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1.	TCCC Critical Decision Case Studies  August 2017	TCCC Critical Decision Case Studies August 2017	
2.	Disclaimer  "The opinions or accention commined herein are the private views of the authors and are not so be construed as afficial or as reflecting the views of the Departments of the Arm, Art Porte, Navy or the Department of Defone."  - There are no conflict of interest standards.	"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."  - There are no conflict of interest disclosures.	Read the disclaimer.
3.	• APPLY your knowledge of TCCC to selected Critical Decision Case Studies in TCCC.	Learning Objective  • APPLY your knowledge of TCCC to selected Critical Decision Case Studies in TCCC.	Read the text.
4.	The Biggest Challenge in TCCC  - Knowing WHEN to use the interventions taught in TCCC  - Based on a suggestion by COL Bob Mabry  - TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.	<ul> <li>The Biggest Challenge in TCCC</li> <li>Knowing WHEN to use the interventions taught in TCCC</li> <li>Based on a suggestion by COL Bob Mabry</li> <li>TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.</li> </ul>	Read the text.
5.	TCCC Critical Decisions Bleeding Case Study 1  The Setting  A unit is on a dismounted mission in Afghanistan. Dismounted IED attack. The unit has no junctional tourniquets. There is no effective incoming fire at the moment.	TCCC Critical Decisions Bleeding Case Study 1  The Setting  • A unit is on a dismounted mission in Afghanistan.  • Dismounted IED attack.  • The unit has no junctional tourniquets.  • There is no effective incoming fire at the moment.	Read the text.
6.	TCCC Critical Decisions Bleeding Case Study 1  The Casualty  High amputation right leg Below the kace amputation left leg Ongoing massive hemorrhage from his right keg amputation site Too proximal to be controlled by a tourniquet	TCCC Critical Decisions Bleeding Case Study 1  The Casualty  High amputation right leg Below the knee amputation left leg Ongoing massive hemorrhage from his right leg amputation site Too proximal to be controlled by a tourniquet	Read the text.

		TCCC Critical Decisions	
		Bleeding Case Study 1	
	TCCC Critical Decisions	Overtions	
	Bleeding Case Study 1	Question: What is the NEXT action was should take?	
	Question	What is the NEXT action you should take?	
7.	What is the NEXT action you should take?	1 Combat Come and lind mith at least 2 minutes of direct announce at the	Read the text.
	Combat Gauze applied with at least 3 minutes of direct pressure at the bleeding site     Start an IV	1. Combat Gauze applied with at least 3 minutes of direct pressure at the	
	3. Construct a pressure dressing over the bleeding site 4. Apply direct pressure over the femoral artery at the	bleeding site 2. Start an IV	
	level of the inguinal ligament	3. Construct a pressure dressing over the bleeding site	
		4. Apply direct pressure over the femoral artery at the level of the	
		inguinal ligament	
		TCCC Critical Decisions	
		Bleeding Case Study 1	
		Dieeding Case Study 1	
	TCCC Critical Decisions	Correct Answer and Feedback:	
	Bleeding Case Study 1	1. Combat Gauze applied with at least 3 minutes of direct pressure at the	
	Correct Answer and Feedback	bleeding site	
8.	Combat Gauze applied with at least 3 minutes of direct pressure at the bleeding site	bleeding site	Read the text.
0.	In this casualty with uncontrolled junctional bleeding in the right upper thigh, since the unit has no junctional tourniquets	In this casualty with uncontrolled junctional bleeding in the right upper	Read the text.
	and since the bleeding site is too proximal on the leg to be controlled with a limb tourniquet, the best option is direct pressure with Combat Gauze. Pressure dressings and pressure	thigh, since the unit has no junctional tourniquets and since the bleeding	
	applied to so-called "pressure points" at vascular sites proximal to the bleeding have not been proven to be effective.	site is too proximal on the leg to be controlled with a limb tourniquet,	
		the best option is direct pressure with Combat Gauze. Pressure	
		dressings and pressure applied to so-called "pressure points" at vascular	
		sites proximal to the bleeding have not been proven to be effective.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Bleeding Case Study 2	
	Bleeding Case Study 2	g contains,	
		The Setting	
9.	*A squad of Marines is engaged in a small arms	• A squad of Marines is engaged in a small arms battle with hostile	Read the text.
	battle with hostile forces  RPG blast near one of the unit members Casualty lying on his right side	forces	
	•There is no effective incoming fire at the moment	• RPG blast near one of the unit members	
		•Casualty lying on his right side	
		• There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
		Bleeding Case Study 2	
	TCCC Critical Decisions Bleeding Case Study 2		
	Dictaing Case Study &	The Casualty	
	The Casualty  The casualty is moving around and awake, but his	• The casualty is moving around and awake, but his movements are not	
10.	movements are not purposeful and he is not responding to questions	purposeful, and he is not responding to questions	Read the text.
	<ul> <li>Face and neck wounds (not airway) are present</li> <li>Several teeth are missing, and there are lip and cheek lacerations</li> </ul>	• Face and neck wounds (not airway) are present	
	There is ongoing severe bleeding from the neck wound No other major bleeding sites are immediately noted He is voicing significant pain	• Several teeth are missing, and there are lip and cheek lacerations	
		• There is ongoing severe bleeding from the neck wound	
		No other major bleeding sites are immediately noted     Having a significant pair.	
		He is voicing significant pain  TCCC Critical Proficions	
		TCCC Critical Decisions  Blooding Cose Study 2	
	TCCC Critical Decisions	Bleeding Case Study 2	
	Bleeding Case Study 2	Question:	
	Question	What is the NEXT action you should take?	
11.	What is the NEXT action you should take?	What is the INEXX action you should take:	Read the text.
11.	1. Perform a cricothyroidotomy 2. Start an IV	1. Perform a cricothyroidotomy	Reau the text.
	3. Apply Combat Gauze with sustained direct pressure at the bleeding site on the neck	2. Start an IV	
	4. Administer OTFC to treat the casualty's pain	3. Apply Combat Gauze with sustained direct pressure at the bleeding	
		site on the neck	
		4. Administer OTFC to treat the casualty's pain	
			<u> </u>

П		TCCC Critical Designary	
		TCCC Critical Decisions	
		Bleeding Case Study 2	
	TCCC Critical Decisions	Connect Anomer and Fredhards	
	Bleeding Case Study 2	Correct Answer and Feedback:  3. Apply Combat Gauza with sustained direct pressure at the blooding	
	Correct Answer and Feedback	3. Apply Combat Gauze with sustained direct pressure at the bleeding site on the neck	
12.	3. Apply Combat Gauze with sustained direct pressure at the bleeding site on the neck	site off the neck	Read the text.
	This casualty has massive hemorrhage from a neck wound. Tourniquets are obviously not usable, so sustained direct	This casualty has massive hemorrhage from a neck wound. Tourniquets	
	Tourniquets are obviously not usable, so sustained direct pressure with Combat Gauze is the best hemostatic option available. Also - oploid medications such as OFFC should not be used in casualties in or at risk for shock, which this casualty	are obviously not usable, so sustained direct pressure with Combat	
	definitely is.	Gauze is the best hemostatic option available. Also - opioid medications	
		such as OTFC should not be used in casualties in or at risk for shock,	
		which this casualty definitely is.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Bleeding Case Study 3	
	Bleeding Case Study 3	Dictumg Case Study 5	
		The Setting	
13.	The Setting  • A small unit is moving across an open area		Read the text.
	<ul> <li>It is night and there is zero visibility without night vision devices</li> <li>The casualty has a gunshot wound in his left</li> </ul>	A small unit is moving across an open area	
	leg just above the knee  The unit is still taking effective incoming fire	• It is night and there is zero visibility without night vision devices	
		• The casualty has a gunshot wound in his left leg just above the knee	
		The unit is still taking effective incoming fire	
	Tagg g W I D II	TCCC Critical Decisions	
	TCCC Critical Decisions Bleeding Case Study 3	Bleeding Case Study 3	
14.	The Casualty	The Casualty	Read the text.
14.	<ul> <li>There is severe bleeding on the thigh on a blood sweep</li> <li>Visualization of the bleeding site is poor</li> </ul>		Read the text.
	• He is in extreme pain	There is severe bleeding on the thigh on a blood sweep	
		Visualization of the bleeding site is poor	
		He is in extreme pain	
		TCCC Critical Decisions	
	TCCC Cuitical Designa	Bleeding Case Study 3	
	TCCC Critical Decisions Bleeding Case Study 3	O and an	
	Question	Question:	
15.	What is the NEXT action you should take?	What is the NEXT action you should take?	Read the text.
13.	1. Apply a limb tourniquet high and tight on the left leg	1. Apply a limb tourniquet high and tight on the left leg	Read the text.
	2. Try to guess where the bleeding site is and apply a limb tourniquet just proximal to that.	2. Try to guess where the bleeding site is and apply a limb tourniquet	
	3. Administer OTFC to the casualty 4. Administer ketamine to the casualty	just proximal to that.	
		3. Administer OTFC to the casualty	
		4. Administer ketamine to the casualty	
		TCCC Critical Decisions	
		Bleeding Case Study 3	
	TCCC Critical Decisions	Correct Answer and Feedback:	
	Bleeding Case Study 3	1. Apply a tourniquet high and tight on the left leg	
	Correct Answer and Feedback		
16.	1. Apply a tourniquet high and tight on the left leg	For this casualty, with potentially life-threatening bleeding from the	Read the text.
10.	For this casualty, with potentially life-threatening bleeding from the gunshot wound to his leg, the most important aspect of care is	gunshot wound to his leg, the most important aspect of care is to control	read the text.
	to control the extremity bleeding. Since the bleeding site cannot be definitively located at this point in his care, the hemorrhage must be controlled by immediately applying a limb tourniquet as	the extremity bleeding. Since the bleeding site cannot be definitively	
	proximally as possible on the extremity. Treating the casualty's pain is important, but should be done after bleeding is controlled, once the unit is in the Tactical Field Care phase.	located at this point in his care, the hemorrhage must be controlled by	
	and an in the incident care phase.	immediately applying a limb tourniquet as proximally as possible on the	
		extremity. Treating the casualty's pain is important, but should be done	
		after bleeding is controlled, once the unit is in the Tactical Field Care	
		phase.	1

		TCCC Cuitical Desirions	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Bleeding Case Study 4	
	Bleeding Case Study 4		
	The Setting	The Setting	
17.	A US Military advisory team is assaulting a terrorist compound		Read the text.
1,,	They take small arms fire from a roof One team member sustains a GSW just below the	A US Military advisory team is assaulting a terrorist compound	Troug the term
	left clavicle  • The casualty is moved to cover for treatment	They take small arms fire from a roof	
	<ul> <li>There is no effective incoming fire at the covered location</li> </ul>	One team member sustains a GSW just below the left clavicle	
		The casualty is moved to cover for treatment	
		There is no effective incoming fire at the covered location	
		TCCC Critical Decisions	
		Bleeding Case Study 4	
	TCCC Critical Decisions Bleeding Case Study 4		
		The Casualty	
1.0	The Casualty		D 1 41 4 4
18.	<ul> <li>There is very heavy bleeding from the wound just below the left clavicle.</li> <li>Breathing is not labored.</li> </ul>	There is very heavy bleeding from the wound just below the left	Read the text.
	The wound is noted to have a deep wound track Efforts to control the bleeding with Combat	clavicle.	
	Gauze are unsuccessful	Breathing is not labored.	
		The wound is noted to have a deep wound track	
		Efforts to control the bleeding with Combat Gauze are unsuccessful	
		TCCC Critical Decisions	
		Bleeding Case Study 4	
	TCCC Critical Decisions Bleeding Case Study 4	g,	
	Question	Question:	
4.0	What is the NEXT action you should take?	What is the NEXT action you should take?	
19.	Construct a pressure dressing over the wound using standard gauze	,	Read the text.
	2. Start an IV 3. Use a hemostat to reach in the wound and	1. Construct a pressure dressing over the wound using standard gauze	
	clamp the bleeding vessel 4. Apply XStat into the wound tract	2. Start an IV	
		3. Use a hemostat to reach in the wound and clamp the bleeding vessel	
		4. Apply XStat into the wound tract	
		TCCC Critical Decisions	
		Bleeding Case Study 4	
	TCCC Critical Decisions Bleeding Case Study 4		
		Correct Answer and Feedback:	
	Correct Answer and Feedback	4. Apply XStat into the wound tract	
20.	4. Apply XStat into the wound tract		Read the text.
	For uncontrolled bleeding from a wound with a deep wound track such as in this casualty, XStat is clearly the	For uncontrolled bleeding from a wound with a deep wound track such	
	best of the listed options. Neither a limb tourniquet nor a junctional tourniquet is usable and Combat Gauze has	as in this casualty, XStat is clearly the best of the listed options. Neither	
	not been effective.	a limb tourniquet nor a junctional tourniquet is usable and Combat	
		Gauze has not been effective.	
		TCCC Critical Decisions	
		Bleeding Case Study 5	
	TCCC Critical Decisions	Dictaing case study s	
	Bleeding Case Study 5	The Setting	
	The Setting	The bearing	
21.	A helicopter is disabled by small arms fire and crashes	A halicontar is disabled by small arms fire and grashes	Read the text.
۷1.	<ul> <li>2 of the crew are dead</li> <li>1 crew member has severe head trauma and is</li> </ul>	A helicopter is disabled by small arms fire and crashes     2 of the crew are dead	Neau me text.
	unconscious – she is being treated by another medic	1 crew member has severe head trauma and is unconscious – she is	
	<ul> <li>You are treating the 4th member of the flight crew - the pilot</li> <li>There is no effective incoming fire at the crash site</li> </ul>		
	- a near is no effective incoming fire at the crash sife	being treated by another medic	
		• You are treating the 4th member of the flight crew - the pilot	
		There is no effective incoming fire at the crash site	

