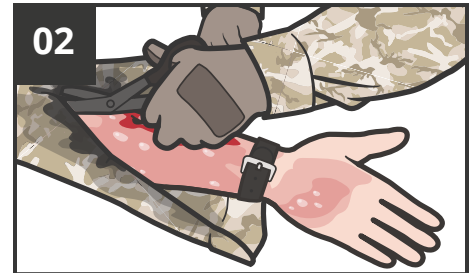


BURN TREATMENT

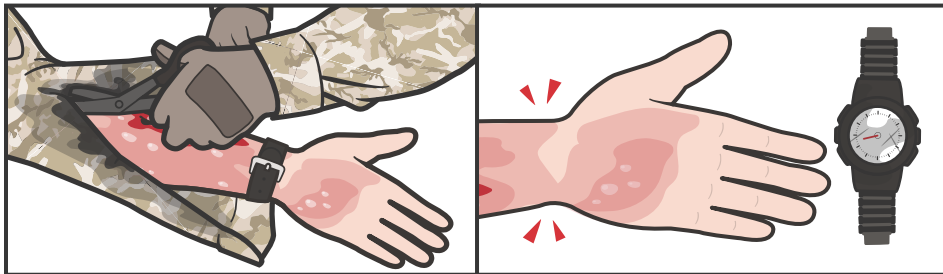
NOTE: All medical interventions can be performed, even if the patient is burned.



ELIMINATE the source of the burn.

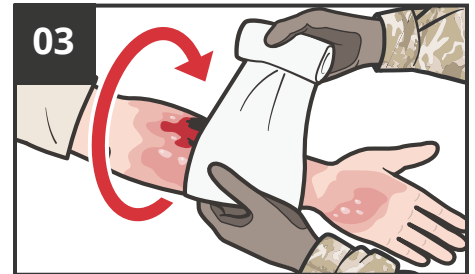


UNCOVER the burn after the casualty has been removed from the source of the burn.



- a Cut clothing around the burned area.
- b Gently lift clothing away from burned area.

- c If the casualty's hand(s) or wrist(s) have been burned, remove jewelry (rings, watches).

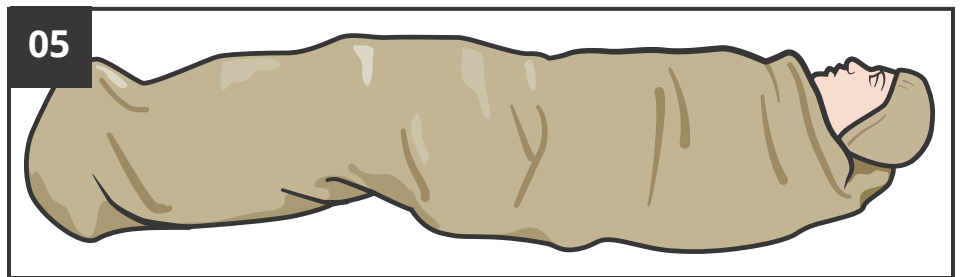


APPLY sterile, dry dressings to burned skin areas.

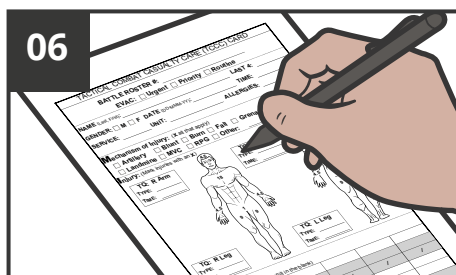
CAUTION: Do not force clothing off that is stuck to burnt skin.



Keep the casualty warm and **PREVENT** hypothermia.



MONITOR casualty closely for life-threatening conditions, check for other injuries, and treat for shock (if applicable).



DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

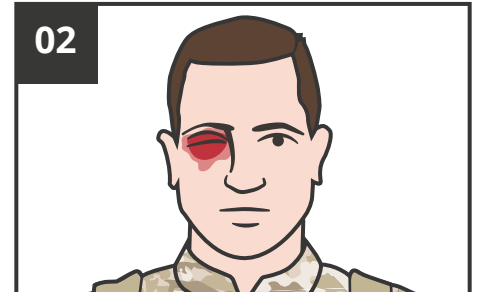
PENETRATING EYE INJURY



01
PLACE the casualty in a comfortable position, one that allows you access to their eye (head).

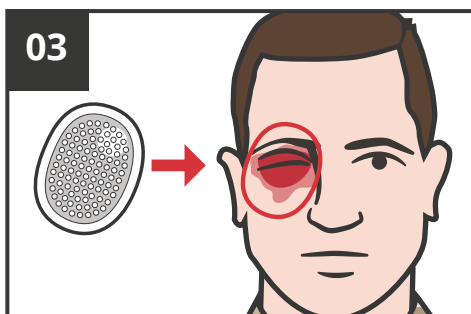


02
REMOVE their headgear, if necessary.

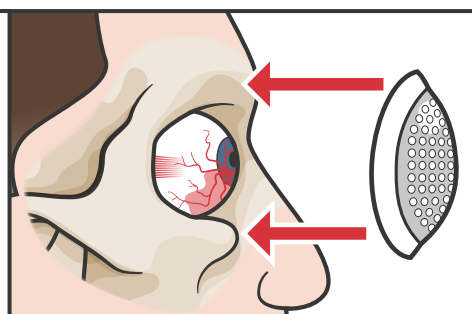


03
EXAMINE the eyes for any deformities, contusions, abrasions, penetrating objects, bruising (black eye(s)), lacerations, or swelling.

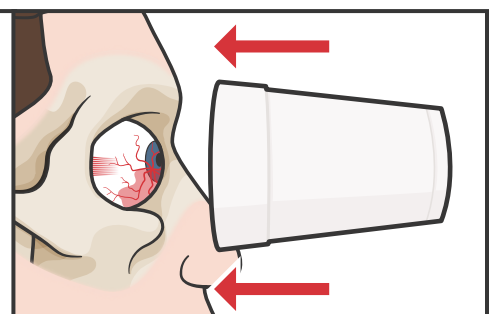
NOTE: Perform a rapid field test of visual acuity.



04
COVER the casualty's injured eye with a rigid eye shield (not a pressure patch).



05
NOTE: The eye shield is designed to rest on the bony prominence of the face arching over the eye structures.



06
NOTE: In the absence of an eye shield, other objects such as SAM splints, Styrofoam, or plastic cups can effectively perform the same function.

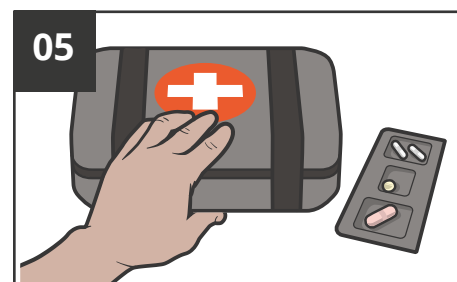
NOTE: Do not cover other eye (unless also injured).

NOTE: For protruding/impaied object in eye, cut a hole in the eye shield for the object to fit through and secure in place. If you cannot cut the eye shield, place a bulky dressing around the penetrating object.

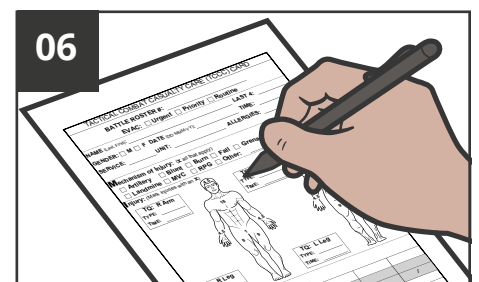
CAUTION: Ensure that the rigid eye shield or improvised object is not in contact with the contents of the eye socket or exerting any pressure on the eye. If the eye shield exerts pressure, use an improvised eye shield.



07
SECURE the rigid eye shield with tape at a 45-degree angle across the forehead and cheek.

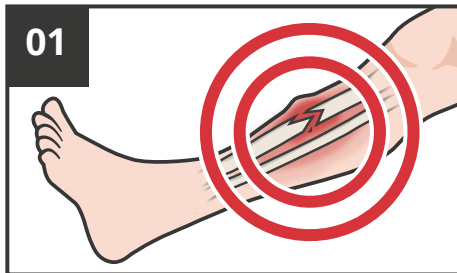


08
If the casualty is conscious, **ADMINISTER** the Combat Wound Medication Pack (CWMP).



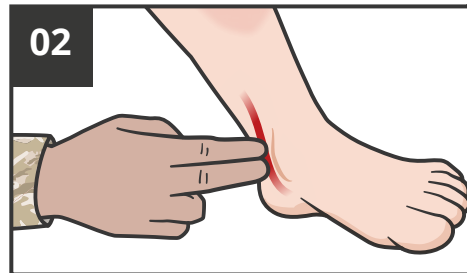
09
DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.

SPLINT APPLICATION

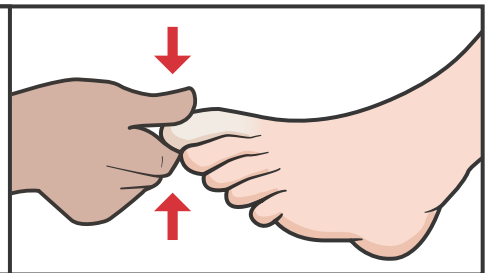


01 **IDENTIFY** the location of the fracture.

