
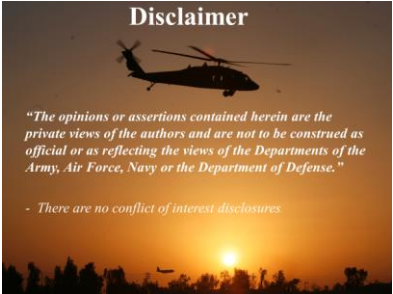



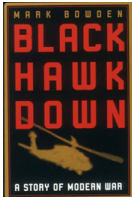












<p>1.</p>	<p>Tactical Combat Casualty Care for Medical Personnel August 2017 (Based on TCCC-MP Guidelines 170131)</p>  <p>Tactical Field Care #3</p>	<p>Tactical Combat Casualty Care for Medical Personnel</p> <p>August 2017</p> <p>(Based on TCCC-MP Guidelines 170131)</p> <p>Tactical Field Care #3</p>	<p>We will continue with Tactical Field Care</p>
<p>2.</p>	<p>Disclaimer</p>  <p><i>"The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Departments of the Army, Air Force, Navy or the Department of Defense."</i></p> <p>- There are no conflict of interest disclosures</p>	<p>Disclaimer</p> <p><i>"The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Departments of the Army, Air Force, Navy or the Department of Defense."</i></p> <p>- There are no conflict of interest disclosures.</p>	<p>Read the disclaimer.</p>
<p>3.</p>	 <p>LEARNING OBJECTIVES</p> <p><u>Terminal Learning Objective</u></p> <ul style="list-style-type: none"> • Perform antibiotic administration in TFC <p><u>Enabling Learning Objectives</u></p> <ul style="list-style-type: none"> • Identify the evidence and considerations for early antibiotic administration in Tactical Field Care. • Identify the TCCC indications, contraindications, and administration methods of moxifloxacin in Tactical Field Care. • Identify the TCCC indications, contraindications, and administration methods of ertapenem in Tactical Field Care. 	<p>LEARNING OBJECTIVES</p> <p><u>Terminal Learning Objective</u></p> <ul style="list-style-type: none"> • Perform antibiotic administration in TFC <p><u>Enabling Learning Objectives</u></p> <ul style="list-style-type: none"> • Identify the evidence and considerations for early antibiotic administration in Tactical Field Care. • Identify the TCCC indications, contraindications, and administration methods of moxifloxacin in Tactical Field Care. • Identify the TCCC indications, contraindications, and administration methods of ertapenem in Tactical Field Care. 	<p>Read the text.</p>

<p>4.</p>	 <p>Tactical Field Care Guidelines</p> <p>11. Antibiotics: recommended for all open combat wounds:</p> <p>a. If able to take PO meds: - Moxifloxacin (from the CWMP), 400 mg PO once a day</p> <p>b. If unable to take PO (shock, unconsciousness): - Ertapenem, 1 g IV/IM once a day</p>	<p>Tactical Field Care Guidelines</p> <p>11. Antibiotics: recommended for all open combat wounds:</p> <p>a. If able to take PO meds: - Moxifloxacin (from the CWMP), 400 mg PO once a day</p> <p>b. If unable to take PO (shock, unconsciousness): - Ertapenem, 1 g IV/IM once a day</p>	<p>Read the guideline.</p> <p>You should irrigate wounds with clean water, if possible, since this also reduces the chance of infection.</p>
<p>5.</p>	 <p>Outcomes: Without Battlefield Antibiotics</p> <ul style="list-style-type: none"> • Mogadishu 1993 • Casualties: 58 • Wound Infections: 16 • Infection rate: 28% • Time from wounding to Level II care – 15 hrs <p><i>Mabry et al J Trauma 2000</i></p> 	<p>Outcomes: <u>Without</u> Battlefield Antibiotics</p> <ul style="list-style-type: none"> • Mogadishu 1993 • Casualties: 58 • Wound Infections: 16 • Infection rate: 28% • Time from wounding to Level II care – 15 hrs. 	<p>Why bother giving antibiotics?</p> <p>Why not just wait until they get to the hospital?</p> <p>ANTIBIOTICS MUST BE GIVEN EARLY TO PREVENT WOUND INFECTIONS.</p> <p>WOUND INFECTIONS CAN KILL THE CASUALTY OR DELAY HIS RECOVERY.</p> <p>Let's look at three examples. This is the first.</p>
<p>6.</p>	 <p>Outcomes: With Battlefield Antibiotics</p> <p>Tarpey – AMEDD J 2005:</p> <ul style="list-style-type: none"> –32 casualties with open wounds –All received battlefield antibiotics –None developed wound infections –Used TCCC recommendations modified by availability: <ul style="list-style-type: none"> • Levofloxacin for an oral antibiotic • IV cefazolin for extremity injuries • IV ceftriaxone for abdominal injuries. 	<p>Outcomes: <u>With</u> Battlefield Antibiotics</p> <p>Tarpey – AMEDD J 2005:</p> <ul style="list-style-type: none"> –32 casualties with open wounds –All received battlefield antibiotics –<u>None</u> developed wound infections –Used TCCC recommendations modified by availability: <ul style="list-style-type: none"> • Levofloxacin for an oral antibiotic • IV cefazolin for extremity injuries • IV ceftriaxone for abdominal injuries. 	<p>This is a huge improvement over the wound infection rate seen in Mogadishu.</p>

