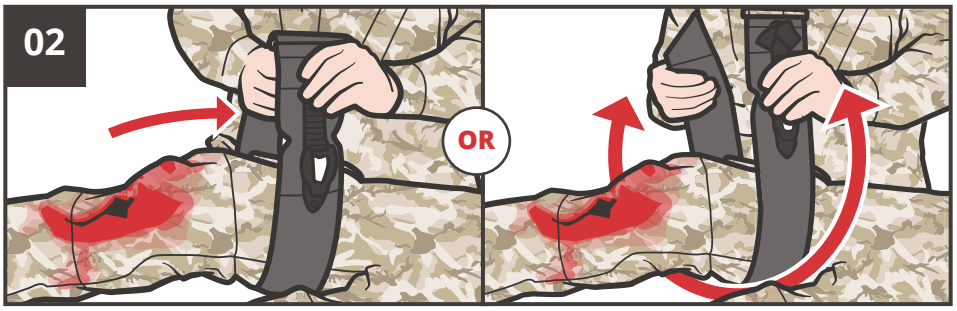
NOTE: Do not document tourniquet application time until the Tactical Field Care phase.

TWO-HANDED (RATCHET) TOURNIQUET APPLICATION

CARE UNDER FIRE (CUF)

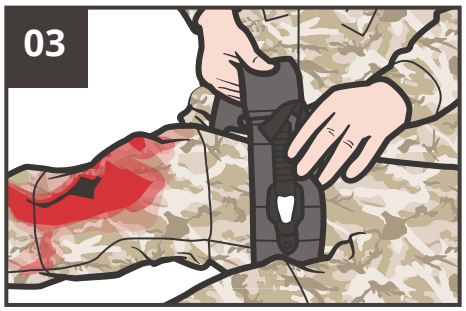


REMOVE tourniquet from the casualty's JFAK and/or carrying pouch.

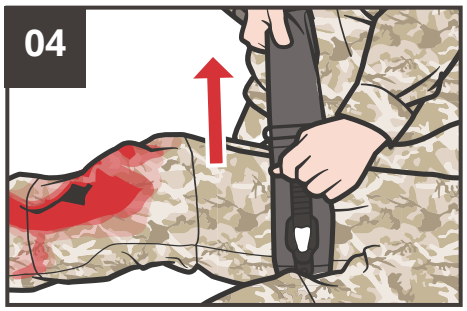


INSERT the wounded limb through the tourniquet strap loop.

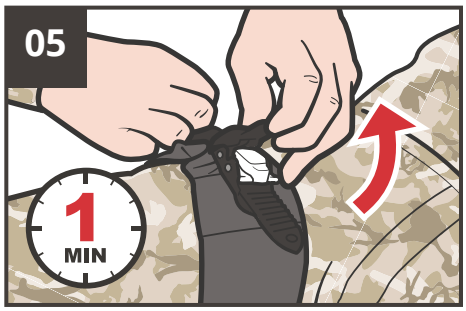
ROUTE strap around the limb; pass the tip through the buckle.



POSITION the tourniquet above the bleeding site, high on the extremity over the clothing/uniform.

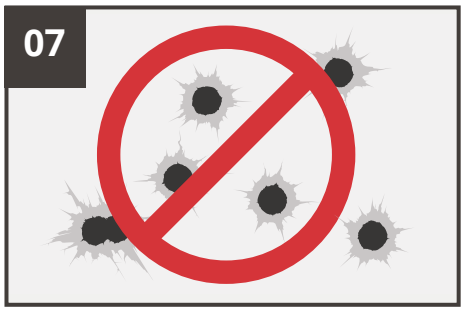


PULL strap as **TIGHTLY** as possible, removing all excess slack.



RATCHET maneuver device as tightly as possible until the bleeding has stopped *(complete steps 1-5 in under 1 min).*

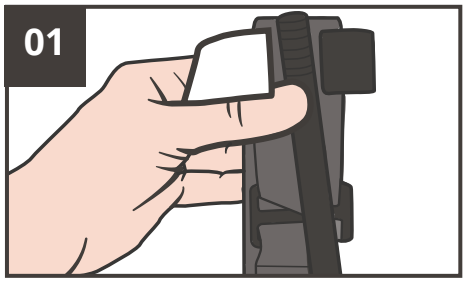
LOCK the ratchet on itself (it will click into place).



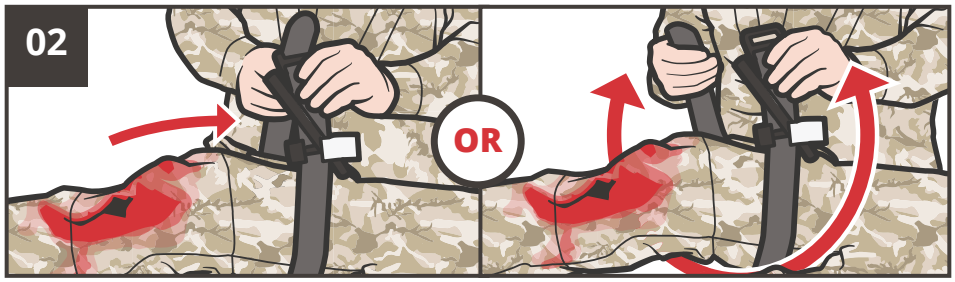
If no other major bleeding is present, **MOVE** casualty to cover.

TWO-HANDED (WINDLASS) TOURNIQUET APPLICATION

CARE UNDER FIRE (CUF)

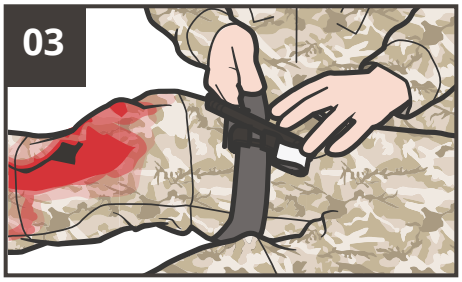


REMOVE tourniquet from the JFAK and/or carrying pouch.

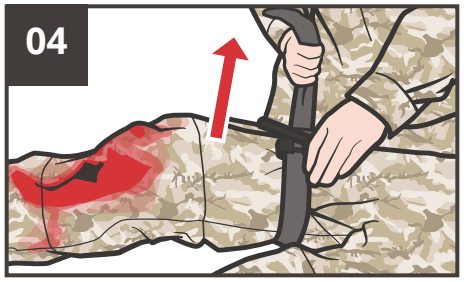


INSERT wounded extremity through the loop of the self-adhering band (looped).

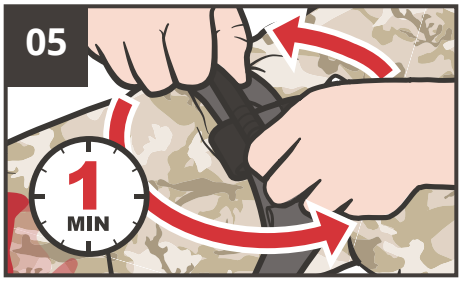
ROUTE band around limb, pass the tip through the slit of the routing buckle.



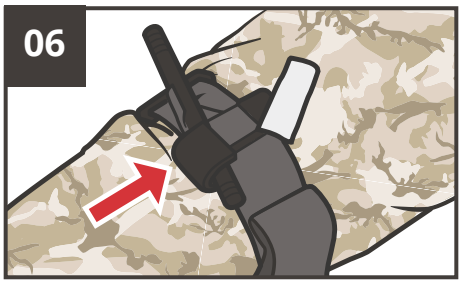
POSITION the tourniquet above the bleeding site, high on the extremity over the clothing/uniform.



ENSURE all slack in the band is pulled through before fastened back and the windlass is twisted.

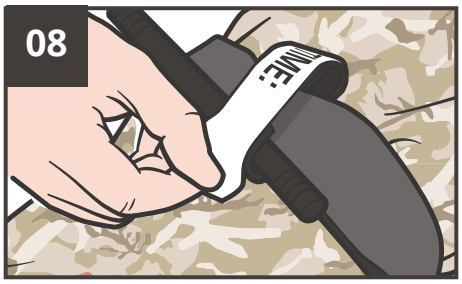


TWIST the windlass rod until bleeding has stopped *(complete steps 1-5 in under 1 min).*

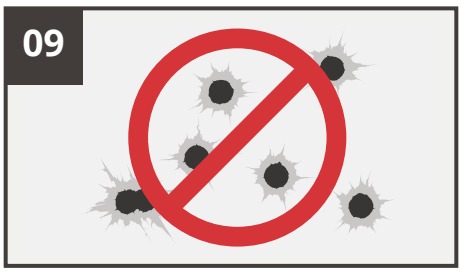


LOCK the windlass rod in place with the windlass clip.

ROUTE self-adhering band around rod and between clips.



SECURE with the windlass safety strap.



If no other major bleeding is present, **MOVE CASUALTY TO COVER.**

ONE-PERSON DRAG/CARRY

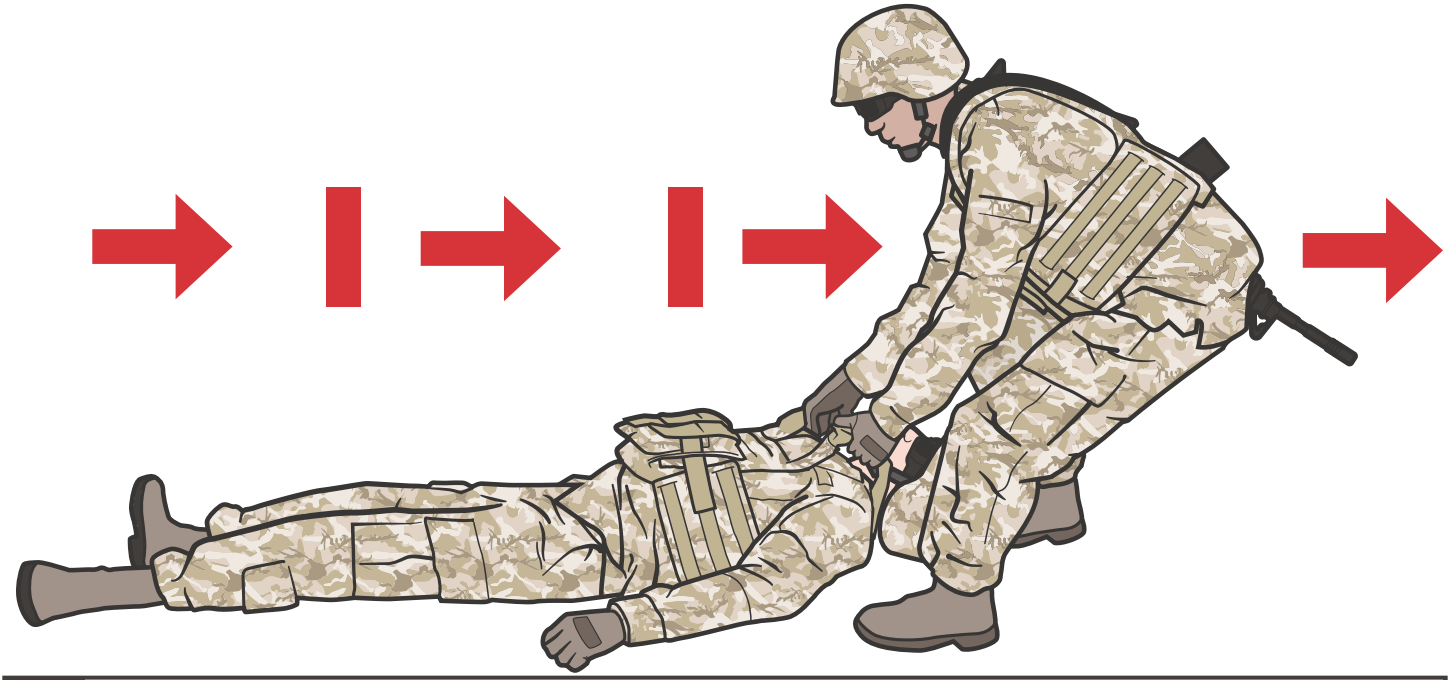
KIT OR ARM DRAG

NOTE: While the Kit or Arm Drag may be a means to drag a casualty to cover or safety, it is not efficient for longer distances and increases the chance of causing further harm to the casualty.

NOTE: It should only be used when hostile fire gives the rescuer no other option.

01	**GRAB** the casualty by their equipment (e.g., drag handle, strap) or their arm.

NOTE: Some body armor is equipped with a drag handle. It is important that the equipment is fully strapped and secured onto casualty.



02	While walking backwards (in quick, short bursts), **DRAG** the casualty toward cover.

NOTE: Injury can occur to either the rescuer or the casualty during training drills; keep safety in mind.

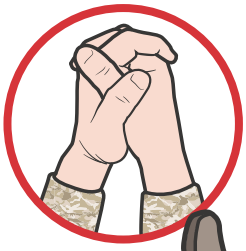
ONE-PERSON DRAG/CARRY

NECK DRAG

NOTE: The neck drag is useful in combat because it minimizes casualty and rescuer's exposure to enemy fire.

UNCONSCIOUS

CONSCIOUS

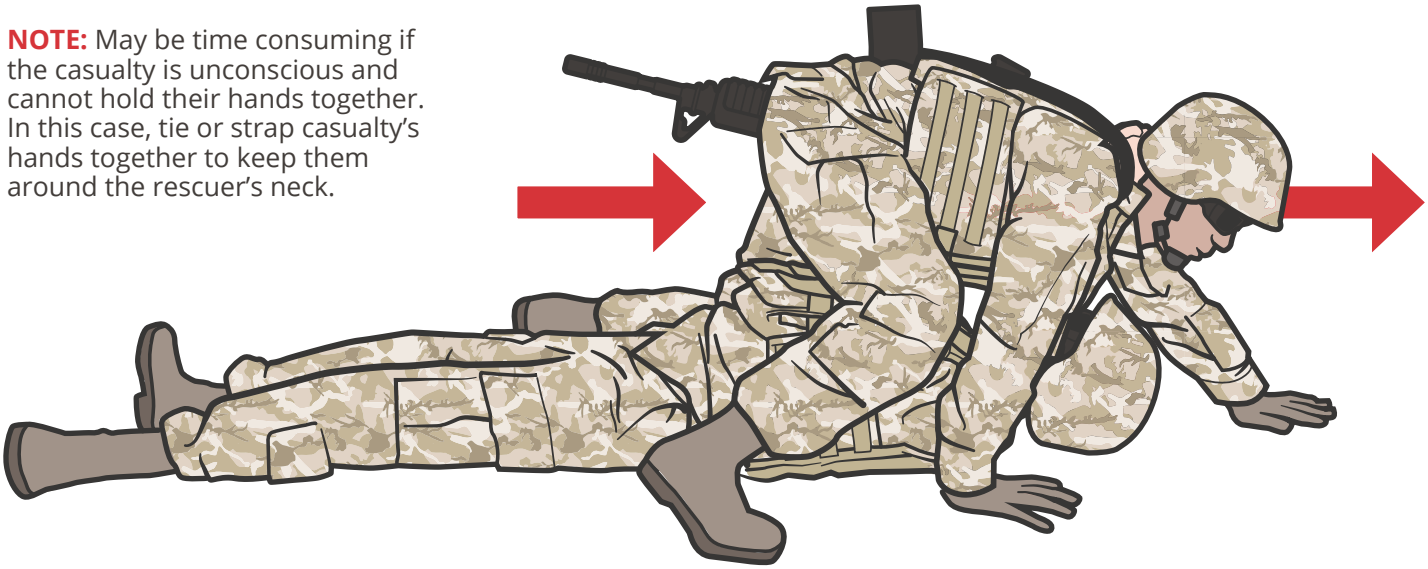


01 Have the casualty **HOLD** their hands together or tie the hands together at the wrist.

02 **STRADDLE** the casualty in a kneeling face-to-face position.

03 **LOOP** the casualty's tied hands over your neck. ***(unconscious)***

NOTE: May be time consuming if the casualty is unconscious and cannot hold their hands together. In this case, tie or strap casualty's hands together to keep them around the rescuer's neck.



04 **CRAWL** forward dragging the casualty with you.

05 **KEEP** the casualty on their back.

NOTE: This can be tiring for the first responder if the patient is heavy or wearing a lot of gear.

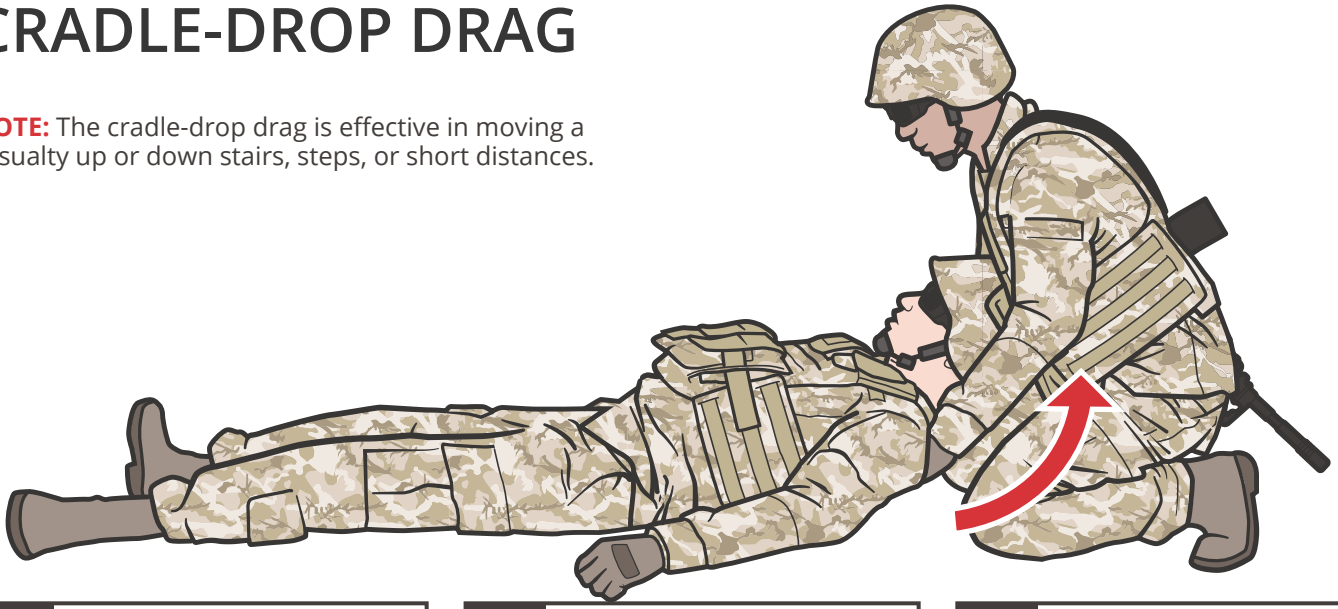
NOTE: Cannot be used if the casualty has a serious arm injury or amputation.

