

TACTICAL COMBAT CASUALTY CARE

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Tactical Combat Casualty Care Manual

U.S. Department Of Defense

Tactical Combat Casualty Care Manual:

USMC Tactical Combat Casualty Care (TCCC / TC3) Guidelines ,2013-10-28 Tactical Combat Casualty Care Guidelines 28 October 2013 All changes to the guidelines made since those published in the 2010 Seventh Edition of the PHTLS Manual are shown in bold text The most recent changes are shown in red text These recommendations are intended to be guidelines only and are not a substitute for clinical judgment Basic Management Plan for Care Under Fire 1 Return fire and take cover 2 Direct or expect casualty to remain engaged as a combatant if appropriate 3 Direct casualty to move to cover and apply self aid if able 4 Try to keep the casualty from sustaining additional wounds 5 Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety Do what is necessary to stop the burning process 6 Airway management is generally best deferred until the Tactical Field Care phase 7 Stop life threatening external hemorrhage if tactically feasible Direct casualty to control hemorrhage by self aid if able Use a CoTCCC recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application Apply the tourniquet proximal to the bleeding site over the uniform tighten and move the casualty to cover *Tactical Combat Casualty Care and Wound Treatment* U S Department of Defense,2025-01-11 The Tactical Combat Casualty Care and Wound Treatment manual written by the U S Department of Defense is an absolutely invaluable resource for anyone serious about emergency care in extreme conditions As the official manual used to train combat medics it offers real world insights and techniques grounded in military experience thereby ensuring a level of reliability and depth that can't be found in other first aid guides This field tested guide brings together knowledge and tactics that go beyond mere civilian EMS practices equipping users to handle medical emergencies in high stakes variable environments Each chapter is meticulously structured to teach essential skills step by step You will learn critical hands on techniques for handling open and closed abdominal wounds From locating and assessing wounds to applying dressings and managing shock this guide will show you how to treat some of the most challenging injuries on the battlefield You will learn how to secure dressings without causing additional harm to internal organs while reinforcing the importance of shock management to ensure survival in hostile environments Key highlights Step by step guidance for treating abdominal and open wounds in emergency settings Detailed techniques for managing shock which is essential for treating serious injuries Advanced care insights on identifying and treating head trauma and chest injuries Clear instructions on using improvised materials for dressing wounds effectively in the field This guide is perfect for military personnel preppers survivalists hunters and outdoor enthusiasts seeking knowledge that can make a difference in various life or death situations Gain the critical skills to handle life threatening injuries confidently and effectively and be prepared to handle just about any situation Originally written by the US DOD this specific product has been reformatted for easier publication It has not been edited in any way for widespread unrestricted unendorsed distribution [SOF Combat Casualty Care Handbook](#) Combined Arms Center , This handbook was previously distributed as a supplement to the Journal

of Special Operations Medicine The realm of special operations forces SOF medicine is a unique and ever changing one that demands specialized training for our joint SOF Managing trauma on today s battlefield presents a dynamic array of challenges where limited resources can be rapidly overwhelmed An austere environment hostile gunfire and delays in casualty evacuation CASEVAC are the norms for the special operations medic The material in this handbook was gleaned from special operations medics operating in the Global War on Terrorism and other operational environments It should not be viewed as a substitute for the professional training and judgment of special operations medics rather it is designed to be a hip pocket reference on the tactics techniques and procedures TTP of SOF relevant tactical combat casualty care Key Lessons Ninety percent of combat loss of life occurs before casualties ever reach a military treatment facility MTF treatment prior to casualty evacuation is vital Litter carries are fundamental for good patient care they prevent further injury and get individuals off target as soon as possible Rehearse manual carry methods prior to deployment Every special operations warfighter should carry a tourniquet and be thoroughly familiar with its application When managing multiple casualties apply the principles of triage in classifying the priority of treatment and evacuation Rehearse and employ all of the mechanics of CASEVAC from the point of injury to the handover at a MTF This handbook provides a number of considerations when employing medical support to SOF in combat The challenges are numerous but the special operations medic must deliver medical care to save Soldiers lives The collection of TTP in this handbook will enhance the medic s ability to determine the optimum method to deliver casualty survival assistance

Tactical Combat Casualty Care Handbook, Version 5 U. S.