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		TCCC Critical Decisions	
		Bleeding Case Study 5	
	TCCC Critical Decisions Bleeding Case Study 5	The Casualty	
22.	The Casualts  - The pilot is alert and complains of severe left hip pain  Breathing is unlabored with an O2 sat of 96%  - Blood sweep shows no external hemorrhage  - You examine his pelvic region and find a large area of brushing over his left hip  - There is marked tenderness to palpation in that area	<ul> <li>The pilot is alert and complains of severe left hip pain</li> <li>Breathing is unlabored with an O2 sat of 96%</li> <li>Blood sweep shows no external hemorrhage</li> <li>You examine his pelvic region and find a large area of bruising over his left hip</li> </ul>	Read the text.
		There is marked tenderness to palpation in that area	
	TCCC Critical Decisions Bleeding Case Study 5	TCCC Critical Decisions Bleeding Case Study 5	
23.	Casualty Dashboard  - AVPU Alert - Airway Patent – patient is talking well - Breathing RR 19 and unlabored - Radial Pulse - O2 Saturation  Present but weak 97%	Casualty Dashboard  AVPU Alert  Airway Patent – patient is talking well  RR 19 and unlabored  Radial Pulse Present but weak  O2 Saturation  Pand 19 20 20 20 20 20 20 20 20 20 20 20 20 20	Read the text.
		TCCC Critical Decisions	
	TCCC Critical Decisions Bleeding Case Study 5	Bleeding Case Study 5	
24.	Question  What is the NEXT action you should take?  1. Administer OTFC 800 ug for pain 2. Apply a pelvic binding device for suspected pelvic	Question: What is the NEXT action you should take?	Read the text.
	fracture 3. Start an IV and administer 500 mL of Hextend 4. Administer the Combat Wound Medication Pack	<ol> <li>Administer OTFC 800 ug for pain</li> <li>Apply a pelvic binding device for suspected pelvic fracture</li> <li>Start an IV and administer 500 mL of Hextend</li> <li>Administer the Combat Wound Medication Pack</li> </ol>	
		TCCC Critical Decisions	
		Bleeding Case Study 5	
	TCCC Critical Decisions Bleeding Case Study 5	Correct Answer and Feedback:  2. Apply a pelvic binding device for suspected pelvic fracture	
25.	Correct Answer and Feedback  2. Apply a pelvic binding device for suspected pelvic fracture The diagnosis of immediate concern here is a suspected pelvic fracture, or a pelvic binding device about he applied immediately. Pelvic fractures may be associated with non-compressible beeling. This casually has a weak radial pute and may be going into hemorrhagic shock. He may need fluid resuscitation shortly, but the pelvic binding device bound be applied first. OTFC should not be used in this casualty.	The diagnosis of immediate concern here is a suspected pelvic fracture, so a pelvic binding device should be applied immediately. Pelvic fractures may be associated with non-compressible bleeding. This casualty has a weak radial pulse and may be going into hemorrhagic shock. He may need fluid resuscitation shortly, but the pelvic binding device should be applied first. OTFC should not be used in this casualty.	Read the text.
	TCCC Critical Decisions Bleeding Case Study 6	TCCC Critical Decisions Bleeding Case Study 6	
26.	The Setting  - An Army infantry squad is on foot patrol in Iraq - A dismounted IED detonates, causing multiple	The Setting	Read the text.
	casualties  • There is no effective incoming fire at the moment	<ul> <li>An Army infantry squad is on foot patrol in Iraq</li> <li>A dismounted IED detonates, causing multiple casualties</li> <li>There is no effective incoming fire at the moment</li> </ul>	

		TCCC Critical Decisions	
		Bleeding Case Study 6	
	TCCC Critical Decisions Bleeding Case Study 6	The Casualty	
27.	The Casualty  The casualty you are treating has bilateral lower extremity amputations  Both are very high There is severe bleeding from both amputation sites  Limb tourniquets are judged unlikely to be successful  No other life threatening injuries are noted	<ul> <li>The casualty you are treating has bilateral lower extremity amputations</li> <li>Both are very high</li> <li>There is severe bleeding from both amputation sites</li> <li>Limb tourniquets are judged unlikely to be successful</li> </ul>	Read the text.
		No other life-threatening injuries are noted  TGGG Griden Projectors	
		TCCC Critical Decisions Bleeding Case Study 6	
28.	TCCC Critical Decisions Bleeding Case Study 6  Question  What is the NEXT action you should take?  1. Administer ketamine since this casualty is at risk of going into shock.  2. Start ant IV and administer TXA.  3. Construct pressure dressing's using standard gazze for both amputation sites.  4. Apply direct pressure with Combat Gazze until the unit's SAM Junctional Tourndquet is ready to apply	Question: What is the NEXT action you should take?  1. Administer ketamine since this casualty is at risk of going into shock 2. Start an IV and administer TXA 3. Construct pressure dressing's using standard gauze for both amputation sites 4. Apply direct pressure with Combat Gauze until the unit's SAM Junctional Tourniquet is ready to apply	Read the text.
29.	TCCC Critical Decisions Bleeding Case Study 6  Correct Answer and Feedback  4. Apply direct pressure with Combat Gauze until the unit's SAM junctional tourniquet is ready to apply The correct next action is to apply direct pressure with Combat Gauze until ajunctional tourniquet is ready to apply. This action may prevent the casualty from going into shock. An IV, TXA, and ketamine are all good follows actions in this exaustly, but the first priority is to control massive hemorrhage, which this casualty currently has.	TCCC Critical Decisions Bleeding Case Study 6  Correct Answer and Feedback:  4. Apply direct pressure with Combat Gauze until the unit's SAM junctional tourniquet is ready to apply  The correct next action is to apply direct pressure with Combat Gauze until a junctional tourniquet is ready to apply. This action may prevent the casualty from going into shock. An IV, TXA, and ketamine are all good follow-on actions in this casualty, but the first priority is to control massive hemorrhage, which this casualty currently has.	Read the text.
	TCCC Critical Decisions Circulation Case Study 1	TCCC Critical Decisions Circulation Case Study 1	
30.	The Setting  • A small unit is moving outside of a village  • There is a single shot from somewhere in the village  • No other hostile fire	<ul> <li>The Setting</li> <li>A small unit is moving outside of a village</li> <li>There is a single shot from somewhere in the village</li> <li>No other hostile fire</li> </ul>	Read the text.
31.	TCCC Critical Decisions Circulation Case Study 1  The Casualty  Single gunshot wound to abdomen  The casualty is alert and in moderate pain  There is no life-threatening external hemorrhage  There is a normal radial pulse	TCCC Critical Decisions Circulation Case Study 1  The Casualty  Single gunshot wound to abdomen The casualty is alert and in moderate pain There is no life-threatening external hemorrhage There is a normal radial pulse	Read the text.

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		TCCC Critical Decisions	
	TCCC Critical Decisions Circulation Case Study 1	Circulation Case Study 1	
	Circulation Case Study 1		
	County Double and	Casualty Dashboard	
32.	Casualty Dashboard  • AVPU Alert	• AVPU Alert	Read the text.
32.	Airway Patent     Breathing RR 18 and unlabored	• Airway Patent	read the text.
	• Radial Pulse Strong • O2 Saturation 97%	1	
		• Breathing RR 18 and unlabored	
		• Radial Pulse Strong	
		• O2 Saturation 97%	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 1	
	Circulation Case Study 1		
	Question	Question:	
22	What is the NEXT action you should take?	What is the NEXT action you should take?	D 1.1
33.	Start an IV and administer TXA immediately     Start an IV and administer a unit of freeze-	,	Read the text.
	dried plasma 3. Administer 50 mg of ketamine IM	Start an IV and administer TXA immediately	
	4. Administer an 800ug fentanyl lozenge	Start an IV and administer a unit of freeze dried plasma	
		3. Administer 50 mg of ketamine IM	
		4. Administer an 800ug fentanyl lozenge	
	Trace comment	TCCC Critical Decisions	
	TCCC Critical Decisions Circulation Case Study 1	Circulation Case Study 1	
	Correct Answer and Feedback	Correct Answer and Feedback:	
34.	1. Start an IV and administer TXA immediately	1. Start an IV and administer TXA immediately.	Read the text
	This casualty may have life-threatening intra-abdominal		
	hemorrhage. The next action should be to immediately start an IV and infuse 1 gm of TXA over 10 minutes.	This casualty may have life-threatening intra-abdominal hemorrhage.	
		The next action should be to immediately start an IV and infuse 1 gm of	
		TXA over 10 minutes.	
	_	TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 2	
	Circulation Case Study 2	Circulation Case Study 2	
		The Setting	
35.	The Setting  • A small unit is patrolling outside of a village	The Setting	Read the text.
	There is a single shot from somewhere in the village	4 11 22 2 11 6 11	
	No other hostile fire	A small unit is patrolling outside of a village	
		There is a single shot from somewhere in the village	
		No other hostile fire	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 2	
	Circulation Case Study 2		
	The Casualty	The Casualty	
36.	Single gunshot wound to abdomen     The casualty was alert initially but is now		Read the text.
	the casuary was alert initially but is now     becoming confused     The radial pulse is weak	Single gunshot wound to abdomen	
	You have already started an IV and administered     a gram of TXA	The casualty was alert initially but is now becoming confused	
	***************************************	The casualty was alert initially but is now becoming confused     The radial pulse is weak	
		You have already started an IV and administered a gram of TXA	
		TCCC Critical Decisions	
	TCCC Critical Pagisians		
	TCCC Critical Decisions Circulation Case Study 2	Circulation Case Study 2	
	•		
	Casualty Dashboard	Casualty Dashboard	
37.	• AVPU Alert but confused • Airway Patent	AVPU Alert but confused	Read the text.
	Breathing RR 20 and unlabored     Radial Pulse Present but rapid and weak	Airway Patent	
	• O2 Saturation 96%	Breathing RR 20 and unlabored	
		Radial Pulse	
		• O2 Saturation 96%	
		I	<u> </u>

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		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 2	
	Circulation Case Study 2		
	Question	Question:	
38.	What is the NEXT action you should take?	What is the NEXT action you should take?	Read the text.
50.	1. Administer another gram of TXA 2. Infuse 500 mL of Hextend		Read the text.
	3. Administer a unit of fresh whole blood as per unit protocol	1. Administer another gram of TXA	
	4. Administer 1 gm of ertapenem to prevent infection	2. Infuse 500 mL of Hextend	
		3. Administer a unit of fresh whole blood as per unit protocol	
		4. Administer 1 gm of ertapenem to prevent infection	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 2	
	Circulation Case Study 2	·	
	Correct Answer and Feedback	Correct Answer and Feedback:	
39.	3. Administer a unit of fresh whole blood as per unit protocol	3. Administer a unit of fresh whole blood as per unit protocol	Read the text.
	The casualty has gone into shock from intra- abdominal hemorrhage. The best resuscitation		
	fluid for hemorrhagic shock is whole blood and giving a unit of that should be the next action	The casualty has gone into shock from intraabdominal hemorrhage. The	
	taken.	best resuscitation fluid for hemorrhagic shock is whole blood and giving	
		a unit of that should be the next action taken.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 3	
	Circulation Case Study 3		
		The Setting	
40.	The Setting		Read the text.
	<ul> <li>An Army infantry squad is on foot patrol in Iraq</li> <li>A dismounted IED detonates</li> </ul>	An Army infantry squad is on foot patrol in Iraq	
	<ul> <li>There are multiple casualties</li> <li>There is no effective incoming fire at the moment</li> </ul>	A dismounted IED detonates	
		There are multiple casualties	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
		Circulation Case Study 3	
	TCCC Critical Decisions Circulation Case Study 3	The Casualty	
	The Casualty		
	Your casualty has bilateral lower extremity amputations	Your casualty has bilateral lower extremity amputations	
41.	There was previously severe bleeding from the amputation sites	There was previously severe bleeding from the amputation sites	Read the text.
	<ul> <li>Limb tourniquets were quickly applied to both legs and are effective</li> </ul>	Limb tourniquets were quickly applied to both legs and are effective	
	The casualty is alert and in significant pain His radial pulse is normal	The casualty is alert and in significant pain	
	<ul> <li>The casualty also has multiple penetrating wounds of the abdomen and pelvis</li> </ul>	His radial pulse is normal	
		The casualty also has multiple penetrating wounds of the abdomen	
		and pelvis	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Circulation Case Study 3	
	Circulation Case Study 3	Circulation Case Study 5	
		Casualty Dashboard	
42.	Casualty Dashboard • AVPU Alert	• AVPU Alert	Read the text.
72.	• Airway Patent • Breathing RR 16 and unlabored	• Airway Patent	Reau the text.
	• Radial Pulse Strong • O2 Saturation 95%	• Breathing RR 16 and unlabored	
		O2 Saturation 95%	