NOTE: If the casualty is ***UNCONSCIOUS***, their head must be protected from the ground.

ONE-PERSON DRAG/CARRY

CRADLE-DROP DRAG

NOTE: The cradle-drop drag is effective in moving a casualty up or down stairs, steps, or short distances.



01	**KNEEL** at the casualty's head (with the casualty lying on their back).
02	**SLIDE** your hands, palms up, under shoulders and hold firmly under armpits.
03	**RISE** (partially), supporting casualty's head on one of your forearms.

NOTE: You may bring your elbows together and let the casualty's head rest on both of your forearms.

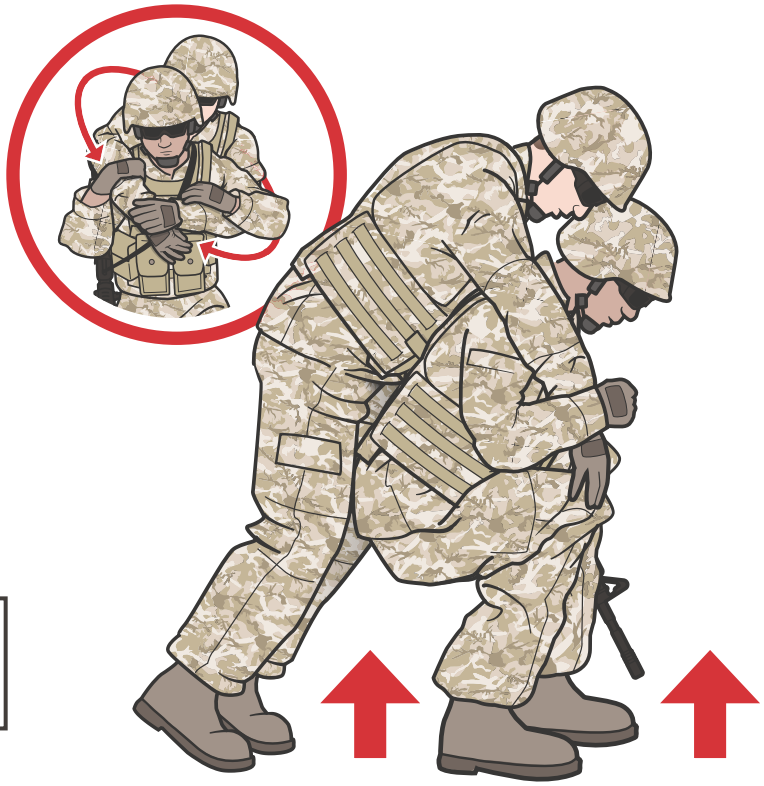
04	**RISE** and **DRAG** the casualty backwards.
05	If backing down steps, **SUPPORT** the casualty's head and body and let their hips and legs drop from step to step.

NOTE: The casualty is in a semisitting position.

NOTE: If the casualty needs to be moved up steps, use the same procedure.

ONE-PERSON DRAG/CARRY

PACK-STRAP CARRY



NOTE: This should be used for a **CONSCIOUS** casualty only.

NOTE: In the pack-strap carry, the casualty's weight rests high on the rescuer's back.

NOTE: Carrying the casualty high on the rescuer's back makes it easier to carry the casualty a moderate distance (50–300 meters).

NOTE: To eliminate the possibility of injury to the casualty's arms, you must hold them in a natural position around your neck.

01	**SQUAT** in front of casualty facing in the same direction; have the casualty wrap their arms around your neck.

NOTE: It is best if one of the casualty's arms is routed under one of the rescuer's arms and up toward the neck.

02	**GRASP** the casualty's wrist and ensure their arm is over your shoulder.
03	**LIFT** the casualty off the ground to a standing position using your leg muscles.
04	**BEND** forward and raise or hoist the casualty as high on your back as possible so that the casualty's weight is resting on your back.
05	Once the casualty is positioned on your back, remain as upright as possible to **PREVENT** straining or injuring your back.

ONE-PERSON DRAG/CARRY

SUPPORT CARRY

NOTE: This should be used for a **CONSCIOUS** casualty only.

01 **ASSIST** the casualty from the ground to a standing position.

02 With your dominant hand, **GRASP** the casualty's corresponding wrist and draw it around behind your neck.

03 **PLACE** your other arm around the casualty's waist, grabbing the casualty's belt or clothing where the belt loop is positioned.

04 While using yourself as a crutch, **WALK** with the casualty.

TWO-PERSON DRAG/CARRY

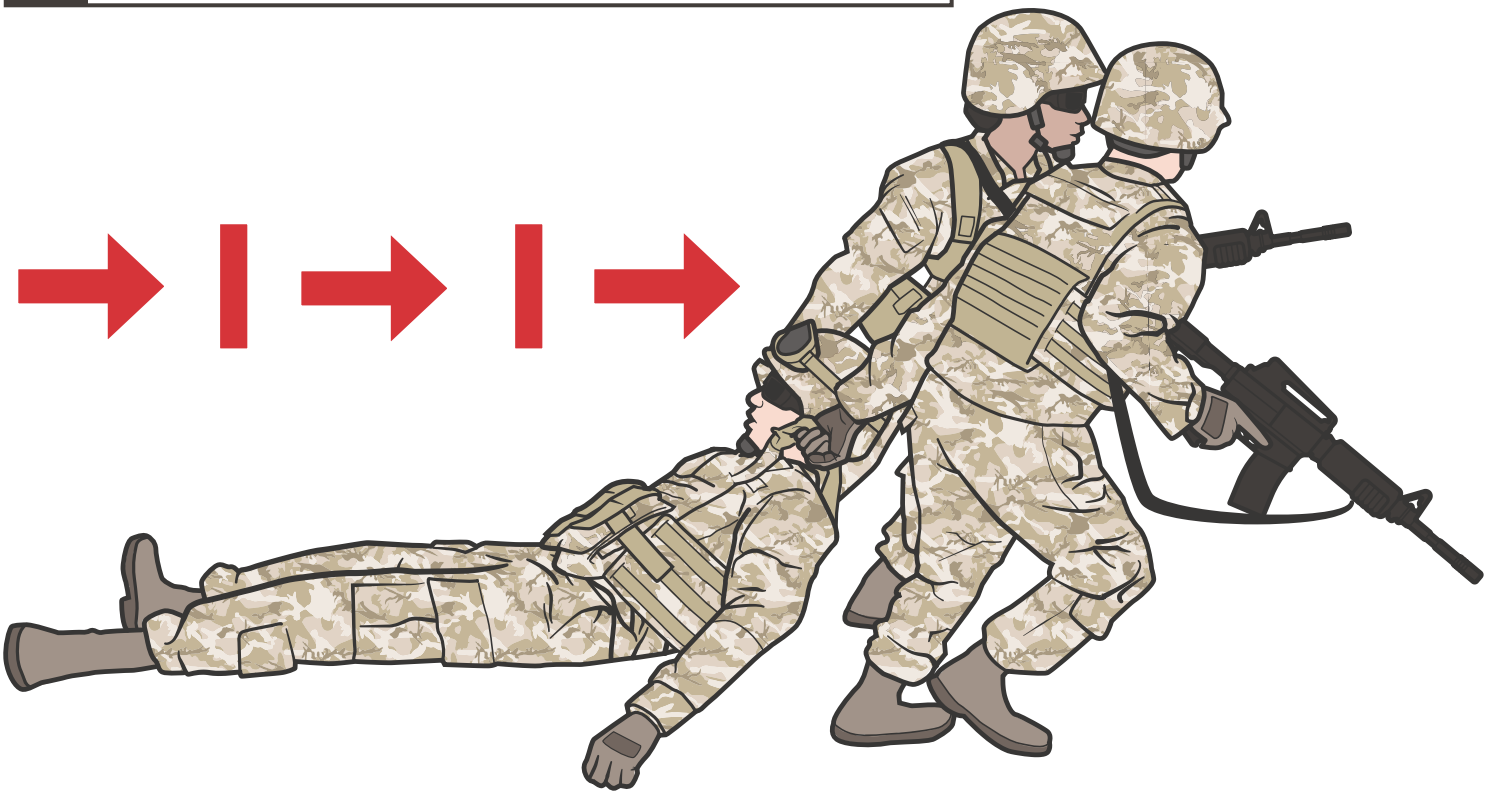
KIT OR ARM DRAG

NOTE: Some body armor is equipped with a drag handle. The equipment must be fully strapped and secured onto the casualty.

NOTE: While the Kit or Arm Drag may be a means to drag a casualty short distances to cover or safety, it is not efficient for longer distances and increases chances of causing further harm to the casualty.

NOTE: This allows the rescuers to maintain a "weapons up" posture while executing the drag.

01	**ALIGN** yourselves alongside the casualty.
02	Each of you **GRAB** the casualty by their equipment (e.g., drag handle, strap) or their arms.
03	**DRAG** the casualty behind you going forward as quickly as possible in short bursts of movement.



NOTE: Injury can occur to either rescuer or casualty during training drills; keep safety in mind.

TWO-PERSON DRAG/CARRY

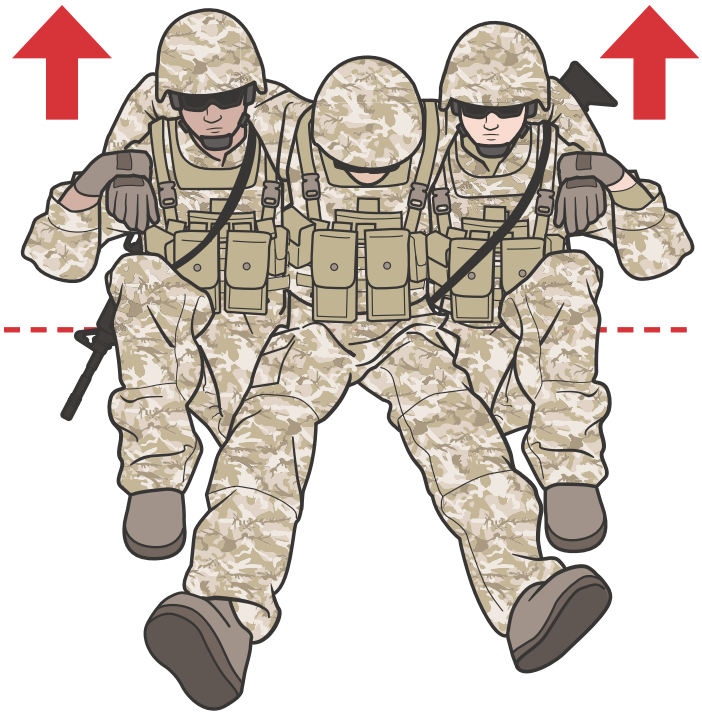
SUPPORTING CARRY

NOTE: The two-man supporting carry can be used in transporting both conscious and unconscious casualties.

01 If conscious, **MOVE** casualty to their feet and support them with your arms around their waist.

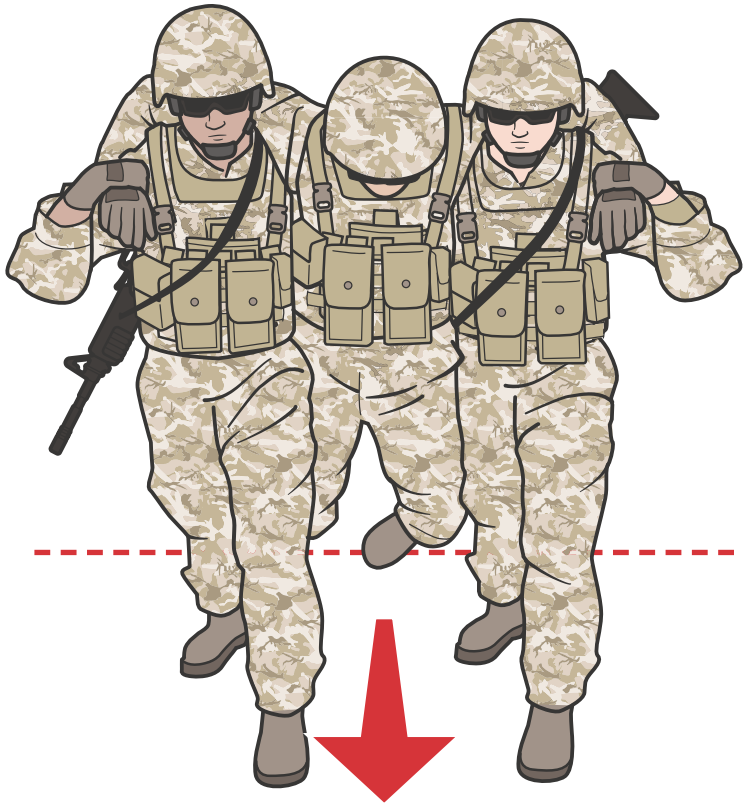
OR

If unconscious, both **KNEEL** next to the casualty and **RAISE** them to a seated position facing in the same direction as you.



02 **GRASP** the casualty's wrists and draw one of his arms around each of your necks. *(The casualty should use their arms to hold onto you, if able).*

03 Place other arm around the casualty's waist and **GRAB** the casualty's web belt, if worn, or their clothing/equipment, if possible.



NOTE: If unconscious or if the casualty is taller than the bearers, the bearers can remove their arms from the casualty's waist and place them behind/under the casualty's thighs for support; this keeps the feet from dragging.

04 **LIFT AND SUPPORT** the casualty while moving forward.

TWO-PERSON DRAG/CARRY

FORE-AND-AFT CARRY

01 **POSITION** casualty on their back with arms by their side.

02 The taller of the two rescuers **KNEELS** at the casualty's head and faces the casualty's feet.

03 That rescuer slides their hands under the casualty's arms and **LOCKS HANDS** together over the casualty's chest.

04 The second rescuer spreads the casualty's legs and **KNEELS** between them, with rescuer's back toward the casualty.

05 Then, the second rescuer **GRASPS** the casualty's legs, placing their hands underneath the casualty's knees.

06 **RISE TOGETHER** on the count of three.

07 **WALK FORWARD** in unison with the casualty.

CLS TCCC CMC TCCC CPP TCCC

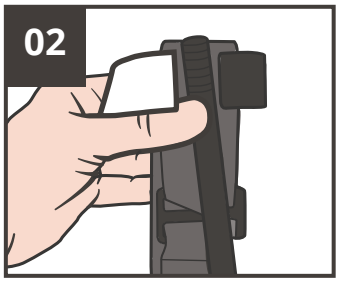
COMBAT LIFESAVER
TACTICAL COMBAT CASUALTY CARE

M A R C H

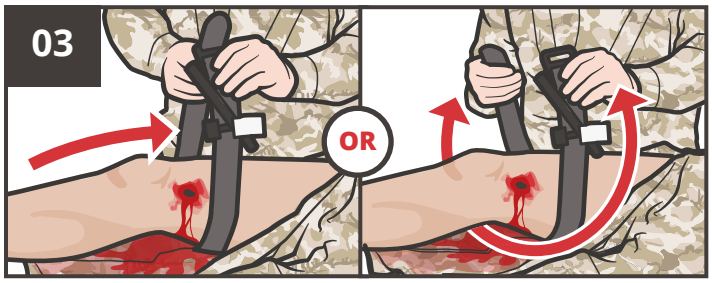
TWO-HANDED (WINDLASS) TOURNIQUET APPLICATION

TACTICAL FIELD CARE (TFC)

EXPOSE and **ASSESS** the wound.

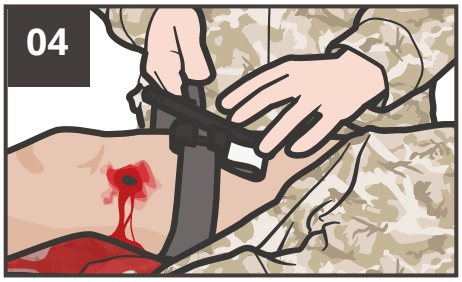


REMOVE tourniquet from the casualty's JFAK and/or carrying pouch.

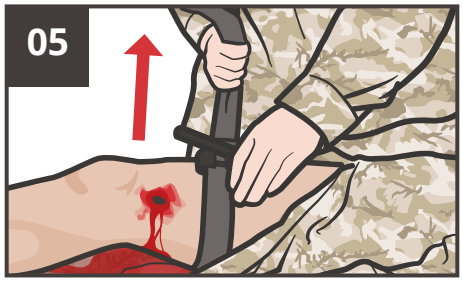


INSERT wounded extremity through the loop of band (looped).

