TCCC SCENARIOS

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
1	TCCC Scenarios	We've talked about the basics.
Tactical Combat Casualty Care February 2009 TCCC Scenarios		Now we're going to look at some more scenarios.
2	Tactical Casualty Scenarios	
 Tactical Casualty Scenarios If the basic TCCC combat trauma management plan doesn't work for the specific tactical situation, then for combat medics, corpsmen, and PJs - it doesn't work. There are no rigid guidelines in combat – THINK ON YOUR FEET. Examples to follow 	 If the basic TCCC combat trauma management plan doesn't work for the specific tactical situation, then for combat medics, corpsmen, and PJs - it doesn't work. There are no rigid guidelines in combat – THINK ON YOUR FEET. Scenario-based planning is critical for success in TCCC. Examples to follow 	
3	SEAL Casualty - Afghanistan	
 SecAL Casualty - Afghanistan August 2002 Somewhere in Afghanistan SEAL element on direct action mission Stery of the casualty as described by the first responder - NOT a corpsman Illustrates huge challenges encountered in TCCC 	 August 2002 Somewhere in Afghanistan SEAL element on direct action mission Story of the casualty as described by the first responder NOT a corpsman Illustrates huge challenges encountered in TCCC 	
4	SEAL Casualty - Afghanistan	
SEAL Casualty - Afghanistan "There were four people in my team, two had been shot. Myself and the other uninjured teammate low crawled to the downed men. The man I came to was lying on his back, conscious, with his left leg pinned awkwardly beneath him. He was alert and oriented to person, place, time, and event. At that point I radiced C2 (mission control) to notify them of the downed man."	"There were four people in my team, two had been shot. Myself and the other uninjured teammate low crawled to the downed men. The man I came to was lying on his back, conscious, with his left leg pinned awkwardly beneath him. He was alert and oriented to person, place, time, and event. At that point I radioed C2 (mission control) to notify them of the downed man."	

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES	
5	SEAL Casualty - Afghanistan		
SEAL Casualty - Afghanistan "Upon closer inspection, his knee was as big patient was in extreme pain and did not allow me to do a sweep of his injured leg. He would literally shove me or grab me whenever 1 touched his leg or wounds. I needed to find the entrance and exit wound and stop any possible arterial bleeding."	"Upon closer inspection, his knee was as big as a basketball and his femur had broken. The patient was in extreme pain and did not allow me to do a sweep of his injured leg. He would literally shove me or grab me whenever I touched his leg or wounds. I needed to find the entrance and exit wound and stop any possible arterial bleeding."		
6	SEAL Casualty - Afghanistan	"Picture yourself in this situation. You've	
*But there was zero illumination and he was lying in a wet irrigation ditch. So I couldn't see blood and I couldn't feel for blood."	"But there was zero illumination and he was lying in a wet irrigation ditch. So I couldn't see blood and I couldn't feel for blood."	got a casualty who is badly hurt and you can't see a thing."	
SEAL Casualty - Afghanistan "We were also in danger because our position was in an open field (where the firefight had been) and I had to provide security for him and myself. So, I couldn't afford to turn on any kind of light to examine his wounds. I told him to point to where he felt the pain. He had to sort through his pains."	SEAL Casualty - Afghanistan "We were also in danger because our position was in an open field (where the firefight had been) and I had to provide security for him and myself. So, I couldn't afford to turn on any kind of light to examine his wounds. I told him to point to where he felt the pain. He had to sort through his pains."		
8 SEAL Casualty - Afghanistan "He had extreme pain in his knee and where his femur had been shattered as well as a hematoma at the site of the entrance wound (interior and upper left high). Finally, he pointed to his exit wound (anterior and upper left thigh). Again, I had no way of telling how much blood he had lost. But I did know that he was nonambulatory."	SEAL Casualty - Afghanistan "He had extreme pain in his knee and where his femur had been shattered as well as a hematoma at the site of the entrance wound (interior and upper left thigh). Finally, he pointed to his exit wound (anterior and upper left thigh). Again, I had no way of telling how much blood he had lost. But I did know that he was nonambulatory."		