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		TCCC Critical Decisions	
		Circulation Case Study 3	
	TCCC Critical Decisions	·	
	Circulation Case Study 3	Question:	
	Question	What is the NEXT action you should take?	
43.	What is the NEXT action you should take?	The second results account you should called	Read the text.
75.	1. Start an IV and administer 1 gm of TXA 2. Start an IV and administer 500 mL of Hextend,	1. Start an IV and administer 1 gm of TXA	Read the text.
	since there are no blood products available on this operation 3. Administer 50 mg of ketamine IM		
	4. Try to convert both tourniquets to other modes of hemorrhage control	2. Start an IV and administer 500 mL of Hextend, since there are no	
	<b>g</b> .	blood products available on this operation	
		3. Administer 50 mg of ketamine IM	
		4. Try to convert both tourniquets to other modes of hemorrhage control	
		TCCC Critical Decisions	
		Circulation Case Study 3	
	TCCC Critical Decisions		
	Circulation Case Study 3	Correct Answer and Feedback:	
	Correct Answer and Feedback	1. Start an IV and administer TXA	
44.	1. Start an IV and administer TXA		Read the text.
	This casualty does need battlefield analgesia, but the	This casualty does need battlefield analgesia, but the most important	
	most important aspect of care right now is to start an IV and administer 1 gm of TXA. He is at risk of non-	aspect of care right now is to start an IV and administer 1 gm of TXA.	
	compressible hemorrhage due to his penetrating abdominal and pelvic wounds. He does not require fluid	He is at risk of non-compressible hemorrhage due to his penetrating	
	resuscitation at the moment.	abdominal and pelvic wounds. He does not require fluid resuscitation at	
		1	
		the moment.	
		TCCC Critical Decisions	
		Airway Case Study 1	
	TCCC Critical Decisions Airway Case Study 1		
	I III way case staay 1	The Setting	
	The Setting		
45.	<ul> <li>An IED detonates underneath a vehicle in a mounted convoy</li> </ul>	An IED detonates underneath a vehicle in a mounted convoy	Read the text.
	The vehicle is turned over by the blast The casualty is unconscious	The vehicle is turned over by the blast	
	She was not wearing a seat belt     Her helmet is dented	The casualty is unconscious	
	<ul> <li>There is no effective incoming fire at the moment</li> </ul>	She was not wearing a seat belt	
		Her helmet is dented	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 1	
	Airway Case Study 1	Tile Con all	
		The Casualty	
	The Casualty		
46.	Blood and bruising over the right parietal area     No facial injuries noted     No other injuries noted	Blood and bruising over the right parietal area	Read the text.
	<ul> <li>No other injuries noted</li> <li>The unconscious casualty has been removed from the vehicle and is in the supine position</li> </ul>	No facial injuries noted	
	Chin lift maneuver accomplished	No other injuries noted	
		• The unconscious casualty has been removed from the vehicle and is in	
		the supine position	
		Chin lift maneuver accomplished	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 1	
	Airway Case Study 1	III naj case setaj I	
		Casualty Dashboard	
47	Casualty Dashboard  • AVPU Unconscious	1	Dood the tout
47.	• AVPU Unconscious • Airway No injuries noted • Breathing RR 12 - shallow	• AVPU Unconscious	Read the text.
	Radial Pulse Normal     O2 Saturation 70%	Airway No injuries noted	
	- Oz Satul auvil /078	• Breathing RR 12 - shallow	
		Radial Pulse Normal	
		• O2 Saturation 70%	

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		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 1	
	Airway Case Study 1		
	Question	Question:	
48.	What is the NEXT action you should take?	What is the NEXT action you should take?	Read the text.
	Cricothyroidotomy     Place casualty in a sit-up and lean forward		
	position 3. Start an IV	1. Cricothyroidotomy	
	4. Insert a nasopharyngeal airway	2. Place casualty in a sit-up and lean forward position	
		3. Start an IV	
		4. Insert a nasopharyngeal airway	
		TCCC Critical Decisions	
		Airway Case Study 1	
	TCCC Critical Decisions	Comment Assessment Frontier 1	
	Airway Case Study 1	Correct Answer and Feedback:	
	Correct Answer and Feedback	4. Insert a nasopharyngeal airway	
49.	4. Insert a nasopharyngeal airway	This casualty may have an airway obstruction. The low pulse oximetry	Read the text.
47.	This casualty may have an airway obstruction. The low pulse oximetry reading indicates a critical level of hypoxia. This	reading indicates a critical level of hypoxia. This casualty needs her	Read the text.
	casualty needs her airway opened immediately. There are no facial injuries noted, so a cricothyroidotomy should not be attempted until less invasive measures have failed. The casualty	airway opened immediately. There are no facial injuries noted, so a	
	should not be placed supported in a sitting position because of the potential for spinal cord injury. Inserting a nasopharyngeal	cricothyroidotomy should not be attempted until less invasive measures	
	airway is the best option of the choices shown.	have failed. The casualty should not be placed supported in a sitting	
		position because of the potential for spinal cord injury. Inserting a	
		nasopharyngeal airway is the best option of the choices shown.	
		TCCC Critical Decisions	
		Airway Case Study 2	
	TCCC Critical Decisions Airway Case Study 2	Till way Case Stady 2	
		The Setting	
<b></b> .	The Setting  • A small unit is on foot patrol	<del></del>	
50.	There is incoming fire from two hostiles The hostile threat is quickly eliminated by the	A small unit is on foot patrol	Read the text.
	unit • One of your unit members sustains a gunshot	• There is incoming fire from two hostiles	
	wound to the lower face  There is no further effective incoming fire	The hostile threat is quickly eliminated by the unit	
		• One of your unit members sustains a gunshot wound to the lower face	
		There is no further effective incoming fire	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 2	
	Airway Case Study 2		
		<u>The Casualty</u>	
51.	The Casualty  The casualty is awake		Read the text.
31.	<ul> <li>There are facial wounds to lower jaw and teeth</li> <li>There is blood in the mouth</li> </ul>	The casualty is awake	Read the text.
	The casualty has noisy, rapid breathing while in the supine position	There are facial wounds to lower jaw and teeth	
	• He is struggling to breathe	There is blood in the mouth	
		• The casualty has noisy, rapid breathing while in the supine position	
		He is struggling to breathe	
	TOGG Guide I Produce	TCCC Critical Decisions	
	TCCC Critical Decisions Airway Case Study 2	Airway Case Study 2	
	•	Const. Doddonal	
50	Casualty Dashboard • AVPU Alert	Casualty Dashboard	D 1.41
52.	• AVPU  • Airway  • Breathing  • RR 22 - Noisy	• AVPU Alert	Read the text.
	• Radial Pulse Strong • O2 Saturation 75%	• Airway Facial injuries	
		• Breathing RR 22 - Noisy	
		• Radial Pulse Strong	
		• O2 Saturation 75%	1

		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 2	
	Airway Case Study 2		
	Question	Question:	
	What is the NEXT action you should take?	What is the NEXT action you should take?	D 1.1
53.	1. Cricothyroidotomy 2. Nasopharyngeal airway		Read the text.
	3. Endotracheal intubation 4. Allow this conscious casualty to assume any	1. Cricothyroidotomy	
	position that best protects the airway, to include sitting up and leaning forward.	2. Nasopharyngeal airway	
		3. Endotracheal intubation	
		4. Allow this conscious casualty to assume any position that best	
		protects the airway, to include sitting up and leaning forward.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 2	
	Airway Case Study 2		
	Correct Answer and Feedback	Correct Answer and Feedback:	
	4. Allow this conscious casualty to assume any	4. Allow this conscious casualty to assume any position that best protects	D 1.1
54.	position that best protects the airway, to include sitting up and leaning forward.	the airway, to include sitting up and leaning forward.	Read the text.
	The diagnosis is airway obstruction due to his maxillofacial injuries. The principle is to open the		
	airway. Since the casualty is conscious, allow him to assume any position that best protects his airway, to	The diagnosis is airway obstruction due to his maxillofacial injuries.	
	include sitting up and leaning forward.	The principle is to open the airway. Since the casualty is conscious,	
		allow him to assume any position that best protects his airway, to	
		include sitting up and leaning forward.	
	TCCC Critical Decisions	TCCC Critical Decisions	
	Airway Case Study 3	Airway Case Study 3	
	The Setting	The Setting	D = = d +1= + = = +
55.	<ul> <li>A Marine platoon is moving across an open field on foot</li> <li>Dismounted IED detonation</li> </ul>		Read the text.
	There is no effective incoming fire at the moment	A Marine platoon is moving across an open field on foot	
		Dismounted IED detonation	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
		Airway Case Study 3	
	TCCC Critical Decisions	All way Case Study 5	
	Airway Case Study 3	The Casualty	
	The Casualty	The Casualty	
56.	The face and neck are peppered with shrapnel wounds	The face and neck are peppered with shrapnel wounds	Read the text.
] 50.	<ul> <li>The casualty is alert but noted to have labored respirations</li> <li>A small puncture wound is noted on the left</li> </ul>	The face and neek are peppered with shrapher woulds     The casualty is alert but noted to have labored respirations	Troug the text.
	A small puncture wound is noted on the left side of neck with minimal bleeding     But there is rapidly expanding swollen area	A small puncture wound is noted on the left side of neck with	
	under the skin of the neck immediately adjacent to the midline airway structures	minimal bleeding	
		But there is rapidly expanding swollen area under the skin of the neck	
		immediately adjacent to the midline airway structures	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 3	
	Airway Case Study 3		
	Casualty Dashboard	Casualty Dashboard	
57.	• AVPU Alert and in distress • Airway No blood or obstruction noted	AVPU Alert and in distress	Read the text.
	Breathing RR 22 - labored     Radial Pulse Strong	Airway No blood or obstruction noted	
	• O2 Saturation 65%	• Breathing RR 22 - labored	
		• Radial Pulse Strong	
		• O2 Saturation 65%	
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		TCCC Critical Decisions	
	TCCC Critical Decisions	Airway Case Study 3	
	Airway Case Study 3		
	Question	Question:	
58.	What is the NEXT action you should take?	What is the NEXT action you should take?	Read the text.
56.	1. Cricothyroidotomy using the CricKey device		Read the text.
	2. Nasopharyngeal airway 3. Endotracheal intubation	1. Cricothyroidotomy using the CricKey device	
	4. Help the casualty into the sit-up and lean- forward position	2. Nasopharyngeal airway	
		3. Endotracheal intubation	
		4. Help the casualty into the sit-up and lean-forward position	
		TCCC Critical Decisions	
		Airway Case Study 3	
	TCCC Critical Decisions		
	Airway Case Study 3	Correct Answer and Feedback:	
	Correct Answer and Feedback	Cricothyroidotomy using the CricKey device	
59.	1. Cricothyroidotomy using the CricKey device	1. Circothyroldotomy using the Circlety device	Read the text.
37.	The diagnosis is airway obstruction due to a rapidly	The diagnosis is airway obstruction due to a rapidly expanding	Read the text.
	expanding hematoma that has resulted from a shrapnel injury to a large blood vessel in the neck. A nasopharyngeal		
	airway and the sit-up and lean-forward position will not help in this situation. The best next action is a cricothyroidotomy	hematoma that has resulted from a shrapnel injury to a large blood	
	performed with local anesthesia.	vessel in the neck. A nasopharyngeal airway and the sit-up and lean-	
		forward position will not help in this situation. The best next action is a	
		cricothyroidotomy performed with local anesthesia.	
	TCCC Critical Decisions	TCCC Critical Decisions	
	Breathing Case Study 1	Breathing Case Study 1	
60.	The Setting	The Setting	Read the text.
00.	<ul> <li>A small unit is on patrol in a mountainous area</li> <li>The unit is ambushed, but hostile fire is quickly suppressed</li> </ul>		read the text.
	There is no effective incoming fire at the moment	A small unit is on patrol in a mountainous area	
		The unit is ambushed, but hostile fire is quickly suppressed	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
	_	Breathing Case Study 1	
	TCCC Critical Decisions		
	Breathing Case Study 1	The Casualty	
	The Great Inc.		
61.	The Casualty  Gunshot wound in right upper quadrant of the	• Gunshot wound in right upper quadrant of the abdomen just below the	Read the text.
	abdomen just below the plate  No other wounds	plate	
	Casualty conscious     Noted to have increasing difficulty breathing	No other wounds	
	Breath sounds on the right are absent	Casualty conscious	
		Noted to have increasing difficulty breathing	
		Breath sounds on the right are absent	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 1	
	Breathing Case Study 1	Disaming Case Study 1	
		Casualty Dashboard	
62.	<u>Casualty Dashboard</u> • AVPU Alert	• AVPU Alert	Read the text.
02.	Airway Patent     Breathing RR 24 - Noisy and labored		Reau the text.
	• Radial Pulse Strong • O2 Saturation 80%	• Airway Patent	
		• Breathing RR 24 - Noisy and labored	
		• Radial Pulse Strong	
		• O2 Saturation 80%	

