



PHTLS

Prehospital Trauma Life Support

TENTH EDITION



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TRAUMA CENTER
Association of America

Phtls Training Manual

**Ian Greaves, Keith M. Porter, Sir Keith
Porter**



Phtls Training Manual:

Oxford Handbook of Pre-Hospital Care Ian Greaves, Keith M. Porter, Sir Keith Porter, 2021-02-02 Fully updated for a second edition the Oxford Handbook of Pre hospital Care is the invaluable guide to providing high quality care in a pre hospital environment Evidence based and reflecting new developments in regulation and practice this second edition is designed to provide key information for all immediate care practitioners including doctors paramedics emergency medical technicians and community responders The text has been cross referenced with the Joint Royal Colleges Ambulance Liaison Committee JRCALC handbook to ensure full clinical relevance Reflecting the major advances in delivery of pre hospital care including the greater survival benefits for heart attacks and major trauma when delivering patients directly to higher levels of care the evolution of the paramedic role into critical care paramedics roadside rapid sequence induction of anaesthesia and the introduction of mechanical chest compression devices this new edition is the ideal companion for those involved in delivering pre hospital care It also links to relevant online databases and mobile apps that can assist with calculations and contains key algorithms and formulae to ensure good care The Oxford Handbook of Pre hospital Care is the comprehensive quick reference guide to all medical and trauma conditions regularly encountered in the immediate care setting **Armed**

Conflict Injuries to the Extremities Alexander Lerner, Michael Soudry, 2011-04-28 This book is designed to meet the continued need to re learn the principles of treatment of complex war injuries to the extremities in order to minimize post traumatic and post treatment complications and optimize functional recovery Most of the chapters are based on the unique experience gained in the treatment of military personnel who have suffered modern combat trauma and civilian victims of terror attacks at a single large level 1 trauma center The remaining chapters present the experience of leading international authorities in trauma and reconstructive surgery A staged treatment protocol is presented ranging from primary damage control through to definitive functional limb reconstruction The organization of medical aid anesthesiology diagnostic imaging infection prophylaxis and management of complications are reviewed and a special chapter is devoted to the challenging dilemma of limb salvage versus amputation in the treatment of limbs at risk *Mobile Trauma Training Unit*

(MTTU) Manual. Final Report Paul Anderson, 1990 **Manuals Combined: U.S. Marine Corps Basic Reconnaissance Course (BRC) References** , Over 5 300 total pages MARINE RECON Reconnaissance units are the commander's eyes and ears on the battlefield They are task organized as a highly trained six man team capable of conducting specific missions behind enemy lines Employed as part of the Marine Air Ground Task Force reconnaissance teams provide timely information to the supported commander to shape and influence the battlefield The varying types of missions a Reconnaissance team conduct depends on how deep in the battle space they are operating Division Reconnaissance units support the close and distant battlespace while Force Reconnaissance units conduct deep reconnaissance in support of a landing force Common missions include but are not limited to Plan coordinate and conduct amphibious ground reconnaissance and surveillance to

observe identify and report enemy activity and collect other information of military significance Conduct specialized surveying to include underwater reconnaissance and or demolitions beach permeability and topography routes bridges structures urban rural areas helicopter landing zones LZ parachute drop zones DZ aircraft forward operating sites and mechanized reconnaissance missions When properly task organized with other forces equipment or personnel assist in specialized engineer radio and other special reconnaissance missions Infiltrate mission areas by necessary means to include surface subsurface and airborne operations Conduct Initial Terminal Guidance ITG for helicopters landing craft parachutists air delivery and re supply Designate and engage selected targets with organic weapons and force fires to support battlespace shaping This includes designation and terminal guidance of precision guided munitions Conduct post strike reconnaissance to determine and report battle damage assessment on a specified target or area Conduct limited scale raids and ambushes Just a SAMPLE of the included publications BASIC RECONNAISSANCE COURSE PREPARATION GUIDE RECONNAISSANCE RECON TRAINING AND READINESS T R MANUAL RECONNAISSANCE REPORTS GUIDE GROUND RECONNAISSANCE OPERATIONS GROUND COMBAT OPERATIONS Supporting Arms Observer Spotter and Controller DEEP AIR SUPPORT SCOUTING AND PATROLLING Civil Affairs Tactics Techniques and Procedures MAGTF Intelligence Production and Analysis Counterintelligence Close Air Support Military Operations on Urbanized Terrain MOUT Convoy Operations Handbook TRAINING SUPPORT PACKAGE FOR CONVOY SURVIVABILITY Convoy Operations Battle Book Tactics Techniques and Procedures for Training Planning and Executing Convoy Operations Urban Attacks Journal of Special Operations Medicine ,2004 **PHTLS** National Association of Emergency Medical Technicians (U.S.). Pre-Hospital Trauma Life Support Committee,1999 The PREHOSPITAL TRAUMA LIFE SUPPORT PHTLS course is a unique continuing education program created from the real need in EMS education for additional training in the handling of trauma patients The course and the book PREHOSPITAL TRAUMA LIFE SUPPORT educate EMS personnel to identify stabilize treat and transport trauma patients with the highest level of care Prehospital patients who are stabilized and then quickly transported to an appropriate medical facility have the best chance of survival Identifying the mechanism of injury interpreting signs and symptoms understanding pathophysiology recognizing life threatening injuries and honing assessment skills all help the EMT to identify a trauma patient with multiple injuries and perform appropriate interventions PHTLS treats the trauma patient as a special entity with needs that differ from those of other patients Provides the most current information available through revised and updated chapters which adhere to the new 1998 ATLS guidelines Features comprehensive coverage for both basic and advanced level training Emphasizes the foundation of trauma care specifically understanding the mechanism of injury Includes in depth coverage of anatomy and physiology pathophysiology assessment and management of trauma to key body systems and regions Covers special patient populations including pediatrics geriatrics and pregnant patients to refresh the EMT regarding the importance of understanding the differences in physiology and presentation in these special populations