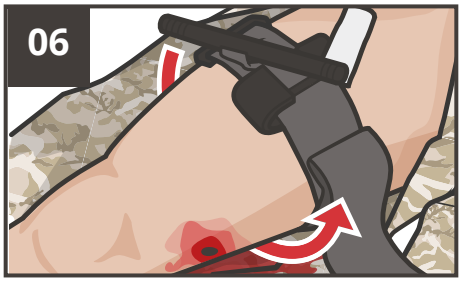
ROUTE band around limb, and through routing buckle.



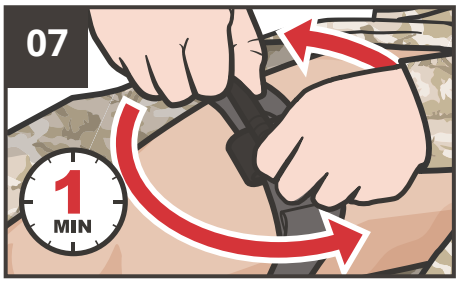
POSITION 2-3 inches above wound directly on skin.



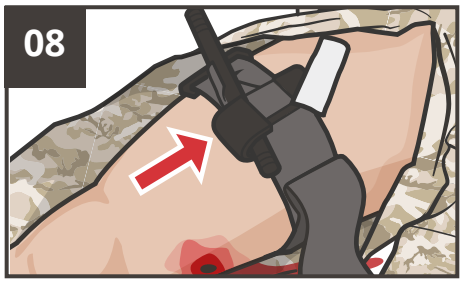
PULL self-adhering band as **TIGHTLY** as possible.



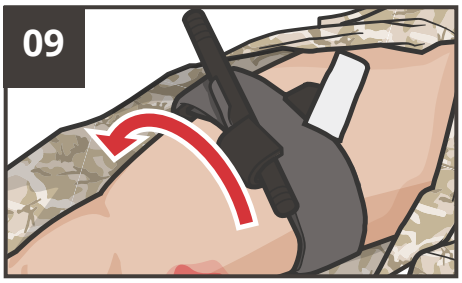
FASTEN it back on itself all the way around the limb.



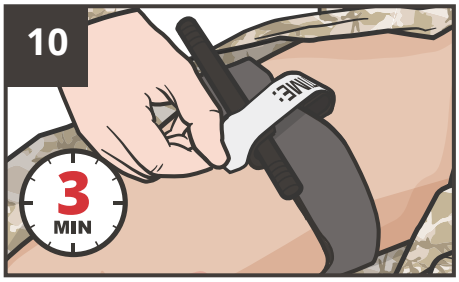
TWIST the windlass rod until bleeding has stopped *(complete steps 1-6 in under 1 min).*



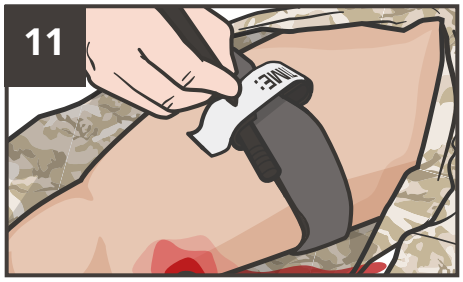
LOCK the windlass rod in place with the windlass clip.



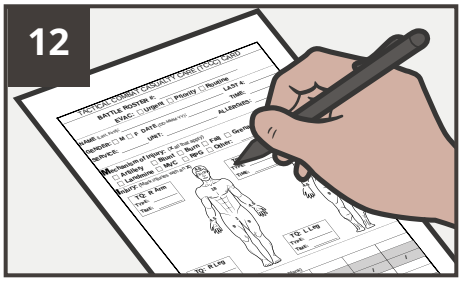
ROUTE self-adhering band around the rod and between the clips.



SECURE with the windlass safety strap.



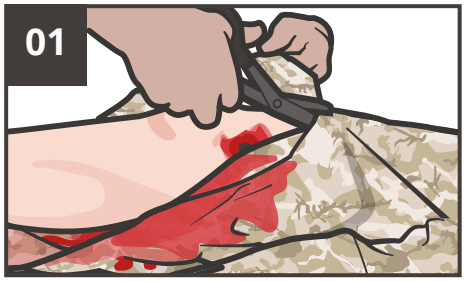
ANNOTATE time of tourniquet application.



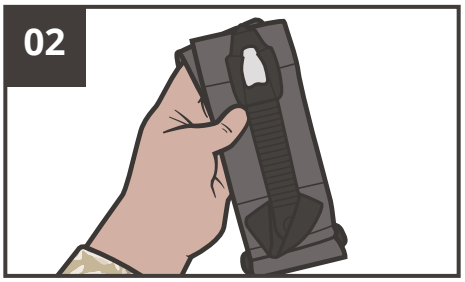
DOCUMENT all findings and treatments on the DD Form1380 TCCC Casualty Card and attach to casualty.

TWO-HANDED (RATCHET) TOURNIQUET APPLICATION

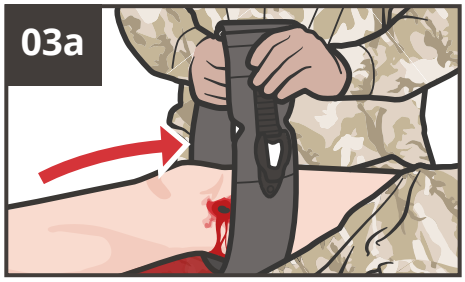
TACTICAL FIELD CARE (TFC)



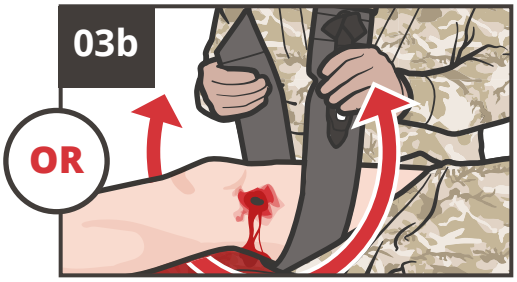
EXPOSE and **ASSESS** the wound.



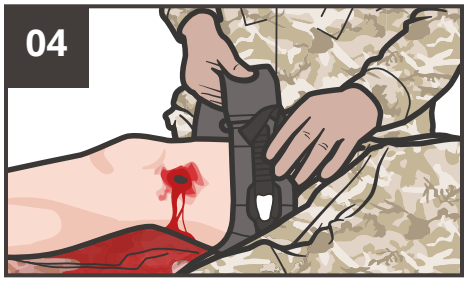
REMOVE tourniquet from the casualty's JFAK and/or carrying pouch.



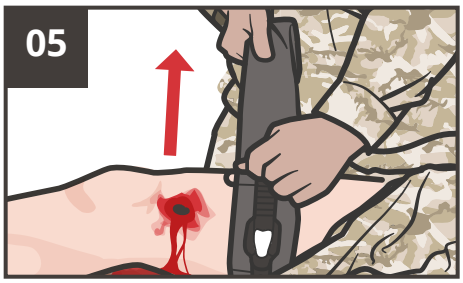
INSERT wounded extremity in the loop of the tourniquet strap.



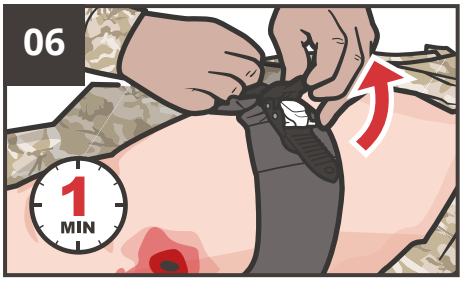
ROUTE band around limb, and through routing buckle.



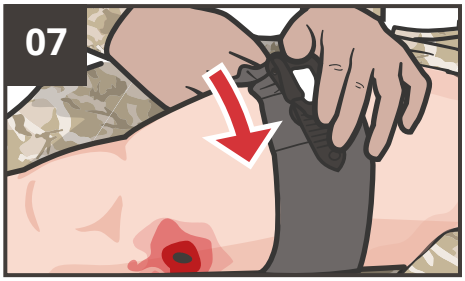
POSITION 2-3 in above wound directly on skin.



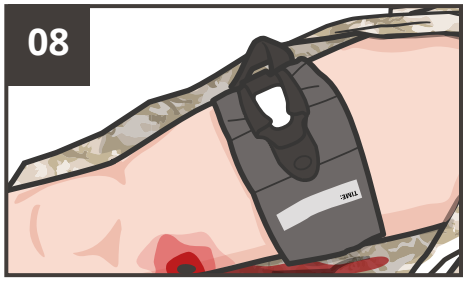
PULL strap as TIGHTLY as possible, removing excess slack.



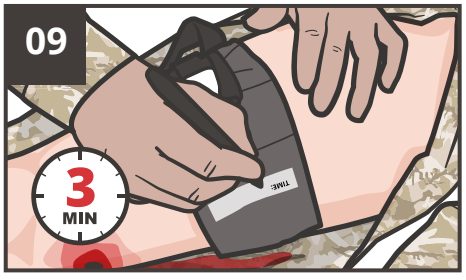
RATCHET device as tightly as possible until bleeding stops *(complete steps 1-6 in under 1 min)*.



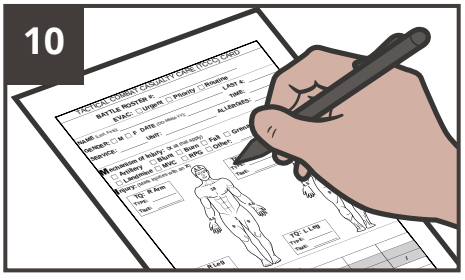
LOCK the ratchet on itself (it will click into place).



WRAP excess strap around the ratchet device and **SECURE** in place.



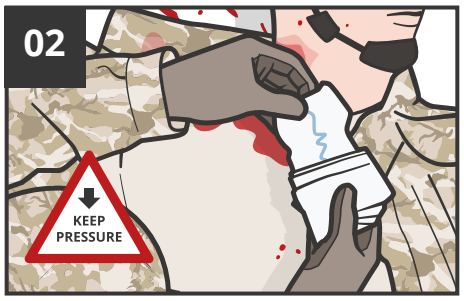
DOCUMENT the time of tourniquet application on the strap.



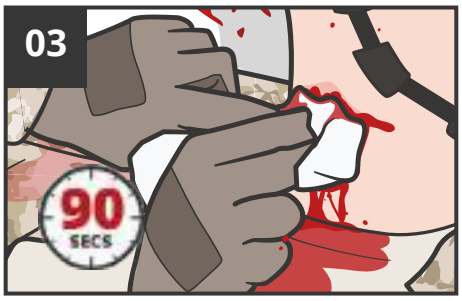
DOCUMENT all findings and treatments on the DD Form 1380 TCCC Casualty Card and attach it to the casualty.

NECK JUNCTIONAL HEMORRHAGE CONTROL

EXPOSE the injury and assess the bleeding source.

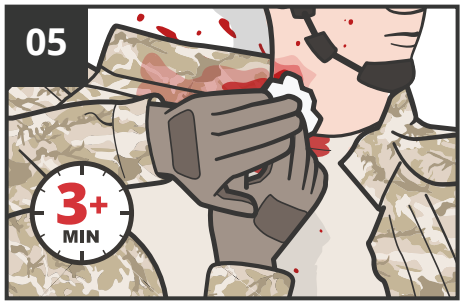


APPLY DIRECT PRESSURE to bleeding source, use dressing from casualty's JFAK.

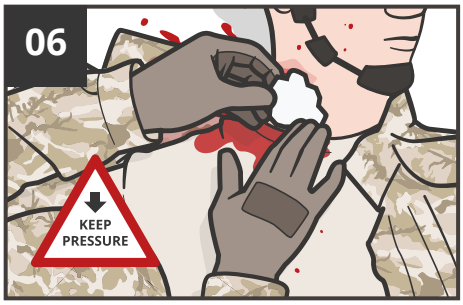


PACK wound tightly with hemostatic gauze until the wound cavity is filled.

ENSURE gauze extends 1-2 inches above the skin.



HOLD pressure for a minimum of 3 minutes.



REASSESS to ensure bleeding has been controlled while maintaining pressure.

IF BLEEDING HAS NOT BEEN CONTROLLED:

07a If packed with hemostatic dressing, remove and repack starting at **STEP 03.**

OR

07b If packed with gauze, apply additional gauze and pressure (for 3 min) until bleeding stops.

PLACE an elastic bandage over the dressing leaving enough tail to tie it into a knot.

While maintaining pressure, **WRAP** bandage (no less than 1½ times) over the packing material covering it completely.

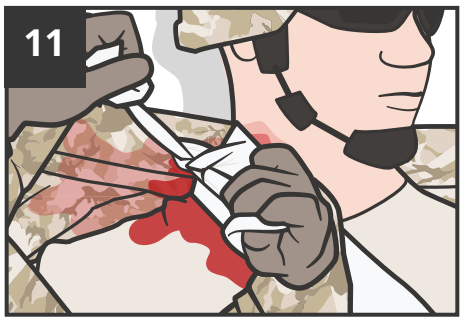
WRAP diagonally across the chest under the opposite arm (armpit) around the back to the neck and back over the wound.

Continued on the next page...

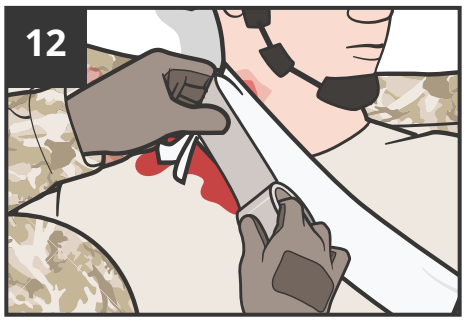
NECK JUNCTIONAL HEMORRHAGE CONTROL

Continued...

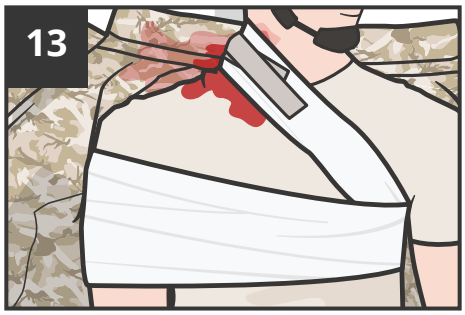
WRAP around neck and under the arm (on alternating sides of the tail, while maintaining tension/pressure), pulling elastic bandage tightly for pressure, covering the packing material.
NOTE: ***Do not*** use pressure bar on the neck.



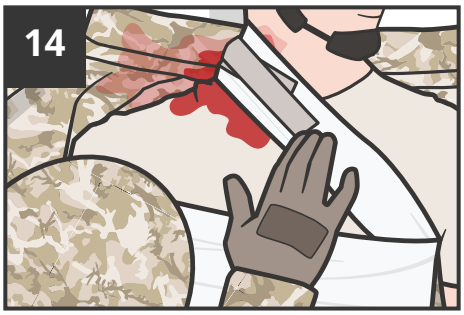
SECURE the dressing by tying a non-slip knot with end of elastic bandage and its tail.



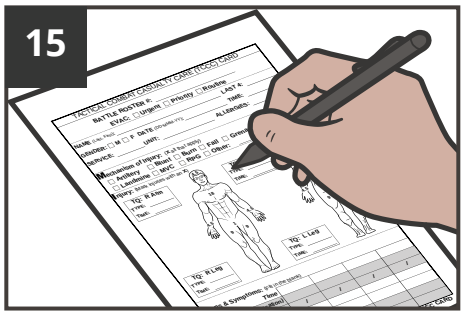
SECURE elastic bandage tails with tape, wrapping a minimum of 1½ times around the knot.



SWATH the upper arm (of the injured side) to the chest using a bandage.

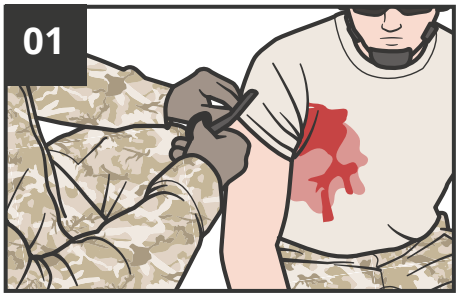


CONTINUE TO ASSESS wound for further bleeding.

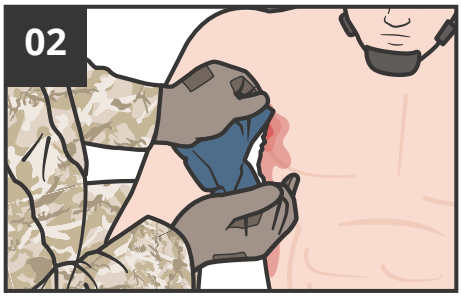


DOCUMENT all findings and treatments on the DD1380 TCCC, Casualty Card.

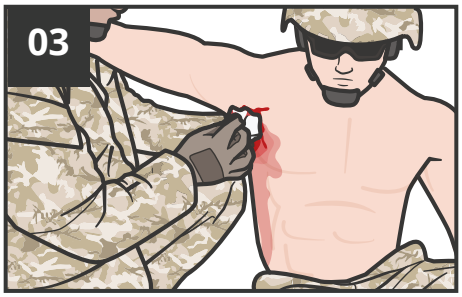
AXILLARY (ARMPIT) JUNCTIONAL HEMORRHAGE CONTROL



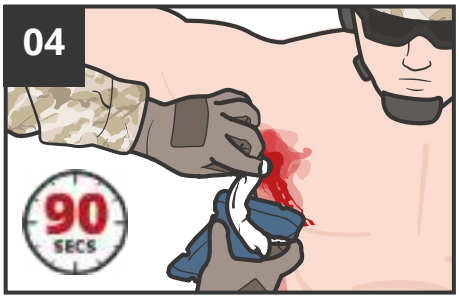
Cut away any clothing (to **EXPOSE** injury) and lift the arm to assess the bleeding source.



