FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 12:
HEAD INJURIES

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

T13 Identify a head injury in accordance with TFMA Guidelines

EO68 Identify external forces that can cause a head injury (DoDI 6490.11 enclosure 3 Section 1).

EO69 Identify signs and symptoms of a head injury (DoDI 6490.11, enclosure 3 Figure IED checklist).

EO70 Identify the critical observations that should be reported to medical personnel for trauma casualties with a suspected head injury in accordance with the Military Acute Concussive Evaluation 2 (MACE 2).

Three PHASES of TFMA

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH PAWS assessment

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3 TACTICAL EVACUATION CARE (TACEVAC)

More deliberate assessment and treatment of unrecognized life-threatening injuries:

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TFMA training!

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

HEAD INJURIES

POTENTIAL MECHANISMS OF HEAD INJURY

Head injury is trauma to the **scalp, skull**, and/or **brain**

- Involvement in a vehicle **blast event, collision**, or rollover
- Presence within **50 METERS of a blast (inside or outside)**
- A direct blow to the head or witnessed loss of consciousness
- Exposure to **more than one blast event** (the Service member's commander will direct a **medical evaluation**)

OTHER EXTERNAL FORCES MAY ALSO LEAD TO HEAD INJURIES

HEAD INJURIES

SIGNS AND SYMPTOMS OF HEAD INJURY

IED Checklist

Injury	Physical damage to the body or body part of a Service member?	(Yes/No)
Evaluation	**H** – Headaches and/or vomiting?	(Yes/No)
	E – Ear ringing?	(Yes/No)
	A – Amnesia, altered consciousness, and/or loss of consciousness?	(Yes/No)
	D – Double vision and/or dizziness?	(Yes/No)
	S – Something feels wrong or is not right?	(Yes/No)
Distance	Was the Service member within 50 meters of the blast? Record the distance from the blast.	(Yes/No) Not Applicable

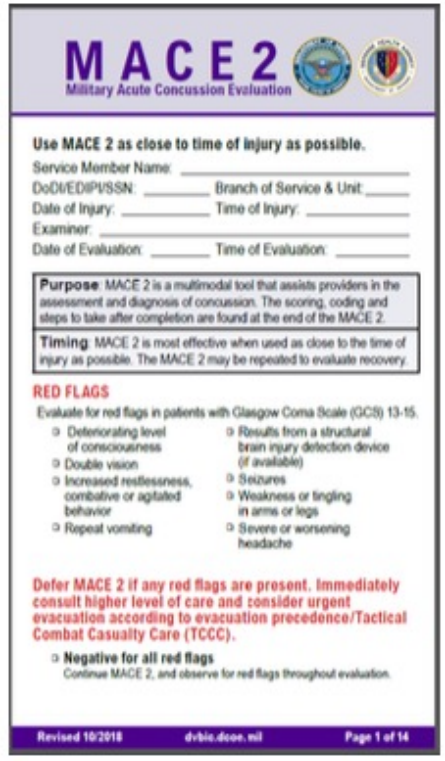
HEAD INJURIES

SIGNS AND SYMPTOMS REQUIRING MACE 2*

EVALUATION BY MEDICAL PERSONNEL

Evaluations are **most effective** when done **as soon as possible** after the injury. **Traumatic brain injury (TBI)** is likely if the casualty shows signs of **ANY** of the following:

- Deteriorating level of consciousness
- Double vision
- Increased restlessness; combative or agitated behavior
- Repeat vomiting
- Results from a structural brain injury detection device (if available)
- Seizures
- Weakness or tingling in arms or legs
- Severe or worsening headache



MACE 2
Military Acute Concussion Evaluation

Use MACE 2 as close to time of injury as possible.

Service Member Name: _____
DoD/EDIPI/SSN: _____ Branch of Service & Unit: _____
Date of Injury: _____ Time of Injury: _____
Examiner: _____
Date of Evaluation: _____ Time of Evaluation: _____

Purpose: MACE 2 is a multimodal tool that assists providers in the assessment and diagnosis of concussion. The scoring, coding and steps to take after completion are found at the end of the MACE 2.

Timing: MACE 2 is most effective when used as close to the time of injury as possible. The MACE 2 may be repeated to evaluate recovery.

RED FLAGS

Evaluate for red flags in patients with Glasgow Coma Scale (GCS) 13-15.

- ☐ Deteriorating level of consciousness
- ☐ Double vision
- ☐ Increased restlessness, combative or agitated behavior
- ☐ Repeat vomiting
- ☐ Results from a structural brain injury detection device (if available)
- ☐ Seizures
- ☐ Weakness or tingling in arms or legs
- ☐ Severe or worsening headache

Defer MACE 2 if any red flags are present. Immediately consult higher level of care and consider urgent evacuation according to evacuation precedence/Tactical Combat Casualty Care (TCCC).

- ☐ **Negative for all red flags**
  Continue MACE 2, and observe for red flags throughout evaluation.

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SUMMARY

- We **defined** head injury
- We discussed **mechanisms of injury**
- We discussed **signs and symptoms**
- We identified **critical observations** to **report to higher medical personnel**

CHECK ON LEARNING

- What external forces can cause a head injury?
- What are the critical observations that should be reported to medical personnel for trauma casualties with a suspected head injury, in accordance with MACE 2?

ANY QUESTIONS?