



TACTICAL COMBAT CASUALTY CARE COURSE

MODULE 07: AIRWAY MANAGEMENT



Committee on
Tactical Combat
Casualty Care
(CoTCCC)

TCCC TIER 1
All Service Members

TCCC TIER 2
Combat Lifesaver

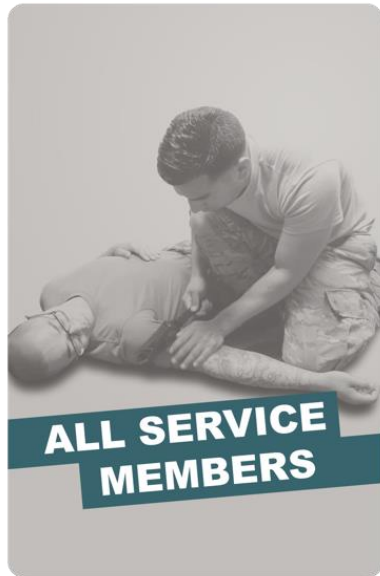
TCCC TIER 3
Medic/Corpsman

TCCC TIER 4
Combat Paramedic/Provider

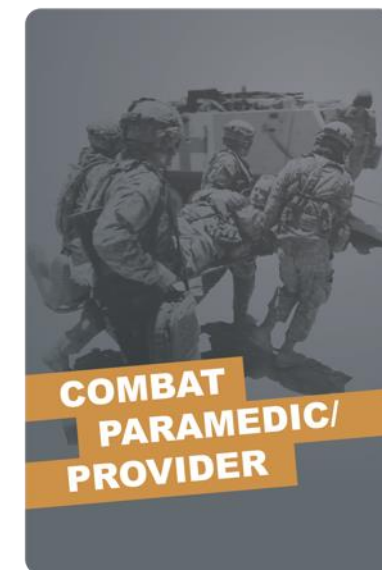
TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL



MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

TERMINAL LEARNING OBJECTIVE

08 Given a combat or noncombat scenario, perform airway management during Tactical Field Care in accordance with CoTCCC Guidelines

- **46** Identify signs of an airway obstruction
- **47** Demonstrate opening the airway with the head-tilt chin-lift or jaw-thrust maneuver
- **48** Demonstrate the placement of a casualty in the recovery position in Tactical Field Care
- **49** Demonstrate the insertion of a nasopharyngeal airway (NPA) into a casualty in Tactical Field Care
- **50** Describe the technique for ventilating a casualty with a bag valve mask (BVM) in Tactical Field Care

5 **ENABLING LEARNING OBJECTIVE (ELO)** ● = Cognitive ELOs ● = Performance ELOs

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

- M** MASSIVE BLEEDING #1 Priority
- A** AIRWAY
- R** RESPIRATION (*breathing*)
- C** CIRCULATION
- H** HYPOTHERMIA / HEAD INJURIES