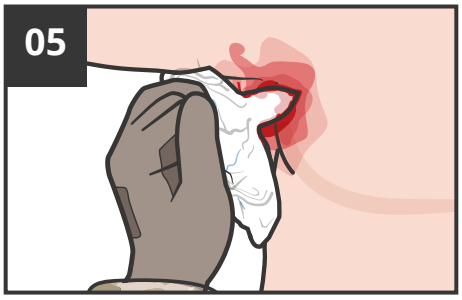
APPLY direct pressure to the most active bleed. **PREPARE** hemostatic dressing.



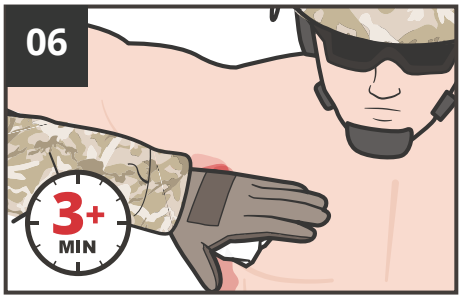
EXTEND the casualty's arm at a 90-degree angle by placing it on your shoulder.



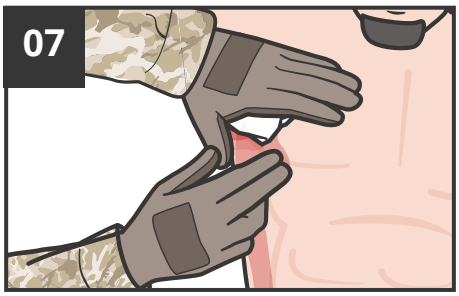
PACK the wound tightly with hemostatic gauze until the wound cavity is filled.



ENSURE the gauze extends 1-2 in above the skin.



HOLD pressure for a minimum of 3 min.



REASSESS to ensure bleeding has been controlled while maintaining pressure.

IF BLEEDING HAS NOT BEEN CONTROLLED:

08a If packed with hemostatic dressing, **REMOVE** and **REPACK** starting at **STEP 03.**

OR

08b If packed with gauze, apply additional gauze and pressure (for 3 min) until bleeding stops.

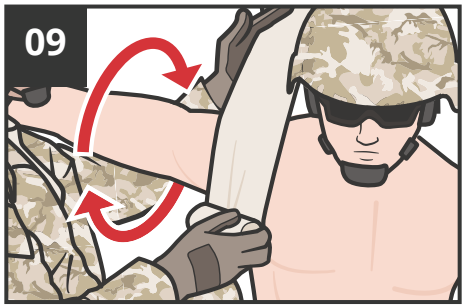
Continued on next page...

NOTE: Clothing may need to be cut away to properly expose the injury.

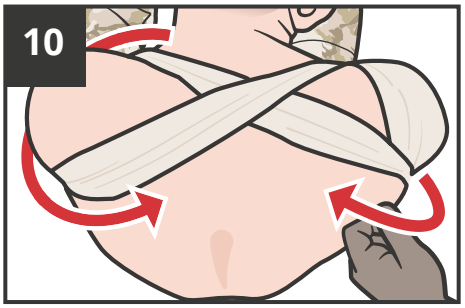
NOTE: The best position to treat the casualty is the seated position. If the casualty cannot be treated in the seated position, you will need to sit the casualty up as much as possible to apply the elastic bandage.

AXILLARY (ARMPIT) JUNCTIONAL HEMORRHAGE CONTROL

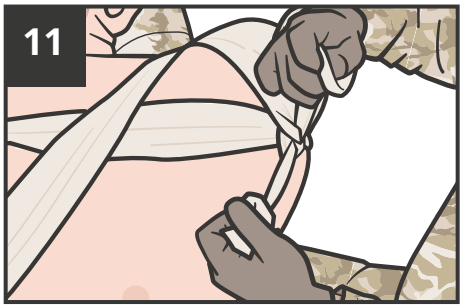
Continued...



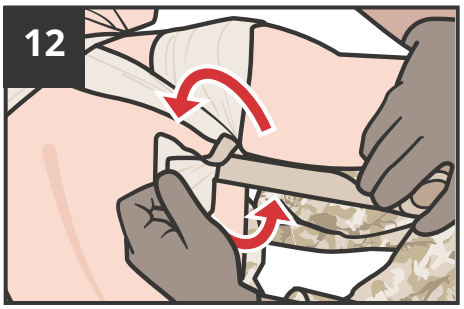
While maintaining pressure on the dressing/gauze, **WRAP** the pressure (or elastic) bandage around injured shoulder twice ensuring the gauze underneath is completely covered.



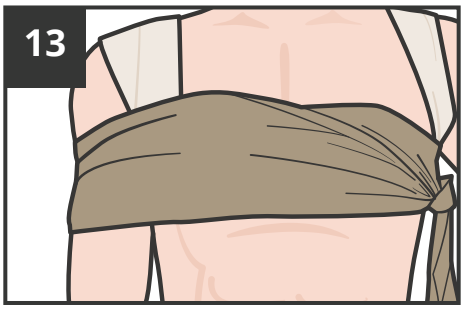
WRAP elastic bandage across, back and under the opposite armpit, anchoring around the opposite shoulder in a "figure 8" pattern.



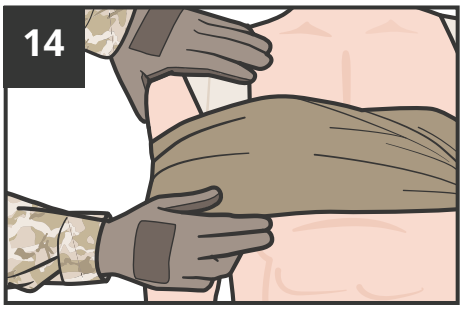
Depending on the bandage used, **SECURE** with the closure bar or tie tails of elastic bandage with a nonslip knot.



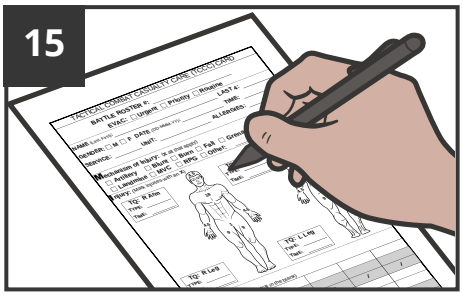
SECURE pressure (elastic) bandage tails and knot using tape, wrapping a minimum of 1½ times around the knot.



SWATH the upper arm to the side of the chest using a cravat.



CONTINUE TO ASSESS wound for further bleeding.

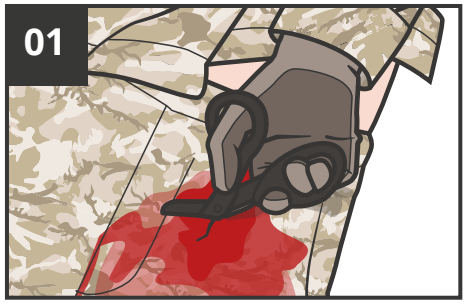


DOCUMENT all findings and treatments on the DD Form 1380 TCCC, Casualty Card an attach it to casualty.

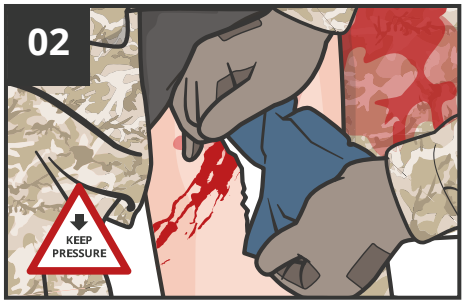
STEP 09 NOTE: If using an elastic bandage without a closure bar, leave a tail on the posterior side of the casualty.

INGUINAL (GROIN) HEMORRHAGE CONTROL

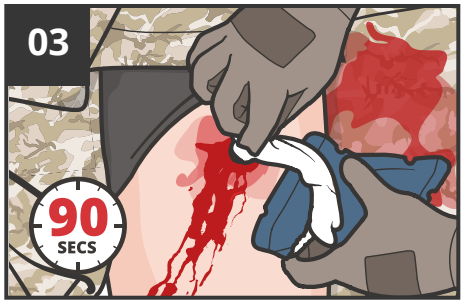
with improvised junctional pressure device



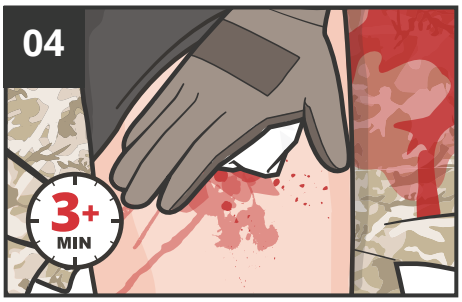
EXPOSE the injury and assess the bleeding source.



APPLY DIRECT PRESSURE to the wound using a hand, fist or elbow and open the hemostatic gauze package.



TIGHTLY PACK wound with hemostatic gauze until wound cavity is filled (finishing the packing within 90 seconds).



HOLD pressure for minimum of 3 minutes.

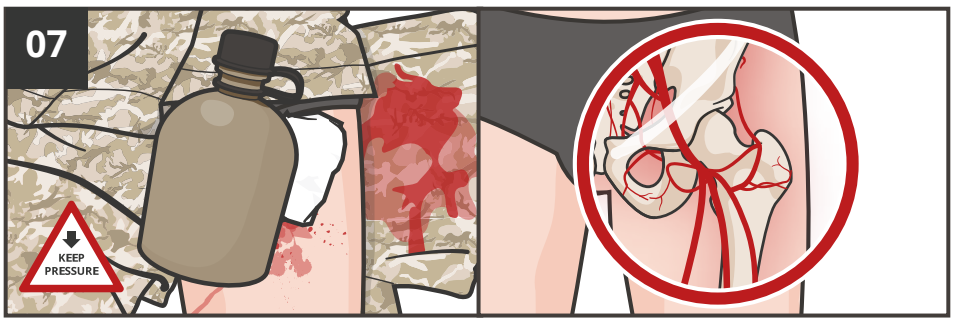
REASSESS to ensure bleeding has been controlled while maintaining pressure.

IF BLEEDING HAS NOT BEEN CONTROLLED:

06a If packed with hemostatic dressing, remove and repack starting at **STEP 03.**

OR

06b If packed with gauze, apply additional gauze and pressure (for 3 min) until bleeding stops.



SELECT and POSITION a PDD into the inguinal gutter while maintaining pressure.

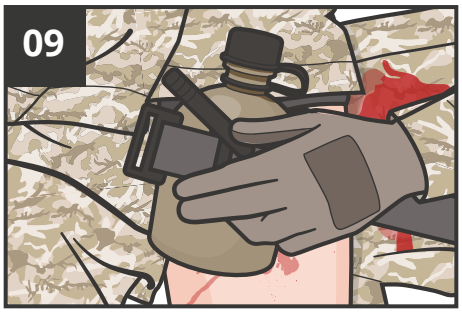
SELECT a tourniquet that can wrap around the casualty's waist/hip area or connect two tourniquets together.

Continued on next page...

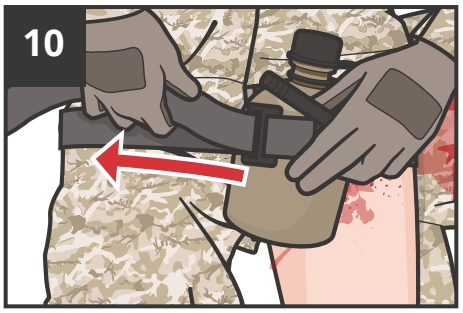
INGUINAL (GROIN) HEMORRHAGE CONTROL

with improvised junctional pressure device

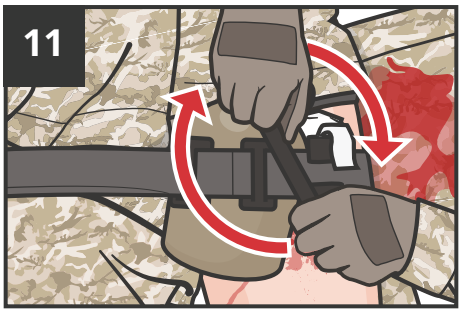
Continued...



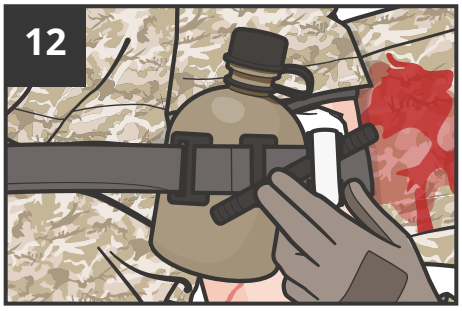
PLACE windlass or ratchet tourniquet directly over the middle of the PDD; ensure routing buckle is located towards middle of the body.



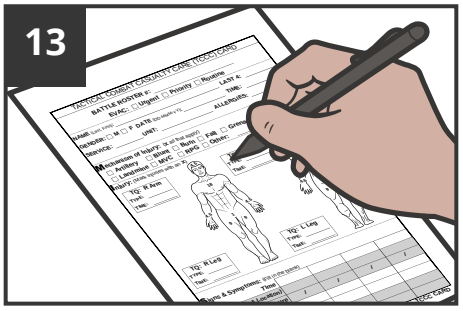
REMOVE all slack from the band or strap using a pushing motion across the casualty's body before tightening the tourniquet.



TIGHTEN the tourniquet until bleeding has stopped and the distal pulse has been checked and is absent.



Visually **INSPECT** placement of equipment, ensuring the PDD is in place and the windlass/ratchet are properly positioned over the device.



DOCUMENT all findings and treatments on the DD1380 TCCC Casualty Card.

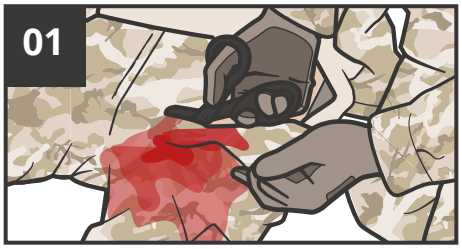
STEP 11 NOTE: If bleeding is not controlled and/or distal pulse (a pulse below the tourniquet) is present, remove any remaining slack in the strapping (if possible) and twist or ratchet the tourniquet device until bleeding is controlled and/or a distal pulse is absent.

CLS TCCC | CMC TCCC | CPP TCCC

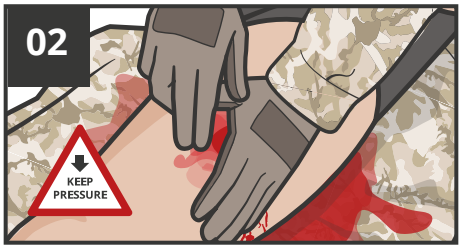
COMBAT LIFESAVER
TACTICAL COMBAT CASUALTY CARE

M A R C H

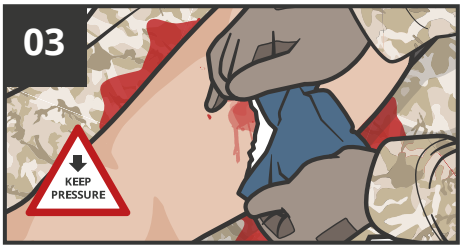
WOUND PACKING AND PRESSURE BANDAGE



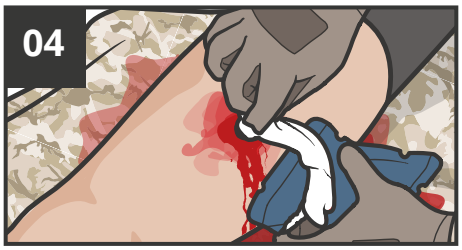
EXPOSE the wound, if not previously exposed.



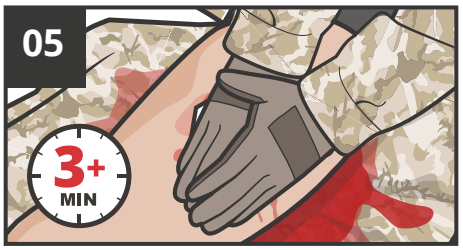
LOCATE the source of the most active bleeding and apply direct pressure.



REMOVE the dressing from its sterile package.



PACK it tightly into the wound directly over the site of the most active bleeding. **Ensure the gauze extends 1–2 inches above the skin.**



After packing **HOLD** pressure for minimum of 3 min.

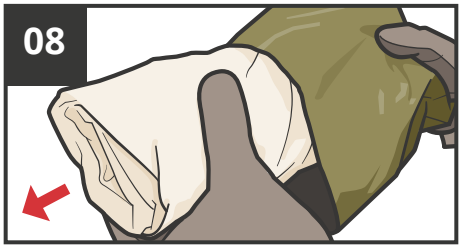
REASSESS to ensure bleeding has been controlled while maintaining pressure.

IF BLEEDING HAS NOT BEEN CONTROLLED:

07a If packed with hemostatic dressing, remove and repack starting at **STEP 03.**

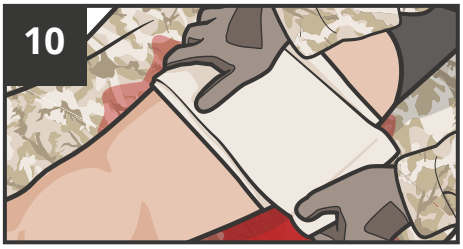
OR

07b If packed with gauze, apply additional gauze and pressure (for 3 min) until bleeding stops.

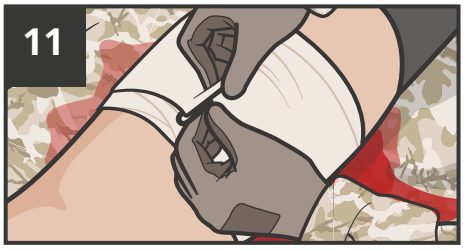


REMOVE the pressure bandage from the pouch and packaging.