Contains an entire chapter devoted to trauma care in the military because prehospital care in military situations is indisputably different than most civilian trauma situations Promotes clear practical understanding of the proper procedures for airway and spine skills with separate chapters that outline techniques and procedures with photos alongside text in a step by step format Includes chapter objectives summary and review questions to help the student self assess and pick out key points from the material Includes case scenarios and conclusions to promote critical thinking and allow the student to see real application of the concepts discussed in each chapter Provides a comprehensive glossary and bibliography to direct the reader when further study on a particular topic is desired Incorporates more than 300 full color illustrations many updated and enlarged from previous edition to aid in visual learning comprehension of material explanation of difficult concepts and keep reader s interest

PHTLS ,2004-08 Prehospital Trauma Life Support PHTLS 5th Edition Military Version is a unique continuing education program that directly addresses trauma issues in the prehospital environment Following the publication cycle of ATLS Advanced Trauma Life Support by the Committee on Trauma of the American College of Surgeons the PHTLS program is designed to enhance and increase knowledge and skill in delivering trauma care The PHTLS textbook is the required book for the PHTLS course and is also ideal for use as the trauma component of a paramedic course or as a general reference book on trauma assessment and management Based on Prehospital Trauma Life Support PHTLS 5th Edition this military version combines both basic and advanced trauma concepts and skills in one definitive resource and features an entirely new chapter on evidence based guidelines for military medicine developed by the Committee on Tactical Combat Casualty Care Instructor resources available contact your sales representative for details A companion CD ROM with video presentations of the airway and spinal skills used in PHTLS is now included with every book It also contains information to download onto a PDA such as the Glasgow Coma Scale Revised Trauma Score Rule of 9 s Parkland Formula and Pediatric Vital Signs Content includes both basic and advanced training and has been updated to reflect the current ATLS guidelines complete with extensive references and suggested readings A consistent approach for every body region makes the book easy to follow and includes content on anatomy and physiology pathophysiology and assessment and management Includes chapters on Injury Prevention Golden Principles of Prehospital Trauma Care and Triage Transport and Trauma Systems Golden Principles of Trauma Care chapter includes information on prolonged transportation and additional treatment for a trauma patient when transportation times are greater than normal Case Scenarios with end of chapter solutions and Review Questions are included for every chapter to promote critical thinking and assess knowledge NAEMT Airway thoracic and spinal skills are presented in a heavily illustrated step by step format as Specific Skills The Airway Management and Ventilation chapter includes information on face to face intubation an alternate method of intubating trauma patients It also defines the difference between pharmacologically assisted intubation and rapid sequence intubation Includes information on tools such as pulse oximetry and capnography A difficult airway algorithm aids students in determining which airway

adjuncts are appropriate and when they should be used Includes new photographs geared specifically to the military Describes differences in procedures in a non combat situation and those in a combat situation The Military Medicine chapter written by the military provides special trauma considerations and protocols Military procedures are also found throughout the text where applicable

U.S. Army Special Warfare Medical Group SPECIAL OPERATIONS COMBAT MEDICAL SKILLS SUSTAINMENT COURSE: Tactical Combat Casualty Care (TCCC) Training For The SOF Advanced Tactical Practitioner (ATP)

