FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 05:

TACTICAL TRAUMA ASSESSMENT (TTA)

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

TO6 Given a combat or noncombat scenario, perform Tactical Field Care in accordance with TFMA Guidelines

EO29 Demonstrate the techniques used to assess a casualty for responsiveness.

EO30 Identify the common causes of altered mental status in combat or noncombat environments

EO31 Identify the importance of disarming and securing communications equipment of a casualty with altered mental status

EO32 Identify the importance and techniques of communicating with a casualty in TFC

EO33 Demonstrate communicating with a casualty in TFC

EO34 Demonstrate application of body substance isolation (BSI) in TFC

EO35 Demonstrate a TTA in the proper order using the MARCH PAWS sequence in accordance with TFMA Guidelines

EO36 Demonstrate the appropriate actions and interventions used during a casualty assessment to render aid to the casualty in accordance with TFMA Guidelines

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

MASSIVE BLEEDING #1 Priority

AIRWAY

RESPIRATION

CIRCULATION

HYPOTHERMIA / **H**EAD INJURIES

AFTER LIFE-THREATENING

PAIN

ANTIBIOTICS

WOUNDS

SPLINTING

TACTICAL TRAUMA ASSESSMENT HOW-TO

TACTICAL TRAUMA ASSESSMENT

Video can be found on DeployedMedicine.com

COMBAT SPEED TTA
“FIRE FIGHT CONSCIOUS CASUALTY”

TACTICAL TRAUMA ASSESSMENT
“Fire Fight Conscious Casualty”

Video can be found on DeployedMedicine.com

COMBAT SPEED TTA
“FIRE FIGHT UNCONSCIOUS CASUALTY”

TACTICAL TRAUMA ASSESSMENT
‘Explosion’ Unconscious Casualty”

Video can be found on DeployedMedicine.com

TACTICAL TRAUMA ASSESSMENT

BODY SUBSTANCE ISOLATION (BSI)

Whenever possible, the responder should don latex-free gloves as a precaution

CASUALTY BLOOD SWEEP

Your initial casualty evaluation should be a rapid head-to-toe check for any unrecognized life-threatening bleeding

- Check the neck, axillary (armpit), inguinal (groin)
- Check the legs, arms, abdomen, chest (in a raking motion) and back

MASSIVE BLEEDING

QUICKLY IDENTIFY MASSIVE, LIFE-THREATENING BLEEDING

BRIGHT RED BLOOD is pulsing or spurting, or there is steady bleeding from the wound

IMPORTANT! Casualties with severe injuries can bleed to death in ***as little as 3 minutes***