AFTER LIFE-THREATENING

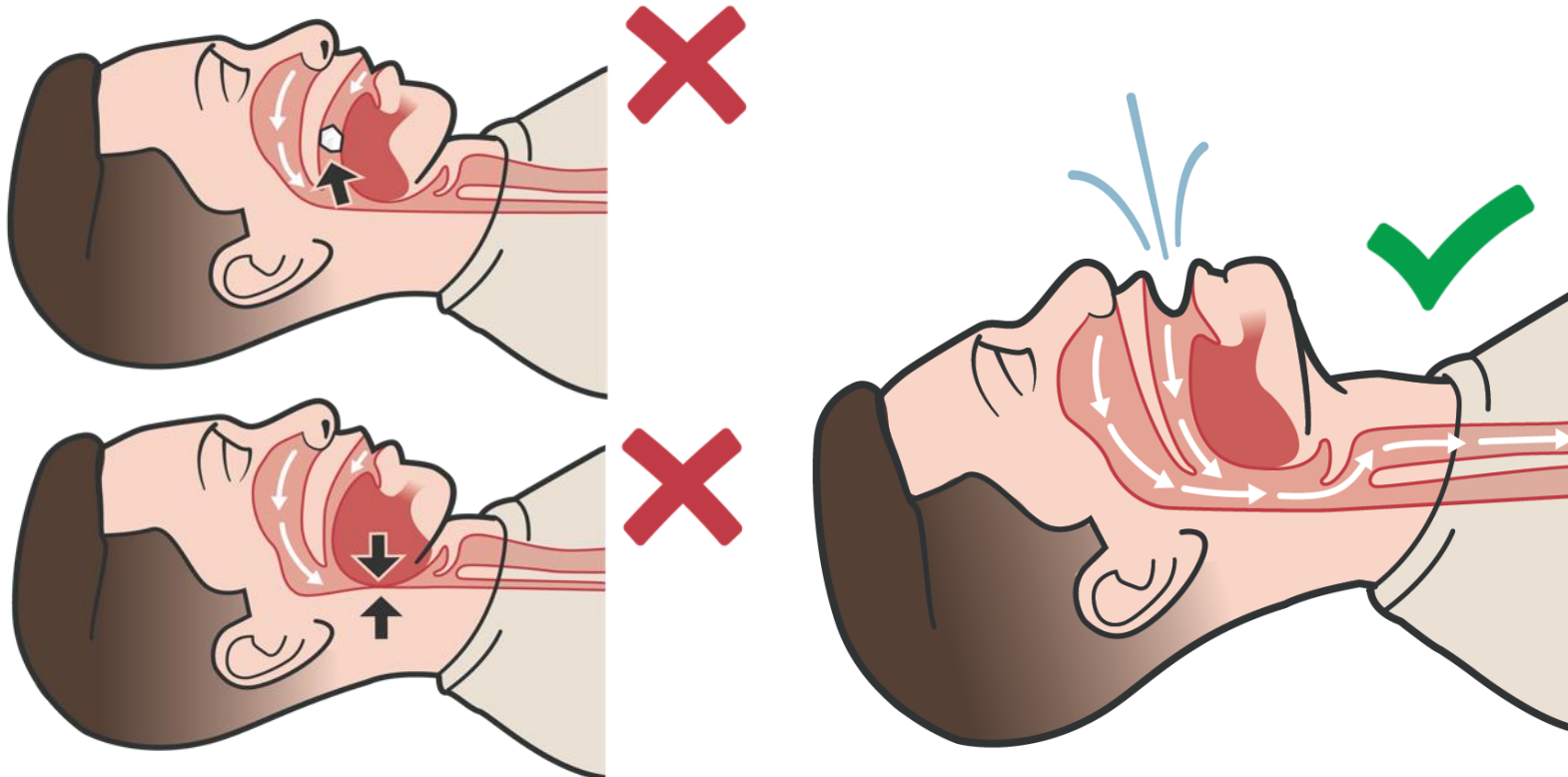
- P** PAIN
- A** ANTIBIOTICS
- W** WOUNDS
- S** SPLINTING

AIRWAY MANAGEMENT



- Airway obstruction on the battlefield is often due to maxillofacial trauma
- If the casualty is breathing on their own but **unconscious** or **semi-conscious**, and there is no airway obstruction, further airway management is achieved through a **Nasopharyngeal Airway (NPA)**
- **Unconscious** casualties can also lose their airway as the muscles of their tongue may have relaxed, causing the tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe

IDENTIFYING OBSTRUCTED AIRWAY



SIGNS AND SYMPTOMS AIRWAY MAY BE BLOCKED:

Casualty is in distress and indicates they can't breathe properly; casualty is making snoring or gurgling sounds

Visible blood or foreign objects are present in the airway

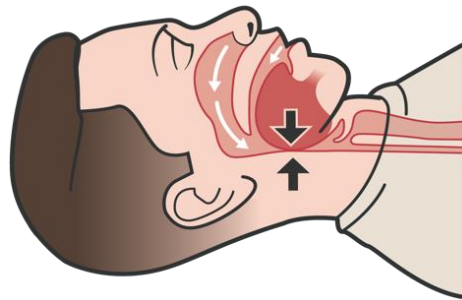
Maxillofacial trauma (severe trauma to the face) is observed