Scope a USSOCOM s principle function is to prepare SOF to carry out assigned missions This responsibility is derived from US Code Title 10 Section 167 In addition to organizing training and equipping SOF for unique missions medical education is fundamental to fulfilling this law Title 10 explicit responsibilities include development of strategy doctrine tactics conducting specialized courses of medical instruction for commissioned and non commissioned officers and monitoring the medical education and professional certification of officers and enlisted personnel USSOCOM s medical education and certification responsibilities are inherent responsibilities of developing strategy doctrine and tactics b The Commander United States Special Operations Command CDRUSSOCOM has the service like responsibility of providing joint training and education venues that specialize in the art and science of joint Special Operations and its medical support These efforts complete the education and training picture within the Department of Defense DOD While each of the Services and the joint community provide education and training to fill a particular niche i e naval warfare air warfare joint warfare etc the Joint Special Operations Medical Training Center JSOMTC within USSOCOM and the Air Force s Pararescue PJ course provides training to fill the medical niche of joint SOF core task requirements SOF medical training and certification is force wide designed to initiate maintain and or enhance medical skills of those SOF medics and non medics who are required to perform the unique global multi discipline mission of USSOCOM Within the parameters of this directive as outlined by first reference Glossary Section III USSOCOM s primary responsibility is the medical education and training and certification of SOF A secondary responsibility is the training and education of select DOD interagency and international military personnel in the requirements capabilities and limitation s of joint special operations organizations Fostering a mutual understanding ensures the proper application of SOF and the enhancement of joint combined and interagency medical operations General In support of the Global War On Terrorism GWOT Special Operations medical personnel often find themselves providing care for both trauma and non traumatic medical emergencies beyond the Forward Edge of the Battlefield Area Forward Line Of Troops often in non linear environments that may be far forward of any supporting medical infrastructure This directive identifies the authority mission command relationships functions and responsibilities of the United States Special Operations Command as directed under Section 167 Title 10 of US Code to provide SOF medics with the required skill sets In order to define and administer this SOF Medical skill set USSOCOM has established a SOF Emergency Medical Services EMS State that is administered by the Command Surgeon Medics who successfully complete

the required academic requirements as defined within this directive will thus be known as SOF Advanced Tactical Practitioners ATP SOF Combat Casualty Care Handbook Combined Arms Center , This handbook was previously distributed as a supplement to the Journal of Special Operations Medicine The realm of special operations forces SOF medicine is a unique and ever changing one that demands specialized training for our joint SOF Managing trauma on today s battlefield presents a dynamic array of challenges where limited resources can be rapidly overwhelmed An austere environment hostile gunfire and delays in casualty evacuation CASEVAC are the norms for the special operations medic The material in this handbook was gleaned from special operations medics operating in the Global War on Terrorism and other operational environments It should not be viewed as a substitute for the professional training and judgment of special operations medics rather it is designed to be a hip pocket reference on the tactics techniques and procedures TTP of SOF relevant tactical combat casualty care Key Lessons Ninety percent of combat loss of life occurs before casualties ever reach a military treatment facility MTF treatment prior to casualty evacuation is vital Litter carries are fundamental for good patient care they prevent further injury and get individuals off target as soon as possible Rehearse manual carry methods prior to deployment Every special operations warfighter should carry a tourniquet and be thoroughly familiar with its application When managing multiple casualties apply the principles of triage in classifying the priority of treatment and evacuation Rehearse and employ all of the mechanics of CASEVAC from the point of injury to the handover at a MTF This handbook provides a number of considerations when employing medical support to SOF in combat The challenges are numerous but the special operations medic must deliver medical care to save Soldiers lives The collection of TTP in this handbook will enhance the medic s ability to determine the optimum method to deliver casualty survival assistance **Nelson Textbook**

of Pediatrics E-Book Robert Kliegman,Bonita F. Stanton,Joseph W. St. Geme III,Nina F Schor,Richard E. Behrman,2011-06-10 Nelson Textbook of Pediatrics has been the world s most trusted pediatrics resource for nearly 75 years Drs Robert Kliegman Bonita Stanton Richard Behrman and two new editors Drs Joseph St Geme and Nina Schor continue to provide the most authoritative coverage of the best approaches to care This streamlined new edition covers the latest on genetics neurology infectious disease melamine poisoning sexual identity and adolescent homosexuality psychosis associated with epilepsy and more Understand the principles of therapy and which drugs and dosages to prescribe for every disease Locate key content easily and identify clinical conditions quickly thanks to a full color design and full color photographs Access the fully searchable text online at www.expertconsult.com along with abundant case studies new references and journal articles Clinics articles and exclusive web only content Stay current on recent developments and hot topics such as melamine poisoning long term mechanical ventilation in the acutely ill child sexual identity and adolescent homosexuality age specific behavior disturbances and psychosis associated with epilepsy Tap into substantially enhanced content with world leading clinical and research expertise from two new editors Joseph St Geme III MD and Nina Schor MD who contribute on

the key subspecialties including pediatric infectious disease and pediatric neurology Manage the transition to adult healthcare for children with chronic diseases through discussions of the overall health needs of patients with congenital heart defects diabetes and cystic fibrosis Recognize diagnose and manage genetic conditions more effectively using an expanded section that covers these diseases disorders and syndromes extensively Find information on chronic and common dermatologic problems more easily with a more intuitive reorganization of the section