BRIGHT RED BLOOD is pooling on the ground

Overlying clothing or ineffective bandaging is becoming **SOAKED WITH BLOOD**

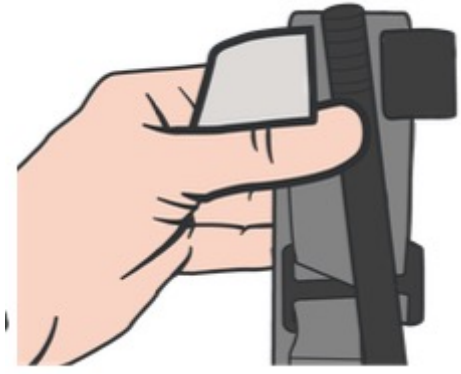
AMPUTATION of the arm or leg

M A R C H

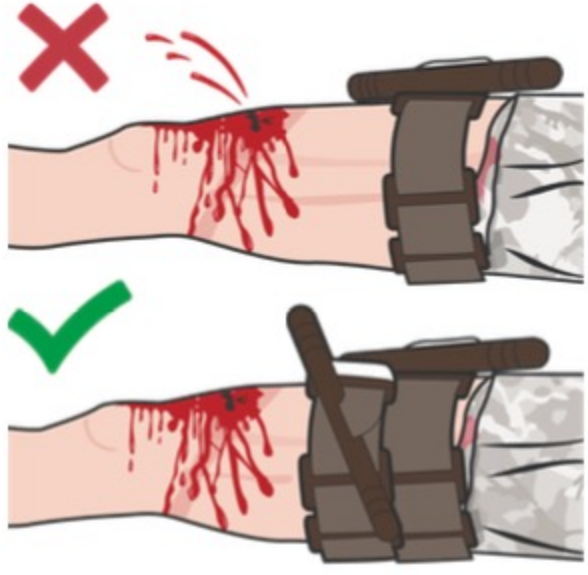
MASSIVE HEMORRHAGE CONTROL IN TFC

HEMORRHAGE CONTROL

Assess for other sources of hemorrhage, and control all life-threatening bleeding



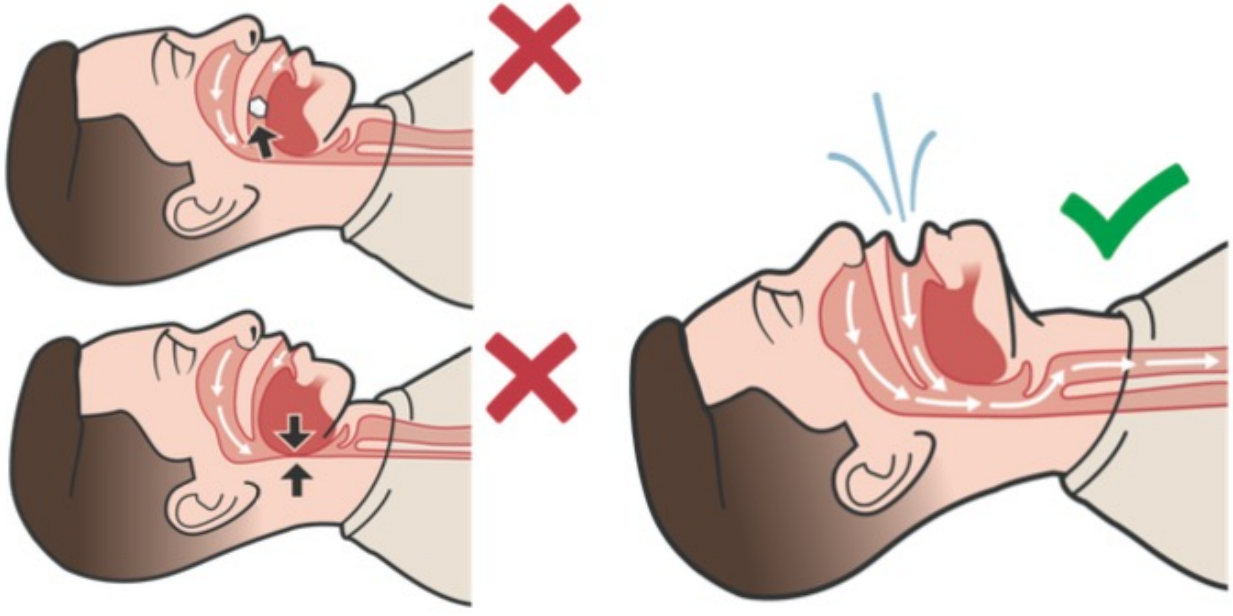
If not already done, where appropriate, use a TFMA recommended limb tourniquet (TQ) to control life-threatening external hemorrhage, applying it 2-3 inches above the source of bleeding, directly on the skin



Reassess CUF interventions, and If bleeding is not controlled with the first TQ, apply a second TQ side-by-side with the first

AIRWAY MANAGEMENT

IDENTIFYING OBSTRUCTED AIRWAY



IMPORTANT! Remove any visible objects, but do not perform a blind finger sweep

M A R C H

SIGNS AND SYMPTOMS

AIRWAY MAY BE BLOCKED:

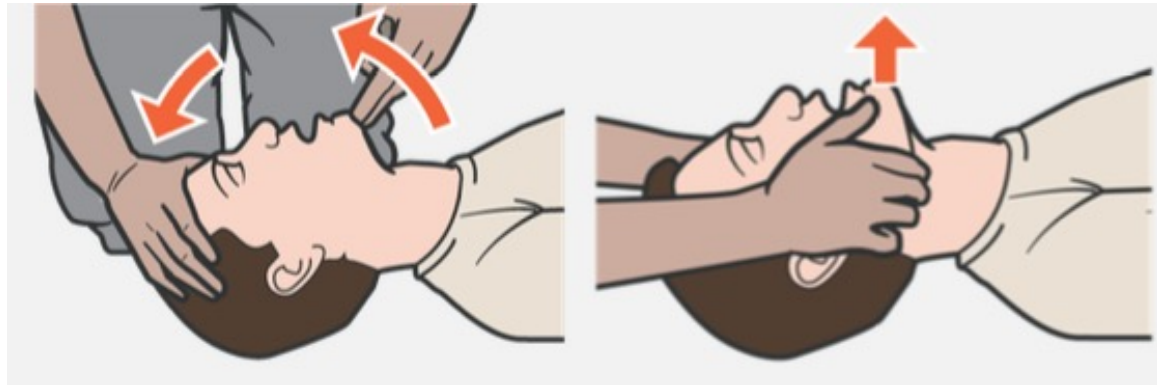
- Casualty is in distress and indicates they can't breathe properly
- Casualty is making snoring or gurgling sounds
- Visible blood or foreign objects are present in the airway
- Maxillofacial trauma (severe trauma to the face) is observed

OPENING THE AIRWAY

IN A CASUALTY WITHOUT AN AIRWAY OBSTRUCTION, YOU CAN PERFORM THE FOLLOWING MANEUVERS:

HEAD-TILT CHIN-LIFT **JAW THRUST**

Unconscious casualty's tongue may have relaxed, causing the tongue to block the airway by sliding to the back of the mouth and covering the opening to the windpipe



If you suspect that the casualty has suffered a neck or spinal injury, use the jaw-thrust method

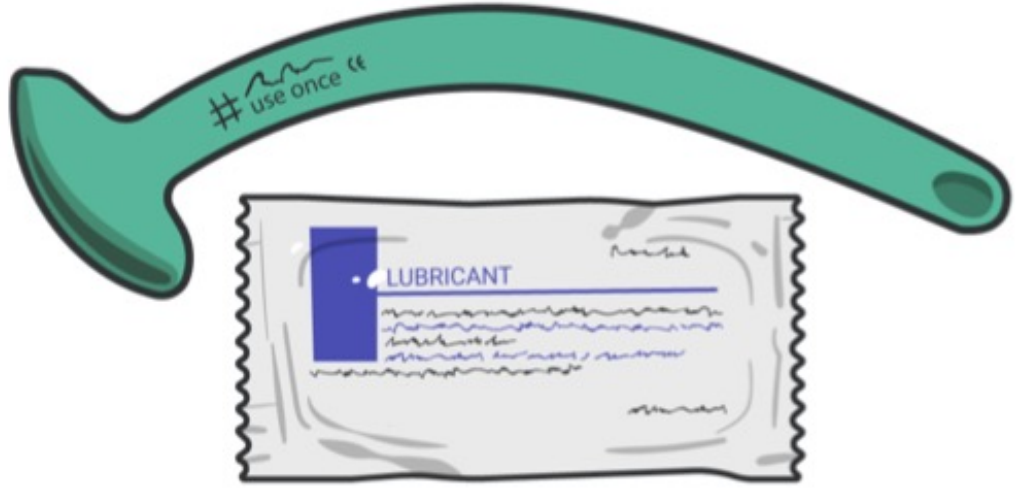
M A R C H

OPENING THE AIRWAY

MANAGING THE AIRWAY

IF the casualty is breathing on their own but unconscious or semiconscious AND there is no airway obstruction, further airway management is best achieved with a nasopharyngeal airway (NPA)

An NPA can be used on a conscious or unconscious casualty to help open/maintain an open airway



M A R C H

MANAGING THE AIRWAY

MANAGEMENT/RECOVERY POSITION

Casualties with **severe facial trauma** can often protect their own airways by sitting up and leaning forward

