



PERFORM CASUALTY ASSESSMENT





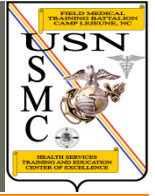
OVERVIEW



- Purpose of Casualty Assessment
- Care Under Fire
- Tactical Field Care
- Tactical Evacuation Care



LEARNING OBJECTIVES

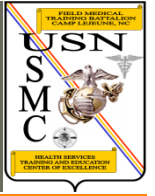


Please Read Your

Terminal Learning Objectives

And

Enabling Learning Objectives





PURPOSE OF CASUALTY ASSESSMENT



CASUALTY ASSESSMENT



- A systematic process for assessment of a trauma casualty
- Essential for identifying and treating life-threatening conditions
- Determines priorities of care based on assessment findings
 - Use the MARCH algorithm



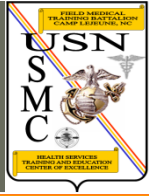
CASUALTY ASSESSMENT



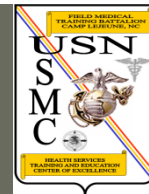
- M – Massive Hemorrhage Management
- A – Airway Management
- R – Respiratory Management
- C – Circulatory Management
- H – Head Trauma/Hypothermia Management



CASUALTY ASSESSMENT



- Three phases of Tactical Combat Casualty Care (TCCC)
 - Care Under Fire
 - Tactical Field Care
 - Tactical Evacuation (TACEVAC) Care





CARE UNDER FIRE



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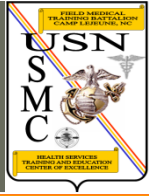
CARE UNDER FIRE



- First step in saving a casualty is to *control the tactical situation.*
- Suppress hostile fire
- Move the casualty to a safe position
- “The best medicine on the battlefield is fire superiority”



CARE UNDER FIRE

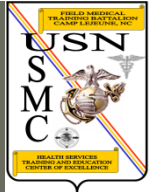


- Develop a rescue plan if a casualty is responsive but unable to move.
 - Potential risks to rescuers
 - Assets
 - Understand roles
 - Airway management deferred temporarily
- ONLY extremity ***life-threatening bleeding*** warrants any intervention during Care Under Fire!





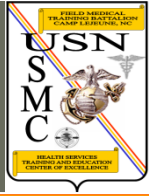
TACTICAL FIELD CARE



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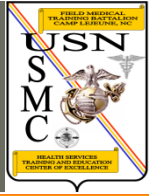
TACTICAL FIELD CARE



- The Corpsman and the casualty are no longer under hostile fire OR an injury has occurred, but hostile fire has not been encountered.
- More in-depth evaluation and treatment of the casualty.
- Focus on conditions not addressed during Care Under Fire phase.
- Casualties who show signs of altered mental status should be disarmed immediately.



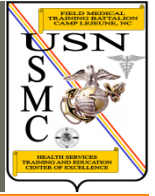
TACTICAL FIELD CARE



- Massive bleeding assessment/treatment
 - Combat gauze for neck/high groin/high axillary wounds
 - Any wounds previously missed on the “X”
- Reassess tourniquet if placed during CUF



TACTICAL FIELD CARE

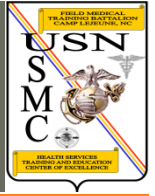


Airway

- Casualties that can talk, scream, or yell are presumed to have a patent airway
 - For unconscious patients use:
 - Chin lift
 - Jaw thrust
 - Inspect the airway for obstructions and clear them with a finger sweep
 - NO “blind” finger sweeps
 - Insert NPA
 - Reassess any interventions performed



TACTICAL FIELD CARE

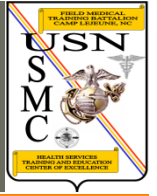


Respiratory Management

- Rule out thoracic wounds
- Expose the chest, sweep for injuries
- Log roll, assess the back
 - High axillary and shoulder areas are at greater risk
- Apply an occlusive dressing, perform needle thoracentesis if warranted



TACTICAL FIELD CARE



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TACTICAL FIELD CARE



REASSESS AFTER ANY MOVEMENT OF CASUALTY!!

I LOC ABCs

- I – Interventions
- LOC – Level of consciousness
- ABCs – Airway, Breathing, Circulation



TACTICAL FIELD CARE



Circulatory Management

- DCAP-BTLS of the entire body
 - Treat any and all injuries as you find them
- Assess for the possibility of tourniquet conversion
 - Use a pressure dressing or hemostatic agent as appropriate
- Check for presence and quality of distal pulses



TACTICAL FIELD CARE

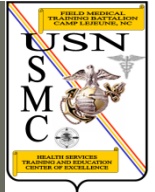


Consider Fluid Resuscitation

- If NOT in shock: NO IV fluids, PO fluids if conscious
- If in shock: Hextend 500 mL bolus
 - Titrate to radial pulses to maintain a systolic of 80
- Use IV or IO to administer fluids based on access



TACTICAL FIELD CARE



Hypothermia Prevention/Management

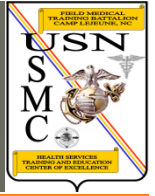
- Remove or replace wet clothing
- Use a Blizzard Rescue Blanket
- Unless prohibited by wounds, cover the head
- Beware – Trauma Triad of Death!

Head Trauma

- Leave helmet on if possible
- ENT
 - PERRLA-EOMI, blood, CSF



TACTICAL FIELD CARE

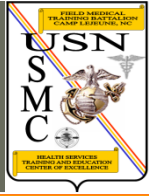


Pain Management

- Conscious casualties who remain in the fight:
 - Mobic and Tylenol Bi-layer caplet
- Out of the fight, but no need for an IV:
 - Oral Transmucosal Fentanyl Citrate
- Out of the fight and need an IV/IO:
 - Morphine
- Narcan available
- Promethazine to counteract nausea

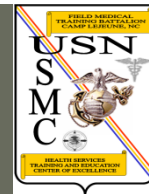


TACTICAL FIELD CARE



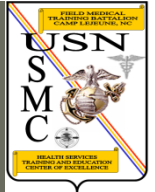
Antibiotics

- Can tolerate oral medications:
 - Moxifloxacin
- Cannot tolerate oral medications:
 - Cefotetan or Ertapenum





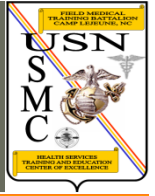
TACTICAL EVACUATION CARE



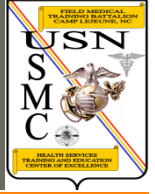
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TACTICAL EVACUATION CARE



- Factors
 - Casualty Movement
 - Torso Trauma
 - Low O₂ saturation
 - Lower air pressure at altitude
 - Management and Prevention of Hypothermia

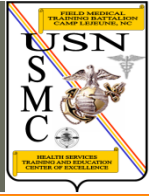


TACTICAL EVACUATION CARE

- Document
 - Wounds
 - Treatments
 - Responses
- Vital Signs
 - Pulse, respirations, B/P, SPO₂
- Reassess Constantly

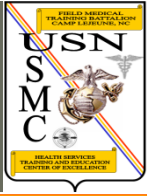


TACTICAL EVACUATION CARE



- ZMIST Report
 - Zap Number
 - Mechanism of Injury
 - Injuries sustained
 - Signs & Symptoms
 - Treatment rendered



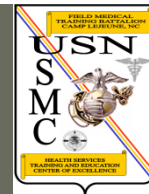


DEMONSTRATION





PRACTICAL APPLICATION





PERFORM CASUALTY ASSESSMENT

