



# TACTICAL COMBAT CASUALTY CARE COURSE

## MODULE 18: CASUALTY MONITORING



Committee on  
Tactical Combat  
Casualty Care  
(CoTCCC)

**TCCC** TIER 1  
All Service Members

**TCCC** TIER 2  
Combat Lifesaver

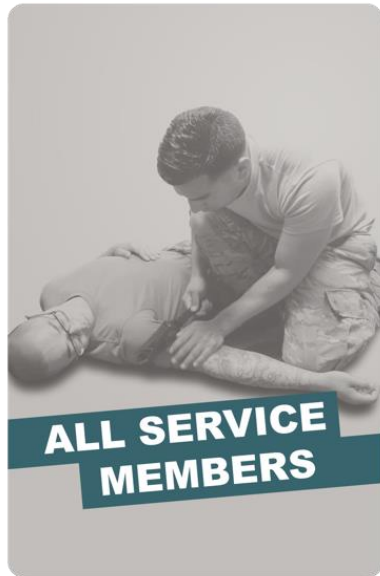
**TCCC** TIER 3  
Medic/Corpsman

**TCCC** TIER 4  
Combat Paramedic/Provider

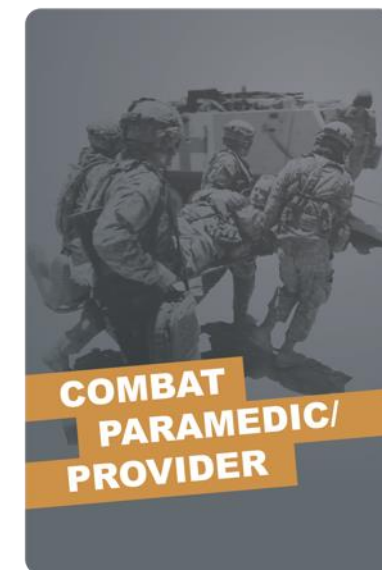
# TACTICAL COMBAT CASUALTY CARE (TCCC) ROLE-BASED TRAINING SPECTRUM

## ROLE 1 CARE

### NONMEDICAL PERSONNEL



### MEDICAL PERSONNEL



◀ **YOU ARE HERE**

STANDARDIZED JOINT CURRICULUM

# TERMINAL LEARNING OBJECTIVE

**20** Given a combat or noncombat scenario, perform monitoring of a trauma casualty during Tactical Field Care in combat in accordance with CoTCCC Guidelines

- **92** Identify the methods to assess level of consciousness, pulses, and respiratory rate on a trauma casualty in Tactical Field Care
- **93** Demonstrate assessment of radial/carotid pulse and respirations in a trauma casualty in Tactical Field Care

## 02 ENABLING LEARNING OBJECTIVES (ELOs)

● = Cognitive ELOs   ● = Performance ELOs

# Three PHASES of TCCC

## 1 CARE UNDER FIRE

RETURN FIRE  
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

## 2 TACTICAL FIELD CARE

COVER AND  
CONCEALMENT

Basic management plan:

- Maintain tactical situational awareness
- Triage casualties as required
- Conduct MARCH PAWS assessment

## 3 TACTICAL EVACUATION CARE

More deliberate assessment and treatment of unrecognized life-threatening injuries

- Pre-evacuation procedures
- Continuation of documentation

**NOTE:** This is covered in more advanced TCCC training!



YOU ARE HERE

# ASSESSMENT USING **MARCH PAWS**

## Re-bleeding



**MASSIVE  
BLEEDING**

**Check for re-bleeding on  
any previous treatments**

## Management



**AIRWAY**

**Ensure airway remains open  
and no obstructions**



Reassess casualty every 5 – 10 minutes for  
change in status until hand-off with medical  
personnel

# ASSESSMENT USING MARCH PAWS (CONT.)

## Breathing Rate

**MARCH**

RESPIRATION  
BREATHING

## Pulse

**MARCH**

CIRCULATION

## Level of Consciousness

**MARCH**

HYPOTHERMIA  
HEAD INJURIES

Document any changes in status on the casualty's DD Form 1380

If medical personnel arrive in the middle of reassessment, stop and hand off casualty immediately

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #:

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First): LAST 4: TIME: DATE (DD-MM-YY):

GENDER: ☐ M ☐ F

SERVICE: UNIT: ALLERGIES:

Mechanism of Injury: (X all that apply)

☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED

☐ Landmine ☐ MVC ☐ RPG ☐ Other:

Injury: (Mark injuries with an X)

TQ: R Arm TYPE: TIME: TQ: L Arm TYPE: TIME:

TQ: R Leg TYPE: TIME: TQ: L Leg TYPE: TIME:

Signs & Symptoms: (Fill in the blank)