IMPORTANT! Remove any visible objects obstructing the airway, but do not perform a blind finger sweep

MARCH

IN A **CASUALTY WITHOUT** A FOREIGN BODY AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS:



Unconscious casualty's tongue may have **relaxed**, causing his tongue to **BLOCK** the airway by sliding to the back of the mouth and **covering the opening to the windpipe**



If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method

HEAD-TILT CHIN LIFT



JAW-THRUST



MARCH

HEAD-TILT / CHIN-LIFT AND JAW-THRUST MANEUVER



SKILL STATION

Airway (Skills)

- Head-Tilt/Chin-Lift
- Jaw-Thrust Maneuver

CASUALTY POSITIONING



If a casualty **can breathe on their own**, let them assume the best position that allows them to breathe, including sitting up

If a casualty can **breathe on their own in a position of choice**, **DO NOT** force them into a position or perform airway procedures that causes them difficulties in breathing

MAINTAINING THE AIRWAY/RECOVERY POSITION



Casualties with **severe facial injuries** can often protect their own airways by sitting up and leaning forward



Assist a **conscious** casualty by helping them assume **any position** that allows them to breathe easily, **including sitting-up**



For an **unconscious** casualty not in shock, place them into the **RECOVERY POSITION**

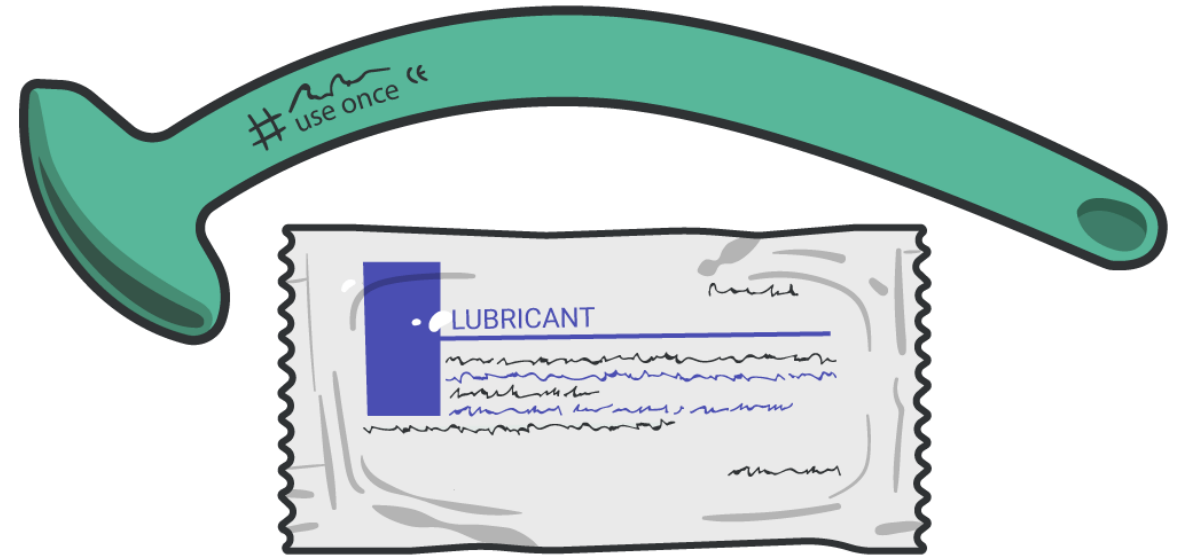
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NPA use with BVM

IF the casualty is unable to breathe on their own you may have to assist medical personnel with the use of a Bag Valve Mask (BVM)