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		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 1	
	Breathing Case Study 1		
	Question	Question:	
63.	What is the NEXT action you should take?	What is the NEXT action you should take?	Read the text.
	Perform a cricothyroidotomy     Perform a needle decompression on the right	1 Description of the description	
	side 2. Insert a chest tube	1. Perform a cricothyroidotomy	
	4. Start an IV	2. Perform a needle decompression on the right side 2. Insert a chest tube	
		4. Start an IV TCCC Critical Decisions	
		Breathing Case Study 1	
	TCCC Critical Decisions Breathing Case Study 1	Dreating Case Study 1	
	Dreaming case study 1	Correct Answer and Feedback:	
	Correct Answer and Feedback	2. Perform a needle decompression on the right side	
64.	2. Perform a needle decompression on the right side	2. Perform a needle decompression on the right side	Read the text.
	The diagnosis is a suspected tension pneumothorax.	The diagnosis is a suspected tension pneumothorax. Although the entry	
	Although the entry wound is in the abdomen, the bullet may have traveled into the chest and injured the right lung. The correct next action is to perform a needle	wound is in the abdomen, the bullet may have traveled into the chest	
	decompression on the right side of the casualty's chest.	and injured the right lung. The correct next action is to perform a needle	
		decompression on the right side of the casualty's chest.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 2	
	Breathing Case Study 2		
		The Setting	
<i>(5</i>	The Setting		Dood the took
65.	A small unit is patrolling in a mountainous area     The unit is ambushed	A small unit is patrolling in a mountainous area	Read the text.
	One unit member is hit     Four hostiles are killed after an intense, 2-minute firefight	• The unit is ambushed	
	There is no effective incoming fire at the moment	One unit member is hit	
		• Four hostiles are killed after an intense, 2-minute firefight	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
		Breathing Case Study 2	
	TCCC Cutting I Province	The Casualty	
	TCCC Critical Decisions Breathing Case Study 2		
	The Casualty	• Gunshot wound in right upper quadrant of the abdomen just below the	
	Gunshot wound in right upper quadrant of the abdomen just below the plate	plate	Dood the took
66.	No other wounds The casualty is conscious but in pain He is noted to have increasing difficulty breathing	No other wounds     The accounts is conscious but in pair.	Read the text.
	<ul> <li>There are absent breath sounds on the right</li> <li>Breath sounds are present on the left side</li> </ul>	The casualty is conscious but in pain     He is noted to have increasing difficulty breathing	
	<ul> <li>Needle decompression is performed on the right side at the right 5th ICS at the anterior axillary line</li> <li>No improvement is noted</li> </ul>	There are absent breath sounds on the right	
		Breath sounds are present on the left side	
		• Needle decompression is performed on the right side at the right 5 <sup>th</sup>	
		ICS at the anterior axillary line	
		No improvement is noted	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 2	
	Breathing Case Study 2	·	
	Casualty Dashboard	Casualty Dashboard	
67.	• AVPU Alert • Airway Patent	• AVPU Alert	Read the text.
	Breathing RR 22 and labored     Radial Pulse Rapid and thready	Airway Patent	
	• O2 Saturation 80%	Breathing RR 22 and labored	
		Radial Pulse Rapid and thready	
		• O2 Saturation 80%	

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		TCCC Critical Decisions	
		Breathing Case Study 2	
	TCCC Critical Decisions		
	Breathing Case Study 2	Question:	
	Question	What is the NEXT action you should take?	
68.	What is the NEXT action you should take?		Read the text.
00.	1. Perform a cricothyroidotomy	1. Perform a cricothyroidotomy	Read the text.
	2. Administer OTFC 800 ug 3. Start an IV		
	<ol> <li>Repeat needle decompression at the 2<sup>nd</sup> ICS in the right mid-clavicular line</li> </ol>	2. Administer OTFC 800 ug	
		3. Start an IV	
		4. Repeat needle decompression at the 2 <sup>nd</sup> ICS in the right mid-	
		clavicular line	
		TCCC Critical Decisions	
		Breathing Case Study 2	
	TOGG Californi Produlono	Correct Answer and Feedback:	
	TCCC Critical Decisions Breathing Case Study 2	4. Repeat needle decompression at the 2 <sup>nd</sup> ICS in the right mid-	
		clavicular line	
	Correct Answer and Feedback	Clavicular fine	
69.	4. Repeat needle decompression at the 2 <sup>nd</sup> ICS in the right mid-clavicular line		Read the text.
	The diagnosis is a suspected tension pneumothorax. Since needle decompression at the lateral site on the right side did not improve	The diagnosis is a suspected tension pneumothorax. Since needle	
	the casualty's condition, the next step should be to move to an alternate decompression site. A cricothyroidotomy will not help a	decompression at the lateral site on the right side did not improve the	
	casualty with a tension pneumothorax. Anyone with respiratory distress and hypoxia should not be given opioids, since this will	casualty's condition, the next step should be to move to an alternate	
	potentially depress respirations.	decompression site. A cricothyroidotomy will not help a casualty with a	
		tension pneumothorax. Anyone with respiratory distress and hypoxia	
		should not be given opioids, since this will potentially depress	
		respiration.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 3	
	Breathing Case Study 3	Breating Case Study 5	
		The Cetting	
70	The Setting  • A platoon of Marines is approaching a village to	The Setting	D 1.1
70.			Read the text.
	meet with village leaders  One Marine steps on a pressure-plate IED and it	A platoon of Marines is approaching a village to meet with village	
	explodes  There is no effective incoming fire at the	leaders	
	moment	One Marine steps on a pressure-plate IED and it explodes	
		There is no effective incoming fire at the moment	
		TCCC Critical Decisions	
		Breathing Case Study 3	
		, v	
		The Casualty	
	TCCC Critical Decisions	The Subulty	
	Breathing Case Study 3	a Facial namedia a	
	The Casualty	• Facial peppering	
<b></b>	Facial peppering     Below the knee amputation - left leg	Below the knee amputation - left leg	D 1.1
71.	Above the knee amputation - right leg     Multiple fragment wounds to pelvis and abdomen	Above the knee amputation - right leg	Read the text.
	<ul> <li>Leg bleeding is controlled with tourniquets</li> <li>15 minutes later, while waiting for evacuation,</li> </ul>	Multiple fragment wounds to pelvis and abdomen	
	he is noted to have labored breathing  • He becomes confused, then loses consciousness	Leg bleeding is controlled with tourniquets	
	Not breathing     There is no radial or carotid pulse detectable	• 15 minutes later, while waiting for evacuation, he is noted to have	
		labored breathing	
		He becomes confused, then loses consciousness	
		• Not breathing	
		There is no radial or carotid pulse detectable	
		- There is no radial of caloud pulse detectable	

	TCCC Cultical Paristra	TCCC Critical Decisions	
	TCCC Critical Decisions Breathing Case Study 3	Breathing Case Study 3	
		Casualty Dashboard	
72.	Casualty Dashboard  • AVPU Unconscious	• AVPU Unconscious	Read the text.
12.	Airway Apparently patent Breathing Not breathing	• Airway Apparently patent	Read the text.
	Radial Pulse None     O2 Saturation Not displaying on the pulse ox	Breathing Not breathing	
		Radial Pulse None	
		• O2 Saturation Not displaying on the pulse ox	
		TCCC Critical Decisions	
		Breathing Case Study 3	
	TCCC Critical Decisions Breathing Case Study 3	Dicathing case study 3	
		Question	
	Question	What is the NEXT action you should take?	
73.	What is the NEXT action you should take?  1. Perform CPR	What is the NEXT action you should take:	Read the text.
	2. Perform needle decompression on both sides of the chest	1. Perform CPR	
	3. Declare the casualty deceased and discontinue care	2. Perform needle decompression on both sides of the chest	
	4. Start an IV	3. Declare the casualty deceased and discontinue care	
		4. Start an IV	
		TCCC Critical Decisions	
		Breathing Case Study 3	
		breathing Case Study 5	
	TCCC Critical Decisions Breathing Case Study 3	Correct Answer and Feedback:	
	Correct Answer and Feedback	2. Perform needle decompression on both sides of the chest	
	2. Perform needle decompression on both sides of the	2. Perform needle decompression on both sides of the cliest	
74.	chest	This casualty has lost vital signs. This could be due to non-compressible	Read the text.
	This casualty has lost vital signs. This could be due to non- compressible hemorrhage, but it may also be due to bilateral tension pneumothoraces. Casualties with chest or abdominal	hemorrhage, but it may also be due to bilateral tension pneumothoraces.	
	trauma or polytrauma who suffer a traumatic cardiac arrest should have needle decompression performed on both sides of the	Casualties with chest or abdominal trauma or polytrauma who suffer a	
	chest. If the arrest was caused by a tension pneumothorax, this maneuver may result in a return of vital signs.	traumatic cardiac arrest should have needle decompression performed	
		on both sides of the chest. If the arrest was caused by a tension	
		pneumothorax, this maneuver may result in a return of vital signs.	
		TCCC Critical Decisions	
		Breathing Case Study 4	
	TCCC Critical Decisions	Dreathing Case Study 4	
	Breathing Case Study 4	The Setting	
		The Setting	
75.	The Setting  • A vehicle-borne IED explodes near US troops	A vehicle-borne IED explodes near US troops	Read the text.
13.	Your casualty was near the explosion     She was briefly unconscious.	Your casualty was near the explosion	read the text.
	<ul> <li>Her tympanic membranes are ruptured – difficulty hearing</li> </ul>	She was briefly unconscious	
	<ul> <li>You are now caring for her on a TACEVAC flight to the Role II hospital.</li> </ul>	Her tympanic membranes are ruptured – difficulty hearing	
		You are now caring for her on a TACEVAC flight to the Role II	
		hospital.	
		TCCC Critical Decisions	
		Breathing Case Study 4	
	TCCC Critical Decisions	Dicaming Case Study 7	
	Breathing Case Study 4	The Casualty	
	The Casualty	The Casualty	
76.	Your casualty is alert     There is no external hemorrhage	Vour casualty is alart	Read the text.
70.	There is no external hemorrhage     There is no obvious trauma to the chest or abdomen.	Your casualty is alert     There is no external hamorrhage.	intau ine lext.
	Some shrapnel peppering on face and extremities     But she is having labored respirations.	There is no external hemorrhage     There is no obvious trauma to the chest or abdomen.	
	You are unable to hear breath sounds because of helicopter noise		
		Some shrapnel peppering on face and extremities     But she is having labored respirations.	
		But she is having labored respirations.      You are unable to hear breath sounds because of beligners roise.	
		You are unable to hear breath sounds because of helicopter noise	