Time	Pulse (Rate & Location)	Blood Pressure	Respiratory Rate	Pulse Ox % O2 Sat	AVPU	Pain Scale (0-10)

DD Form 1380, JUN 2014 TCCC CARD

BATTLE ROSTER #:

EVAC: ☐ Urgent ☐ Priority ☐ Routine

Treatments: (X all that apply, and fill in the blank)

C: TQ: ☐ Extremity ☐ Junctional ☐ Truncal

Dressing: ☐ Hemostatic ☐ Pressure ☐ Other

A: ☐ Intact ☐ NPA ☐ CRIC ☐ ET-Tube ☐ SGA

B: ☐ O2 ☐ Needle-D ☐ Chest-Tube ☐ Chest-Seal

C:

Name	Volume	Route	Time
Fluid			
Blood Product			

MEDS:

Name	Dose	Route	Time
Analgesic (e.g. Ketamine, Fentanyl, Morphine)			
Antibiotic (e.g. Moxifloxacin, Ertapenem)			
Other (e.g. TXA)			

OTHER: ☐ Combat-Pill-Pack ☐ Eye-Shield ☐ R ☐ L ☐ Splint

☐ Hypothermia-Prevention Type:

NOTES:

FIRST RESPONDER NAME (Last, First): LAST 4:

DD Form 1380, JUN 2014 (Back) TCCC CARD



# LEVEL OF CONSCIOUSNESS



Check every 15 minutes (or if seriously wounded every 5 - 10) for decrease in AVPU:

