

Nursing Interventions (NI)/Wound Care/Splint Management in Prolonged Casualty Care (PCC) - Non-medical Personnel

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

PCC: Role 1 casualty care for extended periods of time due to delayed evacuation in any environment, location, or setting

Injured/ill casualties are at a higher risk for complications due to impaired ability for basic activities of daily living

- NI/Wound Care/Splint Management reduce preventable complications without expensive heavy equipment.
- Pressure Sores/ Pneumonia/ Wound Infections/ Blood Clots are prevented with PCC responder capabilities.
- Cross-train all members of the team on the PCC interventions prior to deployment.



Assessment

- Reassess all MARCH-PAWS interventions
- Be familiar with PCC Flowsheet ([Appendix A](#))
- Assist Medical Responder as needed



Nursing Interventions

Based on casualty's level of consciousness/condition

- **Hydration (oral if thirsty and can tolerate it)**
 - 2.1 – 2.6 L/day (100-125cc/hr at rest)
 - Oral rehydration solutions if available
- **Nutrition by mouth as tolerated**
- **Reposition/Check Padding every 1-2 hrs**
 - Pad bony prominences w/ pillow/clothes
 - Head of bed elevated 30 degrees if unconscious
 - Elevate all injured extremities
- **Oral Care**
 - Every 4 hours w/suction if unconscious
 - Brush teeth every 12 hours if awake
- **Skin Care**
 - Bed bath every 24 hours w/ spot cleaning as needed.
 - Check every 2 hour for soiling if unconscious
- **Mobilization/Ambulation**
 - Sit>stand>walk as able 2-3x/day
- **Deep Vein Thrombosis Prevention**
 - Exercises every 1-2 hours while awake
 - Dorsiflexion/Lower extremity massage (unconscious)
- **Range of motion exercises every 8 hours**
 - Every joint not impacted by injury
- **Cough, deep breathe x10 every hour**



Wound Care

- **Clean hands/clean environment/pain control**
- **No packaged dressing → clean cloth/soap/water**
- **Min: Wash wounds w/ soap/potable water**
- **Better: Dressing change every 24 hour**
 - Irrigate with potable water
 - Antimicrobial dressing for burns/contamination
- **Best: Dressing change as often as needed**
 - Sterile water/NS for irrigation
 - Examine wound for color/odor/drainage



Splint Management

- **Periodically reassess any TCCC splint for:**
 - Pressure points
 - Irritation
 - Excessive tightening
 - Missed underlying wounds
 - Unrecognized fractures
- **Any pain besides the fracture that is being stabilized → notify medical responder immediately**



Documentation

- DD1380(min) Frequency varies w/casualty severity
- SF600 for documenting care
- PCC Flowsheet + Nurse tracker ([Appendix B](#)) best
- Vital signs: pulse/resp/pain scale/skin color/temp
- Intake: Oral, intravenous, intraosseous, nasogastric, oral gastric (in cc)
- Output: Urine output, bowel movement, wound drainage, sweat



- ✓ 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](#).