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
9	SEAL Casualty - Afghanistan	C2 = Command and Control
SEAL Casualty - Afghanistan "So I called C2 again. I gave him the disposition of the patient as well as a request for casevae, a corpust and additional personnel to secure my belicopter. I thought about moving the patient to the belicopter. I thought about moving the two of us to some concealment 25 meters away, but we were both really low in a shallow irrigation ditch. I felt safer there than trying to drag or carry a screaming man to concealment."	"So I called C2 again. I gave him the disposition of the patient as well as a request for casevac, a Corpsman, and additional personnel to secure my position and assist in moving the patient to the helicopter. I thought about moving the two of us to some concealment 25 meters away, but we were both really low in a shallow irrigation ditch. I felt safer there than trying to drag or carry a screaming man to concealment."	
10 SEAL Casualty - Afghanistan "Between providing security and spending a lot of time on the radio I didn't get to treat the patient as much as I wanted to. I had given him a Kerlix bandage to hold against his exit wound. When he frantically told me that he was feeling a lot of blood, I went back to trying to treat him. I couldn't elevate his leg. To move it would mean he'd scream in pain, which wasn't tactical."	SEAL Casualty - Afghanistan "Between providing security and spending a lot of time on the radio I didn't get to treat the patient as much as I wanted to. I had given him a Kerlix bandage to hold against his exit wound. When he frantically told me that he was feeling a lot of blood, I went back to trying to treat him. I couldn't elevate his leg. To move it would mean he'd scream in pain, which wasn't tactical."	
11 SEAL Casualty - Afghanistan "There was just no way he would allow me to apply a pressure dressing to the exit wound even if I could locate it and pack it with Kerlix. So, I decided to put a tourniquet on him."	SEAL Casualty - Afghanistan "There was just no way he would allow me to apply a pressure dressing to the exit wound even if I could locate it and pack it with Kerlix. So, I decided to put a tourniquet on him."	

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
12	SEAL Casualty - Afghanistan	Note the makeshift tourniquet.
SEAL Casualty - Afghanistan "His wounds were just low enough on his leg to get the tourniquet an inch or so above the site. I had a cravat and a wooden dowel with 550 cord (parachute cord) attached to it to use as a tourniquet. I told him to expect a lot of pain as I would be tightening the cravat down."	"His wounds were just low enough on his leg to get the tourniquet an inch or so above the site. I had a cravat and a wooden dowel with 550 cord (parachute cord) attached to it to use as a tourniquet. I told him to expect a lot of pain as I would be tightening the cravat down."	When we first started the war in Afghanistan, most U.S. forces were not deploying with issued tourniquets.
13	SEAL Casualty - Afghanistan	You need to be able to get a tourniquet on
SEAL Casualty - Afghanistan "At this point he feared for his life so he agreed. Once I got it tightened I had trouble securing it. The 550 cord was hard to get underneath the tightened cravat."	"At this point he feared for his life so he agreed. Once I got it tightened I had trouble securing it. The 550 cord was hard to get underneath the tightened cravat."	a wounded teammate with zero illumination.
14 Weight State Casualty - Afghanistan "After over 5 minutes, the Corpsman arrived along with a CASEVAC bird and a security force. Moving the patient was very hard. Four of us struggled to move him and his gear 25 meters to the bird. The patient was over 200 pounds alone and we were moving over very uneven terrain."	SEAL Casualty - Afghanistan "After over 5 minutes, the Corpsman arrived along with a CASEVAC bird and a security force. Moving the patient was very hard. Four of us struggled to move him and his gear 25 meters to the bird. The patient was over 200 pounds alone and we were moving over very uneven terrain."	
15 SEAL Casualty - Afghanistan "We wanted to do a three-man carry with two men under his arms and one under his legs. But again, his leg was flopping around at the thigh and couldn't be used to lift him."	SEAL Casualty - Afghanistan "We wanted to do a three-man carry with two men under his arms and one under his legs. But again, his leg was flopping around at the thigh and couldn't be used to lift him."	Experienced combat medical personnel say that moving the casualty is typically the biggest challenge in TCCC.

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES	
16	SEAL Casualty - Afghanistan	Was the tourniquet a good move?	
SEAL Casualty - Afghanistan "The bird, (a Task Force 160 MH-60) had a 50-cal sniper rifle strapped down, which made it hard for us to get him in. It took us minutes to get him 25 meters into the bird. The Corpsman went with my patient as well as the other downed man in my team and I went back to the op."	"The bird, (a Task Force 160 MH- 60) had a 50-cal sniper rifle strapped down, which made it hard for us to get him in. It took us minutes to get him 25 meters into the bird. The Corpsman went with my patient as well as the other downed man in my team and I went back to the op."	Absolutely – probably saved the casualty's life Would a pressure dressing have been a good idea if tolerated by the patient? NO – won't necessarily stop a big bleeder	
 Difference of the second second	 Scenario Discussions – Suggested Format Break up into groups of six Present the background for the scenario on the screen. Let the instructor take it from there using his TCCC Scenario Instructor's Guide and talking the group through the scenario. 10 minutes per scenario Stop after 10 minutes and present the next scenario on screen. 	Here's is a suggested format for the scenario discussions Get the class talking and thinking on these!	
18 Urban Warfare Scenario	Urban Warfare Scenario	Now let's look at a scenario in urban warfare operations	
 Detection of the second seco	 October 1993 High-threat urban environment 16-man Ranger team 70-foot fast rope insertion for building assault One man misses rope and falls Unconscious on the ground Bleeding from mouth and ears Unit taking sporadic fire from all directions from hostile crowds 	Anybody recognize this casualty? First Ranger casualty in Mogadishu Everybody here see "Blackhawk Down?"	