Army,2020-03-07 Tactical Combat Casualty Care TCCC has saved hundreds of lives during our nation s conflicts in Iraq and Afghanistan Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility Therefore the prehospital phase of care is needed to focus on reducing the number of combat deaths However few military physicians have had training in this area and at the onset of hostilities most combat medics corpsmen and pararescue personnel in the U S military have been trained to perform battlefield trauma care through civilian based trauma courses These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities

Tactical Combat Casualty Care and Wound Treatment U.S. Department of

Defense,2016-01-19 Military surgeons must assume a leadership role in combat casualty care in circumstances that are far less than ideal This handbook provides much of the information needed to tackle these issues and features state of the art principles and practices of forward trauma surgery as used by military physicians in far flung locations around the globe In this volume you ll learn such integral skills as Tactical field care Field dressing Applying pressure dressing Treating burns Treating inhalation injuries And more Tactical Combat Casualty Care and Wound Treatment is the most trusted and up to date manual offered by the Department of Defense for military medical personnel in the field

Tactical Combat Casualty

Care Handbook United States Army, 2017-05-17 Tactical Combat Casualty Care TCCC has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and at the onset of hostilities most combat medics, corpsmen and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities.

USMC COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE TCCC TRAINER COURSE INSTRUCTOR & STUDENT CURRICULUM, BACKGROUND: IN 1996 THE NAVAL SPECIAL WARFARE COMMAND DEVELOPED A NEW SET OF TACTICALLY APPROPRIATE BATTLEFIELD TRAUMA CARE GUIDELINES NAMED TCCC. THE TCCC GUIDELINES WERE ADOPTED BY THE U.S. SPECIAL OPERATIONS COMMAND USSOCOM AND APPROVED BY THE AMERICAN COLLEGE OF SURGEONS ACS AND THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS. THE COMMITTEE ON TCCC WAS ESTABLISHED IN 2001 AND WAS DIRECTED TO FURTHER DEVELOP THE TCCC STANDARDS AND GUIDELINES. THE COMMITTEE ON TCCC FUNCTIONS AS A WORKING GROUP OF THE TRAUMA AND INJURY SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD DHB WHICH HAS A CHARTER TO PROVIDE MEDICAL RECOMMENDATIONS TO ASD HA AND THE SERVICE SURGEONS GENERAL. TCCC CONCEPTS WERE INCORPORATED INTO THE 8404 CORPSMAN TRAINING CURRICULUM IN 2005. THE TCCC CLS TRAINER COURSE WAS DEVELOPED IN 2006 TO PROVIDE CORPSMEN AS TRAINERS TO TEACH AND SUSTAIN TCCC STANDARDS TO CORPSMEN AND CLS SKILLS TO SELECTED MARINES WITHIN THE OPERATING FORCES. THE IMPLEMENTATION OF TCCC ACROSS ALL SERVICES HAS BEEN IDENTIFIED AS ONE OF THE CONTRIBUTING FACTORS TO THE HIGHEST COMBAT CASUALTY SURVIVAL RATES IN HISTORY AND IS RECOMMENDED BY ASD HA FOR USE WHEN TRAINING COMBAT MEDICAL PERSONNEL. REF B: TCCC INFORMATION IS PUBLISHED IN THE PREHOSPITAL TRAUMA LIFE SUPPORT MANUAL PHTLS MILITARY EDITION WHICH IS UPDATED EVERY FOUR YEARS. DEPARTMENT OF DEFENSE DOD APPROVED TCCC TRAINING CURRICULA ARE UPDATED ON THE DOD WEBSITE MHS OSD MIL EDUCATION AND TRAINING TCCC ASPX AS THE TCCC GUIDELINES CHANGE. GOAL: ELIMINATE PREVENTABLE LOSS OF LIFE ON THE BATTLEFIELD. IN ACCOMPLISHING THIS GOAL THE MOST RECENT TCCC GUIDELINES APPROVED BY DOD ARE TO BE UTILIZED AS A MEANS OF PROVIDING STANDARDIZED TRAINING TO THE MARINE CORPS AND IMPROVING FIRST RESPONDER CARE AT THE POINT OF INJURY. HISTORY OF TCCC: a. It is important to realize that civilian trauma care in a non-tactical setting is dissimilar to trauma care in a combat environment. TCCC and CLS are an attempt to better prepare medical and non-medical personnel for the unique factors associated with

