

## APPENDIX A: (MARCHE)<sup>2</sup> SUMMARY

TCCC + CBRN = (MARCHE) <sup>2</sup>			
	Hot Zone	Warm Zone	Cold Zone
<b>Priorities</b>	<ul style="list-style-type: none"> <li>Care Under Fire</li> <li>“What is killing the casualty now, is it the agent or trauma?” The answer dictates your treatments</li> <li>Triage</li> <li>Protect yourself and the casualty from the threat: time, distance, shielding, upwind, uphill, upstream</li> <li>Treat only immediate life-threats (i.e. massive hemorrhage)</li> <li>CRESS assessment. Identify chemical agent exposure.               <ul style="list-style-type: none"> <li>If chemical contamination suspected: perform rapid focused decontamination as soon as possible</li> <li>If rapidly killing chemical agent exposure suspected: give appropriate antidotes</li> </ul> </li> <li>Expose only what is needed to save life</li> <li>Getting to the warm zone may require prolonged movement of the casualty</li> <li>Dirty medic: a medic caring for chemical casualties in the hot zone is contaminated</li> <li>Heat injury from those operating in PPE is common and may be unrelated to the agent exposure</li> </ul>	<ul style="list-style-type: none"> <li>Tactical Field Care</li> <li>“What is killing the casualty now, is it the agent or trauma?” The answer dictates your treatments</li> <li>Re-triage</li> <li>Provide only life-saving care, get them to the cold zone for definitive care.               <ul style="list-style-type: none"> <li>Advanced airway management and ventilator support as indicated</li> <li>Assess circulation and administer resuscitation fluids per TCCC guidelines only if absent radial pulse</li> </ul> </li> <li>Countermeasures: administer specific treatments for life-threats as needed based on exposure and symptoms (CRESS assessment)</li> <li>Replace dirty tourniquets and decontaminate indwelling devices or replace as indicated</li> <li>Perform cutout and thorough decontamination.</li> <li>Perform treatments while decontamination is being conducted. “Expose to treat.”</li> <li>Hypothermia is a threat due to agent exposure and exposure during decontamination</li> <li>Determine whether altered mental status is due to agent exposure or trauma</li> <li>Heat injury from those operating in PPE is common and may be unrelated to the agent exposure</li> </ul>	<ul style="list-style-type: none"> <li>Tactical Evacuation or Prolonged Field Care</li> <li>“What is killing the casualty now, is it the agent or trauma?” The answer dictates your treatments.</li> <li>Re-triage</li> <li>Anticipate and mitigate hypothermia</li> <li>Receiving medical personnel may have limited experience with CBRN. Ensure effective patient handoff.</li> <li>Clean medic: remains on cold zone side of warm line and not exposed to contaminated casualties.</li> </ul>
<b>TCCC</b>	M: Massive Hemorrhage	M.A.R.: reassessment	(MARCHE) <sup>2</sup> reassessment
	A: Airway	C: Circulation and Shock Status	
	R: Respirations	H: Hypothermia, H: Head Trauma	
	E: Extraction	E: Evacuation	
<b>CBRN</b>	M: Don Mask, Mask check	M.A.R.: reassessment	(MARCHE) <sup>2</sup> reassessment
	A: Antidote (ATNAA/CANA)	C: Countermeasures (drips, nebulized medicines, etc.)	
	R: Rapid Shot Decontamination	H: Hypothermia, H: Head Trauma	
	E: Extraction	E: Evacuation	

Terms: (MARCHE)<sup>2</sup>: Massive hemorrhage/Mask, Airway/Antidote, Respiration/Rapid spot decontamination, Circulation/Countermeasures, Head/Hypothermia, Extraction/Evacuation

TCCC: Tactical Combat Casualty Care; CBRN: chemical, biological, radiological, nuclear; CRESS: Consciousness, Respirations, Eyes, Secretions, Skin PAPP: Powered Air Purifying Respirator; SCBA: Self Contained Breathing Apparatus; ATNAA: Antidote Treatment Nerve Agent Auto-injector; CANA: Convulsant Antidote for Nerve Agent