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
20 The Battle of Mogadishu • Somalia - 3 October 1993 • US casualties: 18 dead, 73 wounded • Estimated Somali casualties 350 dead, 500 wounded • Battle 15 hours in length	 The Battle of Mogadishu Somalia – 3 October 1993 US casualties: 18 dead, 73 wounded Estimated Somali casualties 350 dead, 500 wounded Battle 15 hours in length 	At the time, it was the biggest battle involving U.S. forces since Vietnam Picture is of Mogadishu street
 21 Mogadishu Complicating Factors Helo CASE VAC not possible because of crowds, narrow streets, and RPGs Verlie CASE VAC not possible initially because of ambushes, roadblocks, and RPGs Gunfire support problems Somalic rowds included non-combatants Somalis able to take cover in buildings RPG threat to helo fire-support gunships 	 Mogadishu Complicating Factors Helo CASEVAC not possible because of crowds, narrow streets, and RPGs Vehicle CASEVAC not possible initially because of ambushes, roadblocks, and RPGs Gunfire support problems Somali crowds included non- combatants Somalis able to take cover in buildings RPG threat to helo fire- support gunships 	We talked about factors that make evacuation by helicopter hard. Be sure that you add narrow streets and RPG fire to that list. There were LOTS of U.S. helos over Mogadishu, but we were not able to evac the casualties with them for these reasons.
22 Care under Fire Return fire? Nove patient to cover right away or wait for long board? How should he be moved? Intubation? V fluids? Urgency for evacuation? =	 Care under Fire Return fire? Move patient to cover right away or wait for long board? How should he be moved? Intubation? IV fluids? Urgency for evacuation? 	See below for Instructor Notes

SLIDE	INSTRUCTIONAL	POINTS	INSTRUCTOR NOTES	
Should the medic return fire or	care for casualty?			
			Does he need to be intubated?	
Reasonable to have medic or co	orpsman to attend	No		
casualty in this scenario		Chin-lift/ja	w-thrust and NP airway	
Why?		Does he ne	ed IV fluids?	
Total suppression of hostile fire	e not possible	Probably no		
Large crowd – can't kill everyb			head injury worse	
Lots of other guns			fluid resuscitation if internal bleeding and	
Critically injured patient		hypovolem		
Does that break our rule about a treating later?	shooting first and	Check radia	al pulse – give fluids if pulse weak	
		Urgency fo	r evacuation?	
Yes - but that's OK – it's the ri	ght answer for this		an be done at FST (forward surgical team)	
particular situation.	0	for the head		
_		Possible rug	ptured spleen or other internal bleeding may	
What's next?		be bigger is	ssue	
Move patient to cover right awa	ay or wait for long			
board immobilization?			mmander in Mogadishu split force rather	
	C 10 XZ	than wait 3		
Is he at risk for a spinal injury i Also very much at risk of gettin			ed antibiotics or analgesia?	
Probably DO want to get him to		Already un	en wound noted	
cover available at side	0 cover minieuratery –	Alleady ull	conscious	
of road		Outcome		
of four			vived his injuries.	
How would you want to move	him?	End of scer		
Carefully!!				
Cradle head with forearms to st	tabilize neck and drag			
23	Mogadishu Scenario 2 I	Helo Hit by	Second real-world scenario from	
Mogadishu Scenario 2 Helo Hit by RPG Round	RPG Round		Mogadishu	
			Very different tactical situation	