combat trauma casualties b Historical data shows that 90% of combat wound fatalities die on the battlefield before reaching a military treatment facility This fact illustrates the importance of first responder care at the point of injury c TCCC was originally a US Special Operations research project which was composed of trauma management guidelines focusing on casualty care at the point of injury d TCCC guidelines are currently used throughout the US Military and various allied countries e TCCC guidelines were first introduced in 1996 for use by Special Operations corpsmen medics and pararescue PJs f The TCCC guidelines are currently endorsed by the American College of Surgeons Committee on Trauma and the National Association of Emergency Medical Technicians The guidelines have been incorporated into the Prehospital Trauma Life Support PHTLS text since the 4th edition STUDENT CURRICULUM Tactical Combat Casualty Care CLS Overview Identify Medical Fundamentals Manage Hemorrhage Maintain Casualty Airway Manage Penetrating Chest Injuries Manage Hemorrhagic Shock Manage Burn Casualties Perform Splinting Techniques Administer Battlefield Medications Perform Casualty Movement Perform Combat Lifesaver Triage Perform Combat Lifesaver Care Publications Combined: Tactical Combat Casualty Care (TCCC) / Combat Life Saver (CLS) - Trainer Class ,2019-03-05 CONTENTS Tactical Combat Casualty Care Guidelines for Medical Personnel 03 June 2016 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT 2014 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT 2017 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK Combat Lifesaver Tactical Combat Casualty Care Instructor Course 2014 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK Combat Lifesaver Tactical Combat Casualty Care Instructor Course 2017 CASUALTY EVALUATION AND EVACUATION STUDENT HANDOUT PREVENTION AND TREATMENT OF FIELD RELATED INJURIES B151236 STUDENT HANDOUT COMBAT LIFE SAVING STUDENT HANDOUT *Tactical Combat Casualty Care* U.S. Army, A decade of intense combat in two theaters has taught us many lessons about what works and what does not in the effort to accomplish that all important mission of saving lives in battle A severely injured Soldier today has about twice the likelihood of surviving his wounds compared to Soldiers in wars as recent as Vietnam That progress is the result of many things better tactics and weapons better body armor and helmets better trained and fitter Soldiers But the introduction of tactical combat casualty care TCCC throughout the Army has certainly been an important part of that improvement TCCC is fundamentally different from civilian care It is the thoughtful integration of tactics and medicine but to make it work takes a different set of skills and equipment and every Soldier and leader needs to understand it and practice it This handbook is the result of years of careful study of the care of wounded Soldiers painstaking research by medics and physicians and the ability of leaders at all levels to see and understand the lessons being learned and the willingness to make the changes in equipment training and doctrine needed to improve the performance of the Army Health System It is the best guidance we have at the time of publication but new information new techniques or new equipment will drive changes in the future Be assured that these

performance improvement efforts will continue as long as American Soldiers go in harm's way **USMC FIELD MEDICAL SERVICE TECHNICIAN FMST TCCC Manual**, The FIELD MEDICAL SERVICE TECHNICIAN provides medical and dental services for personnel in field units also provides technical and administrative assistance to support the mission and functions of the Navy and Marine Corps field units. Maintains organizational level AMAL's and ADAL's. Assists in the procurement and distribution of supplies and equipment for field use and combat areas. Maintains field treatment facilities. Renders first aid and emergency medical and dental treatment to unit personnel combatants. Coordinates and performs medical evacuation procedures. Ensures observance of field sanitary measures and preventive measures in specialized warfare. Conducts first aid and health education training programs.