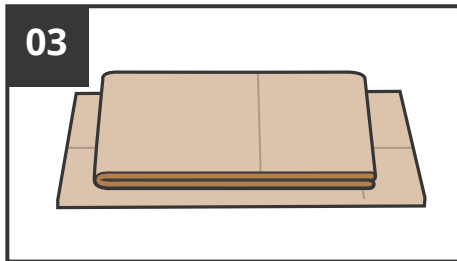
NOTE: Have the casualty or someone else manually stabilize the area.



02 Before applying the splint, **CHECK** the distal pulse (pulse below the fracture)...

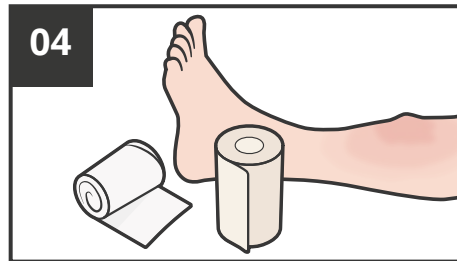


and capillary refill (color returning to the nail bed after pressing on it) on the injured extremity.

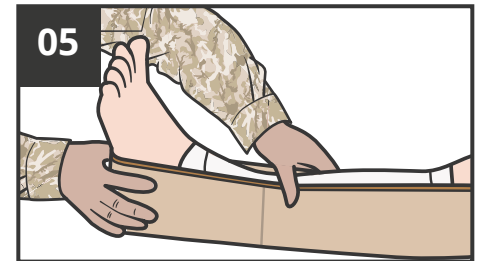


03 **PREPARE** the splint materials for application.

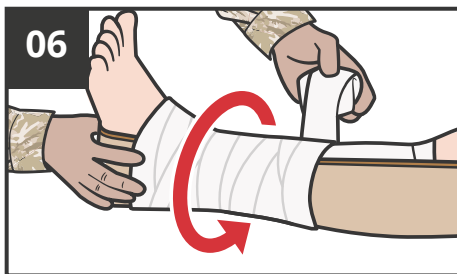
NOTE: Measure and shape the splint on the opposing uninjured extremity.



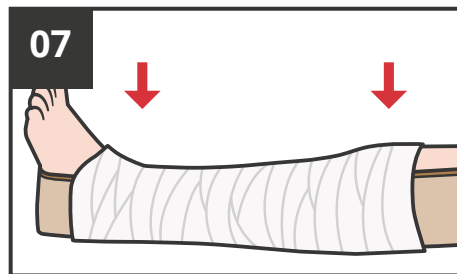
04 **PREPARE** securing materials (cravats, elastic wraps/bandages, etc.)



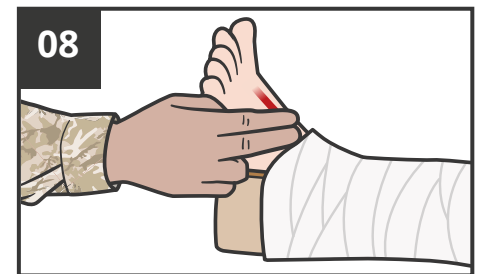
05 **APPLY** the splint to the injured extremity with the limb, in the position of function (a normal resting position), if possible.



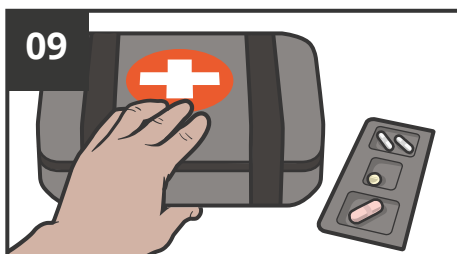
06 **SECURE** the splint in place with appropriate materials.



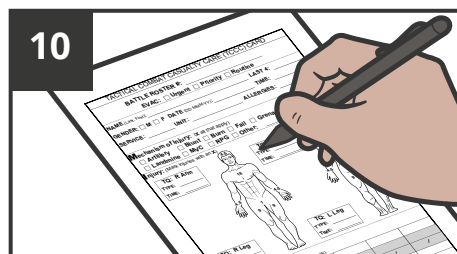
07 **ENSURE** the joints above and below the fracture are immobilized in the splint whenever possible.



08 **RECHECK** the distal pulse after applying the splint. If the pulse is not palpable, loosen the splint, reposition, and reapply the splint.



09 If the casualty has pain, severe combat wounds, and is conscious and can swallow, **ADMINISTER** all pills (pain medication and antibiotics) from the CWMP with water.



10 **DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.