
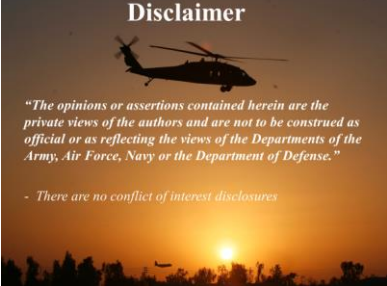
















<p>1.</p>	<p>Tactical Combat Casualty Care for Medical Personnel August 2018 (Based on TCCC-MP Guidelines 180801)</p>  <p>Tactical Field Care 3g Scenario</p>	<p>Tactical Combat Casualty Care for Medical Personnel August 2018 (Based on TCCC-MP Guidelines 180801)</p> <p>Tactical Field Care 3g Convoy IED Scenario</p>	<p>We will now continue the scenario that we began in Care Under Fire.</p>
<p>2.</p>		<p>Disclaimer</p> <p><i>“The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Departments of the Army, Air Force, Navy or the Department of Defense.”</i></p> <p>- <i>There are no conflict of interest disclosures</i></p>	<p>Read the disclaimer.</p>
<p>3.</p>	 <p>LEARNING OBJECTIVES</p> <p><u>Terminal Learning Objective</u></p> <ul style="list-style-type: none"> • Describe the application of Tactical Field Care principles to a specific casualty scenario. <p><u>Enabling Learning Objectives</u></p> <ul style="list-style-type: none"> • Identify the urgency for treatment of various injuries. • Describe the correct treatment for the injuries presented in the scenario. 	<p>LEARNING OBJECTIVES</p> <p><u>Terminal Learning Objective</u></p> <ul style="list-style-type: none"> • Describe the application of Tactical Field Care principles to a specific casualty scenario. <p><u>Enabling Learning Objectives</u></p> <ul style="list-style-type: none"> • Identify the urgency for treatment of various injuries. • Describe the correct treatment for the injuries presented in the scenario. 	<p>Read the text.</p>

<p>4.</p>	 <p>Convoy IED Scenario</p> <ul style="list-style-type: none"> Recap from Care Under Fire: Your last medical decision during Care Under Fire: <ul style="list-style-type: none"> –Placed tourniquet on left stump You moved the casualty behind cover and returned fire. You provided an update to your mission commander. 	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> Recap from Care Under Fire: Your last medical decision during Care Under Fire: <ul style="list-style-type: none"> – Placed tourniquet on left stump You moved the casualty behind cover and returned fire. You provided an update to your mission commander. 	<p>OK – let’s go back to our scenario that we started in Care Under Fire.</p> <p>Your element was in a five-vehicle convoy moving through a small Iraqi village when a command-detonated IED exploded under the second vehicle. The person next to you sustained bilateral mid-thigh amputations.</p> <p>He had heavy arterial bleeding from the left stump, and the right stump was only mildly oozing blood.</p> <p>Read text in this slide.</p>
<p>5.</p>	 <p>Convoy IED Scenario</p> <p>Assumptions in discussing TFC in this scenario:</p> <ul style="list-style-type: none"> Effective hostile fire has been suppressed. Team Leader has established a security perimeter. Pre-designated HLZ for helicopter evacuation is 15 minutes away. Flying time to the hospital is 30 minutes. Ground evacuation time is 3 hours. Enemy threat to helicopter at HLZ estimated to be minimal. 	<p>Convoy IED Scenario</p> <p>Assumptions in discussing TFC in this scenario:</p> <ul style="list-style-type: none"> Effective hostile fire has been suppressed. Team Leader has directed that the unit will move. Pre-designated HLZ for helicopter evacuation is 15 minutes away. Flying time to the hospital is 30 minutes. Ground evacuation time is 3 hours. Enemy threat to helicopter at HLZ estimated to be minimal. 	<p>Read the text.</p> <p>HLZ = helicopter landing zone</p>
<p>6.</p>	 <p>Convoy IED Scenario</p> <p>Next decision (Command Element)?</p> <ul style="list-style-type: none"> How to evacuate the casualty? <ul style="list-style-type: none"> –Helicopter <ul style="list-style-type: none"> • Longer time delay for ground evacuation. • Enemy threat at the HLZ is acceptable. 	<p>Convoy IED Scenario</p> <p>Next decision (Command Element)?</p> <ul style="list-style-type: none"> How to evacuate casualty? <ul style="list-style-type: none"> –Helicopter <ul style="list-style-type: none"> • Longer time delay for ground evacuation • Enemy threat at HLZ acceptable 	<p>Next decision?</p> <p>CASEVAC by air is chosen because it is significantly faster than ground CASEVAC in this scenario.</p>

