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The Biggest Challenge in TCCC

- Is knowing WHEN to use the interventions taught in TCCC
- Based on a suggestion by COL Bob Mabry
- These TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.
- They are now part of the TCCC for Medical Personnel curriculum.
BLEEDING CASE STUDY 1

The Setting
- A unit is on a dismounted mission in Afghanistan.
- Dismounted IED attack.
- The unit has no junctional tourniquets.
- There is no effective incoming fire at the moment.

The Casualty
- High amputation right leg
- Below the knee amputation left leg
- Ongoing massive hemorrhage from his right leg amputation site
- Too proximal to be controlled by a tourniquet

Correct Answer and Feedback
1. Combat Gauze applied with at least 3 minutes of direct pressure at the bleeding site
   In this casualty with uncontrolled junctional bleeding in the right upper thigh, since the unit has no junctional tourniquets and since the bleeding site is too proximal on the leg to be controlled with a limb tourniquet, the best option is direct pressure with Combat Gauze. Pressure dressings and pressure applied to so-called "pressure points" at vascular sites proximal to the bleeding have not been proven to be effective.

BLEEDING CASE STUDY 3

The Setting
- A small unit is moving across an open area
- It is night and there is zero visibility without night vision devices
- The casualty has a gunshot wound in his left leg just above the knee
- The unit is still taking effective incoming fire

The Casualty
- There is severe bleeding on the thigh on a blood sweep
- Visualization of the bleeding site is poor
- He is in extreme pain
**BLEEDING CASE STUDY 3 (cont.)**

### TCCC Critical Decisions

#### Bleeding Case Study 3

**Question**

*What is the NEXT action you should take?*

1. Apply a limb tourniquet high and tight on the left leg
2. Try to guess where the bleeding site is and apply a limb tourniquet just proximal to that.
3. Administer OTFC to the casualty
4. Administer ketamine to the casualty

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**Correct Answer and Feedback**

1. Apply a tourniquet high and tight on the left leg

For this casualty, with potentially life-threatening bleeding from the gunshot wound to his leg, the most important aspect of care is to control the extremity bleeding. Since the bleeding site cannot be definitively located at this point in his care, the hemorrhage must be controlled by immediately applying a limb tourniquet as proximally as possible on the extremity. Treating the casualty's pain is important, but should be done after bleeding is controlled, once the unit is in the Tactical Field Care phase of care.

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**BLEEDING CASE STUDY 6**

### TCCC Critical Decisions

#### Bleeding Case Study 6

**The Setting**

- An Army infantry squad is on foot patrol in Iraq
- A dismounted IED detonates, causing multiple casualties
- There is no effective incoming fire at the moment

**The Casualty**

- The casualty you are treating has bilateral lower extremity amputations
- Both are very high
- There is severe bleeding from both amputation sites
- Limb tourniquets are judged unlikely to be successful
- No other life-threatening injuries are noted

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**Question**

*What is the NEXT action you should take?*

1. Administer ketamine since this casualty is at risk of going into shock
2. Start an IV and administer TXA
3. Construct pressure dressing's using standard gauze for both amputation sites
4. Apply direct pressure with Combat Gauze until the unit's SAM Junctional Tourniquet is ready to apply

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**Correct Answer and Feedback**

4. Apply direct pressure with Combat Gauze until the unit's SAM Junctional Tourniquet is ready to apply

The correct next action is to apply direct pressure with Combat Gauze until a Junctional Tourniquet is ready to apply. This action may prevent the casualty from going into shock. An IV, TXA, and ketamine are all good follow-on actions in this casualty, but the first priority is to control massive hemorrhage, which this casualty currently has.