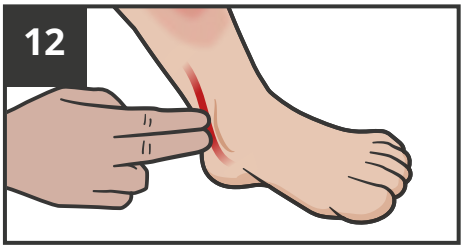
PLACE the bandage pad over the wound, or dressing applied, by applying pressure.



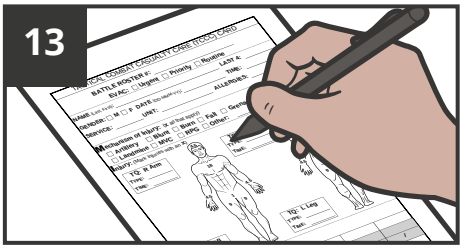
WRAP tightly around the extremity ensuring that the edges of the pad are covered.



SECURE Velcro or closure bar onto the last bandage wrap.



CHECK for circulation by feeling for a distal pulse.



DOCUMENT all findings and treatments on the DD1380 TCCC Casualty Card.

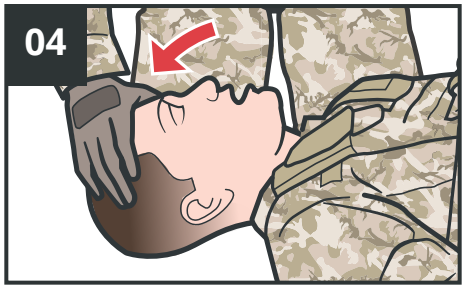
HEAD-TILT/CHIN-LIFT

NOTE: DO NOT use if a spinal or neck injury is suspected.

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

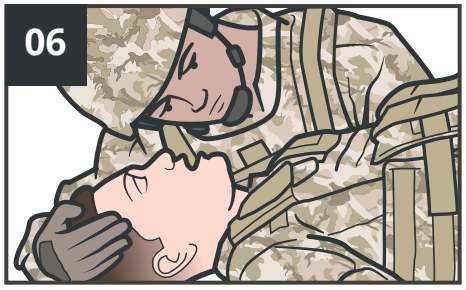
KNEEL at the level of the casualty's shoulders. **POSITION** yourself at the casualty's side.

OPEN the mouth and **LOOK** for visible airway obstructions. ***No*** blind finger sweeps.

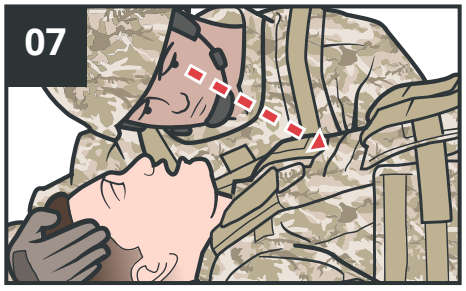


PLACE one hand on casualty's forehead. **APPLY** firm, backward pressure with the palm to tilt the head back.

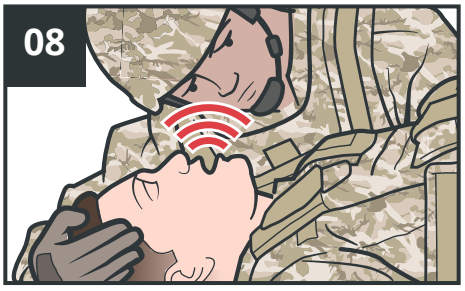
PLACE fingertips of the other hand under the bony part of the lower jaw and lift, bringing the chin forward.



While maintaining the open airway, **PLACE** ear over mouth and nose, looking toward chest and stomach.

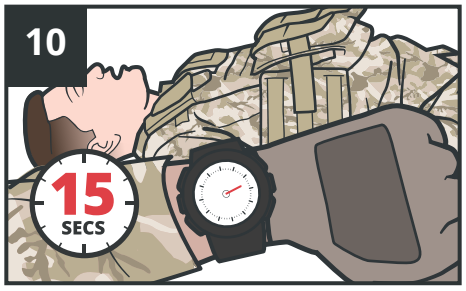


LOOK for the chest to rise and fall.

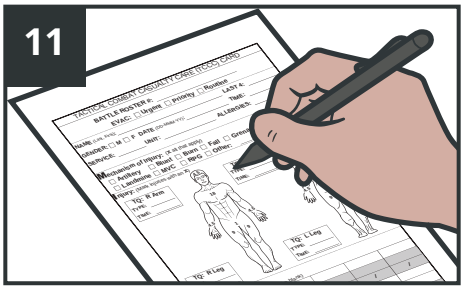


LISTEN for air escaping during exhalation.

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



MEASURE the respiratory rate.



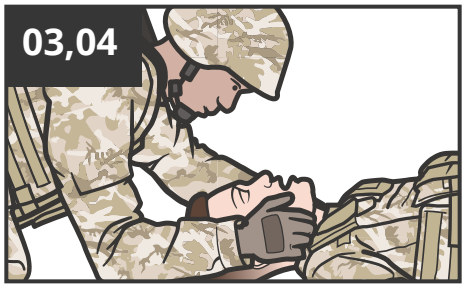
DOCUMENT all findings and treatments on the DD Form 1380 TCCC Casualty Card.

JAW-THRUST MANEUVER

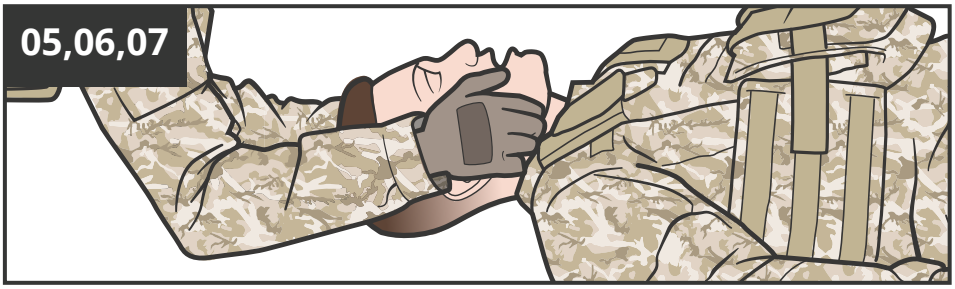
NOTE: Use this technique when neck/spine injury is suspected.

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).



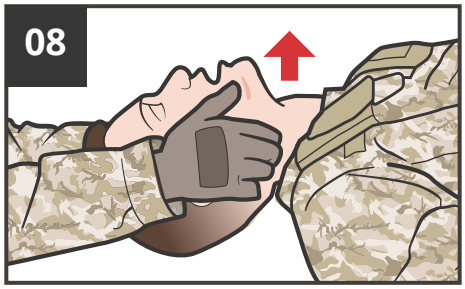
OPEN the mouth and look for visible airway obstructions. **REMOVE** any if possible.



REST elbows on the ground or floor.

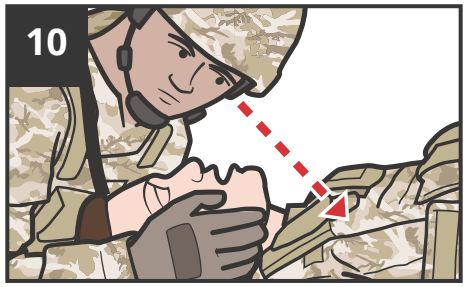
PLACE hands either side of lower jaw below the ears.

STABILIZE the casualty's head with your forearms.



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

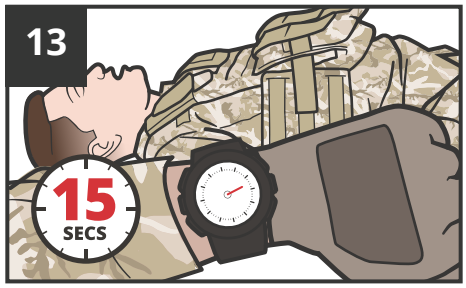
Keeping airway open, **PLACE** ear over mouth and nose, looking toward chest and stomach.



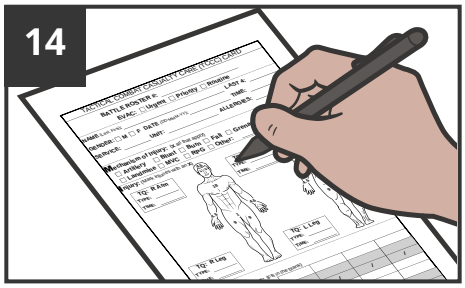
LOOK for the chest to rise and fall.

LISTEN for air escaping during exhalation.

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

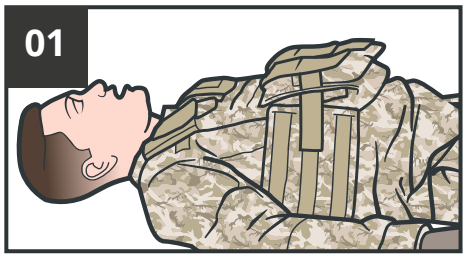


MEASURE the respiratory rate.

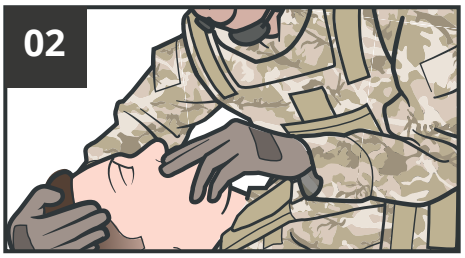


DOCUMENT all findings and treatments on the DD Form 1380 TCCC Casualty Card.

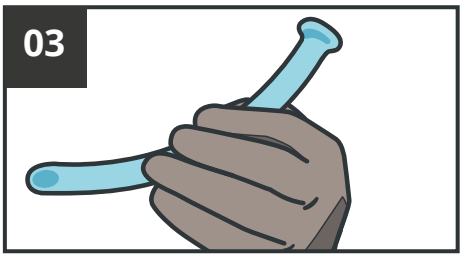
NASOPHARYNGEAL AIRWAY (NPA) INSERTION



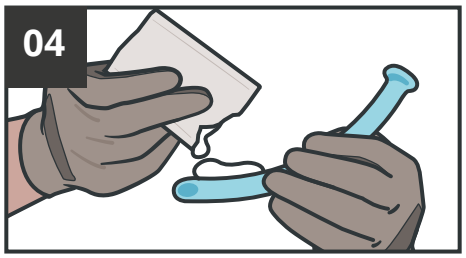
PLACE the casualty supine (on their back) with their head in a neutral position.



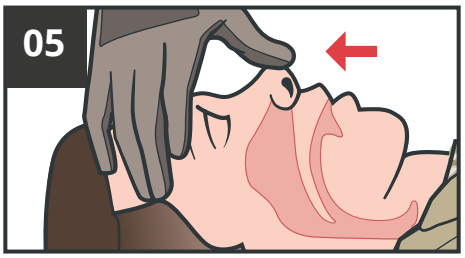
INSPECT nose and nasal passages for obstructions preventing insertion of NPA.



OPEN the NPA device provided in the casualty's JFAK.

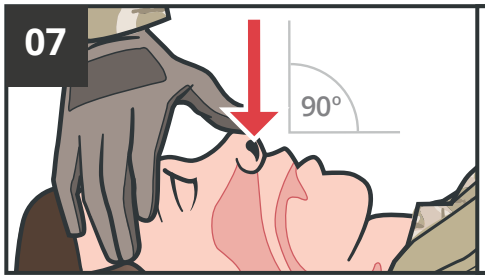


LUBRICATE end of NPA device with the sterile water-based lubricating jelly found in the JFAK or with water.

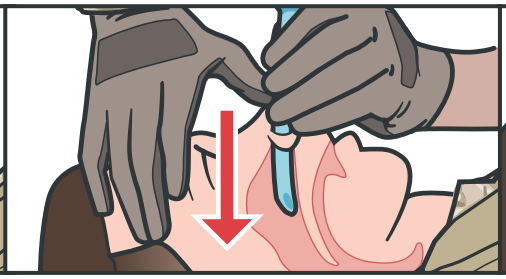


EXPOSE opening of casualty's right nostril by pushing the tip of the nose upward gently ("piggy the nose").

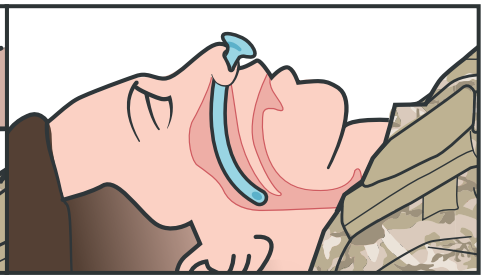
POSITION tube so that the beveled (open) end faces toward the septum (the strip of skin separating the nostrils).



INSERT NPA device into the right nostril (at a 90-degree angle to the casualty's face).



PUSH NPA toward the ground (**not** toward the top of the head) using a fluid movement...



until the flange (flared end) is flush with the nostril.

CAUTION: Never force the NPA into the nostril. If resistance is met, attempt a slight twisting motion and try to gently reinsert. If successful, but the casualty gags or chokes, pull the NPA out slightly and leave it in place. If unsuccessful, pull the NPA completely out and attempt to insert it into the left nostril.

REASSESS breathing and respiration by using the **LOOK**, **LISTEN**, and **FEEL** technique.

POSITION casualty in either a sitting or recovery position.

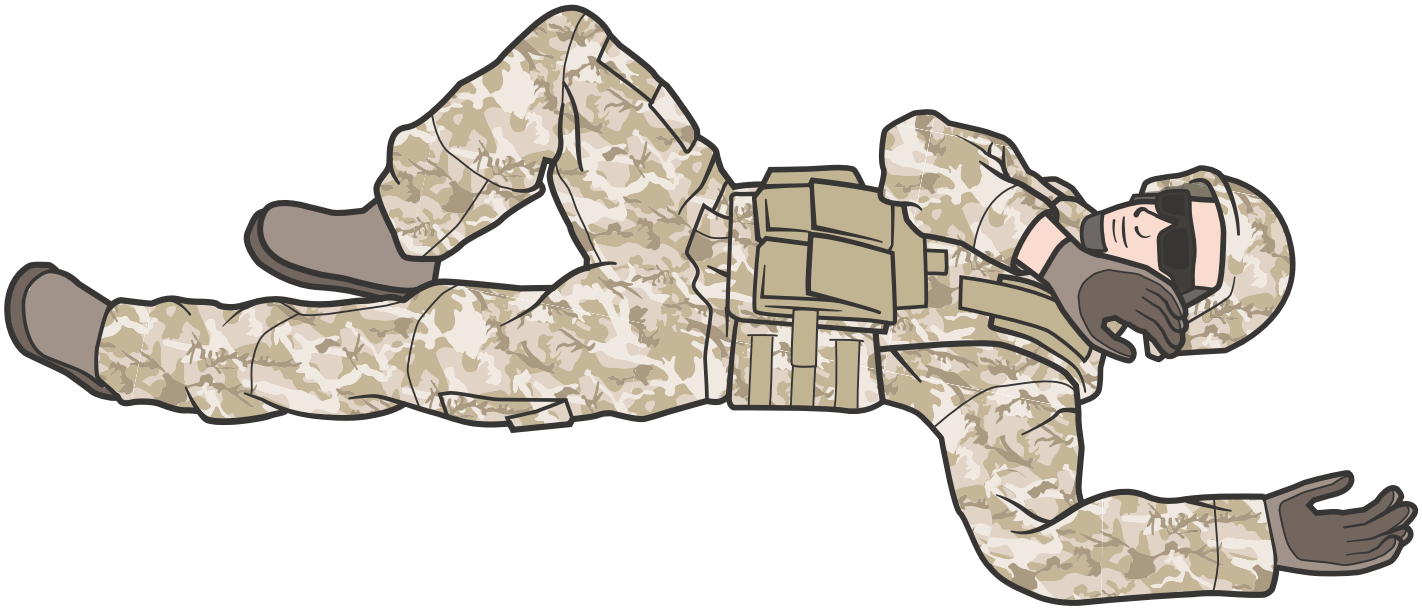
DOCUMENT all findings and treatments on the DD1380 TCCC Casualty Card and attach to casualty.

RECOVERY POSITION

01 **POSITION** casualty supine (on their back) without causing any further injuries.

02 **PLACE** casualty's arm at right angle to the body, bent at the elbow with the hand pointing upward.

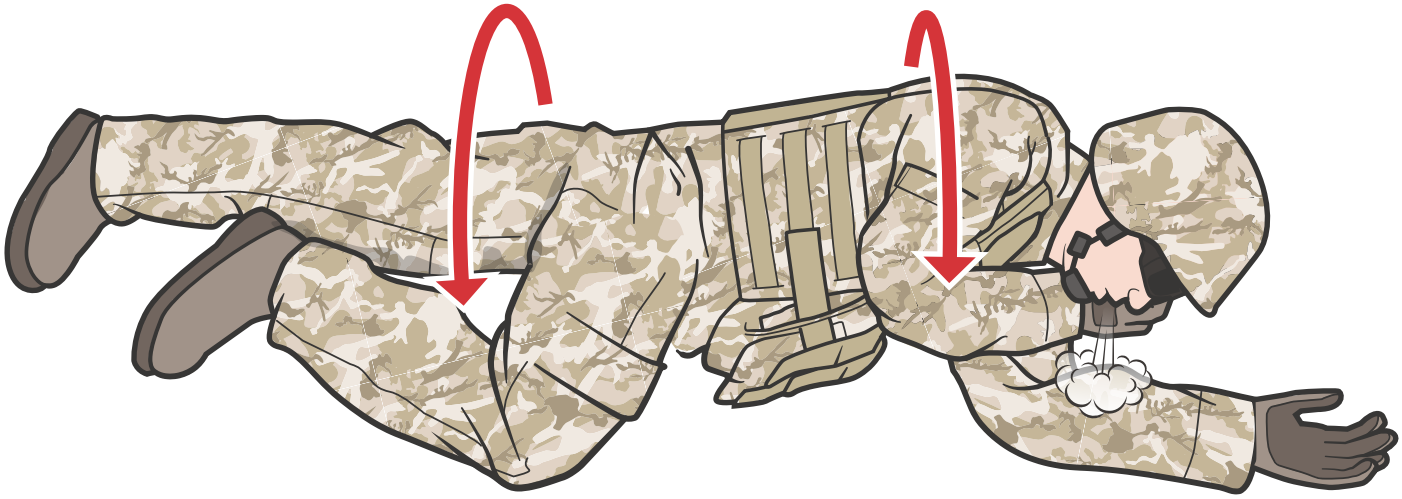
03 **PLACE** the back of casualty's hand against the opposite cheek.