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
24 Mogadishu Scenario 2 Helo Hit by RPG Round • Hostile and well-armed (AK-47s, RPG) crowds in an urban environment • Building assault to capture members of a hostile clan • Blackhawk helicopter trying to cover helo crash site • Flying at 300 foot altitude	 Mogadishu Scenario 2 Helo Hit by RPG Round Hostile and well-armed (AK- 47s, RPG) crowds in an urban environment Building assault to capture members of a hostile clan Blackhawk helicopter trying to cover helo crash site Flying at 300 foot altitude 	
25 Mogadishu Scenario 2 Helo Hit by RPG Round - Left door gunner with 6 barrel M-134 minigun (4000 rpm) - Hit in hand by ground fire Another crew member takes over mini-gun R PGF round impacts under right door gunner Mogadishu	 Mogadishu Scenario 2 Helo Hit by RPG Round Left door gunner with 6 barrel M-134 minigun (4000 rpm) Hit in hand by ground fire Another crew member takes over mini-gun RPG round impacts under right door gunner 	
26 Mogadishu Scenario 2 Helo Hit by RPG Round . Windshields all blown out . Smoke filling aircraft . Right minigun not functioning . Left minigun without a gunner and firing uncontrolled . Pilot: . Transiently unconscious - now becoming alert	 Mogadishu Scenario 2 Helo Hit by RPG Round Windshields all blown out Smoke filling aircraft Right minigun not functioning Left minigun without a gunner and firing uncontrolled Pilot: Transiently unconscious - now becoming alert 	
27 Mogadishu Scenario 2 Helo Hit by RPG Round • Co-pilot • Unconscious - lying forward on helo's controls • Crew Member • Leg blown off • Lying in puddle of his own blood • Femoral bleeding	 Mogadishu Scenario 2 Helo Hit by RPG Round Co-pilot Unconscious - lying forward on helo's controls Crew Member Leg blown off Lying in puddle of his own blood Femoral bleeding 	

SLIDE	INSTRUCTIONAL	POINTS	INSTRUCTOR NOTES
28 Mogadishu Scenario 2 Helo Hit by RPG Round • YOU are the person providing care in the helo. • What do you do first?	 Mogadishu Scenario 2 H RPG Round YOU are the person p care in the helo. What do you do first⁴ 	providing	See below for Instructor Notes
What are your options for first	actions?		ual in Mogadishu treated himself provised tourniquet Survived
Casualty with femoral bleeding Unconscious co-pilot Semi-conscious pilot Stop the uncontrolled min-gun Who gets treated first? Take care of the pilot first Want to get him back flying the Most important thing about me is to try to keep the aircraft in t Stimulate pilot by shaking Smelling salts if available What's next? Casualty with the femoral bleet Needs a tourniquet He should be able to provide se	from firing e aircraft dical care in an aircraft he air der is next	What can ye Get him off Supine posi Check for e Next action Check casu Stop any se What else? Radio for he Prepare for	ou do for the unconscious co-pilot? The controls ation and establish airway with NPA external bleeding – none seen ? alty with injured hand vere bleeding elp impact if crash landing anticipated ct – security for weapons and ordnance
29 Military Operations in Urban Terrain	Military Operations in U Terrain	Irban	Now let's look at a few scenarios that are representative of the kind that we are seeing in Iraq at present

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
 MOUT Scenario 1 A U.S. ground element is moving on a high-value target in an urban environment The first two men in a 8-map partol are shot by an individual with an automatic weapon while moving down a hallway in a building. The attacker follows this burst with a grenade. 	 MOUT Scenario 1 A U.S. ground element is moving on a high-value target in an urban environment The first two men in a 8-man patrol are shot by an individual with an automatic weapon while moving down a hallway in a building. The attacker follows this burst with a grenade. 	
 31 MOUT Scenario 1 One casualty is shot in the abdomen but conscious. The second casualty is shot in the shoulder and has massive external bleeding from the wound. The third person is unconscious from the grenade blast. The attacker withdraws around a corner. 	 MOUT Scenario 1 One casualty is shot in the abdomen but conscious. The second casualty is shot in the shoulder and has massive external bleeding from the wound. The third person is unconscious from the grenade blast. The attacker withdraws around a corner. 	
32 MOUT Scenario 1 • YOU are the person providing medical care. • What do you do?	 MOUT Scenario 1 YOU are the person providing medical care. What do you do? 	See below for Instructor Notes

SLIDE	INSTRUCTIONAL		INSTRUCTOR NOTES
What are the tactical considera	tions here?	Check for c	other injuries
SLIDEINSTRUCTIONALWhat are the tactical considerations here?How many other hostiles in are in house?All pursue hostile – leave casualties for later?All withdraw to care for casualties?Set security and treat casualties there?Split force – have some pursue and others treat?Split force most often chosen as the best option from previous groups.Who gets treated first?Casualty with Shoulder Injury Most important to treat immediately – could bleed to death quickly Stop bleeding with Combat Gauze dressing Apply with direct pressure for 3 minutes Airway Management? OK – consciousIV? No – not in shock if take care of bleeding without delay		Check for other injuries Find major bleeding in back of thigh from shrapnel wound Apply tourniquet IV fluids? Check radial pulse – strong – not unconscious from hemorrhage No need for fluids – may make blast lung worse Unconscious from blast Pulse ox monitoring Must prevent hypoxia in TBI casualties Combat pill pack? No – needs IV antibiotics – unconscious – medical personnel administer when feasible Needs oxygen in CASEVAC phase Next? Abdominal Wound Casualty Airway Management? OK - conscious IV fluids? No, not at present – not in shock Saline lock a good idea when time permits	
Combat pill pack? Yes		May go into Combat pil	o shock later l pack?
Fentanyl? Careful - may go into shock later from shoulder wound		Yes – casua Abdominal	alty can self-administer wound should have IV antibiotics – but not ority at this point
What next? Unconscious Casualty with Bla Airway Management? Chin-lift/jaw thrust NP airway	ast Injury	End of scen	nario
33 MOUT Scenario 2	MOUT Scenario 2	1	