COURSE DESCRIPTION During this 8 week course you will have a mix of classroom and field training. Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care (TCCC). This includes familiarization with USMC organization and procedures, logistics and administrative support in a field environment. Additionally training will include general military subjects, individual and small unit tactics, military drills, physical training, conditioning and weapons familiarization with the opportunity to fire the rifle.

Completion of FMST results in the student receiving Navy Enlisted Classification HM 8404 MEDICAL SPECIFIC CONTENT.

PREVENTIVE MEDICINE Treat Dehydration FMST 201 Treat Environmental Heat Injuries FMST 202 Manage Environmental Cold Injuries FMST 203 Perform Care of the Feet FMST 204 Perform Water Purification for Individual Use FMST 205 Supervise Field Waste Disposal FMST 206 Manage Envenomation Injuries FMST 207 Review Questions.

COMBAT MEDICINE Introduction to Tactical Combat Casualty Care FMST 401 Manage Shock Casualties FMST 402 Manage Hemorrhage FMST 403 Maintain Airway FMST 404 Perform Emergency Cricothyroidotomy FMST 405 Manage Respiratory Trauma FMST 406 Manage Abdominal Injuries FMST 407 Manage Musculoskeletal Injuries FMST 408 Manage Head Neck and Face Injuries FMST 409 Tactical Fluid Resuscitation FMST 410 Perform Casualty Assessment FMST 411 Medication Appendix Review Questions.

COMPONENTS OF FIELD MEDICINE Blast Related Injuries FMST 501 Traumatic Brain Injury TBI FMST 502 Manage Burn Casualties FMST 503 Conduct Triage FMST 504 Coordinate Casualty Tactical Evacuation FMST 505 Perform Aid Station Procedures FMST 506 Medical Support for Military Operations in Urban Terrain MOUT FMST 507 Review Questions.

2016-19 Canine K-9 Working Dog Tactical Combat Casualty Care TCCC / T-CCC Manuals Combined

U.S. Department of Defense, 2020-03-30

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- 1 U.S. SPECIAL OPERATIONS COMMAND's TACTICAL TRAUMA PROTOCOLS TTPs
- TACTICAL MEDICAL EMERGENCY PROTOCOLS TMEPs
- RECOMMENDED DRUG LIST RDL
- CANINE TACTICAL COMBAT CASUALTY CARE December 2016 253 pages
- 2 TRANSFUSION FOR THE MILITARY WORKING DOG December 2019 27 pages
- 3 General Instructions for Canine Trauma Combat Casualty Care Card 2019 3 pages
- 4 General Instructions for Canine Treatment and Resuscitation Record 2019 11 pages
- 5 Working Dog Handler Medical Care Manual 2017 100 pages
- INTRODUCTION Military Working Dogs (MWDs) are at the same risk for injury as their human counterparts

and when they are severely injured best practice for resuscitation mirrors those recommended for humans 1 A recent study of trauma in MWDs shows that explosions gunshot wounds and lacerations account for the vast majorities of injuries sustained within the Central Command area of responsibility In severe cases these mechanisms of injuries could require resuscitation with blood products Hemostatic resuscitation has been shown in a many species to be superior to resuscitation with crystalloids or synthetic colloids and should therefore be considered the first choice resuscitation product in severely wounded MWDs

FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK VERSION 4.1 With Block 1 &