04 Keep your hand there to **GUIDE** and **SUPPORT** the casualty's head as you roll them.

05 **PULL** casualty's knee up so that the leg is bent and foot is flat on the floor.

06 Gently **PULL** the casualty's knee toward you so the casualty rolls over onto their side facing you.

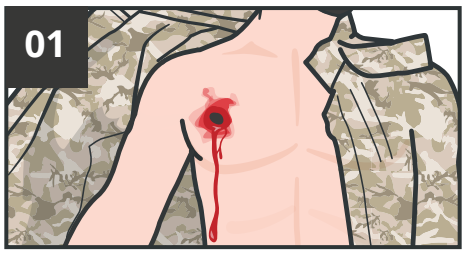


07 **MOVE** bent leg in front of the casualty's body so that it is resting on the floor.

08 Gently **RAISE** the casualty's chin to tilt their head back slightly.

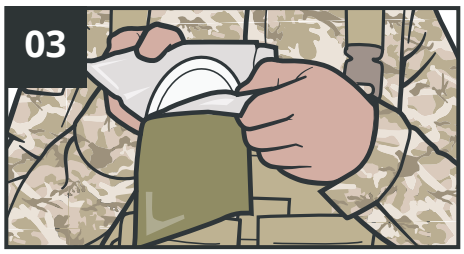
09 **DOCUMENT** all findings and treatments on the DD Form 1380 TCCC Casualty Card.

CHEST SEAL

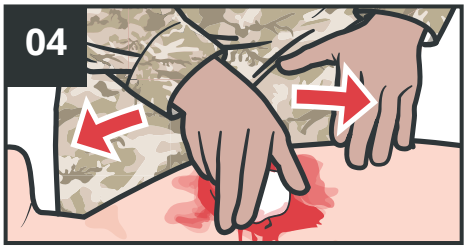


EXPOSE and uncover any chest wounds.

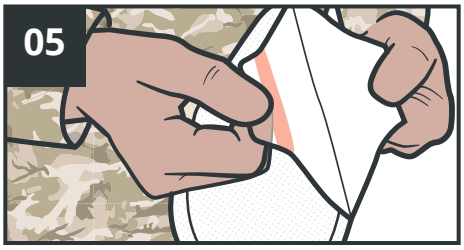
PLACE hand or back of hand over open chest wound to create a temporary seal.



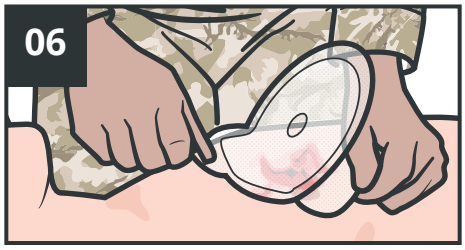
Fully **OPEN** the outer wrapper of the commercial chest seal or other airtight material.



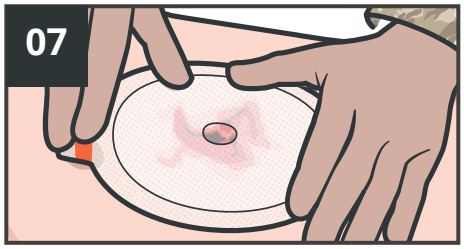
REMOVE gauze from chest seal package to wipe away any dirt, blood, or other fluid.



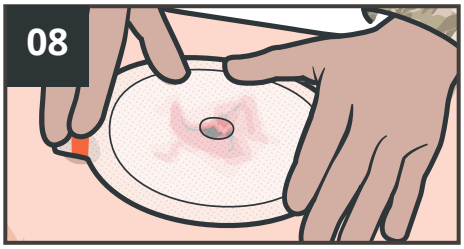
PEEL OFF the protective liner, exposing the adhesive portion of the seal.



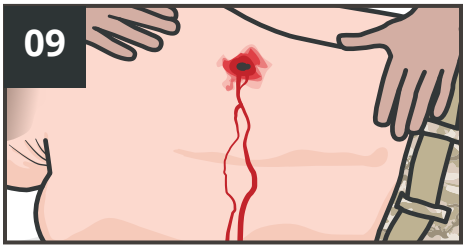
PLACE adhesive side directly over hole as casualty exhales, pressing firmly to seal.



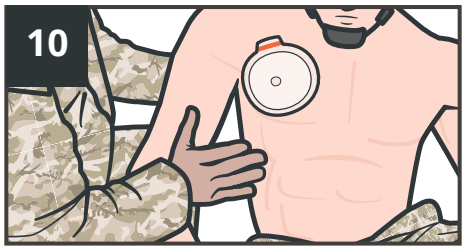
ENSURE the adhesive (sticky) surface of the chest seal is adhering to the skin.



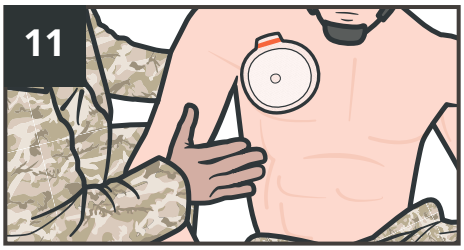
ASSESS the effectiveness of the vented chest seal when the casualty breathes.



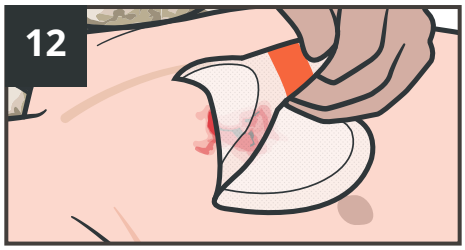
ROLL the casualty looking for additional open wounds (chest, under the arms, and back).



PLACE conscious casualty into a sitting position or an unconscious casualty in the recovery position (with their injured side down).



MONITOR for signs of a tension pneumothorax.



If signs of a tension pneumothorax develop, **LIFT** one edge of the seal and allow the tension it to decompress ("burping" the seal), then **PRESS** chest seal down firmly to recreate the seal.

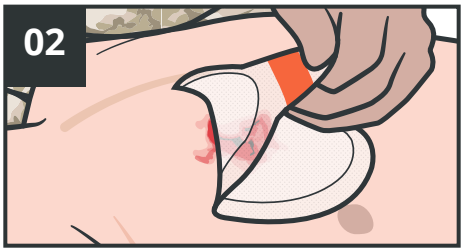
13 If signs of a tension pneumothorax persist despite burping the seal, **PERFORM** a needle decompression of the chest (see Needle Decompression of the Chest Instruction).

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

NEEDLE DECOMPRESSION OF THE CHEST (NDC)

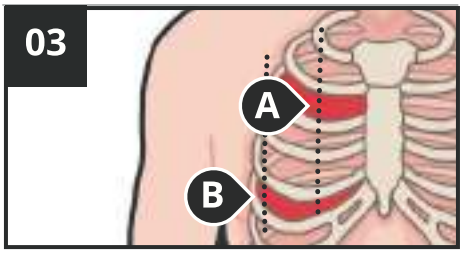
01 **ASSESS** the casualty for signs of suspected tension pneumothorax.

02



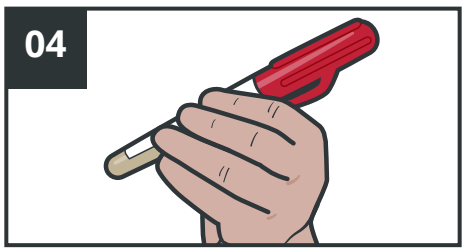
If a chest seal was previously applied, **BURP** or **REPLACE** the chest seal (if improperly applied).

03



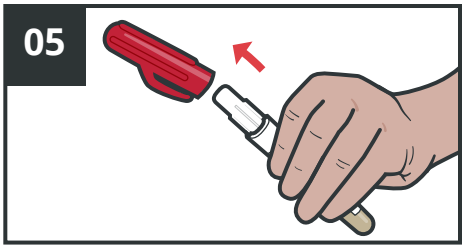
IDENTIFY the site for needle insertion.

04



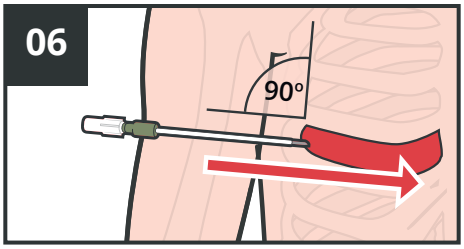
USE appropriate needle catheter (either 10 or 14 gauge, 3¼ inches).
NOTE: If available, use antiseptic solution or a pad to clean the site.

05



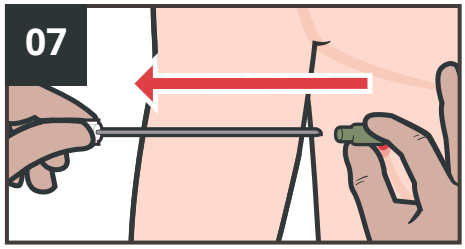
REMOVE the Luer lock cap from the needle catheter (if applicable).

06



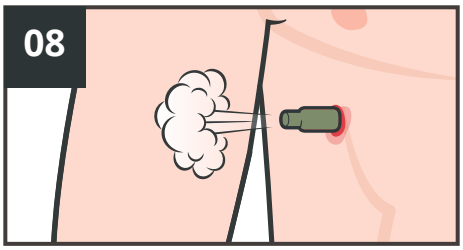
INSERT needle just over top of lower rib at insertion site, at a 90-degree angle to the curvature of the chest, and not the ground.

07



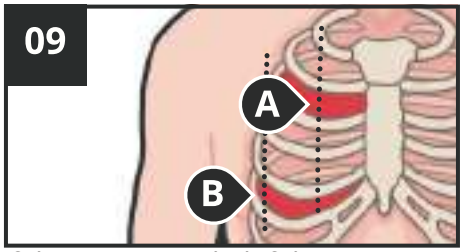
LEAVE in place for 5–10 sec before removing the needle, leaving the catheter in place.

08



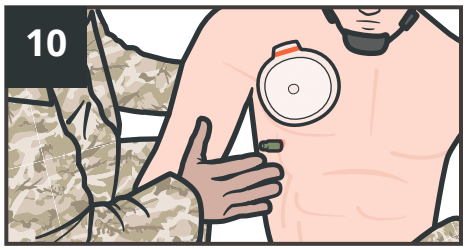
ASSESS for successful needle decompression.
NOTE: You should hear air escaping the chest. Respiratory distress improves.

09



If the NDC is not helpful, **PERFORM** another NDC using a new needle on the second site, same side.

10



PLACE the casualty in the sitting position or recovery position with injured side down.

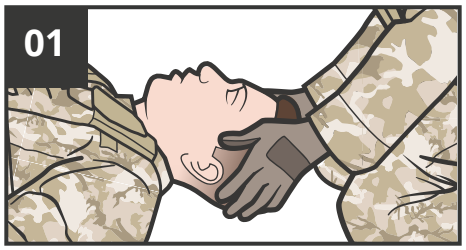
11 Continue to **REASSESS** the casualty for reoccurrence of progressive respiratory distress.

12 If the initial NDC was successful, but symptoms later recur, then **PERFORM** another NDC at the same site that was used previously. Use a new needle/catheter unit for the repeat NDC.

13 If the second NDC is also not successful, then continue onto the Circulation section of the MARCH (Massive bleeding, Airway, Respiration, Circulation, Hypothermia/Head) sequence.

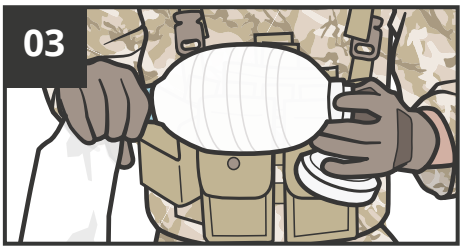
14 **DOCUMENT** all findings and treatments on the DD Form 1380 TCCC Casualty Card.

ONE-PERSON BAG VALVE MASK (BVM)

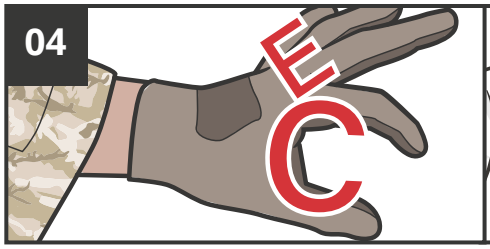


POSITION yourself at the top of the patient's head.

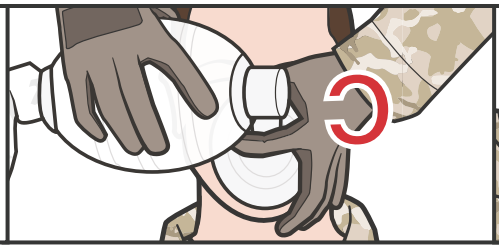
INSERT a nasopharyngeal airway (NPA).



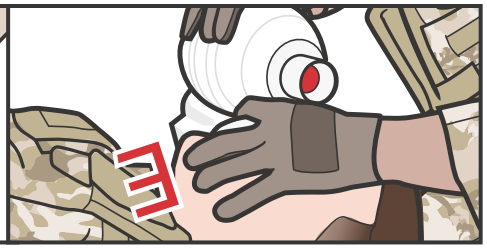
ASSEMBLE the BVM (connect the mask to port on the bag).



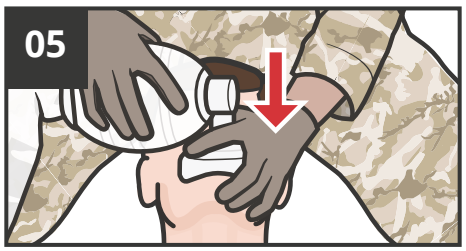
PERFORM an **"EC"** technique to hold the mask in place over the patient's mouth by using this procedure:



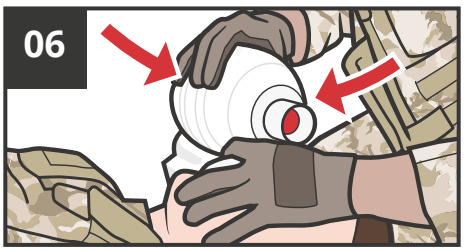
FORM a **"C"** by placing your thumb over the part of the mask covering bridge of the nose and your index finger over the part covering the cleft of the chin.



Seal mask firmly onto face by pushing down with thumb and index finger. While pulling up on the mandible, **FORM** the **"E"**, opening the airway through the head-tilt, chin-lift maneuver.



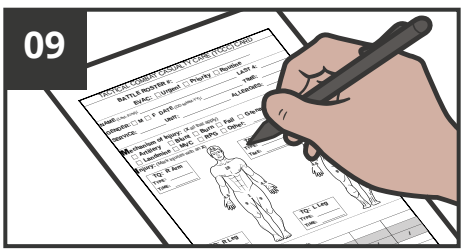
MAINTAIN a seal with one hand using firm pressure to hold the mask in position and seal over the patient's mouth.



SQUEEZE the bag with your other hand for 1-2 seconds while observing the chest rise to make certain lungs are inflating effectively.

CONTINUE SQUEEZING the bag once every five to six seconds (10–12 breaths/minute).

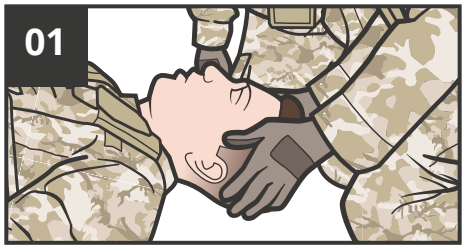
CONTINUE ventilation, observe for spontaneous respirations, and periodically check the pulse.



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

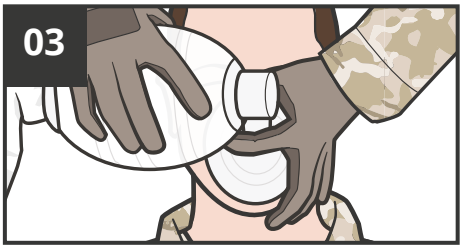
STEP 06 NOTE: Alternatively, the bag may be compressed against your body or forearm to deliver a greater tidal volume to the patient or help with hand fatigue.

TWO-PERSON BAG VALVE MASK (BVM)

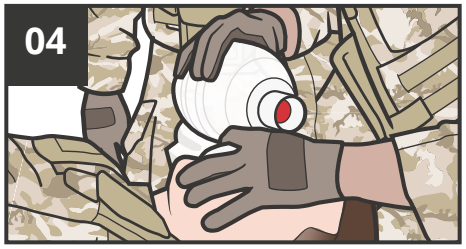


POSITION yourself at the top of the casualty's head.

INSERT a nasopharyngeal airway (NPA).

