**Evaluate a Casualty (Tactical Combat Casualty Care)**

**081-831-1001**

**Conditions:** You have a casualty who has signs/symptoms of an injury. Your unit may be under fire.

**Standards:** Evaluate the casualty following the correct sequence. Identify all life-threatening conditions and other serious wounds.

**Performance Steps**

Note: Tactical combat casualty care (TCCC) can be divided into three phases. The first is care under fire; the second is tactical field care; the third is combat casualty evacuation care. In the first, you are under hostile fire and are very limited as to the care you can provide. In the second, you and the casualty are relatively safe and no longer under effective hostile fire, and you are free to provide casualty care to the best of your ability. In the third, the care is rendered during casualty evacuation (CASEVAC).

**WARNING:** If a broken neck or back is suspected, do not move the casualty unless to save his/her life.

1. Perform care under fire.
   a. Return fire as directed or required before providing medical treatment.
   b. Determine if the casualty is alive or dead.
      
      **Note:** In combat, the most likely threat to the casualty's life is from bleeding. Attempts to check for airway and breathing will expose the rescuer to enemy fire. Do not attempt to provide first aid if your own life is in imminent danger.
      
      **Note:** In a combat situation, if you find a casualty with no signs of life--no pulse, no breathing--do NOT attempt to restore the airway. Do NOT continue first aid measures.
   c. Provide tactical care to the live casualty.
      
      **Note:** Reducing or eliminating enemy fire may be more important to the casualty's survival than the treatment you can provide.
      
      1) Suppress enemy fire.
      2) Use cover or concealment (smoke).
      3) Direct the casualty to return fire, move to cover, and administer self-aid (stop bleeding), if possible. If the casualty is unable to move and you are unable to move the casualty to cover and the casualty is still under direct enemy fire, have the casualty "play dead."
      
      4) If the casualty is unresponsive, move the casualty, his/her weapon, and mission-essential equipment to cover, as the tactical situation permits.
      5) Keep the casualty from sustaining additional wounds.
      6) Reassure the casualty.
      
      d. Administer life-saving hemorrhage control.
      
      1) Determine the relative threat of the tactical situation versus the risk of the casualty's bleeding to death.
      
      2) If the casualty has severe bleeding from a limb or has suffered amputation of a limb, administer life-saving hemorrhage control by applying a tourniquet before moving the casualty. (See task 081-831-1032.)
      
      e. Transport the casualty, his/her weapon, and mission-essential equipment when the tactical situation permits.
      
      f. Recheck bleeding control measures as the tactical situation permits.

2. Perform tactical field care when no longer under direct enemy fire.
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Note: Tactical field care is rendered by the individual when no longer under hostile fire. Tactical field care also applies to situations in which an injury has occurred during the mission but there has been no hostile fire. Available medical equipment is limited to that carried into the field by the individual Soldier.

WARNING: If there are any signs of nerve agent poisoning, stop the evaluation, take the necessary protective measures, and begin first aid. (See task 081-831-1044.)

Note: In the following situations communicate the medical situation to the unit leader and ensure that the tactical situation allows for time to perform these steps before initiating any medical procedure.

Note: When evaluating and/or treating a casualty, seek medical aid as soon as possible. Do NOT stop treatment. If the situation allows, send another person to find medical aid.

   a. Form a general impression of the casualty as you approach (extent of injuries, chance of survival).

   b. Check for responsiveness.

      (1) Ask in a loud, but calm, voice: "Are you okay?" Gently shake or tap the casualty on the shoulder.

      (2) Determine the level of consciousness by using AVPU: A = Alert; V = responds to Voice; P = responds to Pain; U = Unresponsive.

   Note: To check a casualty’s response to pain, rub the breastbone briskly with a knuckle or squeeze the first or second toe over the toenail.

   (3) If the casualty is conscious, ask where his/her body feels different than usual, or where it hurts. Skip steps 2c and 2d. Go to step 2e.

   Note: If the casualty is conscious but is choking and cannot talk, stop the evaluation and begin treatment. (See task 081-831-1003.)

   (4) If the casualty is unconscious, continue with step 2c.

      c. Position the casualty and open the airway. (See task 081-831-1023.)

      d. Assess for breathing and chest injuries.

         (1) Look, listen, and feel for respiration. (See task 081-831-1023.)

   Note: If the casualty is breathing, insert a nasopharyngeal airway (see task 081-831-1023) and place the casualty in the recovery position.

   Note: On the battlefield the cost of attempting cardiopulmonary resuscitation (CPR) on casualties with what are inevitably fatal injuries may result in additional lives lost as care is diverted from casualties with less severe injuries. Only in the case of nontraumatic disorders such as hypothermia, near drowning, or electrocution should CPR be considered prior to the CASEVAC phase.

   (2) Expose the chest and check for equal rise and fall and for any wounds. (See task 081-831-1026.)

