TCCC Critical Decision Case Studies

24 October 2022
The Biggest Challenge in TCCC

- Knowing WHEN to use the interventions taught in TCCC
- Based on a suggestion by COL (Ret) Bob Mabry
- TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.

TCCC Critical Decisions
Blunt Abdominal Trauma Case Study 1

The Setting
- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
- The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle
- The occupants of the vehicle are not wearing seat restraints
- There is no hostile small arms fire after the blast

The Casualty
- You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle
- There is no external hemorrhage
- The casualty is conscious but confused
- He is not in respiratory distress
- He is complaining of severe abdominal pain and has diffuse tenderness to palpation

Casualty Dashboard
- AVPU: Verbal
- Airway: Patent
- Breathing: RR 20
- Radial Pulse: Weak
- Heart Rate: 126
- O₂ Saturation: 97%

Question
What priority for evacuation would you assign to this casualty?

1. Cat A - Urgent Evacuation within 2 hr
2. Cat B - Priority Evacuation within 4 hr
3. Cat C - Routine Evacuation within 24 hr
4. Other

Correct Answer and Feedback

1. Cat A - Urgent Evacuation within 2 hr

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into shock. He should be triaged to the highest priority evacuation category: Cat A.
**TCCC Critical Decisions**  
**Blunt Abdominal Trauma Case Study 2**

**The Setting**
- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
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**Casualty Dashboard**

- AVPU: Verbal
- Airway: Patent
- Breathing: RR 20
- Radial Pulse: Weak
- Heart Rate: 126
- O₂ Saturation: 97%

**The Casualty**
- You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle
- There is no external hemorrhage
- The casualty is conscious but confused
- He is not in respiratory distress
- He is complaining of severe abdominal pain and has diffuse tenderness to palpation

**Question**

*What should you do first for this casualty?*

1. Start an IV and give him 2L of LR
2. Treat his severe pain with IM ketamine
3. Do a MACE exam because he has sustained blast TBI
4. Start an IV and give him 2g of TXA; initiate transfusion with fresh whole blood as soon as it is available from your unit’s Type O Low-Titer Walking Blood Bank

**Correct Answer and Feedback**

4. Start an IV and give him 2g of TXA; initiate transfusion with fresh whole blood as soon as it is available from your unit’s Type O Low-Titer Walking Blood Bank

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into hemorrhagic shock. He needs TXA and whole blood immediately.
TCCC Critical Decisions
Blunt Abdominal Trauma Case Study 3

The Setting
- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
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The Casualty
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- He is complaining of severe abdominal pain and has diffuse tenderness to palpation.

Casualty Dashboard
- AVPU: Verbal
- Airway: Patent
- Breathing: RR 20
- Radial Pulse: Weak
- Heart Rate: 126
- O₂ Saturation: 97%

Question
What medication would you use to treat this casualty’s pain?

1. Oral transmucosal fentanyl citrate
2. Acetaminophen and meloxicam from the Combat Wound Medication Pack
3. IV ketamine – 20–30mg
4. IV morphine – 5mg

Correct Answer and Feedback
3. IV ketamine – 20–30mg

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into hemorrhagic shock. Opioids (OTFC and morphine) are contraindicated in casualties with shock. Acetaminophen and meloxicam are not strong enough analgesics to effectively treat this casualty’s severe pain.
Inside this Issue:

FEATURE ARTICLES: Army Deployment IVF Warmers: Literature Review
Improvised Polycythemia Vera Management  
Airway in Facial Trauma
Marksmanship Mental and Visual Skills  
Ranger Medical Training
Novel Hand-Held Device for Chest Tube Insertion  
Buddy Transfusions
Surgical Cricothyrotomy in Low Light
Water-Tamped and -Untamped Explosive Breaches
AAR: Simulated Unified Command in Active Shooter Incident
Flotation-Restricted Environmental Stimulation Technique
System for Thermogenic Emergency Airway Management  
Digital cORA Study
Benghazi Embassy Attack Evacuation  
iTClamp-Mediated Wound Closure
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Dedicated to the Indomitable Spirit, Lessons Learned & Sacrifices of the SOF Medic

A Peer Reviewed Journal That Brings Together The Global Interests of Special Operations’ First Responders