

MODULE 18 – CASUALTY MONITORING

SLIDE 1 – TITLE SLIDE



SLIDE 2 – CHANGE LOG

The Curriculum Change Log serves as a centralized reference to quickly track recent updates to training materials. It supports trainers by promoting clear communication, accountability, and alignment, helping stakeholders and learners understand what changes were made, why they were implemented, and when they occurred.

CASUALTY MONITORING

CHANGE LOG - Curriculum Update History

CHANGE DATE	PRODUCT UPDATE	DESCRIPTION OF CHANGE
30 April 2025	Module 18 - Didactic PPT Slides 7 and 13	Updated TCCC 1380 Card image to reflect changing 'gender' to 'sex'

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SLIDE 3 – TCCC ROLES

Tactical Combat Casualty Care is broken up into four roles of care. The most basic is taught to All Service Members (ASM), which is designed to instruct in the absolute basics of hemorrhage control and to recognize more serious injuries.

You are in the Combat Lifesaver (CLS) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

The Combat Medic/Corpsman (CMC) role includes much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role, Combat Paramedic/Provider (CPP) is for Combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a CLS is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.



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SPEAKER NOTES

SLIDE 4 – TLO/ELO

The casualty monitoring module has **one cognitive learning objective** and **one performance learning objective**.

The cognitive learning objective is to identify the methods to assess level of consciousness, pulses, and respiratory rate of a trauma casualty.

The performance learning objective is to demonstrate the assessment of radial and/or carotid pulse and respirations in a trauma casualty.

The critical aspects are to recognize when and how to monitor a trauma casualty, and then to perform the necessary skills to assess the pulse rate, respiratory rate, and level of consciousness of the casualty.

CLS
TCCC

STUDENT LEARNING OBJECTIVES

LEARNING OBJECTIVES

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

01 **TERMINAL LEARNING OBJECTIVES (TLOs)** 02 **ENABLING LEARNING OBJECTIVES (ELOs)**

● = Cognitive ELOs
● = Performance ELOs

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SLIDE 5 – THREE PHASES OF TCCC

Remember, you are now in the Tactical Field Care (TFC) phase of care, and so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire (CUF) phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications. Casualty monitoring is an important part of this phase.

CLS
TCCC

TACTICAL FIELD CARE

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

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SLIDE 6 – ASSESSMENT USING MARCH PAWS

After your initial casualty assessment and performing any treatments that were indicated, continue to monitor your casualty and reassess their status **every 5 to 10 minutes** until you have handed off the casualty to medical personnel.

During your reassessments, follow the same MARCH PAWS process to guide your assessment, starting with reassessing and massive bleeding issues/interventions, and then looking at their airway status.

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CASUALTY MONITORING

ASSESSMENT USING MARCH PAWS

Re-bleeding

MARCH

MASSIVE BLEEDING

Check for re-bleeding on any previous treatments

Management

MARCH

AIRWAY

Ensure airway remains open and no obstructions

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

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SPEAKER NOTES

SLIDE 7 – ASSESSMENT USING MARCH PAWS (CONTINUED)

Next, evaluate for any changes in respiratory status, look for any signs or symptoms of shock, and check for ongoing issues with hypothermia or head injuries by monitoring the casualty's respiratory rate, pulses, and level of consciousness.

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ASSESSMENT USING MARCH PAWS (CONT.)

Breathing Rate	Pulse	Level of Consciousness
MARCH	MARCH	MARCH
RESPIRATION BREATHING	CIRCULATION	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

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SLIDE 8 – LEVEL OF CONSCIOUSNESS

The level of consciousness is best expressed by addressing the casualty's response using the AVPU acronym as a guide.

AVPU stands for:

- **A**lert
- **V**erbal
- **P**ain
- **U**nconscious

A casualty who is awake and conversing with you appropriately is “alert.” If they are not fully alert and appropriate, but can still respond to your verbal commands (like asking them to raise their hand or move their toes), they are “verbal.” If they do not respond to verbal commands, but respond to pain when performing assessments/procedures or withdraw from you when you rub their breastbone with your knuckles, they are “pain.” And if they do not respond to painful stimuli, then they are “unconscious.” Documenting the timing on any AVPU assessments and any changes in status helps medical personnel better understand the casualty's situation.

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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

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SLIDE 9 – AVPU ASSESSMENT HOW-TO

Play video.

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AVPU ASSESSMENT HOW-TO

TACTICAL COMBAT CASUALTY CARE

TCCC

COMBAT LIFESAVER

AVPU ASSESSMENT

(TACTICAL FIELD CARE)

Video can be found on DeployedMedicine.com

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SPEAKER NOTES

SLIDE 10 – CHECKING PULSE

Play video.