<p>7.</p>	 <p>Convoy IED Scenario</p> <p>Next decision (Command Element)?</p> <ul style="list-style-type: none"> • Load first and treat enroute to the HLZ or treat first and load after? <ul style="list-style-type: none"> – Load and Go – Why? <ul style="list-style-type: none"> • You can continue treatment enroute. • Avoids potential second attack at ambush site. 	<p>Convoy IED Scenario</p> <p>Next decision (Command Element)?</p> <ul style="list-style-type: none"> • Load first and treat enroute to the HLZ or treat first and load after? <ul style="list-style-type: none"> – Load and Go – Why? <ul style="list-style-type: none"> • You can continue treatment enroute • Avoids potential second attack at the ambush site. 	<p>Read the text.</p> <p>Get the unit off the X – the enemy now knows where you are.</p>
<p>8.</p>	 <p>Convoy IED Scenario</p> <p>Casualty is still conscious and has no neck or back pain.</p> <p>Next decision?</p> <ul style="list-style-type: none"> – Do you need spinal immobilization? <ul style="list-style-type: none"> – No <ul style="list-style-type: none"> • Not needed unless casualty has neck or back pain <ul style="list-style-type: none"> – Why? <ul style="list-style-type: none"> – There is little expectation of a spinal fracture in the absence of neck or back pain in a conscious casualty. – Speed is critical. – NOTE: Casualties who are unconscious from blast trauma should have spinal immobilization if feasible. 	<p>Convoy IED Scenario</p> <p>Casualty is still conscious and has no neck or back pain.</p> <p>Next decision?</p> <ul style="list-style-type: none"> – Do you need spinal immobilization? <ul style="list-style-type: none"> – No <ul style="list-style-type: none"> • Not needed unless casualty has neck or back pain <ul style="list-style-type: none"> – Why? <ul style="list-style-type: none"> – There is little expectation of a spinal fracture in the absence of neck or back pain in a conscious casualty – Speed is critical. – NOTE: Casualties who are unconscious from blast trauma should have spinal immobilization if feasible. 	<p>Read the text.</p>
<p>9.</p>	 <p>Convoy IED Scenario</p> <p>Ten minutes later, you and the casualty are in a vehicle enroute to HLZ.</p> <p>Next action?</p> <ul style="list-style-type: none"> • Reassess the casualty. <ul style="list-style-type: none"> – Casualty is now unconscious. – No bleeding from first tourniquet site. – The other stump is bleeding severely. 	<p>Convoy IED Scenario</p> <p>Ten minutes later, you and the casualty are in a vehicle enroute to HLZ.</p> <p>Next action?</p> <ul style="list-style-type: none"> • Reassess the casualty. <ul style="list-style-type: none"> – Casualty is now unconscious. – No bleeding from first tourniquet site. – The other stump is bleeding severely. 	<p>Read the text.</p>