		TCCC Critical Decisions	
	TCCC Critical Decisions	Breathing Case Study 4	
	Breathing Case Study 4	Breathing Just Study 4	
		Casualty Dashboard	
77.	Casualty Dashboard  • AVPU Alert	• AVPU Alert	Read the text.
, , .	• Airway Patent • Breathing RR 22 – Mildly labored	• Airway Patent	Read the text.
	• Blood pressure 140/85 • O2 Saturation 70%	Breathing RR 22 – Mildly labored	
		• Blood pressure 140/85	
		• O2 Saturation 70%	
		TCCC Critical Decisions	
		Breathing Case Study 4	
	TCCC Critical Decisions Breathing Case Study 4	Dicatining Case Study 4	
	0-330000000 00000000 0000000 0000000000	Question:	
	Question	What is the NEXT action you should take?	
78.	What is the NEXT action you should take?	what is the NEAT action you should take!	Read the text.
	Needle decompression of both sides of the chest     Start an IV and administer TXA	Needle decompression of both sides of the chest	
	2. Start an IV and administer TAA 3. Insert a supragottic airway 4. Start supplemental oxygen	Needle decompression of both sides of the chest     Start an IV and administer TXA	
	W. State Supplemental Supplemen	3. Insert a supragottic airway	
		Start supplemental oxygen	
		TCCC Critical Decisions	
		Breathing Case Study 4	
		Dreathing Case Study 4	
		Correct Answer and Feedback:	
	TCCC Critical Decisions	4. Start supplemental oxygen	
	Breathing Case Study 4	4. Start supplemental oxygen	
	Correct Answer and Feedback  4. Start supplemental oxygen	This casualty is likely suffering from blast-induced pulmonary	
79.	This casualty is likely suffering from blast-induced pulmonary	contusions. A tension pneumothorax is possible, but unlikely because	Read the text.
	contusions. A tension pneumothorax is possible, but unlikely because there is no penetrating trauma and there was no evidence of blunt trauma on exam. Additionally, the casualty is NOT in	there is no penetrating trauma and there was no evidence of blunt	
	shock - her blood pressure is 140/85. The blast wave from the explosion can injure the lung and interfere with oxygenation.	trauma on exam. Additionally, the casualty is NOT in shock - her blood	
	Providing supplemental oxygen will help reverse the hypoxia induced by the blast-induced pulmonary contusions.	pressure is 140/85. The blast wave from the explosion can injure the	
		lung and interfere with oxygenation. Providing supplemental oxygen	
		will help reverse the hypoxia induced by the blast-induced pulmonary	
		contusions.	
-		TCCC Critical Decisions	
		TBI Case Study 1	
		121 Out Dung 1	
		The Setting	
	TCCC Critical Decisions		
	TBI Case Study 1	A small unit is operating in a mountainous region	
	The Setting	The casualty was a passenger in a vehicle that was attacked with an	
80.	A small unit is operating in a mountainous region     The casuality was a passenger in a vehicle that was	IED	Read the text.
00.	attacked with an IED  The vehicle was turned over by the blast Casualty was unrestrained in his seat	The vehicle was turned over by the blast	Tiona the text.
	Unconscious after the IED detonation     Lying on roof of vehicle     Helmet is dented	Casualty was unrestrained in his seat	
	Casualty was removed from the vehicle with attention to possible spinal injuries	Unconscious after the IED detonation	
		Lying on the roof of roof vehicle	
		Helmet is dented	
		Casualty was removed from the vehicle with attention to possible	
		spinal injuries	
<u></u>		opinar injuries	

		TCCC Critical Decisions	
		TBI Case Study 1	
		1DI Case Study I	
	TCCC Critical Decisions TBI Case Study 1	The Casualty	
	Threase study 1	The Cusuary	
0.1	The Casualty  Casualty is now lying supine on a litter during	Casualty is now lying supine on a litter during helicopter TACEVAC	D 1.1
81.	helicopter TACEVAC  • C-Collar in place	• C-Collar in place	Read the text.
	Still unconscious     There is an open left-sided skull fracture     No other injuries are noted	Still unconscious	
	Breathing is not labored     A supraglottic airway is in place	There is an open left-sided skull fracture	
		No other injuries are noted	
		Breathing is not labored	
		A supraglottic airway is in place     TCCC Critical Decisions	
	TCCC Critical Decisions	TBI Case Study 1	
	TBI Case Study 1	1 bi Case Study i	
		Casualty Dashboard	
82.	Casualty Dashboard  • AVPU Unconscious	• AVPU Unconscious	Read the text.
	• Airway Patent • Breathing RR 12 - unlabored • Blood pressure 135/85	Airway Patent	
	• O2 Saturation 85%	Breathing RR 12 - unlabored	
		• Blood pressure 135/85	
		• O2 Saturation 85%	
		TCCC Critical Decisions	
	TCCC Critical Decisions	TBI Case Study 1	
	TBI Case Study 1	Question:	
	Question	What is the NEXT action you should take?	
83.	What is the NEXT action you should take?  1. Start an IV and give a unit of red blood cells	,	Read the text.
	2. Perform a bilateral needle decompression of the chest	1. Start an IV and give a unit of red blood cells	
	Perform a surgical airway     Start high-flow supplemental oxygen via     reservoir mask to get oxygen saturation to	2. Perform a bilateral needle decompression of the chest	
	90% or higher	3. Perform a surgical airway	
		4. Start high-flow supplemental oxygen via reservoir mask to get	
		oxygen saturation to 90% or higher TCCC Critical Decisions	
		TBI Case Study 1	
	TCCC Critical Decisions	1D1 Oute State 1	
	TBI Case Study 1	Correct Answer and Feedback:	
	Correct Answer and Feedback	4. Start high-flow supplemental oxygen via reservoir mask to get	
84.	4. Start high-flow supplemental oxygen via reservoir mask to get oxygen saturation to 90% or higher	oxygen saturation to 90% or higher	Read the text.
	Hypoxia (oxygen saturations below 90%) in casualties with moderate/severe TBI is associated with worsening of		
	outcomes. This casualty should receive supplemental oxygen to improve his oxygenation status and reduce the likelihood of secondary brain injury.	Hypoxia (oxygen saturations below 90%) in casualties with	
	or secondary brain injury.	moderate/severe TBI is associated with worsening of outcomes. This	
		casualty should receive supplemental oxygen to improve his	
		oxygenation status and reduce the likelihood of secondary brain injury.	

		TCCC Critical Decisions	
		TBI Case Study 2	
		1D1 Case Study 2	
	TCCC Critical Decisions	The Setting	
	TBI Case Study 2	The casualty was a passenger in a vehicle that was attacked with an IED	
	<ul> <li>The casualty was a passenger in a vehicle that was attacked with an IED</li> </ul>	The vehicle was turned over in the explosion	
85.	The vehicle was turned over in the explosion Casualty was unrestrained in his seat Unconscious for several minutes after the IED detonation	Casualty was unrestrained in his seat	Read the text.
	• Lying on roof of vehicle • Helmet was dented	Unconscious for several minutes after the IED detonation	
	<ul> <li>She was removed from the vehicle with attention to possible spinal injuries</li> <li>Pupils were equal and reactive at the point of injury</li> </ul>	Lying on roof of vehicle	
	<ul> <li>You are now caring for her on a TACEVAC flight to the Role II hospital.</li> </ul>	• Helmet was dented	
		• She was removed from the vehicle with attention to possible spinal	
		injuries	
		<ul> <li>Pupils were equal and reactive at the point of injury</li> <li>You are now caring for her on a TACEVAC flight to the Role II</li> </ul>	
		hospital.	
		TCCC Critical Decisions	
		TBI Case Study 2	
	TCCC Critical Decisions TBI Case Study 2	The Casualty	
	The Casualty	Casualty is now lying supine on a litter during helicopter TACEVAC	
86.	<ul> <li>Casualty is now lying supine on a litter during helicopter TACEVAC</li> </ul>	She was initially alert and followed commands	Read the text.
80.	<ul> <li>She was initially alert and followed commands</li> <li>Pupils were equal and reactive at the start of the flight</li> <li>There is a left-sided scalp laceration</li> </ul>	Pupils were equal and reactive at the start of the flight	Read the text.
	No other injuries are noted Breathing is not labored The casualty suddenly becomes confused and	There is a left-sided scalp laceration	
	then loses consciousness  One pupil is dilated and unresponsive	No other injuries are noted	
		Breathing is not labored	
		The casualty suddenly becomes confused and then loses	
		consciousness  One pupil is dilated and unresponsive	
		TCCC Critical Decisions	
	TCCC Critical Decisions TBI Case Study 2	TBI Case Study 2	
	Casualty Dashboard	Casualty Dashboard	
87.	• AVPU Now unconscious • Airway Apparently patent • Breathing RR 18	AVPU Now unconscious	Read the text.
	Blood pressure 150/100 O2 Saturation 96% on supplemental oxygen	Airway Apparently patent	
		• Breathing RR 18	
		• Blood pressure 150/100	
		O2 Saturation 96% on supplemental oxygen  TCCC Critical Decisions	
		TBI Case Study 2	
	TCCC Critical Decisions		
	TBI Case Study 2	Question:	
	Question	What is the NEXT action you should take?	
88.	What is the NEXT action you should take?		Read the text.
	1. Administer 250 mL of 3% hypertonic saline 2. Perform an emergency cricothyroidotomy	1. Administer 250 mL of 3% hypertonic saline	
	Elevate the foot of the casualty's litter     Immediately begin therapeutic hypothermia by removing the casualty's HPMK	2. Perform an emergency cricothyroidotomy	
	removing the casualty's HPMK	3. Elevate the foot of the casualty's litter	
		4. Immediately begin therapeutic hypothermia by removing the	
		casualty's HPMK	

,			,
		TCCC Critical Decisions	
		TBI Case Study 2	
	TCCC Critical Decisions		
	TBI Case Study 2	Correct Answer and Feedback:	
		1) Administer 250 mL of 3% hypertonic saline	
	Correct Answer and Feedback	1) I diffinisted 250 mil of 570 mjpercome summe	
89.	1) Administer 250 mL of 3% hypertonic saline	The degreesing state of consciousness and the dileted numit are sizes of	Read the text.
	The decreasing state of consciousness and the dilated pupil are signs of an impending cerebral herniation. The casualty should	The decreasing state of consciousness and the dilated pupil are signs of	
	receive 250 mL of hypertonic saline and have the head of her litter elevated 30 degrees. Her oxygen saturation is good, so there is no	an impending cerebral herniation. The casualty should receive 250 mL	
	need to perform an emergency surgical airway. Therapeutic hypothermia should not be undertaken during TACEVAC.	of hypertonic saline and have the head of her litter elevated 30 degrees.	
		Her oxygen saturation is good, so there is no need to perform an	
		emergency surgical airway. Therapeutic hypothermia should not be	
		undertaken during TACEVAC.	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 1	
	TCCC Critical Decisions	The Setting	
	Blunt Abdominal Trauma Case Study 1	The betting	
	The Setting  * A convoy is operating near a large US base	A convoy is operating near a large US base	
00	An unknown vehicle approaches the convoy     The occupants of the unknown vehicle detonate a		Dood the test
90.	vehicle-borne IED about 20 feet away from the	• An unknown vehicle approaches the convoy	Read the text.
	The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle	• The occupants of the unknown vehicle detonate a vehicle-borne IED	
	The occupants of the vehicle are not wearing seat restraints	about 20 feet away from the convoy	
	• There is no hostile small arms fire after the blast	• The nearest convoy vehicle is overturned in the blast and collides with	
		another convoy vehicle	
		• The occupants of the vehicle are not wearing seat restraints	
		There is no hostile small arms fire after the blast	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 1	
	TCCC Critical Decisions		
	Blunt Abdominal Trauma Case Study 1	The Casualty	
	The Casualty		
	You are treating one of the casualties from the overturned vehicle who has extricated himself from	• You are treating one of the casualties from the overturned vehicle who	
91.	the vehicle There is no external hemorrhage	has extricated himself from the vehicle	Read the text.
	The casualty is conscious but confused  He is not in respiratory distress	There is no external hemorrhage	
	<ul> <li>He is complaining of severe abdominal pain and has diffuse tenderness to palpation</li> </ul>	The casualty is conscious but confused	
		He is not in respiratory distress	
		He is not in respiratory distress     He is complaining of severe abdominal pain and has diffuse	
		tenderness to palpation	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Blunt Abdominal Trauma Case Study 1	
	Blunt Abdominal Trauma Case Study 1	Const. Dulland	
		Casualty Dashboard	
	Casualty Dashboard  • AVPU Verbal	• AVPU Verbal	
92.	• Airway Patent • Breathing RR 20	Airway Patent	Read the text.
	Radial Pulse Weak     Heart rate 126	• Breathing RR 20	
	• O2 Saturation 97%	Radial Pulse Weak	
		• Heart rate 126	
		• O2 Saturation 97%	

