

Next:

1. pain relief (follow **NATIONAL guidance**)
  2. antibiotics (follow **NATIONAL guidance**)
  3. penetrating eye injury
    - do not remove foreign objects
    - cover eye with hard shield
  4. burns
    - flames:
      - cool for 10 minutes
      - cover burnt area
    - chemical:
      - rinse for 30 minutes
      - cover burnt area
    - phosphorus:
      - rinse
      - cover with wet dressing
      - **keep dressing wet !**
  5. fractures
    - immobilize (device or improvised)
    - check pulse/function before/after
  6. other injuries
    - expose
    - if necessary cover with appropriate dressing
- "Full examination" only if feasible (tactical, climate)**
7. communication
  8. **re-examination, re-treatment, re-triage !**
  9. documentation
  10. positioning
- NOTE:** positioning also depends on tactical situation
11. preparation for evacuation
  12. hand-over to medical personnel (AT MIST)

## SUMMARY



## CARE under FIRE TACTICAL FIELD CARE

Version 6, 2021

## Security

Call for help

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

**UNDER FIRE /THREAT** (non-permissive) (Care Under Fire)

- win the fight; prevent injuries to self and the casualty
- direct casualty to get under cover and apply self-aid
- at direction of commander-on-scene
  - \* extricate casualty from burning vehicles/buildings
  - \* move casualty to place of relative safety
- when feasible:
  - \* **stop life threatening external bleeding** "M"
  - \* turn unconscious casualty on belly / side "A"
- **NO FURTHER EXAMINATION or TREATMENT**

**HOSTILE/SAFE** (semi-permissive/permissive) (Tactical Field Care)

- revert to CUF if tactical situation deteriorates
- call for help
- secure the area if necessary
- use Personal Protective Equipment
- enemy casualties: apply hand cuffs / disarm
- move casualties from immediate threats if possible
- own troops with altered consciousness: disarm, look / ask for additional weapons, remove comms equipment
- assess number of casualties: triage, assess, treat
- perform **MARCH**

**"M" Massive, life threatening external bleeding**

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

**"A" Airway (+ alertness/level of consciousness + neck)**

Shout

In an **unconscious** casualty:

- inspect mouth; clean if necessary; open airway ("chin lift");
- if passage of air present: maintain airway, by NPA and/or recovery position (right now or after completion of MARCH)
- immobilize neck in blunt trauma & check respiration

- if passage of air absent and environment hostile → dead
- if passage of air absent and environment "safe" → consider CPR (after double-sided decompression?)(**NATIONAL guidance**)
- if CPR successful: maintain airway and check respiration

In an **conscious** casualty :

- listen / ask what's wrong
- if voice is clear: check respiration
- if voice is hoarse/breathing is noisy:
  - \* permit casualty's preferred posture
  - \* inspect mouth; clean if necessary
  - \* maintain airway (**NATIONAL guidance** on insertion of nasopharyngeal airway
- immobilize neck of casualty (only in blunt trauma )

**"R" Respiration**

Check rate

- >30/min or inability to count to 10 in one breath:  
distress ← chest injury, blast, shock (get help!)
- <10/min: ← head injury (get help)
- ASAP apply seal (vented/non-vented/improvised) on ALL chest wounds (check for wounds also on back !)
- if casualty deteriorates, remove/burp seal temporarily

**"C" Circulation**

- check tourniquets applied during CUF
  - \* expose and check for ongoing bleeding/palpable pulse
  - \* if necessary tighten Tq / apply 2<sup>nd</sup> Tq
  - \* if evac >2 hrs: move Tq to 7 cm prox. of wound on bare skin
- assess for shock
- assess / stop other external bleeding (check the back!)
  - \* expose
  - \* apply direct pressure / elevation / pressure dressing / hemostatic dressing with pressure / (tourniquet)
- write T + time on Tq and casualty / keep tourniquets visible
- stop internal bleeding in fractured limbs by splinting
- **NATIONAL guidance** on drinking, i.v.access, i.v.fluids
- get help for casualties in shock

**"H" Hypothermia prevention**

- remove wet clothing
- cover the casualty; use any available equipment

**"H" Head injury**

- assess for symptoms and signs of TBI