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES	
34 SECENARIO HISTORY: While on patrol in the city of Tal Afar your platoon receives effective direct small arms fire. A 22-year-old unit member falls to the ground and begins screaming, holding his right leg. The platoon, including you, reacts to the ongoing contact by returning fire.	 MOUT Scenario 2 SCENARIO HISTORY: While on patrol in the city of Tal Afar your platoon receives effective direct small arms fire. A 22- year-old unit member falls to the ground and begins screaming, holding his right leg. The platoon, including you, reacts to the ongoing contact by returning fire. 		
 35 MOUT Scenario 2 You can see that the casualty is bleeding heavily from his leg wound. YOU are the person providing medical care for the unit. What do you do? 	 MOUT Scenario 2 You can see that the casualty is bleeding heavily from his leg wound. YOU are the person providing medical care for the unit. What do you do? 	See below for Instructor Notes	

What phase are you in? Should you start a saline lock? Care Under Fire Should you start a saline lock? What should you do for the casualty? Out yif you think he is in significant danger of going into shock later. What should you do for the casualty? Out yif you think he is in significant danger of going into shock later. No so still in Care under Fire phase Fire hims do nhar eretated. The phase Priorities are to get to cover and return fire if possible Next? Statid you have a sualty has moved behind a vehicle. All hosties are elimitated on hare retreated. The phase recensality, and that you have a for minutes to work, on him before the platon will have to move. Next? Your casualty is alert, still in severe pain, and clutching his right log. There is bload all over his log and hands, and a tourniquet is in Should you try to remove the tourniquet. The bload all corresto. Should you try to remove the tourniquet and replace with Combre Gauce. Your casualty is alert, still in severe pain, and clutching his right log. There is bload all corresto. Should you try to remove the tourniquet. Nearch quickly for any other life-threatening bleeding. Should you give thim further analgesi? Now teoreer? Arraw is patent. Casualty is conscious and talking – airway is OK. Next? Next? Reasses Reasting. Should you give thim further analgesi? <t< th=""><th>SLIDE</th><th>INSTRUCTIONAL</th><th>POINTS</th><th>INSTRUCTOR NOTES</th></t<>	SLIDE	INSTRUCTIONAL	POINTS	INSTRUCTOR NOTES	
Care Under Fire Only if you think he is in significant danger of going into shock later. What should you do for the casualty? Yell at him to put a tourniquet on his wounded leg. May have to help him. Consider movement plan'suppression fire, etc if you do. Should he take his Combat Pill Pack meds now? No. Still in Care under Fire phase. No. Still in Care under Fire phase. Construct. Scenario continues. Casualty has moved behind a vehicle. All hostiles are eliminated or have retreated. The platoon extabilishes a scenare primeter. Platoon leader tells you the you have only on casualty, and that you have a few minutes to work on him heffore the platoen extabilishes a leg. There is blood all over his leg and hands, and a tourniquet is platoe on his right high. What is your first concern? Next? Your casualty is alert, still in severe pain, and clutching his right leg. There is blood all over his leg and hands, and a tourniquet is platoe on his right high. What is your first concern? Should you try to remove the tourniquet metaleplace with Combi Gauze. Your search quickly for any other life-threatening bleeding. Casualty has taken his own Combat Pill Pack. He is in significant and nonice. Your search quickly for any other life. Casualty has taken his own Combat Pill Pack. He is in significant and notice that he is connected or more hostile contact and casualty wants to stay in the fight. Your search quickly for any other life. Casualty is not in shock. Fintupale and hands. Your search quickly					
What should you do for the casualty? later. Yell at him to get under cover if he can. Tell him to put a tournique to his wounded leg. May have to help him. Does the casualty need IV fluids at this point? Consider movement plansuppression fire, etc if you do. No - not in shock. Should he take his Combat Pill Pack meds now? Next? Should he take his Combat Pill Pack meds now? Next? Stoud he take his Constar Pill Pack meds now? Next? Scenario continues. Casualty has moved behind a vehicle. All hostiles are tiget to cover and return fire if possible Next? Stoud he take his you hay so moved to the casualty and that you have a few minutes to work on him before the platoon will have to move. Next? What phase are you in now? Castalay, and that you have a few minutes to work on him before the platoon will have to move. Next? What place on his right High. What is your first concern? Should you try to remove the tourniquet and replace with Combre Gauze. Vour casualty is alert, still in severe pain, and clutching his right leg. There is blood all over this leg and hands, and a tourniquet is in place on his right High. What is your first concern? Should you try to remove the tourniquet in an enticipated. Leave it on Costrol of life-threatening bleeding. What next? You saverh quickly for any other life-threatening bleeding, and find none. Casualty has taken his ourniquet tin					