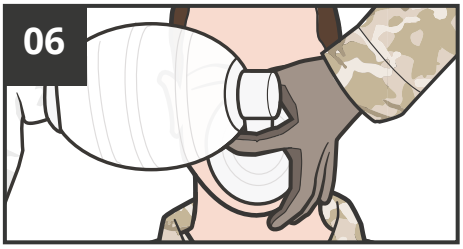


PLACE the mask over the casualty's mouth and nose.

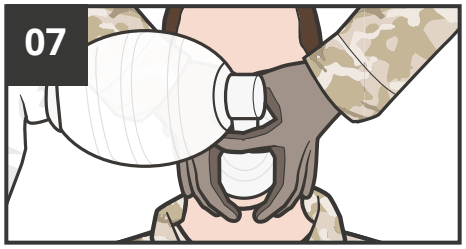


PLACE your little, ring, and middle fingers along the mandible (lower jaw).

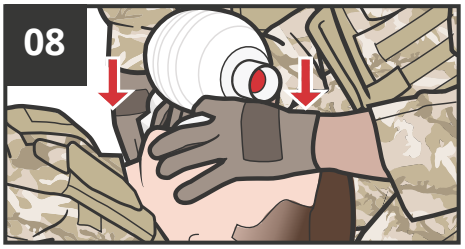
PLACE your thumb on the upper portion of the mask above the valve connection.



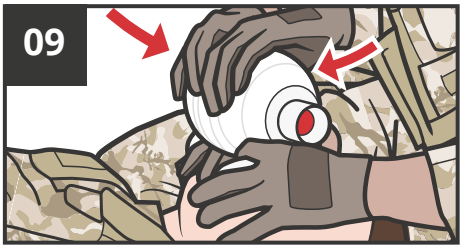
PLACE your index finger on the lower portion of the mask under the valve connection.



With your other hand, **DUPLICATE** the above steps on the other side (mirror image).

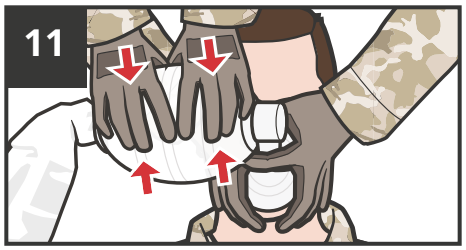


HOLD the mask in place with both hands to achieve a leakproof seal.

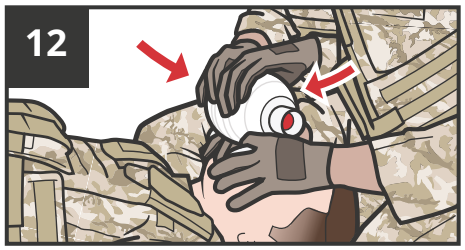


Second rescuer slowly **SQUEEZES** BVM with two hands for 1–2 secs until the chest rises.

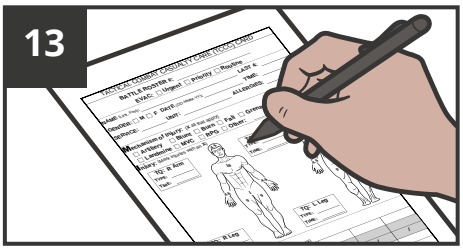
10 **OBSERVE** for rise and fall of the patient's chest.
(a) If the chest does not rise, reposition the mask to ensure a good seal.
Tilt the head and lift the chin to open the airway.
(b) If the chest rises and falls, continue with step 11.



SQUEEZE once every 5–6 secs (10–12 breaths/min).



CONTINUE ventilations, observe for spontaneous respirations, and periodically check the pulse.



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

HYPOTHERMIA TREATMENT

01 **MINIMIZE** the casualty's exposure to the elements.

02 **ENSURE** bleeding is controlled and assess for hemorrhagic shock.

03 **OPEN** the active heating device and/or passive warming materials and remove the device or blanket.

04 **EXPOSE** any active heating device to air (per manufacturers' guidance).

05 **REMOVE** any wet clothing, replacing with dry clothes/ other dry materials, if possible.

06 If applicable, **REMOVE** and **OPEN** warming shell completely, place casualty centered on it.

STEP 02 NOTE: Signs of hemorrhagic shock can include severe blood loss, altered mental status in the absence of a head injury, weak or absent radial (wrist) pulse, rapid or shallow breathing, pale skin or blotchy blue as shock progresses, sweaty but cool skin, confusion, restlessness or nervousness, nausea, and/or vomiting.

07 **APPLY** the active heating device to the casualty.
CAUTION: Do not place active heating device directly on the skin.

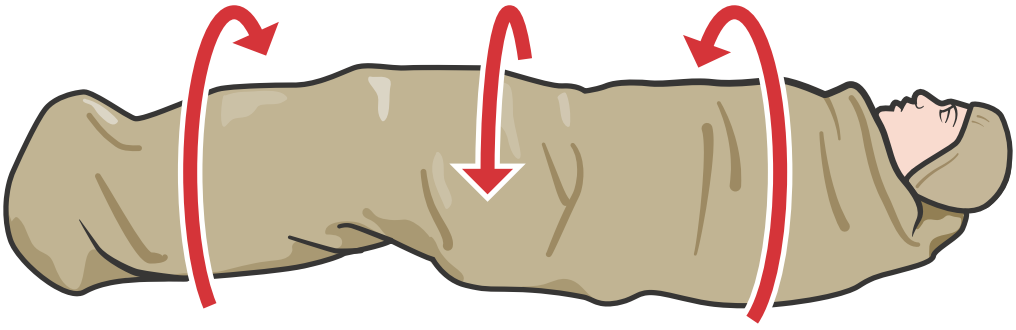
08 If active heating device not available, **PLACE** passive warming materials (blanket, etc.) around casualty.

09 **WRAP** entire passive warming materials completely around the casualty, incl. the head.
NOTE: Do not cover up the casualty's face.

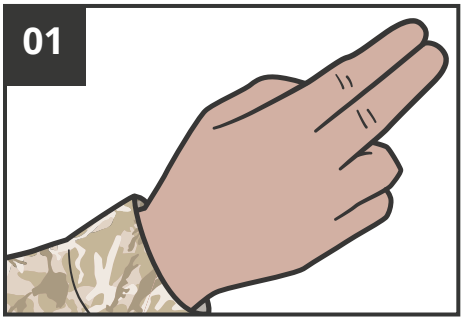
10 **SECURE** the shell/blanket with tape.

11 **MONITOR** the casualty closely for life-threatening conditions.

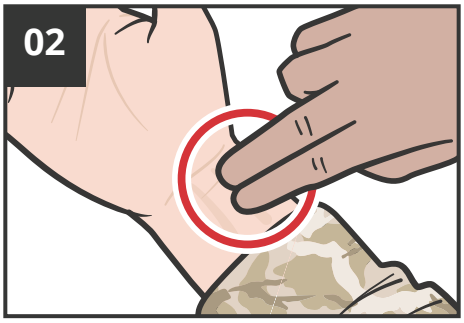
12 **DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card.



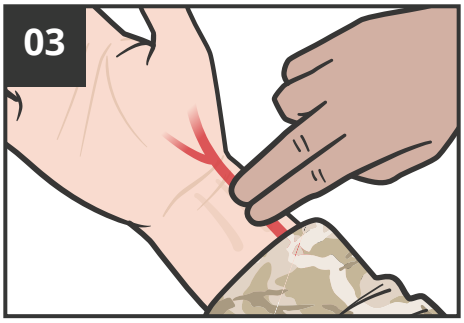
RADIAL PULSE ASSESSMENT



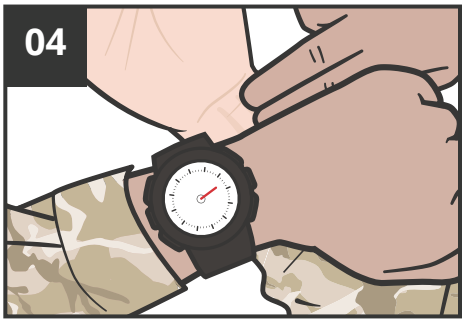
ALIGN the middle and index fingers of your dominant hand.



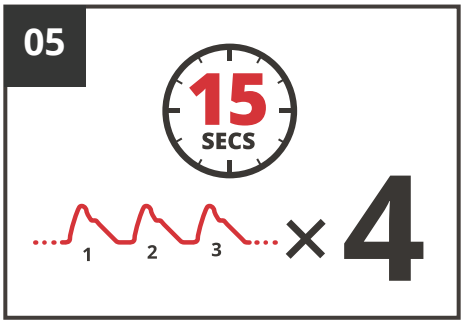
PLACE your fingers next to this ligament on the same side as the casualty's thumb.



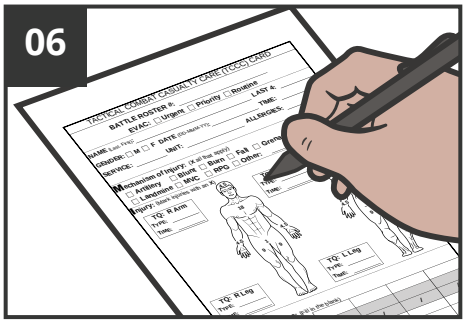
PRESS your fingers into the hollow space to feel the radial artery beneath the skin.



With a timing device, **COUNT** the beats of the pulse for 15 seconds.



MULTIPLY that number by four and you will have the casualty's pulse rate (in beats/minute).



DOCUMENT all findings and treatments on the DD Form 1380 TCCC Casualty Card.

STEP 02 NOTE: If your fingers are on the hard surface of the wrist bones, move them down and along the ligament until they reach a softer area.

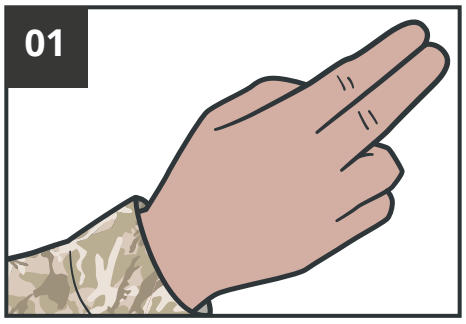
STEP 04 NOTES

NOTE: If you cannot feel the pulse, press a little harder, being careful not to hurt the casualty.

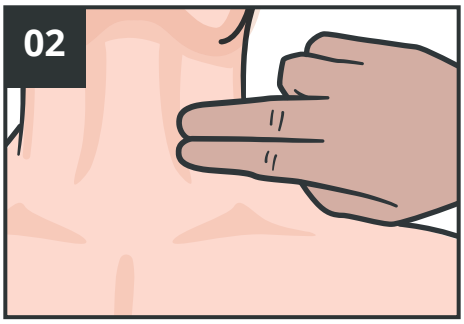
NOTE: If you are still having trouble locating the radial artery, slide your fingers up and along the ligament until you reach the bottom of the wrist bones.

NOTE: At the point where the hollow space meets the wrist bones, the pulse is easier to feel.

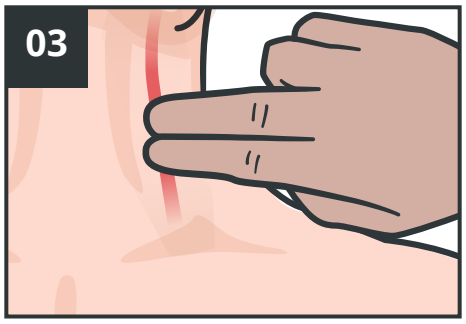
CAROTID PULSE ASSESSMENT



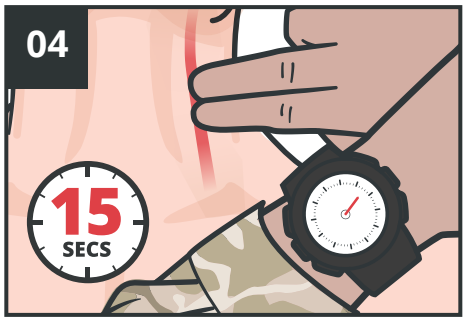
ALIGN the middle and index fingers of your dominant hand.



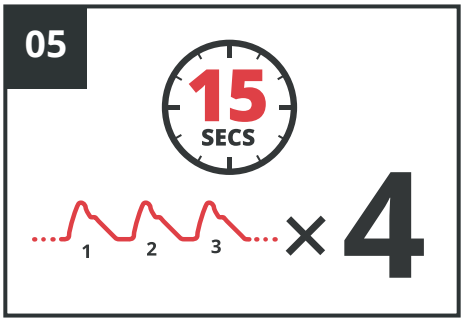
PUT your middle and index finger on side of the casualty's neck, to the side of the windpipe, to find the carotid artery.



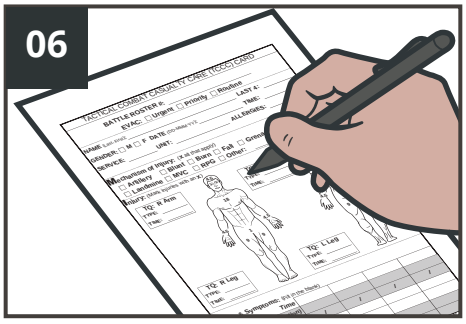
PRESS your fingers into the hollow space to feel the carotid artery beneath the skin.



When you succeed in finding the pulse, **COUNT** the beats of the pulse for 15 seconds with a timing device.



MULTIPLY that number by four, and you will have the casualty's pulse rate (in beats/minute).



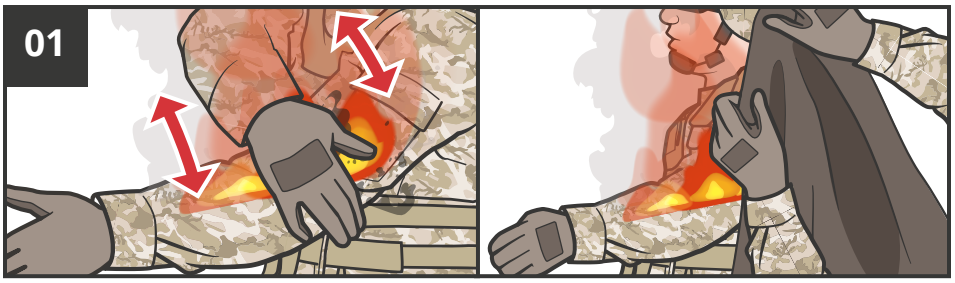
DOCUMENT all findings and treatments on the DD1380 TCCC Casualty Card.

STEP 03 NOTE: If you cannot feel the pulse, press a little harder, being careful not to hurt the casualty.

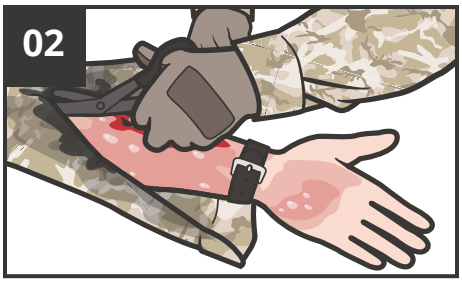
CAUTION: Be careful not to press too hard over the carotid artery, as this can cause your patient to become lightheaded.

BURN TREATMENT

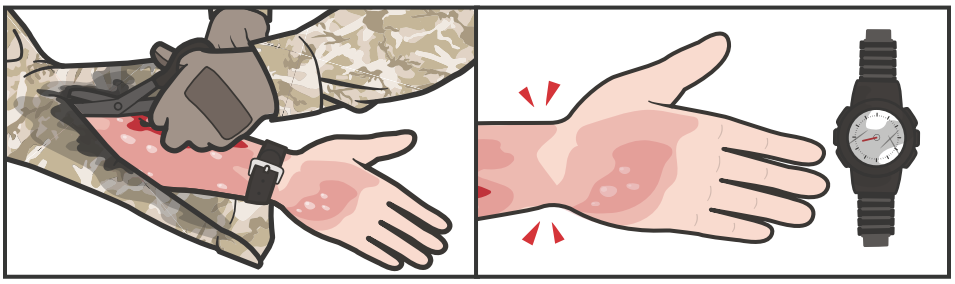
NOTE: All medical interventions can be performed, even if the patient is burned.



ELIMINATE the source of the burn.



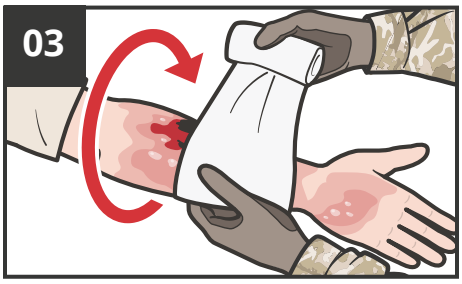
UNCOVER the burn after the casualty has been removed from the source of the burn.



a. Cut clothing around the burned area.

b. Gently lift clothing away from burned area.

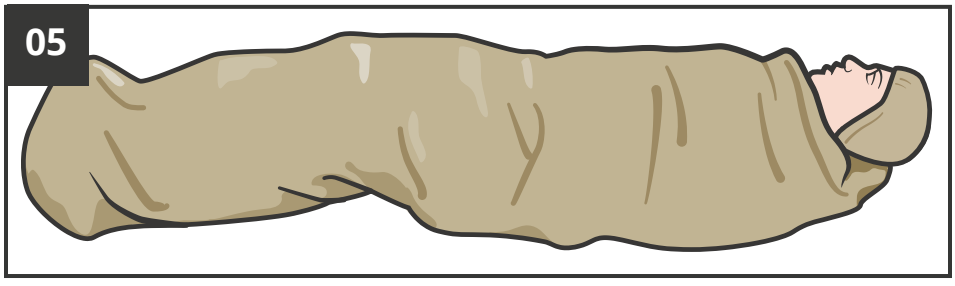
c. If the casualty's hand(s) or wrist(s) have been burned, remove jewelry (rings, watches).