A **Nasopharyngeal Airway (NPA)** will be used in conjunction with the BVM

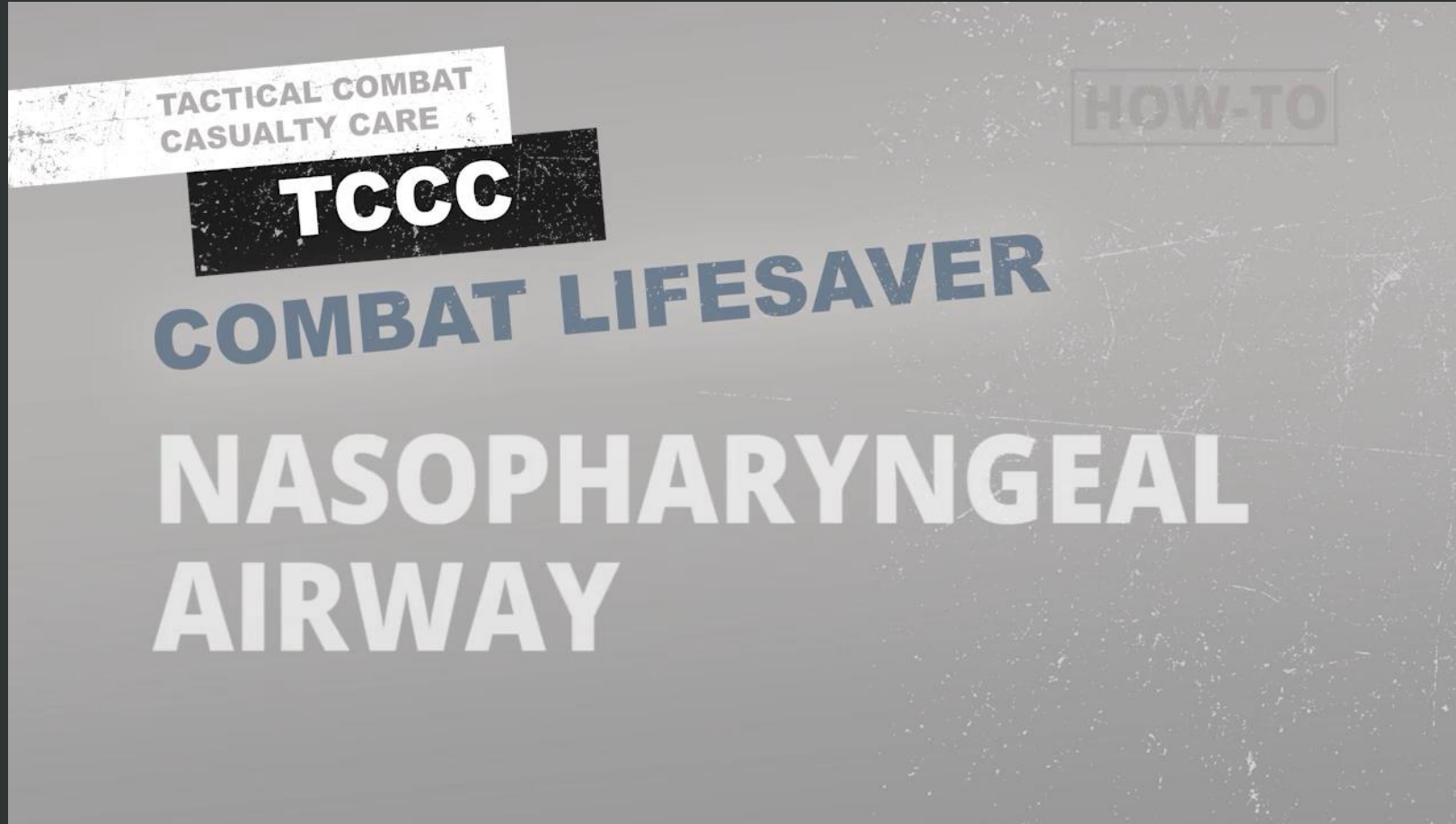
An **NPA** may be used on a **conscious** or **unconscious** casualty



DO NOT attempt to insert an NPA if there is clear fluid coming from the nose or ears. This may be cerebrospinal fluid (CSF) and may be an indication of possible skull fracture