Yell a thin to get under cover if he can. Tell him to put a tournique to his wounded leg. May have to help him. Consider movement plan'suppression fire, etc if you do. Consider movement plan'suppression fire, etc if you do. So Still in Care under Fire phase Priorities are to get to cover and return fire if possible Scenario continues. Casualty has moved behind a vehicle. All hostiles are eliminated or have mainutes to work on him before the platoon leader tells you that you have only one casualty, and that you have a few minutes to work on him before the platoon will have to move. What phase are you in now? Casted Field Care You casualty and that you have a few minutes to work on him before the platoon will have to move. What phase are you in now? Casted Field Care You casualty and they on this eyen pain, and clutching his right leg. There is blood all over his leg and hands, and a tourniquet is in Gauze. You check the tourniquet. It is positioned correctly. The bleding has been controlled. You search quickly for any other life-threatening bleeding. You search quickly for any other life-threatening bleeding, Next?			later.		
Tell him to put a tourniquet on his wounded leg. No - not in shock. May have to help him. Conserve limited IV fluids until they are really needed. Consider movement plan/suppression fire, etc if you do. Next? Should he take his Combat Fill Pack meds now? Ready Hear Blanket Prevent hypothermia. Ready Hear Blanket Priorities are to get to cover and return fire if possible Blizzard Rescue Blanket Stoud hat you have a few minutes to work on him before Inspect and dress his wound. Reasses Reasses What phase are you in now? CASEVAC location. No enemy contact is expected. CaseVAC location. No enemy c					
May have to help him. Conserve limited IV fluids until they are really needed. Consider movement plan/suppression fire, etc if you do. Next? Should he take his Combat Pill Pack meds now? Next? Should he take his Combat Pill Pack meds now? Next? Scenario continues. Casually has moved behind a vehicle. All bostiles are etiminated or have retreated. The platoon etablishes a secure perimeter. Platoon leader tells you that you have only one casually, and that you have e five minutes to work on him before the platoon will have to move. Next? What phase are you in now? Reasess Your casually, and that you have a fight of the threatening bleeding. Should you try to remove the tourniquet and replace with Combrid take about 45-60 minutes. Your casually is alert, still in severe pain, and clutching his right grade on his right high. What is your first concern? Should you try to remove the tourniquet and replace with Combrid grade. You check the tourniquet. Bis is plate on his right high. What is your first concern? Casually has taken his own Combred Pill Pack. He is in significar pain. Should you give the taken his own Combre algosit? You search quickly for any other life-threatening bleeding, and find none. Casualty is not in shock - fentany! lozenge may be a good option here. You search quickly for any other life, alway in so fight. What less? Next? Reassure Document care You shave no					
Consider movement plan/suppression fire, etc if you do.Next?Should be take his Combat Pill Pack meds now?Next?No. Still in Care under Fire phasePrivent hypothermia.Priorities are to get to cover and return fire if possibleBizzard Rescue BlanketScenario continues. Casualty has moved behind a vehicle. All hostiles are eliminated or have retreated. The platoon establishes a secure perimeter. Platoon leader tells you that you have only on examily you have only on acsualty you have only you have only the platoon will have to move.What phase are you in now?Next?Tactical Field CarePlatoon leader tells you the unit will move in 10 minutes to a CASEVAC location. No enemy contact is expected. CASEVAC should take about 45-60 minutes.Your casualty is alert, still in severe pain, and clutching his right leg. There is blood all over his leg and hands, and a tourniquet is in plate on his right thigh. What is your first concern?Your casualty is alert, still in severe pain, and clutching his right leg. There is blood all over his leg and hands, and a tourniquet is in your check the tourniquet. It is positioned correctly.What next?Your casualty is alert, quickly for any other life-threatening bleeding, and find none.Not clocerer?Should you disarm the casualty?No.t concern?No.t concern?No.t concern?No.t is altert and wants to stay in the fight.Next concern?No.t is altert and wants to stay in the fight.Next oncern?No.t is altert and wants to stay in the fight.Next oncern? <t< td=""><td></td><th>unded leg.</th><td></td><td></td></t<>		unded leg.			
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You check the tourniquet.Mobic and Tylenol were taken 15 minutes ago.It is positioned correctly.Casualty is not in shock - fentanyl lozenge may be a good option here.You search quickly for any other life-threatening bleeding, and find none.May withhold if there is a chance of more hostile contact and casualty wants to stay in the fight.Should you disarm the casualty? No. He is alert and wants to stay in the fight.What else? Reassure Document careNext concern? Airway is patent. Casualty is conscious and talking – airway is OK.You have now moved to the CASEVAC site. The platoon establishes security. You check the patient and notice that he is confused and breathing rapidly. You check his thigh wound and find that his tourniquet has become loose and the dressing is soaked with blood.What next? Check for shock. Mental status is normal. Radial pulse is strong.You are second CAT tourniquet to control the bleeding.Next? Assess for other wounds. You discover a large bruise on his chest and RUQ overlying the liver. You check his body armor and find correspondingWhat next? Nasopharyngeal airway - casualty is unconscious. Recovery position	What next?				
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overlying the liver. You check his body armor and find Recovery position		on his chest and RUO		sonharyngeal airway - casualty is unconscious	
corresponding					
			Ket	Lovery Position	
		ble with a bullet strike.	End of scenar	rio	
	ge compute				

