# 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

# **SUMMARY**



# CARE under FIRE TACTICAL FIELD CARE

Version 3, 2018

#### 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

Α

#### 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  $\rightarrow$
- 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  $\,\, o\,\,$  dead
  - passage of air absent and environment safe  $\,\to\,$  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 to10 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)