## **COMBAT CASUALTY ASSESSMENT**

DCME 2018 V1.1

tandard: Complete a Combat Casualty Assessment in 30 minutes. (Note: Time starts at CUF step 3, once the Combat Medic "dire rovide coverage, and ends at step 24).		•
Care Under Fire Phase (CUF)	1st 2	2nd 3
. Return fire to gain fire superiority.		
Direct the casualty to return fire, move to cover, and apply self aid, if possible.  Direct security team to provide security for casualty. Move to casualty once the security team is in place and has signaled for the		
nedic to move forward.		
M-MASSIVE HEMORRHAGE		<u> </u>
. Major Life-threatening Extremity Bleeding.		
Apply HASTY tourniquet(s) high on limb over uniform, to control obvious extremity bleeding and move casualty to cover.		
Tactical Field Care Phase (Primary Assessment)		
. If tactical situation permits, take body substance isolation precautions.		
If not completed previously, assess responsiveness and chief complaintUnresponsiveResponsive		
(If unresponsive, assess for presence of carotid pulse and respirations. If absent, respond IAW tactical environment).  Observe for any amputations or obvious extremity bleeding (not previously addressed in CUF) and rapidly apply DELIBERATE		
ourniquet(s). Apply Sam Junctional Tourniquet (SJT) if indicated. (ie: inguinal wound where CAT and hemostatic agents are not effective).		
Perform blood sweep of neck, axillary, inguinal, and extremity areas. If needed, apply the following interventions:		
a Rapidly apply hemostatic agent (hold pressure for 3 minutes) to neck, axillary and/or inguinal wounds discovered.		
bAssess effectiveness of previously placed tourniquets, if ineffective apply a deliberate tourniquet.		
AIRWAY A-AIRWAY		
Open (head tilt) and assess airway (look, listen and feel).		
nsert appropriate adjunct, as indicated and secure NPA Surgical Cric		
Position casualty to maintain an open airway.		
BREATHING R-RESPIRATION		
Remove casualty's equipment (IBA). Expose and assess torso (front and back).		
Manage penetrating torso wounds, if present Occlusive Dressing Check for exit wound		
Assess breathing for equal rise and fall of chest, spontaneous respiratory effort.		
Adequate spontaneous respirations Manual ventilations necessary		
If no injuries drape body armor over the casualty's torso, if injured leave off.		
Monitor casualty's respiratory effort.  Note: Progressive respiratory distress + torso trauma = Needle Chest Decompression. (Identify 2nd ICS MCL or 5th ICS at the NAL). Insert 10 or 14 ga 3.25" needle catheter over the rib to the hub. Leave the needle catheter in place for 10 seconds to evacuate air from the pleural space of the chest. Remove needle. Secure catheter to chest wall. Reassess respiratory effort.		
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2nd\_\_\_\_\_

3rd\_\_\_\_

Instructor: 1st \_\_\_\_\_

## **COMBAT CASUALTY ASSESSMENT**

DCME 2018 V1.1

Detailed Physical Exam (Secondary Assessment)	1st	2nd	3rd
12. Head (Score 1 point each) H-HEAD INJURY		x of 3	
1 Inspect and palpate for DCAP BLS and TIC.			
3 Inspect mouth, nose and ears Manage any injuries appropriately. (0 points)			
13. Neck (Score 1 point each)	N.	lax of	4
1 Inspect for DCAP BLS. 2 Palpate cervical spine for TIC.			
3Check position of trachea. 4Check jugular veins.			
Manage any injuries appropriately. (0 points)			
14. Chest (Score 1 point each)	N.	lax of	2
1Inspect and palpate for DCAP BLS and TIC in chest (shoulder girdle, sternum and rib cage) and axilla.			
2Auscultate bilaterally for presence or absence of lung soundsManage any injuries appropriately.(0 points)			
15. Abdomen/Pelvis (Score 1 point each)	N	Iax of	3
Inspect and palpate abdomen for DCAP BLS and TRD. 2Assess pelvis for TIC.     Inspect genitalia and perineum.			
			-
16. Lower Extremities (Score 1 point each)  1. Inspect for DCAP BLS.  2. Palpate for TIC.	N	Iax of	3
1Inspect for DCAP BLS. 2Palpate for TIC. 3. Assess motor, sensory and circulatory function. Consider splinting extremity if required. (0 points).			
Consider alternate bleeding control measures and tourniquet conversion if evacuation time is delayed > 2 hours.			
Manage any injuries appropriately.(0 points)			
		Tax of	2
17. Upper Extremities (Score 1 point each) 1Inspect for DCAP BLS. 2Palpate for TIC.	I	Tax of	3
3. Assess motor, sensory and circulatory function. Consider splinting extremity if required. (0 points)			
Consider alternate bleeding control measures and tourniquet conversion if evacuation time is delayed > 2 hours			
Manage any injuries appropriately. (0 points) Manage TXA prn. (0 points)			
If indicated, convert DL or SL as required. (0 points)			
18. Posterior Thorax, Lumbar and Buttocks (Score 1 point each)	N.	lax of	2
1 Inspect for DCAP BLS. 2 Palpate for TIC along spine.			
Manage any injuries appropriately. (0 points)			
Total Points scored for Detailed Physical Exam:			
Prepare for TACEVAC			
19. Place on evacuation device, if not completed already. 20. Reassess casualty and secure all intervention(s).			
21. Antibiotics: recommended for all open combat wounds.			
PO (IF able) =Moxifloxacin, 400mg PO once a day.  IV/IO =Cefotetan, 2g IV (slow push over 3-5 minutes) or IM every 12 hours ORErtapenem, 1g IV/IM QD.			
22. Baseline vital signs, elicit AMPLE history.  Complete casualty care documentation StandardNon Standard			
23. Secure casualty to evacuation device and prepare for transport.			
24. Verbalize continued reassuring and reassessing casualty until MEDEVAC arrives.			
End of Assessment			
CRITICAL CRITERIA	1st	2nd	3rd
Failed to identify and properly treat life threatening injuries within 7 minutes.			
(Step 3 of CUF to bilateral radial pulse check of step 6B) bi-lateral radial pulse check (Step 6-B) complete			
time:/			
Failed to perform bilateral radial pulse check in 6B.			
Failed to complete HABC in order.			
Failed to notify the tactical leader for casualty evacuation.			
Failed to obtain 14 out of 20 on the detailed physical exam.  Failed to prepare casualty to prevent hypothermia.			
Failed to complete assessment in 30 minutes. (Time begins at Step 3 of CUF and ends at step 23) Overall stop:			
Failed to manage the casualty as a competent medic (Instructor must explain in the comments).			
G (GO) or No Go (NG):			
Instructor Comments:			

Student Name:	Team	_ Date	Scenario used for CCA testing
Instructor: 1st	2nd		3rd