

## Nursing Interventions (NI)/Wound Care/Splint Management in Prolonged Casualty Care (PCC) - Trained Medical Personnel

### #1 Be proficient in all aspects of Tactical Combat Casualty Care (TCCC)

Prolonged Field Care (PFC): A continuation of PCC into aspects of care that can only be performed by trained medical personnel. ALL hands required to cover both PCC and PFC.



The interventions below build upon those covered for non-medical personnel

### Assessment



- Verbal report/review TCCC documentation
- Reassess all MARCH-PAWS interventions
- Periodically reassess: improving/not-improving?
- Head-to-toe primary + secondary assessment
- Detailed problem list/care plan
- Teleconsultation

### Nursing Interventions



- Hydration: U.O. > 0.5cc/kg/hr (200/hr if rhabdo)
- DVT signs/symptoms:
  - Swelling/ ↑warmth/ red discolored skin
  - Pain/ tenderness/ cramp/ ache
- Inspect/Monitor Tubes for position and function:
  - ETT/Cric/ OG/ NG/ IV/ Chest tube/ Foley
- Line Maintenance: flush lines with NS q8 minimum
- Suction Oral Airway
- Change IV Line, Bag, Tubing
  - IV: evidence of infection/block/infiltration
  - IO: discontinue 24hrs (48 max if IV issue)
  - Primary Tubing: q 7 days
- Appendix B

### Documentation



- 1380 (min) → Appendix A + Appendix B (best)
- Vital Signs: frequency varies w/ casualty severity
  - Critical to monitor progress of casualty
- Min: Trend on flow sheet
  - BP est. via pulses/Mental status/GCS
  - HR via pulse check/ RR/ pain scale
  - Color /condition/ temp of skin
- Better: Manual BP and Temp
- Best: Portable monitor/automatic VS/ EtCO2

### Wound Care



- Pain management prior to wound care:
- Examine & Irrigate wound q 24 hours
- Topical antimicrobial dressing for burns and contaminated wounds

### Splint Management



- Periodic reassessment for unrecognized injuries
- Expect increased swelling for 2-5 days
- Re-check pulses at least every 6 hours or PRN pain
  - Every 2 hours if casualty unconscious
- Readjust or replace splints prn—stabilize joint above/below the fracture
- Examine skin around splint for pressure injuries
- Monitor for hypersensitivity/allergic reactions to tape
- Monitor for S/S of compartment syndrome

### PFC Considerations

- **Suction advanced airway**
  - IV tube/60cc syringe (minimum)
  - Suction machine closed inline tube (best)
- **Foley catheter care (remove if possible)**
  - Daily + after BM / prn secretion buildup
  - Warm water/non-irritating soap
  - Ensure no kink in drainage tube
- **Nutrition for intubated casualties**
  - Consider feeding tube/ OG / NG for enteral nutrition, not always feasible
- **Analgesia and sedation via multimodal approach**
  - Risk of apnea with cumulative doses
  - Naloxone/Flumazenil on hand
- **Monitor blood glucose level q8h if NPO**
  - <80mg/dl treat with juice/IV glucose



- ✓ An initial assessment documented.
- ✓ Serial vital signs documented.
- ✓ Nursing interventions documented.
- ✓ Wound/dressing checks documented every 24 hours
- ✓ A splint assessment documented every 6 hours



This information is pulled from the evidence-based Joint Trauma System (JTS) Nursing Interventions Wound Care/Splint Management in PCC CPG. JTS CPGs can be found at the [JTS CPG website](#) or the [JTS Deployed Medicine site](#).