

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

NAME (Last, First): _____ LAST 4: _____

DATE (DD-MMM-YY): _____ TIME: _____

UNIT: _____ ALLERGIES: _____

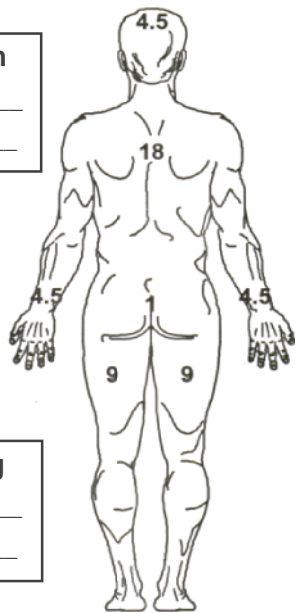
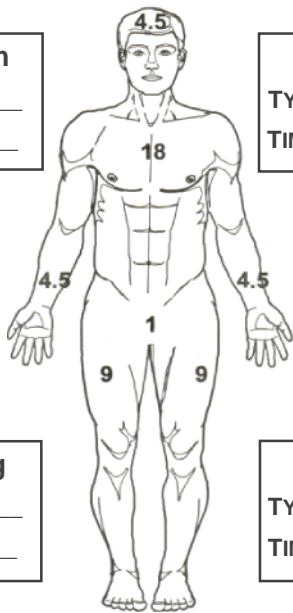
Mechanism of Injury: (X all that apply)

- Artillery
 Burn
 Fall
 Grenade
 GSW
 IED
 Landmine
 MVC
 RPG
 Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
 TYPE: _____
 TIME: _____

TQ: L Arm
 TYPE: _____
 TIME: _____



TQ: R Leg
 TYPE: _____
 TIME: _____

TQ: L Leg
 TYPE: _____
 TIME: _____

Signs & Symptoms: (Fill in the blank)

<i>Time</i>				
<i>Pulse (Rate & Location)</i>				
<i>Blood Pressure</i>				
<i>Respiratory Rate</i>				
<i>Pulse Ox % O2 Sat</i>				
<i>AVPU</i>				
<i>Pain Scale (0-10)</i>				

Treatments: (X all that apply, and fill in the blank)

C: Extremity-TQ Junctional-TQ Pressure-Dressing
 Hemostatic-Dressing Type: _____

A: Intact NPA CRIC ET-Tube SGA Type: _____

B: O2 Needle-D Chest-Tube Chest-Seal Type: _____

C:	Name	Volume	Route	Time
Fluid				
Blood Product				

MEDS:	Name	Dose	Route	Time
Analgasic (e.g. Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g. Moxifloxacin, Ertapenem)				
Other (e.g. TXA)				

OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint
 Hypothermia-Prevention Type: _____

NOTES: _____

FIRST RESPONDER
 NAME (Last, First): _____ LAST 4: _____