<p>10.</p>	 <p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next action? <ul style="list-style-type: none"> – Place a tourniquet on the 2nd stump. • Next action? <ul style="list-style-type: none"> – Remove any weapons or ordnance that the casualty may be carrying. • Next action? <ul style="list-style-type: none"> – Place a nasopharyngeal airway. • Next action? <ul style="list-style-type: none"> – Make sure he’s not bleeding heavily elsewhere. – Check for other trauma. 	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next action? <ul style="list-style-type: none"> – Place tourniquet on 2nd stump • Next action? <ul style="list-style-type: none"> – Remove any weapons or ordnance that the casualty may be carrying. • Next action? <ul style="list-style-type: none"> – Place nasopharyngeal airway • Next action? <ul style="list-style-type: none"> – Make sure he’s not bleeding heavily elsewhere – Check for other trauma 	<p>Read text</p>
<p>11.</p>	 <p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next actions? <ul style="list-style-type: none"> – Pelvic binding device – Establish IV access - need to give TXA and then resuscitate for shock • Next action? <ul style="list-style-type: none"> – Administer 1 gram of tranexamic acid (TXA) in 100 cc NS or LR – Infuse slowly over 10 minutes 	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next action? <ul style="list-style-type: none"> – Pelvic binding device – Establish IV access - need to give TXA and then resuscitate for shock • Next action? <ul style="list-style-type: none"> – Administer 1 gram of tranexamic acid (TXA) in 100 cc NS or LR – Infuse slowly over 10 minutes 	<p>Read the text.</p>
<p>12.</p>	 <p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next action? <ul style="list-style-type: none"> – Begin fluid resuscitation – your convoy carries cold-stored, type O, low-titer whole blood. • Next actions? <ul style="list-style-type: none"> – Hypothermia prevention – IV antibiotics – Pulse ox monitoring – Continue to reassess the casualty. 	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> • Next action? <ul style="list-style-type: none"> – Begin fluid resuscitation – your convoy carries cold-stored, type O, low-titer whole blood. • Next actions <ul style="list-style-type: none"> – Hypothermia prevention – IV antibiotics – Pulse ox monitoring – Continue to reassess casualty. 	<p>Read the text.</p>

<p>13.</p>	 <p>Convoy IED Scenario</p> <p><u>What is your 9-line?</u> Line 1: Grid NS 12345678 Line 2: 38.90, Convoy 6 Line 3: 1 Urgent Line 4: Whole blood, oxygen, advanced airway Line 5: 1 litter Line 6: Secure Line 7: VS-17 (Orange Panel) Line 8: U.S. Military Line 9: Flat field</p> <p><small>* Some individuals recommend adding a tenth line: the casualty's vital signs</small></p>	<p>Convoy IED Scenario</p> <p><u>What is your 9-line?</u></p> <p>Line 1: Grid NS 12345678 Line 2: 38.90, Convoy 6 Line 3: 1 Urgent Line 4: Whole blood, oxygen, advanced airway Line 5: 1 litter Line 6: Secure Line 7: VS-17 (Orange Panel) Line 8: U.S. Military Line 9: Flat field</p> <p>* Some individuals recommend adding a tenth line: the casualty's vital signs</p>	<p>Line 1: Pickup location Line 2: Radio frequency, call sign and suffix Line 3: Number of casualties by precedence (evacuation) category Line 4: Special equipment required Line 5: Number of casualties by type (ambulatory vs. litter) Line 6: Security of pickup site (wartime) or number/type Line 7: Method of marking pickup site Line 8: Casualty's nationality and status Line 9: Terrain description at Landing Site; NBC contamination if applicable</p>
<p>14.</p>	 <p>Convoy IED Scenario</p> <p>Your convoy has now arrived at the HLZ.</p> <p>Next steps?</p> <ul style="list-style-type: none"> Continue to reassess the casualty and prepare for helo transfer. <ul style="list-style-type: none"> Ensure the casualty has no remaining weapons or comms gear before loading him on the helo. Secure the casualty's personal effects per unit SOP. Document casualty status and treatment. 	<p>Convoy IED Scenario</p> <p>Your convoy has now arrived at the HLZ</p> <p>Next steps?</p> <ul style="list-style-type: none"> Continue to reassess the casualty and prepare for helo transfer. <ul style="list-style-type: none"> Ensure the casualty has no remaining weapons or comms gear before loading him on the helo. Secure the casualty's personal effects per unit SOP. Document casualty status and treatment 	<p>At this point, the Flight Medic assumes care of the casualty. The Convoy IED Scenario will continue in TACEVAC.</p>
<p>15.</p>	 <p>Remember</p> <ul style="list-style-type: none"> The TCCC guidelines are not a rigid protocol. The tactical environment may require some modifications to the guidelines. Think on your feet! 	<p>Remember</p> <ul style="list-style-type: none"> The TCCC guidelines are not a rigid protocol. The tactical environment may require some modifications to the guidelines. Think on your feet! 	<p>Every tactical scenario will have some features that are unique and may require some change to your plan.</p>

16.	<p>Questions?</p> 	<p>Questions?</p>	
-----	--	--------------------------	--