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
36 Questions?	Questions?	
37 MOUT Scenario 3	MOUT Scenario 3	
38 MOUT Scenario 3 • SCENARIO HISTORY: While on patrol in the city of Mosul, an infantry platoon comes under small arms fire. The point man is hit and falls to the ground. The platoon reacts to the contact, rapidly eliminating the ambushing hostiles. There are no other casualties. The platoon leader tells you take care of the casualty while the others establish a secure perimeter.	 MOUT Scenario 3 SCENARIO HISTORY: While on patrol in the city of Mosul, an infantry platoon comes under small arms fire. The point man is hit and falls to the ground. The platoon reacts to the contact, rapidly eliminating the ambushing hostiles. There are no other casualties. The platoon leader tells you take care of the casualty while the others establish a secure perimeter. 	

SLIDE	INSTRUCTIONAL	POINTS	INSTRUCTOR NOTES	
It has been about 4 minutes sin	ce the casualty was	What next?		
wounded. What is your immediate concern?		Start an IV.		
Life threatening hemorrhage from the wound in the		In shock - H	In shock - Hextend 500cc started.	
armpit (axilla)				
		Ten minute	Ten minutes pass. Hextend bolus is going in.	
What phase of care are you in?		External ble	eeding is controlled by the Combat Gauze.	
TFC		Casualty is	Casualty is now unconscious and does not respond to	
		deep pain.		
As the first responder caring for	or this casualty, what do	There is no	There is no reading for O2 sat displayed on the pulse	
you do next?	•	OX		
Expose the wound.		Carotid pul	Carotid pulse is not palpable.	
Push a Combat Gauze bandage	into the wound.		His breathing has stopped.	
Hold direct pressure for a mini			MEDEVAC helicopter is anticipated to take	
L. L		at least an h		
What do you do while holding	pressure?			
Talk to the casualty	1	What next?		
Checks both airway and menta	l status		peating needle decompression of possible	
External bleeding appears cont		tension pne		
drowsy.	j	Done		
		No improve	ement	
What next?		·	echecked and opened	
Check for other sources of blee	eding	Second person confirms no pulse or breathing		
None found		~~~~ F ~~		
Check left radial pulse.		What next?		
It is not palpable.		CPR?		
		No		
What next?		Why not?		
Check breathing		It won't help. Individuals in cardiac arrest have little		
Slightly fast but not obviously	labored	chance of surviving more than 10 minutes without		
~g,		advanced medical care, even in the absence of trauma.		
Should you treat for a tension t	Should you treat for a tension pneumothorax here?		Inform platoon leader that the casualty has died. Cause	
Yes – have a chest wound, rapi			ely to have been internal hemorrhage from	
Needle decompression of right chest done			Decision now is how and when to transport	
No hiss of escaping air.			your teammate's body off the battlefield.	
No improvement			the injuries and the care rendered.	
L			5	
		End of scen	ario	
40	Questions?			
Questions?				
	1			