2 Student Outlines And Visual Presentations , Over 2 300 total pages OVERVIEW Tactical Combat Casualty Care TCCC

was developed to emphasize the need for continued improvement in combat pre hospital care The Committee on Tactical Combat Casualty Care CoTCCC was established in 2001 and is part of the Defense Health Board CoTCCC is a standing multi service committee charged with monitoring medical developments in regards to practice technology pharmacology and doctrine New concepts in hemorrhage control airway management fluid resuscitation analgesia antibiotics and other lifesaving techniques are important steps in providing the best possible care for our Marines and Sailors in combat The TCCC guidelines are published every 4 years in the Prehospital Trauma Life Support manual It has been recognized that TCCC guidelines and curriculum will need to change more often than the 4 year cycle of the PHTLS textbook publication The National Association of Emergency Medical Technicians NAEMT will include the updated TCCC guidelines and curriculum on its website as they are approved as a way to help get this new information out to the combat medical personnel in the military that need it PRINCIPLES OF TACTICAL COMBAT CASUALTY CARE TCCC The principles of Tactical Combat Casualty Care are fundamentally different from those of traditional civilian trauma care where most medical providers and medics train These differences are based on both the unique patterns and types of wounds that are suffered in combat and the tactical conditions medical personnel face in combat Unique combat wounds and tactical conditions make it difficult to determine which intervention to perform at what time Besides addressing a casualty's medical condition responding medical personnel must also address the tactical problems faced while providing care in combat A medically correct intervention at the wrong time may lead to further casualties Put another way good medicine may be a bad tactical decision which can get the rescuer and the casualty killed To successfully navigate these issues medical providers must have skills and training oriented to combat trauma care as opposed to civilian trauma care The specifics of casualty care in the tactical setting will depend on the tactical situation the injuries sustained by the casualty the knowledge and skills of the first responder and the medical equipment at hand In contrast to a hospital Emergency Department setting where the patient IS the mission on the battlefield care of casualties sustained is only PART of the mission TCCC recognizes this fact and structures its guidelines to accomplish three primary goals 1 Treat the casualty 2 Prevent additional casualties 3 Complete the mission In thinking about the management of combat casualties it is helpful to divide care into three distinct phases each with its own characteristics

and limitations **Tactical Emergency Medical Support** Rick Hammesfahr,Dave Collins,2014-01-30 This manual is designed to serve as a starting point for the development and implementation of a Tactical Medical Emergency Support unit at the local level It was originally developed for the Marietta Georgia Special Weapons and Tactics Team and the Tactical Emergency Medical Support unit which was formed in 2005 As the TEMS unit evolved this manual was developed Due to demand and interest it has been revised for more general application The guidelines and philosophies in this manual have been developed after researching the policies of a number of different civilian departments examining the policies and procedures currently in place for training military medical and nonmedical personnel recognizing the limitations imposed by the Scope of Practice procedures in the State of Georgia and recognizing the limitations of the guidelines imposed by the National Registry of Emergency Medical Technicians The policies and procedures that follow must be individualized to allow for the local Medical Director's guidelines and to follow local Scope of Practice guidelines The concept of Tactical Medical Emergency Protocols was developed by the Curriculum and Examination Committee of the United States Special Operations Command Surgeon General's Office for the military and has been adapted for civilian use the Tactical Combat Casualty Care concepts were developed by the Committee on Tactical Combat Casualty Care and have been expanded upon for application by the Committee on Tactical Emergency Casualty Care the Ranger Medic Handbook 2007 edition served as the starting point for developing the Triage recommendations the flow charts and the aid bag configurations and the USAF PJ Handbook provided valuable information on environmental injuries In addition to the Guidelines on Tactical Combat Casualty Care TCCC the Adult and Pediatric Guidelines on Tactical Emergency Casualty Care TECC are also included Ideally this manual will provide a starting point for further discussion and development of TEMS units and will provide a basic framework from which these units individual policies and procedures may be developed **TACTICAL COMBAT CASUALTY CARE TCCC**