Assist a conscious casualty by helping them assume any comfortable sitting-up position that **ALLOWS THEM TO BREATH EASILY**

For an unconscious casualty not in shock, place them into the **RECOVERY POSITION**

M A R C H

TACTICAL TRAUMA ASSESSMENT

RESPIRATIONS

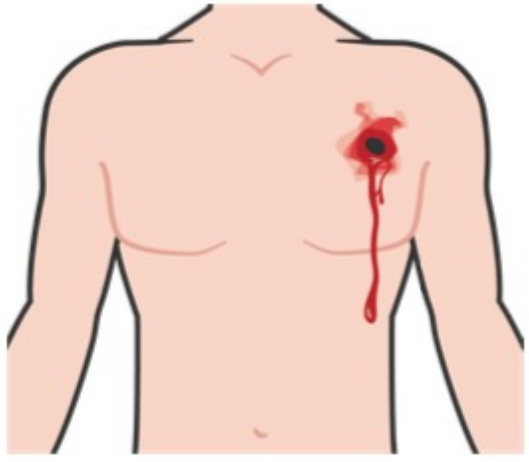
Breathing rate
(Monitor respirations)

Level of consciousness

M A R C H

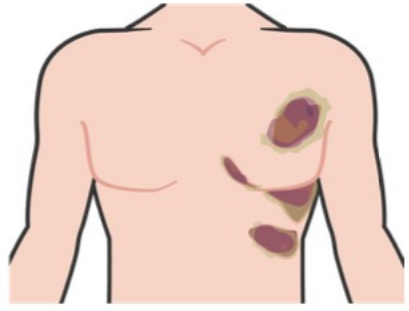
TRESPIRATION ASSESSMENT AND MANAGEMENT IN TFC

LIFE- THREATENING CHEST INJURY



Expose the chest to assess for:

- Gunshot or shrapnel wound
- Blunt-force trauma
- Bruising or contusions
- Any deformities of the chest



If penetrating trauma is found or identified, apply a chest seal (vented, if available)

M A R C H

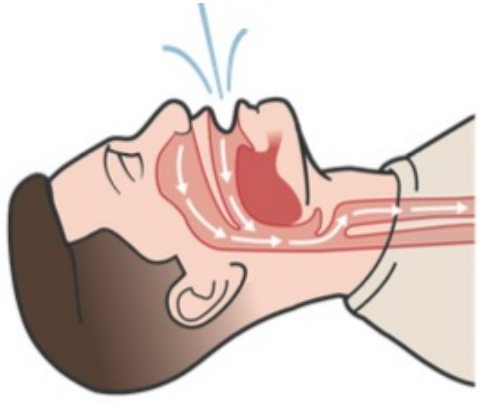
CIRCULATION

REASSESS TREATMENTS

M

Reassess **ALL** treatment for **M**assive hemorrhage

A



Reassess **Ai**rway

R

Reassess **R**espirations

M A R C H

CIRCULATION

GENERAL INDICATOR OF SHOCK

SIGNS AND SYMPTOMS OF SHOCK INCLUDE:

- Mental confusion
- Rapid breathing
- Sweaty, cool, clammy skin
- Pale/grey skin

- Weak or absent radial pulse
- Nausea
- Excessive thirst
- Previous severe bleeding

