

SUMMARY



CARE under FIRE TACTICAL FIELD CARE

Security

Call for help

Master Drill: under fire / hostile / safe (prepare to switch !)

UNDER FIRE

(Care Under Fire)

- win the fight / get out
- don't get hurt yourself
- prevent additional injuries to casualty
- direct casualty to get under cover, to return fire and to apply self-aid
- stop life threatening external bleeding “<c>”
- turn unconscious casualty on belly A

HOSTILE/SAFE

(Tactical Field Care)

- secure the area and everybody present (gloves?)
- disarm casualties with altered consciousness
- assess number of casualties, then: (triage), assess, treat →
- perform **Primary Survey**

PRIMARY SURVEY

1. Stop life threatening external bleeding “<c>”

- follow **NATIONAL guidance** on tourniquet / hemostatics
- write T plus time on casualty, when using tourniquet

2. Immobilize neck of casualty (in **blunt** trauma) and **shout**

- **unconscious** casualty (not reacting):

* inspect mouth; clean if necessary; open airway (“chin lift”);

- passage of air present: maintain airway & check breathing (#4)

- passage of air absent and environment hostile → dead

- passage of air absent and environment safe → consider CPR

(after double-sided decompression?) (NATIONAL guidance)

- CPR successful and casualty unconscious:

maintain airway & check breathing (#4)

- **conscious casualty** (reacting): check airway (#3)

3. Check airway (“A”) (ask what’s wrong)

- voice clear/breathing NOT noisy: check breathing (#4)

- voice hoarse/breathing noisy: permit casualty’s “preferred” posture

inspect mouth; clean if necessary

check breathing (#4)

4. Check breathing (“B”) (also check the back !)

- >30/min or inability to count to 10 in one breath:

distress ← chest injury, blast, shock

- <10/min: ← head injury

- apply ASAP seal (vented/non-vented) to ALL chest wounds

- remove/burp seal temporarily, if casualty deteriorates,

- decompress if necessary (NATIONAL guidance)

check circulation (#5)

5. Check circulation (“C”)

- expose wounds; assess / stop external bleeding (also check the back)
- consider changing tourniquet for dressing
- determine pulse rate at radial or carotid artery
- check for shock: sweaty; pale/grey;
 - absence of radial pulse / pulse rate >120/min
 - respiratory rate >30/min
- stop internal bleeding by splinting fractured limbs
- follow **NATIONAL guidance** on drinking, i.v. access, i.v. fluids
 - check neurological status (#6)

6. Check neurological status (“D”)

- conscious <> unconscious
- pupils
- movement of all limbs

Next perform **Secondary Survey** (if feasible) ;

then:

- prevent HYPOTHERMIA
- position casualty
- give pain relief & medication; provide comfort
- communicate
- re-examine casualty as often as possible; re-treat; re-triage if necessary
- evacuate