

*Changes in 2016–2019:*

- Updated USSOCOM Tactical Trauma protocols to reflect most CoTCCC TCCC Guidelines for Medical Personnel dated 1 August 2019
- Changed recommendation to replace air with saline in endotracheal tube cuffs to DO NOT replace air with saline in endotracheal tube cuffs
- Added “Only use air in the endotracheal tube cuffs. Use a cuff manometer to monitor cuff pressures during air evacuation and adjust volumes as needed”
- Added Prolonged Field Care (PFC) Considerations
- Added warning that “Once you begin transfusion type O blood, if the patients’ blood type is not type O you may not switch to any other type” to the Administration of Blood and Blood Products Protocol
- Added field emergency donor panel questionnaire and triage tool to the Administration of Blood and Blood Products Protocol
- Added warnings for the administration of calcium gluconate
- Corrected calcium gluconate dosage for Administration of Blood and Blood Products Protocol
- Added Golden Minute Container to Administration of Blood and Blood Products protocol packing list
- Corrected calcium gluconate dosage for Crush Injury Protocol
- Added warnings for the administration of mannitol
- Changed number of vials of calcium gluconate in Crush Injury Kit
- Removed mannitol IV filters to the Crush Injury Kit for the safe administration of mannitol
- Updated Concussion Management in Deployed Settings charts to most current version and added new MACE2 exam chart
- Corrected contraindications for ketamine
- Removed Pneumatic Antishock Garment (PSAG)
- Standardized the wording for the administration of fosphenytoin (Cerebyx®) throughout.
- Revised prohibition against donating blood again for 56 days to no wait time if the blood is reinfused into the donor
- Removed recommendation to administer 500mL of Hextend® to blood donors and replaced with; If donor is expected to perform physical labor such as in a tactical situation. Have donor drink 500mL of oral rehydration salts (ORS) mixed in a ratio of 1 packet in 1000mL of potable water.
- Added provisions and guidance to infuse an incompletely filled blood collection bag
- Removed mannitol from the Crush Syndrome Protocol due to lack of practicality
- Modified analgesia guidelines to provide more options and to match the Pain Management Protocol (TMEPs)