<p>7.</p>	 <p>Outcomes: With Battlefield Antibiotics</p> <ul style="list-style-type: none"> • MSG Ted Westmoreland • Special Operations Medical Association presentation 2004 • Multiple casualty scenario involving 19 Ranger and Special Forces WIA as well as 30 Iraqi WIA • 11-hour delay to hospital care • Battlefield antibiotics given • No wound infections developed in this group. 	<p>Outcomes: <u>With</u> Battlefield Antibiotics</p> <ul style="list-style-type: none"> • MSG Ted Westmoreland • Special Operations Medical Association presentation 2004 • Multiple casualty scenario involving 19 Ranger and Special Forces WIA as well as 30 Iraqi WIA • 11-hour delay to hospital care • Battlefield antibiotics given • No wound infections developed in this group. 	<p><u>USE battlefield antibiotics!</u></p>
<p>8.</p>	 <p>Battlefield Antibiotics</p>  <p>Recommended for all open wounds on the battlefield!</p>	<p>Battlefield Antibiotics</p> <p>Recommended for all open wounds on the battlefield!</p>	<p>Even wounds much less severe than this warrant antibiotic coverage.</p>
<p>9.</p>	 <p>Battlefield Antibiotics Video</p> 	<p>Battlefield Antibiotics Video</p>	<p>Click on the photo to play the video.</p>

<p>10.</p>	 <p>Tactical Field Care Guidelines</p> <p>12. Inspect and dress known wounds. 13. Check for additional wounds.</p> 	<p>Tactical Field Care Guidelines</p> <p>12. Inspect and dress known wounds. 13. Check for additional wounds.</p>	<p>Read the guidelines.</p> <p>Expose wounded areas by using trauma shears to cut away the casualty's clothing. It's too easy to cut the casualty if you use a knife for this.</p>
<p>11.</p>		<p>Questions?</p>	

12.	 Medication Allergies <ul style="list-style-type: none">• Screen your units for drug allergies!• Patients with allergies to aspirin or other non-steroidal anti-inflammatory drugs should not use Mobic.• Allergic reactions to acetaminophen are uncommon.• Patients with allergies to flouroquinolones, penicillins, and cephalosporins may need alternate antibiotics which should be selected by unit medical personnel during the pre-deployment phase. Check with your unit physician if unsure.	Medication Allergies <ul style="list-style-type: none">• Screen your units for drug allergies!• Patients with allergies to aspirin or other non-steroidal anti-inflammatory drugs should not use Mobic.• Allergic reactions to acetaminophen are uncommon.• Patients with allergies to flouroquinolones, penicillins, and cephalosporins may need alternate antibiotics which should be selected by unit medical personnel during the pre-deployment phase. Check with your unit physician if unsure.	<p>Mobic should not be given to those who have experienced trouble breathing, hives or other allergic-type reactions after taking aspirin or other NSAIDs.</p> <p>Severe, rarely fatal, reactions have been reported in these patients.</p> <p>There are many classes of antibiotics. Individuals with known medication allergies should be identified as they may require a different class of antibiotic. Moxifloxacin (Avelox[®]) is a member of the flouroquinolone class. It is contraindicated in persons who have known allergic reactions to other flouroquinolones like Cipro[®]. Ertapenem (Invanz[®]) is a member of the carbapenem family of the beta lactam class of antibiotics. It is contraindicated in persons with known anaphylactic reactions to other beta lactams including penicillins and cephalosporins. Furthermore, since ertapenem is reconstituted with lidocaine for IM injection, it cannot be given to persons with known hypersensitivity to lidocaine.</p>
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