**A**lert

**V**erbal

**P**ain

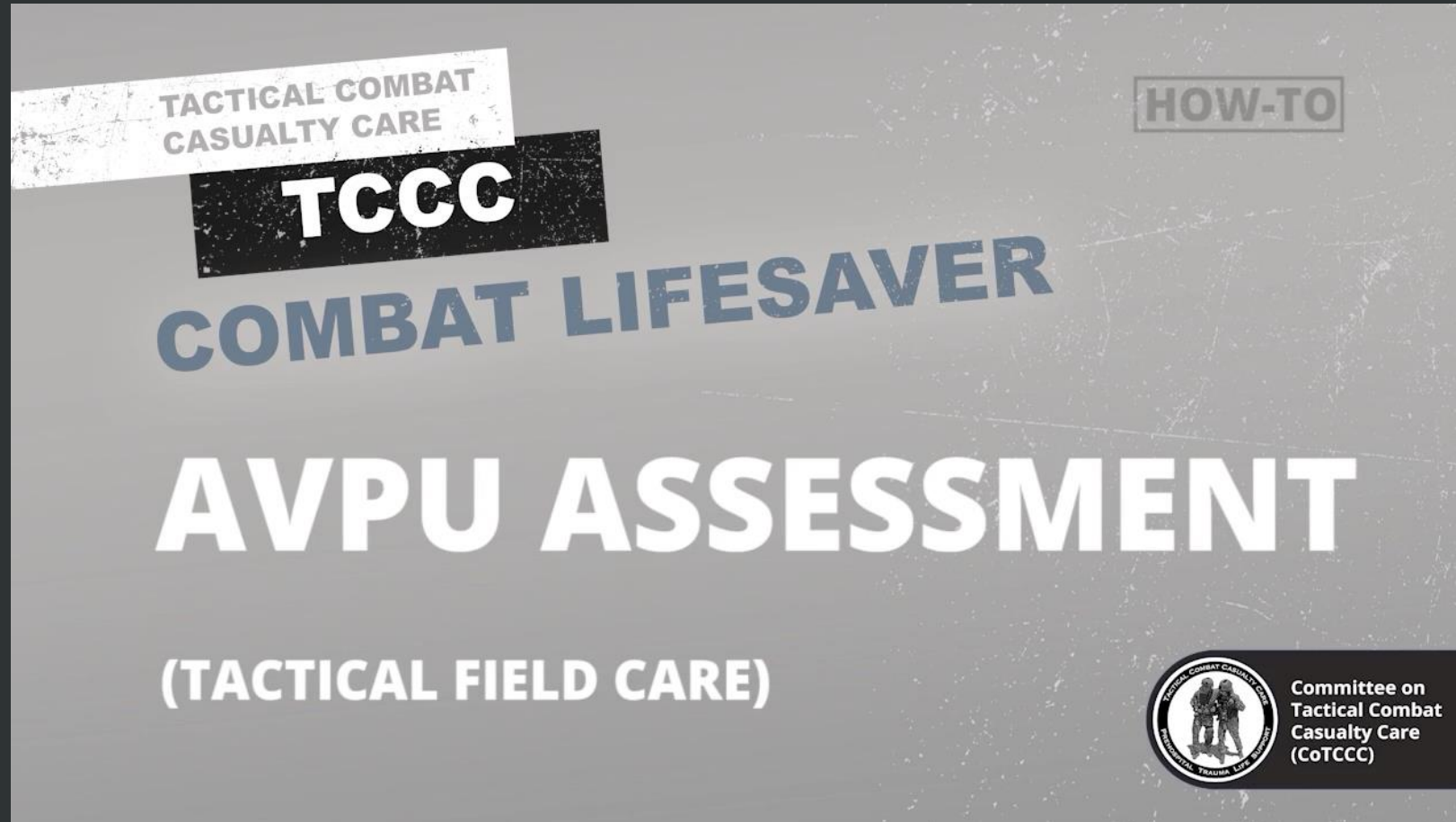
**U**nresponsive

This could indicate condition worsening

If casualty is not **ALERT**, indicating decreased mental status, the casualty should not have weapons or communications equipment



# AVPU ASSESSMENT HOW-TO



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



# CASUALTY MONITORING

## CHECKING PULSE



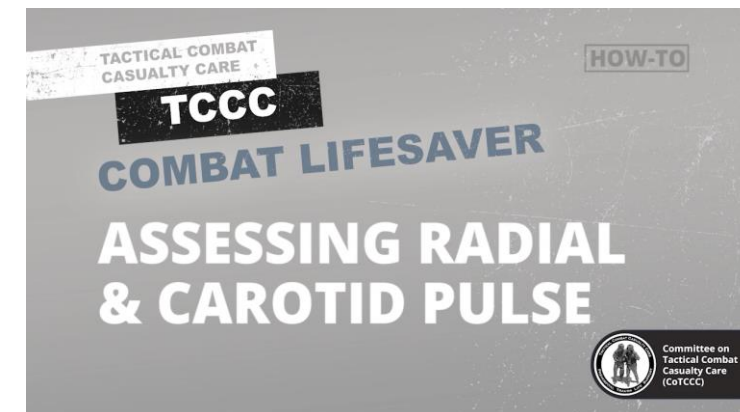
### CAROTID (neck)

If casualty status is noted to be deteriorating when assessed, reassess MARCH PAWS sequence



### RADIAL (wrist)

No radial pulse is an indicator of shock



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

## IMPORTANT CONSIDERATIONS:

Measure the number of felt heartbeats in **1 MINUTE** and record on casualty's DD Form 1380

# CHECKING RESPIRATIONS

LOOK, LISTEN, AND FEEL FOR RESPIRATIONS

If a casualty becomes unconscious or their breathing rate drops below **8 respirations within 1 minute**, insert a nasopharyngeal airway

Assess for tension pneumothorax and treat as necessary

Perform needle decompression in the presence of tension pneumothorax

**Reassess** to confirm that needle decompression of the chest (NDC) was successful



# SKILL STATION

## Casualty Monitoring Concepts (Skills)

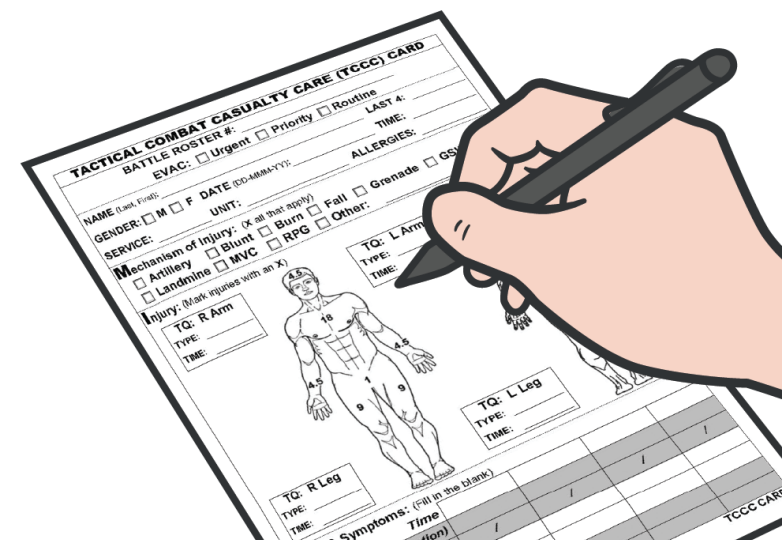
- Level of consciousness
- Radial pulse
- Carotid pulse
- Tibial pulse

## SUMMARY

### LOOK, LISTEN, and FEEL FOR RESPIRATIONS



- We discussed assessment using **MARCH-PAWS**
- We discussed levels of consciousness
- We discussed checking for pulse
- We discussed checking respirations



# CHECK ON LEARNING

How is a casualty monitored after the  
MARCH PAWS sequence has been executed?

# ANY QUESTIONS?