M A R C H

HYPOTHERMIA

HYPOTHERMIA PREVENTION

Place the casualty on an insulated surface as soon as possible

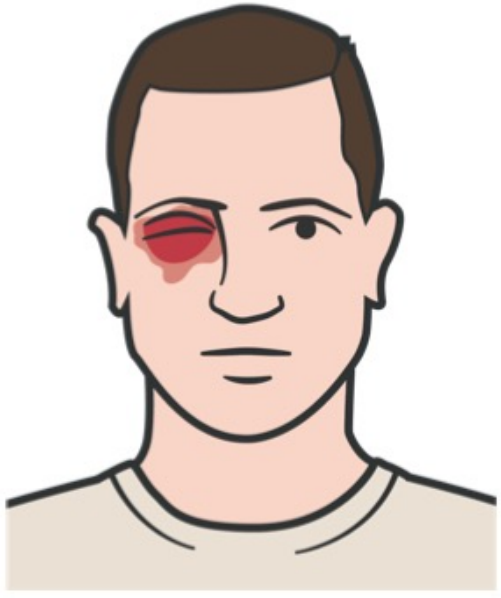
- Hypothermia is much easier to prevent than to treat! Begin hypothermia prevention as soon as possible
- Decreased body temperature interferes with blood clotting and increases the risk of bleeding
- Blood loss can cause a significant drop in body temperature, even in hot weather

M A R C H

REMEMBER:
Hypothermia is an issue even in hot environments and must be prevented

EYE INJURIES

IF A PENETRATING EYE INJURY IS NOTED OR SUSPECTED



Do not cover both eyes unless both eyes are injured

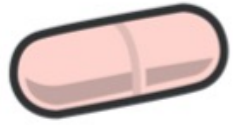
- In the absence of an eye shield, consider using tactical eyewear

PENETRATING INJURIES

COMBAT WOUND MEDICATION PACK (CWMP)

Acetaminophen is used for pain management

Meloxicam can give significant pain relief and will not alter the casualty's mental status



Contains oral antibiotic medication moxifloxacin

MARCH
PAWS

MARCH
PAWS

Remember:

- Found in BFAK
- Document all medications administered

TACTICAL FIELD CARE GUIDELINES

INSPECT AND ADDRESS KNOWN WOUNDS

Dress all known wounds and then assess all applied bandages for:

- Increased pain
- Skin discoloration
- Irregular pulse

If any of these conditions are found, they might indicate an emergency!

Ensure the applied bandage **isn't too tight**; loosen as needed while keeping the bleeding controlled

DO NOT EVER APPLY IT AND FORGET IT!

MARCH PAWS

SECONDARY INJURIES

BURN CARE

EXTRACT

Extract from burning vehicle, building, or area

STOP THE BURNING PROCESS

COVER

Cover the burn area with dry, sterile dressings for general burns

WHITE PHOSPHORUS = WET DRESSING

Eliminate wound contact with oxygen

Be sure to assess MARCH before burn care

SECONDARY INJURIES

ASSESS FOR A FRACTURE

CLOSED FRACTURE **OPEN** FRACTURE

WARNING SIGNS

OF A FRACTURE:

- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg (check pulse before and after treatment)
- Crepitus (hearing a crackling or
- popping sound under the skin)

TACTICAL FIELD CARE

COMMUNICATION

Communicate with the casualty and if possible

- Encourage
- Reassure
- Explain care each step of the way

Communicate with tactical leadership as soon as possible with status and evacuation requirements throughout casualty treatment as needed

COMMUNICATE WITH EVACUATION AND MEDICAL ASSETS

- Communicate with the evacuation system to coordinate TACEVAC/MEDEVAC using the 4-Line TACEVAC request
- Keep the Casualty Card

TACTICAL EVACUATION

PHASE 3: TACTICAL EVACUATION CARE

CASUALTY MONITORING

Continue to reassess and monitor casualty

EVAC REQUEST

Use 4-Line format

CASUALTY PREP

- Secure items
- Prep litter
- Prep evac equipment
- Pack casualty

COMPLETE MIST REPORT

M Mechanism of injury

I Injuries

S Symptoms

T Treatment

PRE-EVAC PROCEDURES

- Complete Casualty Card

TRAINER-LED DEMONSTRATION

Tactical Trauma Assessment

TACTICAL TRAUMA ASSESSMENT

SUMMARY

- We defined Tactical Trauma Assessment
- We discussed assessing the casualty using MARCH PAWS
- We discussed proper communication and documentation

CHECK ON LEARNING

- During which phase of care is the TTA performed?
- What pneumonic is used to prioritize care during the TTA?
- What is a blood sweep?

ANY QUESTIONS?