TC3 Presentation , INTRODUCTION What is TCCC and Why Do I Need to Learn about it 1 Coalition forces presently have the best casualty treatment and evacuation system in history 2 TCCC is what will keep you alive long enough to benefit from it 3 Originally a Special Operations research effort Trauma management plans that take into account the unique challenges faced by combat medical personnel Now used throughout U S military and by most allied countries TCCC has helped U S combat forces to achieve the highest casualty survival rate in history TCCC Approach 1 Identify the causes of preventable death on the battlefield 2 Address them aggressively 3 Combine good medicine with good tactics Phases of Care in TCCC 1 Care Under Fire Care under fire is the care rendered by the first responder or combatant at the scene of the injury while he and the casualty are still under effective hostile fire Available medical equipment is limited to that carried by the individual or by the medical provider in his or her aid bag 2 Tactical Field Care Tactical Field Care is the care rendered by the first responder or combatant once he and the casualty are no longer under effective hostile fire It also applies to situations in which an injury has occurred but there has been no hostile fire Available medical equipment is still limited to that carried

into the field by unit personnel Time to evacuation to a medical treatment facility may vary considerably 3 3 Tactical Evacuation Care Tactical Evacuation Care is the care rendered once the casualty has been picked up by an aircraft vehicle or boat Additional medical personnel and equipment that may have been pre staged should be available in this phase of casualty management *SOF Combat Casualty Care Hand Book* Combined Center,2013-11-07 This handbook was previously distributed as a supplement to the Journal of Special Operations Medicine The realm of special operations forces SOF medicine is a unique and ever changing one that demands specialized training for our joint SOF Managing trauma on today's battlefield presents a dynamic array of challenges where limited resources can be rapidly overwhelmed An austere environment hostile gunfire and delays in casualty evacuation CASEVAC are the norms for the special operations medic The material in this handbook was gleaned from special operations medics operating in the Global War on Terrorism and other operational environments It should not be viewed as a substitute for the professional training and judgment of special operations medics rather it is designed to be a hip pocket reference on the tactics techniques and procedures TTP of SOF relevant tactical combat casualty care Tactical Management of Urban Warfare Casualties in Special Operations Frank K.

Butler,John H. Hagmann,1999 *Department of the Army's First Aid Manual* Headquarters Department of the Army,2018-06 Because medical personnel will not always be readily available nonmedical Soldiers must rely on themselves and other Soldiers skills and knowledge of first aid methods to render aid until medical assistance arrives First aid is given until medical care provided by medically trained personnel such as a combat medic or other health care provider arrives The individual being provided first aid by self aid buddy aid or combat lifesaver is considered a casualty Once medically trained personnel combat medic paramedic or other health care provider initiates care the casualty is then considered to be a patient Training Circular 4 02 1 provides first aid procedures for nonmedical personnel in environments from home station to combat situations This publication is meant to be used by trainers and individuals being trained based on common first aid tasks Tasks are found in the Soldier's Manual of Common Tasks Warrior Skills Level 1 and appropriate modified tasks from the Soldier's Manual and Trainer's Guide Military Occupational Specialty MOS 68W These tasks are meant to reinforce and maintain proficiency in correct procedures for giving first aid throughout a Soldier's time in Service Training Circular 4 02 1 is designed to facilitate training and first aid competencies by bridging first aid training across the spectrum of assignments from training to permanent duty station and deployment Tactical combat casualty care TC3 is introduced in TC 4 02 1 with first aid tasks and procedures associated with combat situations Individual and multiple first aid tasks in combination with collective tasks may be integrated into various training scenarios **PHTLS** ,2004-08 Prehospital Trauma Life Support PHTLS 5th Edition Military Version is a unique continuing education program that directly addresses trauma issues in the prehospital environment Following the publication cycle of ATLS Advanced Trauma Life Support by the Committee on Trauma of the American College of Surgeons the PHTLS program is designed to enhance and increase knowledge and skill in