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
41 MOUT Scenario 4	MOUT Scenario 4	
42 MOUT Scenario 4 • SCENARIO HISTORY: You are riding with a squad in the back of a cargo Humvee. When you stop at an intersection, a lone attacker fires an RPG at your vehicle. It is poorly aimed, and strikes the ground beside the Humvee. The vehicle sustains moderate damage and is not able to move. Everyone scrambles out of the vehicle. The last person out is complaining of chest pain and shortness of breath. You and the others are uninjured.	 MOUT Scenario 4 SCENARIO HISTORY: You are riding with a squad in the back of a cargo Humvee. When you stop at an intersection, a lone attacker fires an RPG at your vehicle. It is poorly aimed, and strikes the ground beside the Humvee. The vehicle sustains moderate damage and is not able to move. Everyone scrambles out of the vehicle. The last person out is complaining of chest pain and shortness of breath. You and the others are uninjured. 	
 43 MOUT Scenario 4 Security is set No further hostile fire YOU are the person providing medical care. What do you do? 	 MOUT Scenario 4 Security is set No further hostile fire YOU are the person providing medical care. What do you do? 	See below for Instructor Notes

SLIDE	INSTRUCTIONAL	POINTS	INSTRUCTOR NOTES
What phase are you in?		She's alert	with good O2 sat and breathing well.
Tactical Field Care		Not in shock.	
		BUT – has a chest injury	
You examine the casualty and find:		Know where your Narcan is if you give fentanyl	
She is alert, but in great pain		Monitor ox	ygen saturation and breathing carefully
Shrapnel wound in her right lateral chest - no exit		What's now	4 9
wound Entrance wound is a sucking chest wound		What's next? Antibiotics.	
Her right thumb is missing and		Have her take her Combat Pill Pack with moxifloxacin	
little blood.			
No major external bleeding		Casualty is	stable. What steps do you take now?
		Communica	ate status to squad leader.
What next?		Begin TACEVAC preparations.	
Cover the chest wound with an		Document of	care on TCCC Casualty Card
Apply the dressing at end-expire		N. O	
Have her breathe all the way ou	t and put it on before		niles from a CSH. Helicopter will not be
she breathes in again. This makes the casualty a little p	mara comfortable		or an hour. By ground vehicle, the trip will nutes. A mounted patrol is dispatched to
This makes the casualty a little	more connortable.		asualty to the CSH. It has now been about
What next?			since the RPG attack. You are enroute to
Thumb wound.		the CSH.	shee the RT C attack. Fou the emotion to
What do you do for the thumb w	vound?	The casualt	y tells you she's having increasing trouble
Bleeding only minimally – just	dress it.		What do you do?
			airway. It is clear.
You are worried about internal l			s rapid and labored.
wound. What are you going to c			g on the chest wound is secure.
Monitor for changes in radial pu mental status	lise strength and	Her O2 sat	has dropped to 80%
Casualty is alert and now breath	ing OK	What next?	
Radial pulse is strong.			Presumed tension pneumothorax.
O2 sat is 95% (good)			bu going to do about it?
			e of the occlusive dressing for a few
Should you start a saline lock?		seconds.	Ç
Good idea – at risk for going int	to shock		ush of air from the wound
			y's respiratory distress is relieved.
Would you give IV fluids now?		O2 sat goes	s up to 94%
No. IV fluids are not needed rig	ht now. Not in shock.	Good job!	duranta a sudara da unativo
What next?		-	e dressing and continue to monitor.
Hypothermia prevention.		labored brea	maneuver as necessary for recurrence of athing
rypomernia prevenuoli.	Hypothernina prevention.		
What next?		End of scen	nario
Look for other wounds			
You find none			
Casualty says that her pain is very severe. What else			
do you want to do for the casualty? Can you give him			
a fentanyl lozenge? With caution			
She's alert with good O2 sat and breathing			
well.			
TCCC Scenarios			18

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
44 Questions?	Questions?	
45	Tactical Combat Casualty Care	Summary
Tactical Combat Casualty Care	 Casualty scenarios on the battlefield usually entail both medical and tactical problems. Emergency actions must address both. Medical personnel need to be involved in mission planning. 	Good tactical medicine HAS to be a combination of good tactics and good medicine. Bring your leadership into the medical plan. Combat leaders must understand combat medicine.
 Scenario-Based Planning The TCCC guidelines for combat trauma scenarios are advisory rather than directive in nature. Rarely does an actual tactical situation exactly reflect the conditions described in planning scenarios. Unit medics/corpsmen/PJs will typically ned to modify the medical care plan to optimize it for that scenario. 	 Scenario-Based Planning The TCCC guidelines for combat trauma scenarios are advisory rather than directive in nature. Rarely does an actual tactical situation exactly reflect the conditions described in planning scenarios. Unit medics/corpsmen/PJs will typically need to modify the medical care plan to optimize it for that scenario. 	
47 The 3 Objectives of TCCC • Treat the casualty • Prevent additional casualties • Complete the mission	 The 3 Objectives of TCCC Treat the casualty Prevent additional casualties Complete the mission 	Re-emphasize

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
48 recceeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	The End	
49 Test	Test	Conduct written test