		I maga a tit i b i ti	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Blunt Abdominal Trauma Case Study 1	
	Blunt Abdominal Trauma Case Study 1	Overtions	
	Question	Question:	
93.	What priority for evacuation would you assign To this casualty?	What priority for evacuation would you assign to this casualty?	Read the text.
75.	1. Cat A - Urgent Evacuation within 2 hrs	1. Cat A - Urgent Evacuation within 2 hrs	read the text.
	2. Cat B - Priority Evacuation within 4 hrs 3. Cat C - Routine Evacuation within 24 hrs 4. Other	2. Cat B - Priority Evacuation within 4 hrs	
	4. Other	3. Cat C - Routine Evacuation within 24 hrs	
		4. Other	
		TCCC Critical Decisions	
	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1	Blunt Abdominal Trauma Case Study 1	
	Correct Answer and Feedback		
		Correct Answer and Feedback:	
94.	Cat A - Urgent Evacuation within 2 hrs  This casualty has blunt abdominal trauma from the crash.	1. Cat A - Urgent Evacuation within 2 hrs	Read the text.
	The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into	This casualty has blunt abdominal trauma from the crash. The	
	shock. He should be triaged to the highest priority evacuation category: Cat A.	confusion, the weak radial pulse, and the HR of 126 indicate that he has	
		severe internal bleeding and is going into shock. He should be triaged to	
		the highest priority evacuation category: Cat A.	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 2	
	TCCC Critical Decisions	TTT C	
	Blunt Abdominal Trauma Case Study 2	The Setting	
	The Setting	A A convoy is anaroting near a large US beca	
95.	A convoy is operating near a large US base     An unknown vehicle approaches the convoy     The occupants of the unknown vehicle detonate a	A convoy is operating near a large US base     An unknown vehicle approaches the convoy	Read the text.
93.	vehicle-borne IED about 20 feet away from the convoy	The occupants of the unknown vehicle detonate a vehicle-borne IED	Read the text.
	The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle	about 20 feet away from the convoy	
	The occupants of the vehicle are not wearing seat restraints There is no hostile small arms fire after the blast	• The nearest convoy vehicle is overturned in the blast and collides with	
		another convoy vehicle	
		The occupants of the vehicle are not wearing seat restraints	
		• There is no hostile small arms fire after the blast	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 2	
	TCCC Critical Decisions		
	Blunt Abdominal Trauma Case Study 2	The Casualty	
	The Casualty  • You are treating one of the casualties from the		
96.	overturned vehicle who has extricated himself from the vehicle	• You are treating one of the casualties from the overturned vehicle who	Read the text.
	There is no external hemorrhage     The casualty is conscious but confused	has extricated himself from the vehicle	
	<ul> <li>He is not in respiratory distress</li> <li>He is complaining of severe abdominal pain and has diffuse tenderness to palpation.</li> </ul>	There is no external hemorrhage The casualty is conscious but confused	
		He is not in respiratory distress	
		He is not in respiratory distress     He is complaining of severe abdominal pain and has diffuse	
		tenderness to palpation.	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 2	
	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 2	,	
		Casualty Dashboard	
67	Casualty Dashboard  • AVPU Verbal	• AVPU Verbal	D 1.1 · ·
97.	Airway Patent     Breathing RR 20     Radial Pulse Weak	Avro     Verbai     Airway     Patent	Read the text.
	Radial Pulse Weak     Heart rate 126     O2 Saturation 97%	• Breathing RR 20	
		• Radial Pulse Weak	
		• Heart rate 126	
		• O2 Saturation 97%	

		TCCC Cultical Decisions	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 2	
	TCCC Critical Decisions	Overtions	
	Blunt Abdominal Trauma Case Study 2  Ouestion	Question: What should you do first for this convolty?	
	What should you do first for this casualty?	What should you do first for this casualty?	
98.	Start an IV and give him 2 liters of Hextend     Treat his severe pain with IM ketamine	1 Start on IV and give him 2 liters of Heytand	Read the text.
	3. Do a MACE exam because he has sustained blast TBI	1.Start an IV and give him 2 liters of Hextend 2.Treat his severe pain with IM ketamine	
	<ol><li>Start an IV and give him 1 gm of TXA; initiate transfusion with fresh whole blood as soon as it is</li></ol>	3.Do a MACE exam because he has sustained blast TBI	
	available from your unit's Type O Low-Titer Walking Blood Bank	4. Start an IV and give him 1 gm of TXA; initiate transfusion with fresh	
		whole blood as soon as it is available from your unit's Type O Low-	
		Titer Walking Blood Bank	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 2	
		2 and 12 and 12 and 12 and 2 and 2	
	TCCC Critical Decisions	Correct Answer and Feedback:	
	Blunt Abdominal Trauma Case Study 2	4.Start an IV and give him 1 gm of TXA; initiate transfusion with fresh	
	Correct Answer and Feedback	whole blood as soon as it is available from your unit's Type O Low-	
99.	4. Start an IV and give him 1 gm of TXA; initiate transfusion with fresh whole blood as soon as it is available from your unit's Type O Low-Titer Walking	Titer Walking Blood Bank	Read the text.
	Blood Bank	This casualty has blunt abdominal trauma from the crash.	
	This casualty has blunt abdominal trauma from the crash.  The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into	The confusion, the weak radial pulse, and the HR of 126 indicate that he	
	hemorrhagic shock. He needs TXA and whole blood immediately.	has severe internal bleeding and is going into hemorrhagic shock. He	
		needs TXA and whole blood immediately.	
		needs 1777 and whole blood ininiculatery.	
		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 3	
	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3	The Setting	
	The Setting		
	• A convoy is operating near a large US base • An unknown vehicle approaches the convoy	A convoy is operating near a large US base	
100.	<ul> <li>The occupants of the unknown vehicle detonate a vehicle-borne IED about 20 feet away from the</li> </ul>	An unknown vehicle approaches the convoy	Read the text.
	<ul> <li>The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle</li> </ul>	• The occupants of the unknown vehicle detonate a vehicle-borne IED	
	The occupants of the vehicle are not wearing seat restraints	about 20 feet away from the convoy	
	There is no hostile small arms fire after the blast	• The nearest convoy vehicle is overturned in the blast and collides with	
		another convoy vehicle	
		• The occupants of the vehicle are not wearing seat restraints	
		There is no hostile small arms fire after the blast     TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 3	
	A TOOL OLD TO	Zami Indomina Italia Ouse Study S	
	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3	The Casualty	
	The Casualty		
101	You are treating one of the casualties from the overturned vehicle who has extricated himself from	• You are treating one of the casualties from the overturned vehicle who	D 1.1
101.	the vehicle	has extricated himself from the vehicle	Read the text.
101.	<ul> <li>There is no external hemorrhage</li> </ul>		
101.	The casualty is conscious but confused He is not in respiratory distress	There is no external hemorrhage	
101.	The casualty is conscious but confused		
101.	The casualty is conscious but confused He is not in respiratory distress He is complaining of severe abdominal pain and has	• There is no external hemorrhage	
101.	The casualty is conscious but confused He is not in respiratory distress He is complaining of severe abdominal pain and has	<ul><li>There is no external hemorrhage</li><li>The casualty is conscious but confused</li></ul>	

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		TCCC Critical Decisions	
		Blunt Abdominal Trauma Case Study 3	
102.	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3  The Casualty  You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle  There is no external hemorrhage  The casualty is conscious but confused  He is not in respiratory distress  He is complaining of severe abdominal pain and has diffuse tenderness to palpation.  TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3  Casualty Dashboard  AVPU  Airway  Patent  Breathing  RR 20  Radial Pulse  Weak  Heart rate  126  OZ Saturation  97%	The Casualty  • You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle  • There is no external hemorrhage  • The casualty is conscious but confused  • He is not in respiratory distress  • He is complaining of severe abdominal pain and has diffuse tenderness to palpation.  TCCC Critical Decisions  Blunt Abdominal Trauma Case Study 3   Casualty Dashboard  • AVPU Verbal  • Airway Patent  • Breathing RR 20	Read the text.  Read the text.
	• O2 Saturation 97%	<ul> <li>Breathing RR 20</li> <li>Radial Pulse Weak</li> <li>Heart rate 126</li> <li>O2 Saturation 97%</li> <li>TCCC Critical Decisions</li> </ul>	
104.	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3 Question What medication would you use to treat this casualty's pain?  1. Oral Transmucosal Fentanyl Citrate 2. Acetaminophen and melosicam from the Combat Wound Medication Pack 3. IV ketamine – 20 mg 4. IV morphine – 5 mg	Blunt Abdominal Trauma Case Study 3  Question: What medication would you use to treat this casualty's pain?  1. Oral Transmucosal Fentanyl Citrate 2. Acetaminophen and meloxicam from the Combat Wound Medication Pack 3. IV ketamine – 20 mg 4. IV morphine – 5 mg	Read the text.
105.	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3  Correct Answer and Feedback  3. IV ketamine – 20 mg  This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal beteding and is going into hemorrhagic shock, Opioids (OTFC and morphine) are contraindicated in casualties with shock. Acetaminophen and meloxicam are not strong enough analgesies to effectively treat this casualty's severe pain.	TCCC Critical Decisions Blunt Abdominal Trauma Case Study 3  Correct Answer and Feedback:  2. IV ketamine – 20 mg  This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into hemorrhagic shock. Opioids (OTFC and morphine) are contraindicated in casualties with shock. Acetaminophen and meloxicam are not strong enough analgesics to effectively treat this casualty's severe pain.	Read the text.

		I	, ,
		TCCC Critical Decisions	
		Additional Case Study 1	
	TCCC Critical Decisions Additional Case Study 1	The Setting	
	The Setting		
106.	You are on a hostage rescue mission     An 8-man team is looking for 3 hostages in a	<ul><li>You are on a hostage rescue mission</li><li>An 8-man team is looking for 3 hostages in a building</li></ul>	Read the text.
	building • The team suddenly comes under heavy fire • The assaulter next to you is shot in the head	The team suddenly comes under heavy fire	
	The hostages have not yet been located The hostiles are moving and returning fire	The team stude in a volume and the average of the team stude in the head     The assaulter next to you is shot in the head	
	The tactical situation is dynamic	The hostages have not yet been located	
		• The hostiles are moving and returning fire	
		The tactical situation is dynamic	
	TCCC Critical Decisions	TCCC Critical Decisions	
	Additional Case Study 1	Additional Case Study 1	
		Trustional case study 1	
107.	The Casualty  • The casualty is lying on the floor with a massive	The Casualty	Read the text.
	head wound.  • Shots are still being exchanged with the hostile forces.		
		The casualty is lying on the floor with a massive head wound.	
		Shots are still being exchanged with the hostile forces.	
		TCCC Critical Decisions	
		Additional Case Study 1	
	TCCC Critical Decisions Additional Case Study 1		
	Additional cust study I	Question:	
100	Question  What is the NEXT action you should take?	What is the NEXT action you should take?	D 1 .1
108.	1. Stop the assault and examine the casualty for	1. Stop the assault and avaming the assaults, for other wounds	Read the text.
	other wounds 2. Stop the assault and start an IV 3. Stop the assault and begin CPR as needed	Stop the assault and examine the casualty for other wounds     Stop the assault and start an IV	
	<ol><li>Continue the assault until the threat is eliminated and the hostages have been secured.</li></ol>	3. Stop the assault and begin CPR as needed	
		4. Continue the assault until the threat is eliminated and the hostages	
		have been secured.	
		TCCC Critical Decisions	
		Additional Case Study 1	
	TCCC Critical Decisions Additional Case Study 1	Correct Answer and Foodback	
	Correct Answer and Feedback	Correct Answer and Feedback: 4. Continue the assault until the threat is eliminated and the hostages	
109.	4. Continue the assault until the threat is eliminated and	have been secured.	Read the text.
10).	the hostages have been secured.	nave occir secured.	read the text.
	In the context of a hostage rescue operation, the hostages are in grave danger until the threat has been eliminated. The correct action here is to continue the mission until	In the context of a hostage rescue operation, the hostages are in grave	
	the hostages have been located and their safety has been assured.	danger until the threat has been eliminated. The correct action here is to	
		continue the mission until the hostages have been located and their	
		safety has been assured.	
		TCCC Critical Decisions	
	TCCC Critical Decisions Additional Case Study 2	Additional Case Study 2	
	Additional Case Study 2	The Setting	
	The Setting		
110.	A small unit is approaching a compound to search for weapons and drugs	A small unit is approaching a compound to search for weapons and	Read the text.
	<ul> <li>They suddenly come under fire</li> <li>Fire is suppressed but several unit members are injured</li> </ul>	drugs	
	•There is no effective incoming fire at present	They suddenly come under fire	
		Fire is suppressed but several unit members are injured	
		There is no effective incoming fire at present	