delivering trauma care. The PHTLS textbook is the required book for the PHTLS course and is also ideal for use as the trauma component of a paramedic course or as a general reference book on trauma assessment and management. Based on Prehospital Trauma Life Support PHTLS 5th Edition this military version combines both basic and advanced trauma concepts and skills in one definitive resource and features an entirely new chapter on evidence based guidelines for military medicine developed by the Committee on Tactical Combat Casualty Care. Instructor resources available contact your sales representative for details. A companion CD ROM with video presentations of the airway and spinal skills used in PHTLS is now included with every book. It also contains information to download onto a PDA such as the Glasgow Coma Scale Revised Trauma Score, Rule of 9's, Parkland Formula and Pediatric Vital Signs. Content includes both basic and advanced training and has been updated to reflect the current ATLS guidelines complete with extensive references and suggested readings. A consistent approach for every body region makes the book easy to follow and includes content on anatomy and physiology, pathophysiology and assessment and management. Includes chapters on Injury Prevention, Golden Principles of Prehospital Trauma Care and Triage, Transport and Trauma Systems. Golden Principles of Trauma Care chapter includes information on prolonged transportation and additional treatment for a trauma patient when transportation times are greater than normal. Case Scenarios with end of chapter solutions and Review Questions are included for every chapter to promote critical thinking and assess knowledge. NAEMT Airway, thoracic and spinal skills are presented in a heavily illustrated step by step format as Specific Skills. The Airway Management and Ventilation chapter includes information on face to face intubation, an alternate method of intubating trauma patients. It also defines the difference between pharmacologically assisted intubation and rapid sequence intubation. Includes information on tools such as pulse oximetry and capnography. A difficult airway algorithm aids students in determining which airway adjuncts are appropriate and when they should be used. Includes new photographs geared specifically to the military. Describes differences in procedures in a non combat situation and those in a combat situation. The Military Medicine chapter written by the military provides special trauma considerations and protocols. Military procedures are also found throughout the text where applicable.

First Aid Department of the Army, 2017-08-18
Training Circular TC 4 02 1 First Aid provides first aid techniques and guidance for Soldiers. Implementation of the techniques presented in this publication enable Soldiers to render first aid and prevent greater harm to injured Soldiers. Because medical personnel will not always be readily available, nonmedical Soldiers must rely on themselves and other Soldiers' skills and knowledge of first aid methods to render aid until medical assistance arrives. First aid is given until medical care provided by medically trained personnel such as a combat medic or other health care provider arrives. The individual being provided first aid by self aid, buddy aid or combat lifesaver is considered a casualty. Once medically trained personnel, combat medic, paramedic or other health care provider initiates care, the casualty is then considered to be a patient. Training Circular 4 02 1 provides first aid procedures for nonmedical personnel in environments from home station to combat

situations This publication is meant to be used by trainers and individuals being trained based on common first aid tasks Tasks are found in the Soldier s Manual of Common Tasks Warrior Skills Level 1 and appropriate modified tasks from the Soldier s Manual and Trainer s Guide Military Occupational Specialty MOS 68W These tasks are meant to reinforce and maintain proficiency in correct procedures for giving first aid throughout a Soldier s time in Service Training Circular 4 02 1 is designed to facilitate training and first aid competencies by bridging first aid training across the spectrum of assignments from training to permanent duty station and deployment Tactical combat casualty care TC3 is introduced in TC 4 02 1 with first aid tasks and procedures associated with combat situations Individual and multiple first aid tasks in combination with collective tasks may be integrated into various training scenarios **Ranger Medic Handbook** U.S. Department of Defense, 2016-01-19 Historically in warfare the majority of all combat deaths have occurred prior to a casualty ever receiving advanced trauma management The execution of the Ranger mission profile in the Global War on Terrorism and our legacy tasks undoubtedly will increase the number of lethal wounds Ranger leaders can significantly reduce the number of Rangers who die of wounds sustained in combat by simply targeting optimal medical capability in close proximity to the point of wounding Directing casualty response management and evacuation is a Ranger leader task ensuring technical medical competence is a Ranger Medic task A solid foundation has been built for Ranger leaders and medics to be successful in managing casualties in a combat environment The true success of the Ranger Medical Team will be defined by its ability to complete the mission and greatly reduce preventable combat death Rangers value honor and reputation more than their lives and as such will attempt to lay down their own lives in defense of their comrades The Ranger Medic will do no less

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