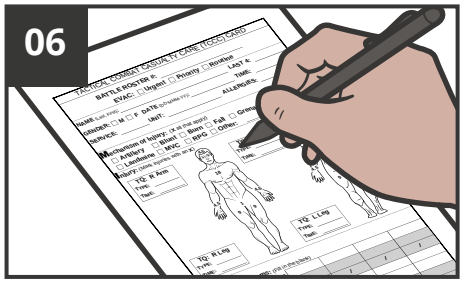
APPLY sterile, dry dressings to burned skin areas.

CAUTION: Do not force clothing off that is stuck to burnt skin.

Keep the casualty warm and **PREVENT** hypothermia.

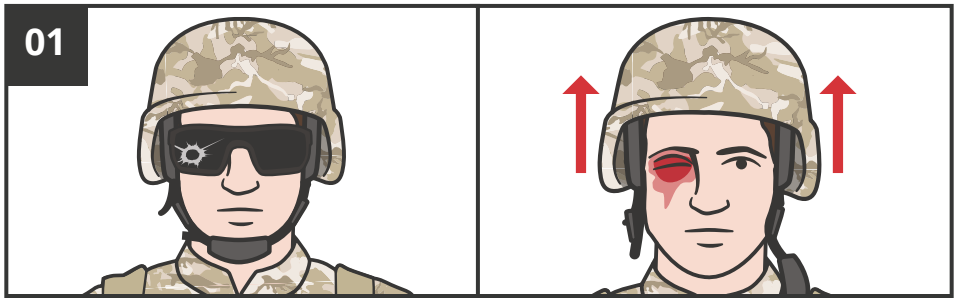


MONITOR casualty closely for life-threatening conditions, check for other injuries, and treat for shock (if applicable).



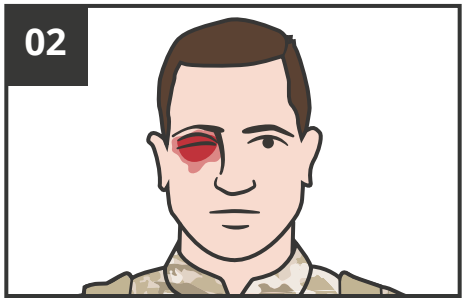
DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

PENETRATING EYE INJURY



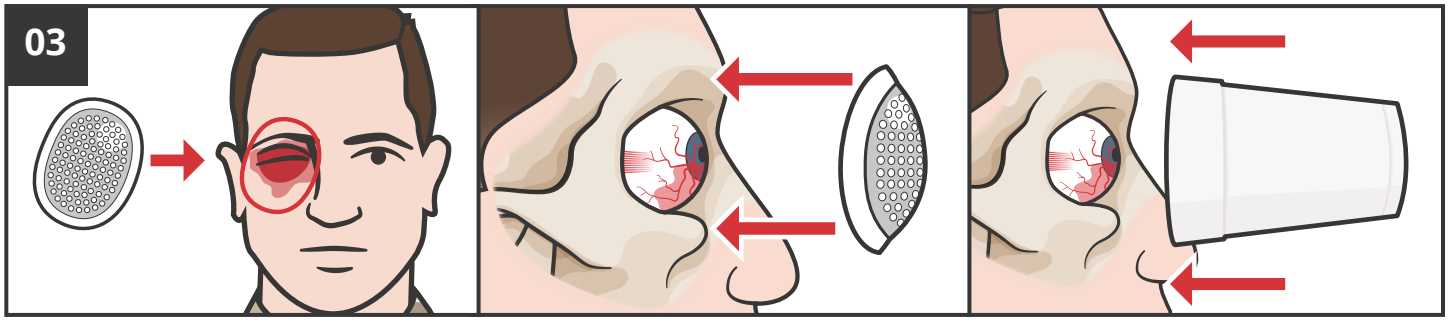
PLACE the casualty in a comfortable position, one that allows you access to their eye (head).

REMOVE their headgear, if necessary.



EXAMINE the eyes for any deformities, contusions, abrasions, penetrating objects, bruising (black eye(s)), lacerations, or swelling.

NOTE: Perform a rapid field test of visual acuity.



COVER the casualty's injured eye with a rigid eye shield (not a pressure patch).

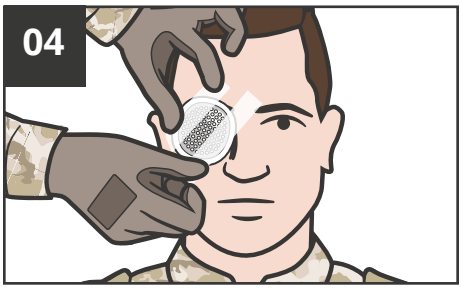
NOTE: The eye shield is designed to rest on the bony prominence of the face arching over the eye structures.

NOTE: In the absence of an eye shield, other objects such as SAM splints, Styrofoam, or plastic cups can effectively perform the same function.

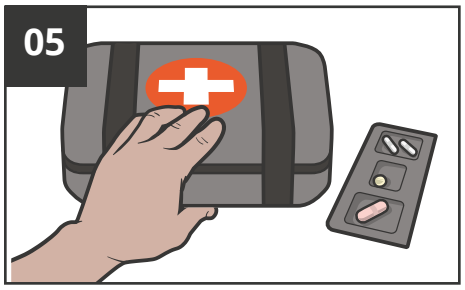
NOTE: Do not cover other eye (unless also injured).

NOTE: For protruding/impaled object in eye, cut a hole in the eye shield for the object to fit through and secure in place. If you cannot cut the eye shield, place a bulky dressing around the penetrating object.

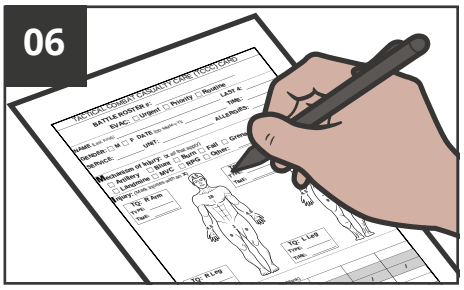
CAUTION: Ensure that the rigid eye shield or improvised object is not in contact with the contents of the eye socket or exerting any pressure on the eye. If the eye shield exerts pressure, use an improvised eye shield.



SECURE the rigid eye shield with tape at a 45-degree angle across the forehead and cheek.

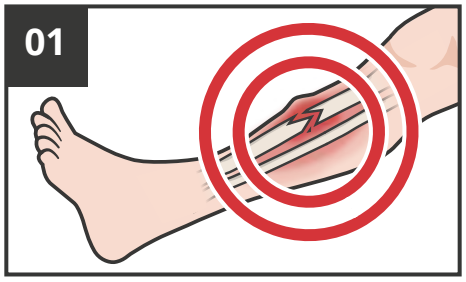


If the casualty is conscious, **ADMINISTER** the Combat Wound Medication Pack (CWMP).



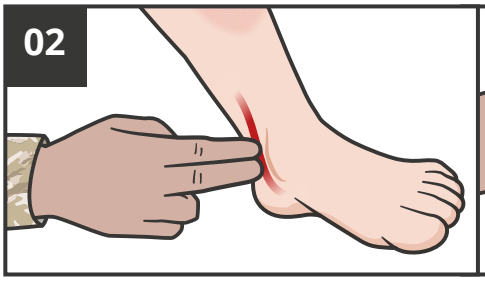
DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

SPLINT APPLICATION

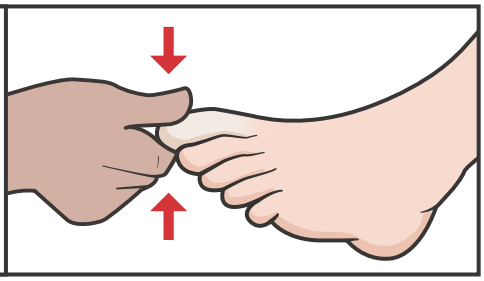


IDENTIFY the location of the fracture.

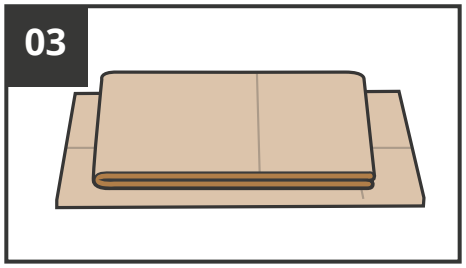
NOTE: Have the casualty or someone else manually stabilize the area.



Before applying the splint, **CHECK** the distal pulse (pulse below the fracture)...

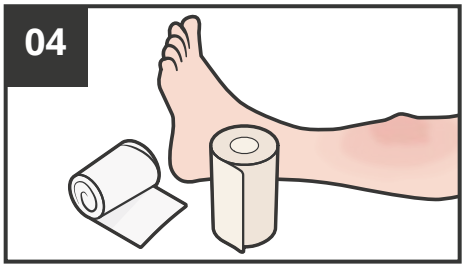


and capillary refill (color returning to the nail bed after pressing on it) on the injured extremity.

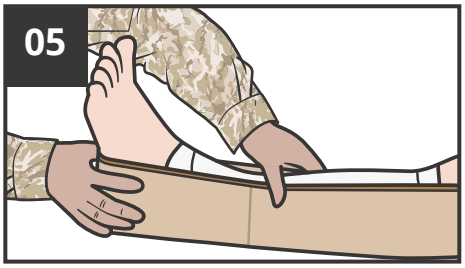


PREPARE the splint materials for application.

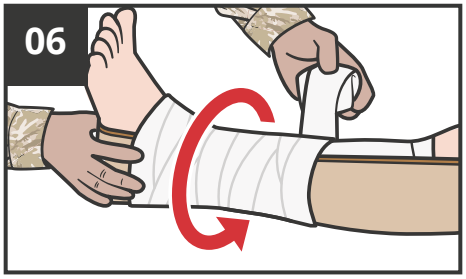
NOTE: Measure and shape the splint on the opposing uninjured extremity.



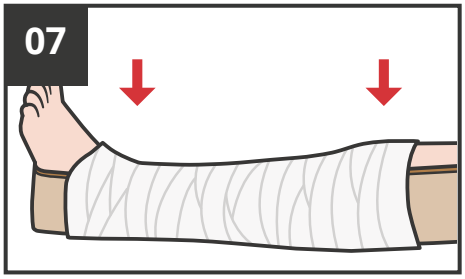
PREPARE securing materials (cravats, elastic wraps/bandages, etc.)



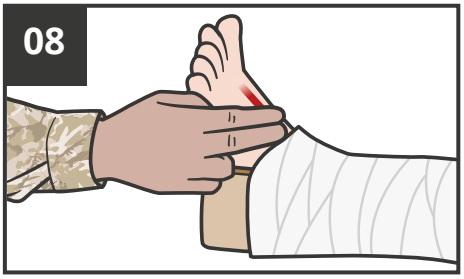
APPLY the splint to the injured extremity with the limb, in the position of function (a normal resting position), if possible.



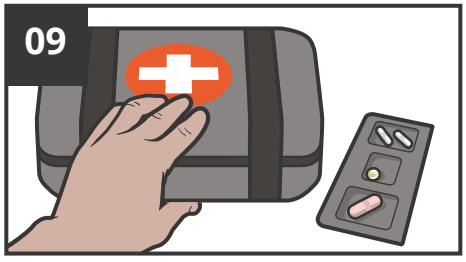
SECURE the splint in place with appropriate materials.



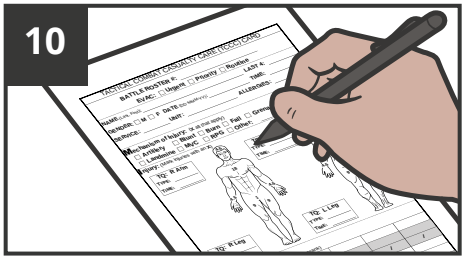
ENSURE the joints above and below the fracture are immobilized in the splint whenever possible.



RECHECK the distal pulse after applying the splint. If the pulse is not palpable, loosen the splint, reposition, and reapply the splint.



If the casualty has pain, severe combat wounds, and is conscious and can swallow, **ADMINISTER** all pills (pain medication and antibiotics) from the CWMP with water.



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

9-LINE MEDEVAC AND MIST PREPARATION

LINE 01	Location of the pickup site (8-digit grid coordinate)
LINE 02	Radio frequency, call sign, and suffix
LINE 03	Numbers of patients by precedence **A.** Urgent **B.** Urgent Surgical **C.** Priority **D.** Routine **E.** Convenience **NOTE:** If using 2 or more categories, insert word "break" between each category
LINE 04	Special equipment required **A.** None **B.** Hoist **C.** Extraction equipment **D.** Ventilator
LINE 05	Numbers of patients by type (Encrypt this using brevity codes): **L+#** = number of Litter patients **A+#** = number of Ambulatory patients **NOTE:** If requesting MEDEVAC for both, insert word "break" between each entry
LINE 06	**WARTIME:** Security of the pickup site **N** = No enemy troops in the area **P** = Possible enemy troops in the area **E** = Enemy troops in the area, approach with caution **X** = Enemy troops in area, armed escort required **PEACETIME:** Number and type of wound, injury or illness
LINE 07	Method of marking pickup site **A** = Panels **B** = Pyrotechnic signal **C** = Smoke signal **D** = None **E** = Other
LINE 08	Patient Nationality and status (Encrypt this using brevity codes) **A** = US Military **B** = US Civilian **C** = Non-US Military **D** = Non-US Civilian **E** = Enemy Prisoner (EPW)
LINE 09	**WARTIME:** CBRN Contamination (Encrypt this using brevity codes) **N** = Nuclear **B** = Biological **C** = Chemical **PEACETIME:** Number and type of wound, injury or illness

Prepare a MIST Report

- **M** Mechanism of injury and time of injury (if known)
- **I** Injury or illness
- **S** Symptoms and vital signs
- **T** Treatment given

DD 1380 TCCC CASUALTY CARD

A CASUALTY DETAILS

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

Battle Roster # consists of the initials of casualty's first and last name, followed by the last four digits of casualty's Social Security number (found on dog tag). (e.g., John Doe. John Doe 123-12-1234 = #JD1234).

Urgent (evac <1 hr)
Evac within one hour to prevent loss of life, limb, or eyesight.

Priority (<4 hrs)
Evac within 4 hours to prevent condition from worsening and becoming urgent.

Routine (<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.

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

A

BATTLE ROSTER #: _____

EVAC: ☐ **Urgent** ☐ **Priority** ☐ **Routine**

NAME (Last, First): _____ **LAST 4:** _____

GENDER: ☐ **M** ☐ **F** **DATE** (DD-MMM-YY): _____ **TIME:** _____

SERVICE: _____ **UNIT:** _____ **ALLERGIES:** _____

B

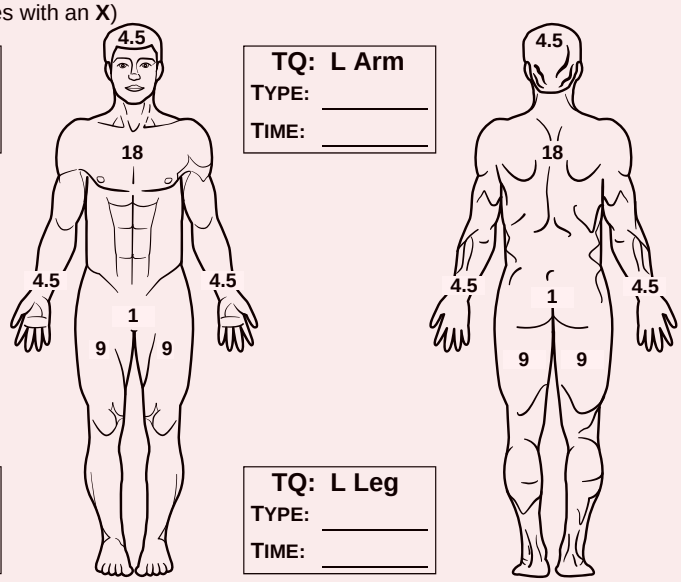
Mechanism of Injury: (X all that apply)

☐ **Artillery** ☐ **Blunt** ☐ **Burn** ☐ **Fall** ☐ **Grenade** ☐ **GSW** ☐ **IED**
☐ **Landmine** ☐ **MVC** ☐ **RPG** ☐ **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: _____

C

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014 **TCCC CARD**

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.

DD 1380 TCCC CASUALTY CARD

D BATTLE ROSTER

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

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: ☐ **Urgent** ☐ **Priority** ☐ **Routine**

Treatments: (X all that apply, and fill in the blank) ***Type*** **E**

C: TQ- ☐ **Extremity** ☐ **Junctional** ☐ **Truncal** _____

Dressing- ☐ **Hemostatic** ☐ **Pressure** ☐ **Other** _____

A: ☐ **Intact** ☐ **NPA** ☐ **CRIC** ☐ **ET-Tube** ☐ **SGA** _____

B: ☐ **O2** ☐ **Needle-D** ☐ **Chest-Tube** ☐ **Chest-Seal** _____

C:

	Name	***Volume***	***Route***	***Time***
Fluid				
Blood Product				

MEDS: **F**

	Name	***Dose***	***Route***	***Tim***
Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g., Moxifloxacin, Ertapenem)				
Other (e.g., TXA)				

OTHER: ☐ **Combat-Pill-Pack** ☐ **Eye-Shield (**☐ **R** ☐ **L)** ☐ **Splint**
☐ **Hypothermia-Prevention** **Type:** _____

NOTES: **G**

FIRST RESPONDER **H**
NAME (Last, First)**:** _____ **LAST 4:** _____

DD Form 1380, JUN 2014 (Back) **TCCC CARD**