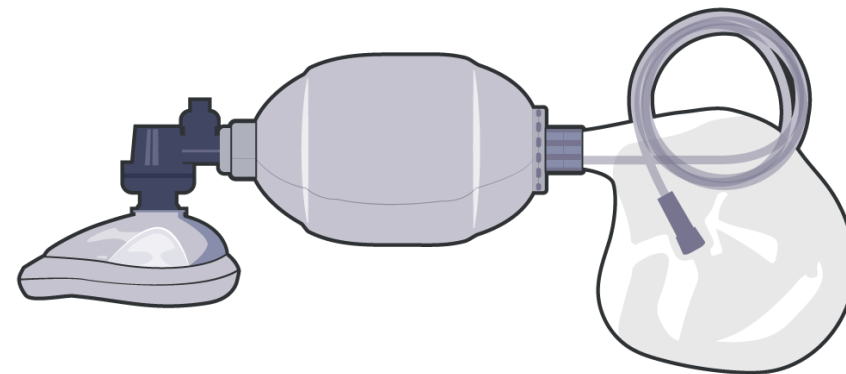
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NPA HOW-TO VIDEO



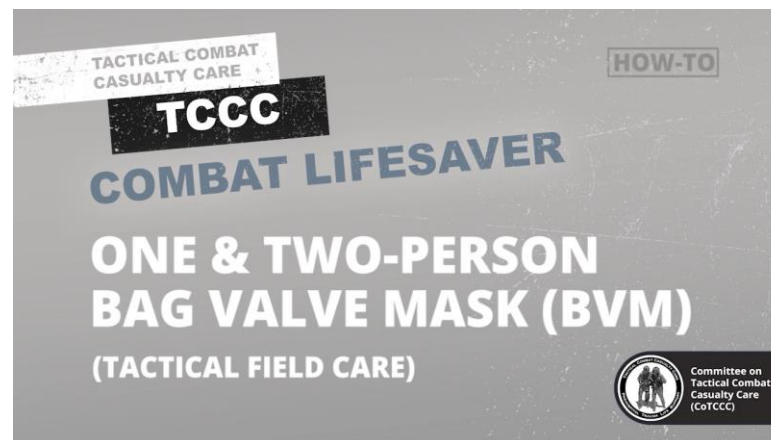
Video can be found on [DeployedMedicine.com](https://www.deployedmedicine.com)

CASUALTY UNABLE TO BREATHE ON THEIR OWN



- **Medical personnel** may ask you to assist them in ventilating a patient using a **bag valve mask (BVM)**
- If respirations are noted to be reduced, provide ventilator support with BVM ventilations
- A BVM is a device that can assist a casualty with breathing (ventilation) if they are **NOT** breathing adequately on their own

BAG VALVE MASK (BVM)



Video can be found on
[DeployedMedicine.com](https://www.deployedmedicine.com)



▲ One and Two-Person BVM Video

- Ventilations can be performed alone or with two people working together
- The mask is **sealed** over the casualty's mouth so that air **doesn't** escape
- Squeeze **firmly** for **1-2 seconds** and **5-6 seconds** apart

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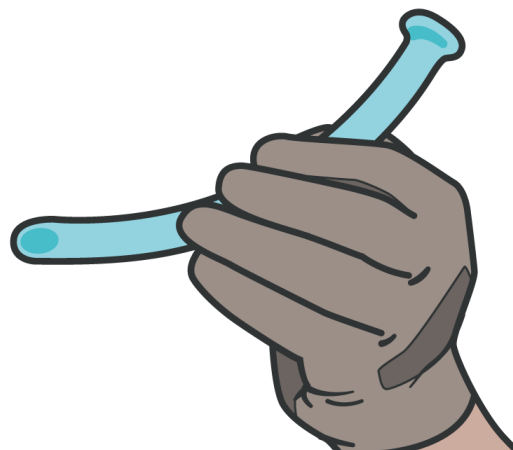
SKILL STATION

Airway (Skills)

- Recovery Position
- Nasopharyngeal Airway (NPA)
- One-Person Bag Valve Mask (BVM)/Two-Person BVM

SUMMARY

- We identified
 - We opened
 - We maintained and managed
- For casualties in which airway positioning and/or nasopharyngeal airways **DO NOT** successfully maintain an open airway, **notify medical personnel IMMEDIATELY**



CHECK ON LEARNING

- What is the best position for a conscious casualty that is breathing on their own?
- Why are casualties placed in the recovery position?
- What are the two methods that can be used to open an airway?

ANY QUESTIONS?