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		TCCC Critical Decisions	
		Additional Case Study 2	
	Togge of the Line	The Casualty	
	TCCC Critical Decisions Additional Case Study 2		
	The Casualty	Gunshot wound to the left chest just above his plate	
	<ul> <li>Gunshot wound to the left chest just above his plate</li> <li>The casualty is conscious and in severe pain</li> </ul>	The casualty is conscious and in severe pain	
111.	His radial pulse is weak     His breathing is deep and rapid     Oxygen saturation was 85% prior to needle decompression	His radial pulse is weak	Read the text.
	<ul> <li>Oxygen saturation was 85% prior to needle decompression</li> <li>After needle decompression, the casualty's breathing becomes slower and less labored</li> </ul>	His breathing is deep and rapid	
	His oxygen saturation improves to 92%     An IV has been started, TXA has been given, and Hextend is running	Oxygen saturation was 85% prior to needle decompression	
	is running  The severe pain persists and he repeatedly asks for pain medicine	After needle decompression, the casualty's breathing becomes slower	
		and less labored	
		His oxygen saturation improves to 92%	
		<ul> <li>An IV has been started, TXA has been given, and Hextend is running</li> </ul>	
		The severe pain persists and he repeatedly asks for pain medicine	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 2	
	Additional Case Study 2		
	County Posts and	Casualty Dashboard	
112.	Casualty Dashboard  • AVPU Alert  • Airway Patent	• AVPU Alert	Read the text.
	Breathing RR 20 Radial Pulse Weak	Airway Patent	
	• O2 Saturation 92% at present	• Breathing RR 20	
		Radial Pulse Weak	
		• O2 Saturation 92% at present	
		TCCC Critical Decisions	
	TCCC Cutting Designation	Additional Case Study 2	
	TCCC Critical Decisions Additional Case Study 2	·	
	•	Question:	
112	Question  What is the NEXT action you should take?	What is the NEXT action you should take?	D . 141
113.	What is the NEXT action you should take?  1. Administer OTFC 800 ug	Ť.	Read the text.
	1. Administer OTFC 800 ug 2. Administer 5 mg of IV morphine 3. Administer 20 mg of IV ketamine	1. Administer OTFC 800 ug	
	4. Administer 10 mg of IM morphine	2. Administer 5 mg of IV morphine	
		3. Administer 20 mg of IV ketamine	
		4. Administer 10 mg of IM morphine	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 2	
	Additional Case Study 2	·	
		Correct Answer and Feedback:	
111	Correct Answer and Feedback	3. Administer 20 mg of ketamine IV	D 1.1.
114.	3. Administer 20 mg of ketamine IV		Read the text.
	The casualty has both pulmonary compromise and the potential for hemorrhagic shock. Opioids may worsen	The casualty has both pulmonary compromise and the potential for	
	both conditions. The best choice for analgesia here is ketamine, which does not lower blood pressure or	hemorrhagic shock. Opioids may worsen both conditions. The best	
	suppress respiration.	choice for analgesia here is ketamine, which does not lower blood	
		pressure or suppress respiration.	
	TCCC Critical Decisions	TCCC Critical Decisions	
	Additional Case Study 3	Additional Case Study 3	
115	The Setting	The Setting	Read the text.
115.	An Army convoy has taken multiple casualties in an ambush     There is no effective incoming fire at the		Read the text.
	There is no effective incoming fire at the moment     One casualty has a gunshot wound to the knee	An Army convoy has taken multiple casualties in an ambush	
	and a second to the site.	There is no effective incoming fire at the moment	
		One casualty has a gunshot wound to the knee	

			<u> </u>
		TCCC Critical Decisions	
116.		Additional Case Study 3	
	TCCC Critical Decisions Additional Case Study 3  The Casualty  Gunshot wound to the right knee There was moderate bleeding that was quickly controlled with a tourniquet  No other wounds Casualty in severe pain Asking loudy for pain medications There are multiple other casualities remaining to be treated	The Casualty	
		<ul> <li>Gunshot wound to the right knee</li> <li>There was moderate bleeding that was quickly controlled with a tourniquet</li> <li>No other wounds</li> <li>Casualty in severe pain</li> <li>Asking loudly for pain medications</li> <li>There are multiple other casualties remaining to be treated</li> </ul>	Read the text.
		TCCC Critical Decisions	
	TCCC Critical Decisions Additional Case Study 3	Additional Case Study 3	
117.	Casualty Dashboard  - AVPU Alert - Alreva - Alreva - Breathing RR 18 and unlabored - Radial Pulse Strong - O2 Saturation 98%	Casualty Dashboard  • AVPU Alert  • Airway Patent  • Breathing RR 18 and unlabored  • Radial Pulse Strong  • O2 Saturation 98%	Read the text.
		TCCC Critical Decisions	
118.	TCCC Critical Decisions Additional Case Study 3  Question  What is the NEXT action you should take?	Additional Case Study 3  Question: What is the NEXT action you should take?	Read the text.
	1. Administer IM morphine 8 mg 2. Administer OTFC 800 gg 3. Give the casualty meloxicam and acetaminophen from the Combat Wound Medication Pack 4. Withhold pain meds because of the risk of shock	<ol> <li>Administer IM morphine 8 mg</li> <li>Administer OTFC 800 ug</li> <li>Give the casualty meloxicam and acetaminophen from the Combat Wound Medication Pack</li> <li>Withhold pain meds because of the risk of shock</li> </ol>	
	TCCC Critical Decisions Additional Case Study 3	TCCC Critical Decisions Additional Case Study 3	
119.	Correct Answer and Feedback  2. Administer OTFC 800 ug	Correct Answer and Feedback:  2. Administer OTFC 800 ug	Read the text.
117.	This casualty needs analgesia, OTFC is as effective as IV morphics and its next of action is very rapid. My morphics is shown acting and a less desirable choice. Melusicam and acetaminophen are less potent than OTFC. There is no need to withhold opioid analgesia from this casualty since he is not in shock and his bleeding is controlled with a tourniquet – he should get an 800 up OTFC lozenge.	This casualty needs analgesia. OTFC is as effective as IV morphine and its onset of action is very rapid. IM morphine is slower acting and a less desirable choice. Meloxicam and acetaminophen are less potent than OTFC. There is no need to withhold opioid analgesia from this casualty since he is not in shock and his bleeding is controlled with a tourniquet — he should get an 800 ug OTFC lozenge.	
120.	TCCC Critical Decisions Additional Case Study 4	TCCC Critical Decisions Additional Case Study 4	
	The Setting  • A small unit sustains multiple casualties from an engagement with hostile forces  • There is no effective incoming fire at the moment	<ul> <li>The Setting</li> <li>A small unit sustains multiple casualties from an engagement with hostile forces</li> <li>There is no effective incoming fire at the moment</li> </ul>	Read the text.
		I.	1

		TCCC Critical Decisions	
		Additional Case Study 4	
		Additional Case Study 4	
		The Casualty	
		The Cusualty	
	TCCC Critical Decisions Additional Case Study 4	Your casualty has a gunshot wound to the right knee	
	The Casualty	Heavy bleeding from the wound was controlled quickly with a	
	Your casualty has a gunshot wound to the right knee     Heavy bleeding from the wound was controlled quickly	tourniquet	
121.	with a tourniquet  There are no other injuries The casualty has a strong radial pulse	• There are no other injuries	Read the text.
	<ul> <li>Casualty given 800 ug of OTFC for pain and the antibiotic ertapenem</li> </ul>	The casualty has a strong radial pulse	
	<ul> <li>5 minutes later - the casualty suddenly has labored breathing and is confused</li> <li>Re-exam confirms no chest or abdominal wounds</li> </ul>	• Casualty given 800 ug of OTFC for pain and the antibiotic	
	Breath sounds reveal bilateral wheezing	ertapenem	
		• 5 minutes later - the casualty suddenly has labored breathing and is	
		confused	
		Re-exam confirms no chest or abdominal wounds	
		Breath sounds reveal bilateral wheezing	
	TCCC Critical Decisions	TCCC Critical Decisions	
	Additional Case Study 4	Additional Case Study 4	
		Casualty Dashboard	
122.	• AVPU Alert but confused	• AVPU Alert but confused	Read the text.
	Airway Raspy breathing     Breathing RR 26 - Noisy and rapid     Radial Pulse Rapid and weak	Airway Raspy breathing	
	• O2 Saturation 82%	Breathing RR 26 - Noisy and rapid	
		Radial Pulse Rapid and weak	
		• O2 Saturation 82%	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 4	
	Additional Case Study 4	Question:	
	Question	What is the NEXT action you should take?	
123.	What is the NEXT action you should take?	What is the WEXY action you should take.	Read the text.
	Perform a bilateral needle chest decompression     Administer 0.5 mg epinephrine by autoinjector	1. Perform a bilateral needle chest decompression	
	3. Insert a supraglottic airway 4. Start an IV	2. Administer 0.5 mg epinephrine by autoinjector	
		3. Insert a supraglottic airway	
		4. Start an IV	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 4	
	Additional Case Study 4	Connect Angrees and Foodback	
	Compat Anguay and Parth at	Correct Answer and Feedback: 2. Administer 0.5 mg epinephrine by autoinjector	
124.	Correct Answer and Feedback  2. Administer 0.5 mg epinephrine by autoinjector	2. Administer 0.5 ing epinepinine by autoinjector	Read the text.
12	Anaphylactic reactions to ertapenem are rare but they do occur. The presence of labored breathing and a weak	Anaphylactic reactions to ertapenem are rare but they do occur. The	Tions the tont.
	pulse shortly after administering this medication require that this diagnosis be considered and appropriate	presence of labored breathing and a weak pulse shortly after	
	treatment rendered. There is no chest trauma and other obvious cause for these severe signs in this casualty.	administering this medication require that this diagnosis be considered	
		and appropriate treatment rendered. There is no chest trauma and other	
		obvious cause for these severe signs in this casualty.	
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 5	
	Additional Case Study 5	The Setting	
	The Setting	The Setting	
125.	A hand grenade detonates in a building     One unit member has moderate pain and vision	A hand grenade detonates in a building	Read the text.
	loss in his right eye after the explosion  • He was not wearing eye protection  •There is no effective incoming fire at the	One unit member has moderate pain and vision loss in his right eye	
	*There is no effective incoming fire at the moment	after the explosion	
		He was not wearing eye protection	
		There is no effective incoming fire at the moment	

