

TCCC

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Introduction to TCCC



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U. S. Department Of Defense



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U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024) U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA **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 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

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

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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 *Combat Casualty Care* United States. Public Health Service. Office of the Surgeon General, Center of Excellence in Military Medical Research and Education, 1991 **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 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 Ranger Medic Handbook U. S. Department Of Defense, 2013 Tactical Combat Casualty Care and Wound Treatment U.S. Department of Defense, 2020-05-02 This is the official manual from the U S military is a subcourse book used to train combat medics Combat medics on today's battlefield experience a wide variety of conditions not previously experienced The training on the standards that apply to the civilian emergency medical service EMS world may not apply to the combat environment The U S Army found the need to migrate away from the civilian standards and allow the combat medics to analyze situations in ways not previously thought of These techniques are called combat casualty care Factors influencing combat casualty care include the following Enemy Fire Medical Equipment Limitations A Widely Variable Evacuation Time Tactical Considerations Casualty Transportation When you have casualties on

the battlefield you must determine the sequence in which the casualties are to be treated and how to treat their injuries This subcourse discusses the procedures for performing tactical combat casualty care treating injuries to the extremities chest abdominal and head and controlling shock This subcourse consists of eight lessons Tactical Combat Casualty Care Controlling Bleeding from an Extremity Treating Chest Injuries Treating Abdominal Injuries Treating Head Injuries Treating Burns Treating Hypovolemic Shock Treating Soft Tissue Injuries Tactical Combat Casualty Care and Wound Treatment is a highly regarded and up to date manual offered by the Department of Defense It is available to combat medics and civilians who want to learn the critical medical treatments to be administered in adverse conditions *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 **Ranger Medic Handbook** Defense,2017-09-24 Ranger Medic Handbook The mission of the 75th Ranger Regiment Trauma Management Team Tactical is to Provide medical care and training in accordance with the tenets of Tactical Combat Casualty Care Tactical Medical Emergency Protocols and Pre Hospital Trauma Life Support As a ready reference in your austere medical survival library this can t be beat It contains procedures in the form of instructions and detailed flow charts which you just don t find anywhere else DO NO HARM DO KNOW HARM Table of Contents Section One Rmed Mission Statement Rmed Charter Review Committees Editorial Consultants Contributors Key References Rmed Scope

of Practice Rmed Standing Orders Protocol Guidelines Casualty Assessment Management Tactical Combat Casualty Care Tccc Section Two Tactical Trauma Assessment Protocol Medical Patient Assessment Protocol Airway Management Protocol Surgical Cricothyroidotomy Procedure King Lt D Supralaryngeal Airway Insertion Procedure Orotracheal Intubation Procedure Hemorrhage Management Procedure Tourniquet Application Procedure Hemostatic Agent Application Protocol Tourniquet Conversion The following medical texts should be in the preps of every serious off grid survivor Ranger Medic Handbook Special Operations Medical Handbook STP 31 18D34 SM TG A MOS 18D Special Forces Medical Sergeant PART A Skill Levels 3 and 4 STP 31 18D34 SM TG B MOS 18D Special Forces Medical Sergeant PART B Skill Levels 3 and 4

Tactical Combat Casualty Care and Wound Treatment (Subcourse MD0554 - Edition 200) U. S. Army,2020-03-07

INTRODUCTION When you have casualties on the battlefield you must determine the sequence in which the casualties are to be treated and how to treat their injuries This subcourse discusses the procedures for performing tactical combat casualty care treating injuries to the extremities chest abdominal and head and controlling shock Subcourse Components This subcourse consists of eight lessons The lessons are Lesson 1 Tactical Combat Casualty Care Lesson 2 Controlling Bleeding From an Extremity Lesson 3 Treating Chest Injuries Lesson 4 Treating Abdominal Injuries Lesson 5 Treating Head Injuries Lesson 6 Treating Burns Lesson 7 Treating Hypovolemic Shock Lesson 8 Treating Soft Tissue Injuries **Combat Casualty Care** Eric Savitsky,Borden Institute (U.S.),2012 This book is designed to deliver combat casualty care information that will facilitate transition from a continental US or civilian practice to the combat care environment Establishment of the Joint Theater Trauma System and the Joint Theater Trauma Registry coupled with the efforts of the authors has resulted in the creation of the most comprehensive evidence based depiction of the latest advances in combat casualty care Lessons learned in Operation Enduring Freedom OEF and Operation Iraqi Freedom OIF have been fortified with evidence based recommendations to improve casualty care The educational curriculum was designed overall to address the leading causes of preventable death and disability in OEF and OIF Specifically the generalist combat casualty care provider is presented requisite information for optimal care of US combat casualties in the first 72 to 96 hours after injury The specialist provider is afforded similar information supplemented by lessons learned for definitive care of host nation patients Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act ,2018 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 **SOF Combat Casualty Care Hand Book** Combined Arms Center,2025-03-15 Prolonged Casualty Care Steven G. Schauer,2024 The focus on casualty care during approximately 6 to 72 hour post injury completes a missing component in the continuity of care at locations such as the battalion aid station Prolonged Casualty Care addresses this gap Combat casualties who require extended pre evacuation care have survived to reach a safe place Still that location is without surgical capabilities is not designed to hold patients for more than a few hours and likely has limited resources Providing medical care to stabilized casualties before evacuation to a higher role is a critical lifesaving skill set for non surgeon prehospital medical personnel **Tactical Combat Casualty Care** ,2013

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