      (a) If the casualty has a penetrating chest wound and is breathing or making an effort to breathe, stop the evaluation to apply an occlusive dressing.

      (b) Monitor for increasing respiratory distress. If this occurs, decompress the chest on the same side as the injury. (See task 081-831-1026.)

      (c) Position or transport with the affected side down, if possible.

   e. Identify and control bleeding.

      (1) Check for bleeding.

         (a) Remove only the minimum amount of clothing to expose and treat injuries. Protect the casualty from the environment (heat and cold).

         (b) Look for blood-soaked clothes.
(c) Look for entry and exit wounds.

d) Place your hands behind the casualty's neck and pass them upward toward the top of the head. Note whether there is blood or brain tissue on your hands from the casualty's wounds.

e) Place your hands behind the casualty's shoulders and pass them downward behind the back, the thighs, and the legs. Note whether there is blood on your hands from the casualty's wounds.

(2) If life-threatening bleeding is present, stop the evaluation and control the bleeding. Apply a tourniquet, field dressing, or an emergency trauma dressing, as appropriate. (See tasks 081-831-1025, 081-831-1026, 081-831-1032, and 081-831-1033.) Treat for shock, as appropriate. (See task 081-831-1005.)

Note: If a tourniquet was previously applied, consider converting it to a pressure dressing. (See task 081-831-1032.) Converting the tourniquet to a pressure dressing may save the casualty's limb if the tourniquet has not been in place for 6 hours.

3) Dress all wounds, including exit wounds.

f) Check for fractures.

1) Check for open fractures by looking for bleeding or a bone sticking through the skin.

2) Check for closed fractures by looking for swelling, discoloration, deformity, or unusual body position.

3) If a suspected fracture is present, stop the evaluation and apply a splint. (See task 081-831-1034.)

g) Check for burns.

1) Look carefully for reddened, blistered, or charred skin. Also check for singed clothes.

2) If burns are found, stop the evaluation and begin treatment. (See task 081-831-1007.)

h) Administer pain medications and antibiotics (the casualty's combat pill pack) to any Soldier wounded in combat.

Note: Each Soldier will be issued a combat pill pack before deploying on tactical missions.

i) Transport the casualty to the site where evacuation is anticipated. (See task 081-831-1046.)

3. Monitor an unconscious casualty during CASEVAC.

Note: CASEVAC refers to the movement of casualties aboard nonmedical vehicles or aircraft. Care is rendered while the casualty is awaiting pickup or is being transported. A Soldier accompanying an unconscious casualty should monitor the casualty's airway, breathing, and bleeding.

Evaluation Preparation:

Setup: Prepare a "casualty" for the Soldier to evaluate in step 2 by simulating one or more wounds or conditions. Simulate the wounds using a war wounds moulage set, casualty simulation kit, or other available materials. You can coach a "conscious casualty" on how to respond to the Soldier's questions about location of pain or other symptoms of injury. However, you will have to cue the Soldier during evaluation of an "unconscious casualty" as to whether the casualty is breathing and describe the signs or conditions, as the Soldier is making the checks.

Brief Soldier: To test step 1, tell the Soldier that his/her unit is under fire and ask him/her what he/she should do to provide aid to casualties. For step 2, tell the Soldier that the tactical situation permits full evaluation of the casualty. Tell him/her to do, in order, all necessary steps to evaluate the casualty and identify all wounds and/or conditions. Tell the Soldier that he/she will not perform first aid but will tell you what first aid action
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(give mouth-to-mouth resuscitation, bandage the wound, and so forth) he/she would take. After he/she has completed the checks (step 2f), ask him/her what else he/she should do. To test step 3, ask him/her what he/she should do while evacuating an unconscious casualty.

Performance Measures

1. Performed care under fire.
   a. Suppressed enemy fire to keep the casualty from sustaining additional wounds.
   b. Encouraged responsive casualties to protect themselves and perform self-aid, if able.
   c. Administered life-saving hemorrhage control.
   d. Transported the casualties, weapons, and mission-essential equipment, when the tactical situation permitted.

2. Performed tactical field care.
   a. Checked for responsiveness.
   b. Positioned the casualty and opened the airway.
   c. Assessed for breathing and chest injuries.
   d. Identified and controlled bleeding.
   e. Checked for fractures.
   f. Checked for burns.
   g. Administered pain medications and antibiotics, if appropriate.
   h. Transported the casualty to the site where evacuation is anticipated.

3. Monitored an unconscious casualty's airway, breathing, and bleeding during casualty evacuation.

4. Performed all necessary steps in sequence.

5. Identified all wounds and/or conditions.

Evaluation Guidance: Score the Soldier GO if all performance measures are passed. Score the Soldier NO GO if any performance measure is failed. If the Soldier scores NO GO on any performance measure, show or tell the Soldier what was done wrong and how to do it correctly.

References

Required

Related

FM 4-25.11