TCCC Critical Decisions   Additional Case Study 5			TCCC Critical Decisions	
Tecc Critical Decisions Additional Case Study 5  Test and the text.  The Casually  There is mild pain from several scattered fragment injuries on his extremities and abdomen, but no significant external bleeding is identified.  His right upper eyelf dis lacerated  On vision testing, he is the smaller to count fingers with that eye but can see hand motion  Tecc Critical Decisions Additional Case Study 5  Test and the text.				
**The casualty is alert but in significant pain from his eye injury  **There is mild pain from several scattered fragment injuries on his extremities and abdomen, but no significant external bleeding is identified.  **There is mild pain from several scattered fragment injuries on his extremities and abdomen, but no significant external bleeding is identified.  **His right upper cyclid is lacerated.**  **On vision testing, he is unable to count fingers with that eye but can see hand motion.  **TCCC Critical Decisions Additional Case Study 5  **Casualty Dashboard**  **AVPU Alert - Airway Patent - Breathing RR 18 and unlabored.**  **Read the text.**  **Avination of the study			Auditivitat Cast Study S	
TCCC Critical Decisions Additional Case Study 5  Casualty Dashboard  - AVPU Alert - Breathing RR 18 and unlabored - Avrivation 98%  TCCC Critical Decisions Additional Case Study 5  Question:  What is NOV interpretated in the floor of the control	126.	Additional Case Study 5  The Casualty  The casualty is alert but in significant pain from his eye injury  There is mild pain from several scattered fragment injuries on his extremities and abdomen but no significant external bleeding is identified  His right eye is red and tearing The cornea appears to be injured  His right upper eyelid is lacerated On vision testing, he is unable to count fingers with	<ul> <li>The casualty is alert but in significant pain from his eye injury</li> <li>There is mild pain from several scattered fragment injuries on his extremities and abdomen, but no significant external bleeding is identified</li> <li>His right eye is red and tearing</li> <li>The cornea appears to be injured</li> <li>His right upper eyelid is lacerated</li> <li>On vision testing, he is unable to count fingers with that eye but can</li> </ul>	Read the text.
Additional Case Study 5  Casualty Dashboard  AVPU Alert  Aliry Patentt  Breathing RR 18 and unlabored  Radial Pulse  Strong  20 Saturation 98%  TCCC Critical Decisions Additional Case Study 5  Outstine Water to what from the control of the contro				
127.   Casualty Dashboard   - AVPU   Alert   - Airway   Patent   - Breathing   RR 18 and unlabored   - Radial Pulse   Strong   - O.2 Saturation   98%   - O.3 Saturation				
Casualty Dashboard   - AVPU   Alert   - Airway   Patent   - Airw			Additional Case Study 5	
Additional Case Study 5  Question: What is the NEXT action you should take?  1. Cover the eye with a rigid eye shield 1. Cover the eye with a rigid eye shield 2. Perform a detailed eye exam with the aid of a tactical flashlight 3. Apply a pressure patch to the injured eye 4. Apply pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feedback: 1. Cover the eye with a rigid eye shield 2. Perform a detailed eye exam with the aid of a tactical flashlight 3. Apply a pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feedback: 1. Cover the eye with a rigid eye shield  The liqued cye what a rigid eye shield  129.  129.  129.  129.  129.  130	127.	Casualty Dashboard  - AVPU Alert - Alrway Patent - Breathing RR 18 and unlabored - Radial Pulse Strong	<ul> <li>AVPU Alert</li> <li>Airway Patent</li> <li>Breathing RR 18 and unlabored</li> <li>Radial Pulse Strong</li> <li>O2 Saturation 98%</li> </ul>	Read the text.
Additional Case Study 5  Question: What is the NEXT action you should take?  1. Cover the eye with a rigid eye shield 1. Prefers a detailed eye reas with the sid of a tactical flashlight 2. Perform a detailed eye exam with the sid of a tactical flashlight 3. Apply a pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feedback: 1. Cover the eye with a rigid eye shield 2. Perform a detailed eye exam with the sid of a tactical flashlight 3. Apply a pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feedback: 1. Cover the eye with a rigid eye shield  2. Perform a detailed eye exam with the aid of a tactical flashlight  3. Apply a pressure patches to both eyes to minimize eye movement  1. Cover the eye with a rigid eye shield  2. Perform a detailed eye exam with the aid of a tactical flashlight  3. Apply a pressure patches to both eyes to minimize eye movement  1. Cover the eye with a rigid eye shield  2. Perform a detailed eye exam with the aid of a tactical flashlight  3. Apply a pressure patches to both eyes to minimize eye movement  1. Cover the				
128.   What it is the NEXT action you should take?   Read the text.			·	
1. Cover the eye with a rigid eye shield  2. Perform a detailed eye exam with the aid of a tactical flashlight  3. Apply a pressure patch to the injured eye 4. Apply pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feeback  1. Cover the eye with a rigid eye shield  2. Perform a detailed eye exam with the aid of a tactical flashlight  3. Apply a pressure patch to the injured eye 4. Apply pressure patches to both eyes to minimize eye movement  TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feeback:  1. Cover the eye with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the ocular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  130.  Trick Stulia:  A small and usuation multiple casualties from a small arms engagement  A small unit sustains multiple casualties from a small arms engagement  Your casualty has a gunshot wound to the right knee	120	•		Dead the test
Additional Case Study 5  Correct Answer and Feedback: 1. Cover the eye with a rigid eye shield  1. Cover the winds to inpute it from further injury or from accidental pressure being applied that might cause the ocular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  130.  130.  TCCC Critical Decisions Additional Case Study 6  The Setting  A small unit sustains multiple casualties from a small arms engagement  A small unit sustains multiple casualties from a small arms engagement  A small unit sustains multiple casualties from a small arms engagement  Your casualty has a gunshot wound to the right knee	128.	1. Cover the eye with a rigid eye shield 2. Perform a detailed eye exam with the aid of a tactical flashlight 3. Apply a pressure patch to the injured eye 4. Apply pressure patches to both eyes to	<ul><li>2. Perform a detailed eye exam with the aid of a tactical flashlight</li><li>3. Apply a pressure patch to the injured eye</li></ul>	Read the text.
TCCC Critical Decisions Additional Case Study 5  Correct Answer and Feedback:  1. Cover the eye with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield to protect immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the ocular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  - A small unit sustains multiple casualties from a small arms engagement  - A small unit sustains multiple casualties from a small arms engagement  - Your casualty has a gunshot wound to the right knee				
Additional Case Study 5  Correct Answer and Feedback:  1. Cover the eye with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause food contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT atpply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  Andlitional Case Study 6  The Setting  Andlitional Case Study 6  The Setting  A small unit sustains multiple casualties from a small arms engagement  Your casualty has a gunshot wound to the right knee  There are no other injuries  Correct Answer and Feedback:  1. Cover the eye with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The injured eye should be immediately covered with a rigid eye shield  The substict of the injured eye.  The		• Togg of the training	Additional Case Study 5	
129.    Cover the eye with a rigid eye shield				
129.  1. Cover the eye with a rigid eye shield The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being groupled that night cauce the earlar contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  - A small unit sustains multiple casualties from a small arms engagement - Your casualty has a gunshot wound to the right knee  - There are no other injuries  Read the text.  Read the text.  The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the ocular contents to extrude from the corneal laceration. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  - A small unit sustains multiple casualties from a small arms engagement - Your casualty has a gunshot wound to the right knee  - There are no other injuries  Read the text.  Read the text.		County to the second		
The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the coulre counted to protect it from further injury or from accidental pressure being applied that might cause the coulrection of the injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the occulrance contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  'A small unit sustains multiple casualties from a small arms engagement  'Your casualty has a gunshot wound to the right knee  There are no other injuries  The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cause the occular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.  TCCC Critical Decisions Additional Case Study 6  The Setting  'A small unit sustains multiple casualties from a small arms engagement  'Your casualty has a gunshot wound to the right knee  'A small unit sustains multiple casualties from a small arms engagement  'Your casualty has a gunshot wound to the right knee	120	# CONTROL OF THE PROPERTY OF T	1. Cover the eye with a rigid eye shield	Read the text
TCCC Critical Decisions Additional Case Study 6  The Setting  A small unit sustains multiple casualties from a small arms engagement  A small unit sustains multiple casualties from a small arms engagement  • A small unit sustains multiple casualties from a small arms engagement  • Your casualty has a gunshot wound to the right knee  Read the text.	129.	The injured eye should be immediately covered with a rigid eye shield to protect it from further injury or from accidental pressure being applied that might cases the ocular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO	to protect it from further injury or from accidental pressure being applied that might cause the ocular contents to extrude from the corneal laceration. DO NOT attempt to manipulate the eye to perform a more thorough exam. DO NOT apply a pressure patch to the injured eye.	Kead the text.
Additional Case Study 6  The Setting  A small unit sustains multiple casualties from a small arms engagement  Your casualty has a gunshot wound to the right knee  There are no other injuries  The Setting  A small unit sustains multiple casualties from a small arms engagement  Your casualty has a gunshot wound to the right knee		TCCC Critical Decisions		
130. A small unit sustains multiple casualties from a small arms engagement  - Your casualty has a gunshot wound to the right knee  - There are no other injuries  - A small unit sustains multiple casualties from a small arms engagement  - Your casualty has a gunshot wound to the right knee  - Your casualty has a gunshot wound to the right knee			Additional Case Study 6	
• A small unit sustains multiple casualties from a small arms engagement • Your casualty has a gunshot wound to the right engagement • Your casualty has a gunshot wound to the right knee	130.	• A small unit sustains multiple casualties from a	The Setting	Read the text.
		<ul> <li>Your casualty has a gunshot wound to the right knee</li> </ul>	engagement	

		TOGO C.WI DW.	I I
		TCCC Critical Decisions	
		Additional Case Study 6	
131.	TCCC Critical Decisions Additional Case Study 6  The Casualty  Vou are now on board a helicopter in the TACEVAC phase of care  Severe pain during Tactical Field Care was treated with IM morphiles x3  Blicelling from the wound was controlled quickly with a tournique;  The casualty continues to complain of pain  The casualty continues to complain of pain  The casualty continues to the complain of pain  The casualty experiences relief of his pain  But soon appears sleepy and confused	<ul> <li>The Casualty</li> <li>You are now on board a helicopter in the TACEVAC phase of care</li> <li>Severe pain during Tactical Field Care was treated with IM morphine x 3</li> <li>Bleeding from the wound was controlled quickly with a tourniquet</li> <li>The casualty continues to complain of pain</li> <li>You give the casualty 5 more mg of IV morphine x 2 at 10-minute intervals in an attempt to relieve his pain</li> <li>The casualty experiences relief of his pain</li> <li>But soon appears sleepy and confused</li> </ul>	Read the text.
		TCCC Critical Decisions	
	TCCC Critical Decisions	Additional Case Study 6	
	Additional Case Study 6		
		Casualty Dashboard	
132.	Casualty Dashboard  • AVPU Awake but drowsy  • Airway Patent	• AVPU Awake but drowsy	Read the text.
	Breathing RR 8     Blood Pressure 95/70	Airway Patent	
	• O2 Saturation 79%	• Breathing RR 8	
		• Blood Pressure 95/70	
		• O2 Saturation 79%	
		TCCC Critical Decisions	
		Additional Case Study 6	
	TCCC Critical Decisions Additional Case Study 6		
	Additional case study o	Question:	
	Question	What is the NEXT action you should take?	
133.	What is the NEXT action you should take?		Read the text.
	Administer a unit of packed red blood cells     Stop using IV morphine and switch to 50 mg of	1. Administer a unit of packed red blood cells	
	ketamine as your next option 3. Administer 0.4 mg of naloxone IV 4. Administer 1 gm of TXA	2. Stop using IV morphine and switch to 50 mg of ketamine as your	
	····	next option	
		3. Administer 0.4 mg of naloxone IV	
		4. Administer 1 gm of TXA  TCCC Critical Decisions	
		Additional Case Study 6	
	TCCC Critical Decisions Additional Case Study 6	Correct Answer and Feedback:	
	Correct Answer and Feedback	3) Administer 0.4 mg of naloxone IV	
	3) Administer 0.4 mg of naloxone IV	3) I to minimister 0.7 mg of indoxone 1 v	
134.	This scenario depicts a casualty suffering from an opioid overdose. IM morphine acts slowly, and the lack of pain relief	This scenario depicts a casualty suffering from an opioid overdose. IM	Read the text.
	may cause the combat medical provider to administer multiple doses of morphine, as in this scenario. When the	morphine acts slowly, and the lack of pain relief may cause the combat	
	morphine begins to take effect 30-45 minutes later, the multiple doses may act on concert with the IV morphine to	medical provider to administer multiple doses of morphine, as in this	
	produce an overdose. The next action should be to administer IV naloxone.	scenario. When the morphine begins to take effect 30-45 minutes later,	
		the multiple doses may act in concert with the IV morphine to produce	
		an overdose. The next action should be to administer IV naloxone.	
		an overdose. The next action should be to administer IV naloxone.	

		I maga a si si si si si	
		TCCC Critical Decisions	
		Additional Case Study 7	
	TCCC Critical Decisions Additional Case Study 7	The Setting	
135.	The Setting  A mission team is clearing a building One person is moving near the edge of the roof of a two-story building The person is hit by small arms fire in his body armor plates He stumbles backwards and falls from the roof Hostile fire is intensifying from nearby buildings Rounds are landing near you and your casualty	<ul> <li>A mission team is clearing a building</li> <li>One person is moving near the edge of the roof of a two-story building</li> <li>The person is hit by small arms fire in his body armor plates</li> <li>He stumbles backwards and falls from the roof</li> <li>Hostile fire is intensifying from nearby buildings</li> </ul>	Read the text.
		Rounds are landing near you and your casualty	
		TCCC Critical Decisions	
	TCCC Critical Decisions Additional Case Study 7	Additional Case Study 7	
136.	The Casualty  The casualty is unconscious when you get to him Hostile fire is intensifying from nearby buildings There are rounds landing near you and your casualty There is no obvious external bleeding	<ul> <li>The Casualty</li> <li>The casualty is unconscious when you get to him</li> <li>Hostile fire is intensifying from nearby buildings</li> <li>There are rounds landing near you and your casualty</li> <li>There is no obvious external bleeding</li> </ul>	Read the text.
		TCCC Critical Decisions	
137.	TCCC Critical Decisions Additional Case Study 7  Question  What is the NEXT action you should take?  1. Intubate the casualty to secure his airway  2. Await the arrival of a commercial litter before attempting to move the casualty to cover  3. Start an IV  4. Immediately move the casualty to the nearest cover by supporting his head and dragging him along the long axis of his body.	Additional Case Study 7  Question: What is the NEXT action you should take?  1. Intubate the casualty to secure his airway 2. Await the arrival of a commercial litter before attempting to move the casualty to cover 3. Start an IV 4. Immediately move the casualty to the nearest cover by supporting his head and dragging him along the long axis of his body.	Read the text.
		TCCC Critical Decisions	
138.	TCCC Critical Decisions Additional Case Study 7  Correct Answer and Feedback  4. Immediately move the casualty to the nearest cover by supporting his head and dragging him along the long axis of his body.  This casualty has a potential spainal cord injury that must be considered as well as likely TBL He may also have someompressible homershage and multiple musculoskeletal injuries from his fall. But the first consideration at the moment is to move him to cover so that he (and you) will not be injured further by hostile fire.	Additional Case Study 7  Correct Answer and Feedback:  4. Immediately move the casualty to the nearest cover by supporting his head and dragging him along the long axis of his body.  This casualty has a potential spinal cord injury that must be considered as well as likely TBI. He may also have noncompressible hemorrhage and multiple musculoskeletal injuries from his fall. But the first consideration at the moment is to move him to cover so that he (and you) will not be injured further by hostile fire.	Read the text.
139.	Questions?		