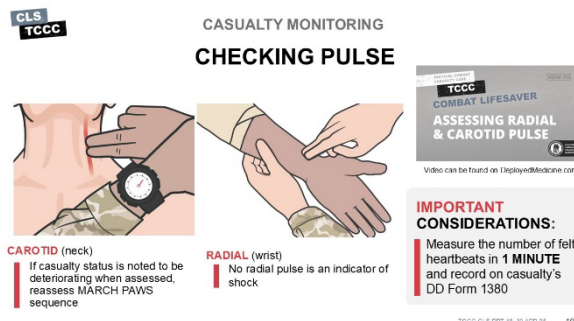
Assessing a casualty's circulation status is done by checking for pulses.

Depending on the casualty and their injuries, you can check the casualty's pulse at either the carotid artery (neck) or radial artery (wrist).

You should use your index and/or middle fingers, **NOT your thumb**, to check pulses.

The absence of a radial pulse is an indication that the casualty is in shock.

Document pulse rates and locations, with the time taken on the DD Form 1380.



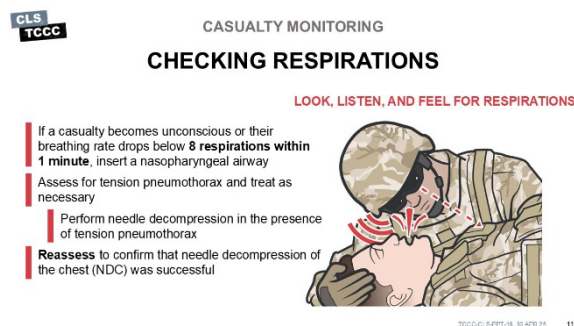
SLIDE 11 – CHECKING RESPIRATIONS

Another sign to monitor is the casualty's respiratory status. This involves checking the rate and the quality of the respirations.

By **looking, listening, and feeling** for breaths on your cheek, you can determine the respiratory rate (documented in number of breaths/minute) and the respiratory effort – shallow breaths, difficulties moving air in and out, loss of air movement on one side of the chest, etc.

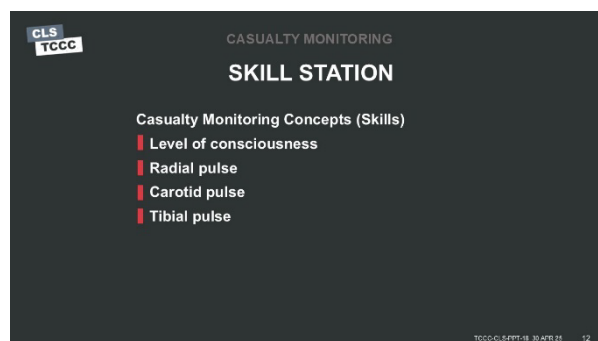
Document the rate, respiratory effort, and time you assessed them on the DD Form 1380.

If the casualty's respiratory status begins to change, reassess their status using the same approach you used in the tactical trauma assessment. You may need to insert a nasopharyngeal airway, place a chest seal, or perform a needle decompression of the chest if a tension pneumothorax is present.



SLIDE 12 – SKILL STATION

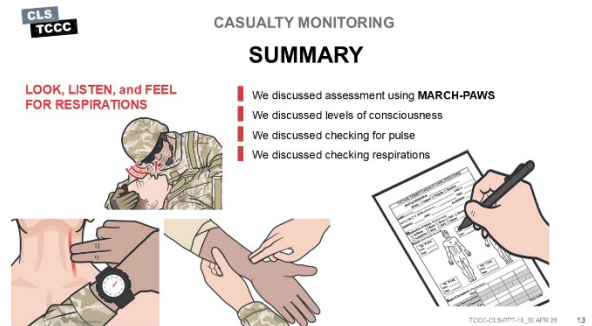
During the skill station, you'll have the chance to practice checking pulses and respiratory rates on one another and documenting them on a DD Form 1380.



SPEAKER NOTES

SLIDE 13 – SUMMARY

There are videos on checking AVPU status, performing pulse checks, and measuring the respiratory rate for additional information.

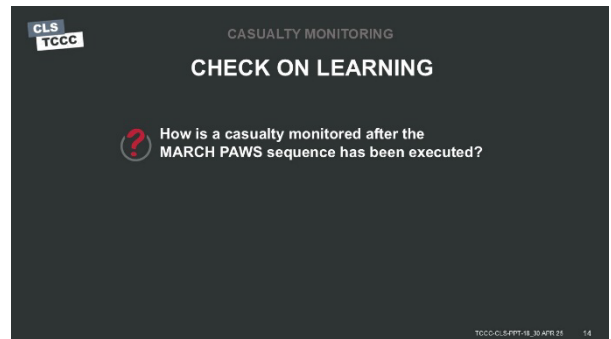


SLIDE 14 – CHECK ON LEARNING

Ask questions of the learners referring to key concepts from the module.

Now for a check on learning.

1. How is a casualty monitored after the MARCH PAWS sequence has been executed?
 - Monitor for changes in level of consciousness
 - Monitor pulse
 - Monitor respiratory distress
 - Reassess all previous interventions



SLIDE 15 – QUESTIONS