PUBLICATIONS COMBINED: FIELD MEDICAL SERVICE OFFICER STUDENT HANDBOOK, SERVICE TECHNICIAN HANDBOOK (THREE VERSIONS), OUTLINES, FLEET MEDICAL POCKET REFERENCE, FIELD HYGIENE & SANITATION AND MUCH MORE ,2019-03-05 Over 3 000 total pages Contents FIELD MEDICAL SERVICE OFFICER STUDENT HANDBOOK FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK Version 4 1 Block 1 Student Outlines For Version 4 1 Block 2 Student Outlines For Version 4 1 FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK Version 4 0 FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK June 2013 FMST STUDY GUIDE 2015 Fleet Medicine Pocket Reference 2016 MCRP 4 11 1D FIELD HYGIENE AND SANITATION PREVENTION AND TREATMENT OF FIELD RELATED INJURIES STUDENT HANDOUT CASUALTY EVALUATION AND EVACUATION STUDENT HANDOUT COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT Combat Lifesaver Tactical Combat Casualty Care Instructor Course Student Handbook Command Philosophy My philosophy is basic provide the highest quality service possible to every person you encounter We are an institution of higher learning we need to be the best with everything we do We are preparing the next generation of heroes for the greatest fighting force on the planet the 8404 Hospital Corpsman assigned to the United States Marine Corps They operate at the tip of the spear providing combat medicine to our operational forces they are critical to the success of the Navy ask for help before it s too late in all aspects of your life and career If you see a problem fix it or bring it to the attention of someone who can Don t ignore it Supporting each other is just as important as supporting the mission Continue the relentless pursuit of customer satisfaction feedback is a valuable tool in life and career Basic military courtesy should be a part of everyday life Always strive to do the right thing even when no one is looking or when tempted to take the easy wrong As a leader I believe all members of the team are important Our civilian shipmates are essential to the success of our mission As a military leader I believe as the Sailor creed says I proudly serve my country s Navy combat team with Honor Courage and Commitment I am committed to excellence and the fair treatment of all I cannot over emphasize the importance of leadership from E 1 to O 6 everyone has a part I expect officers to lead from the front by setting the example Be sure that regularly scheduled performance counseling sessions are conducted for military and civilian employees Cover the good which should be sustained as well as the areas which need improvement Although I like to be informed I believe in allowing leaders to lead managers to manage A big part of my job is to provide you the support systems necessary for you to accomplish your mission Tell me what you need and don t worry how it will be resourced Let me worry

about that **Rich's Vascular Trauma E-Book** Todd E. Rasmussen, Nigel R M Tai, 2015-04-15 Published in association with the Society for Vascular Surgery SVS the newly updated edition of Rich's Vascular Trauma draws on civilian and military authorities from around the world to offer comprehensive and up to date coverage of the management of vascular injury Anatomic patterns of vascular trauma including extremity torso and cervical injury are reviewed in detail including the latest techniques to manage non compressible torso hemorrhage You'll have access to all of the current innovations across the broad spectrum of vascular trauma presented in a well organized fashion that allows you to quickly hone in on the most important issues in patient care and management Emphasizes the current management of civilian vascular injuries with an historical reflection of pioneering contributions from the battlefield Combines the largest existing database of military vascular trauma with the experience of one of the nation's premier civilian trauma centers Examines operative techniques and damage control for vascular traumas For the first time includes a novel International Perspectives section featuring fascinating accounts of vascular trauma from nine leading surgeons from five continents This section focuses on innovative surgical treatments tailored to locally developed pathways of care training solutions and regional injury patterns End to end coverage of all phases of acute vascular injury care including a new assessment of the implications of vascular trauma in the pre hospital setting i.e point of injury and en route care Covers the emerging hot topics including endovascular procedures to manage trauma contemporary use of vascular shunts and a modern reappraisal of resuscitative endovascular balloon occlusion of the aorta for shock An innovative chapter on the systems approach and quality improvement in vascular trauma offering information and tactics for all providers wishing to understand how clinical systems underpin patient outcome and recovery from this challenging injury pattern A combined civilian and military authorship from internationally recognized authorities draws on the best available evidence experience and lessons learned from Afghanistan Iraq and the urban battlefield Expert Consult eBook version included with purchase This enhanced eBook experience allows you to search all of the text figures references and videos from the book on a variety of devices

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

Nelson Textbook of Pediatrics E-Book Robert M. Kliegman, Bonita F. Stanton, Joseph St. Geme, Nina F. Schor, 2015-04-17 After more than 75 years Nelson Textbook of Pediatrics remains your indispensable source for definitive state of the art answers on every aspect of pediatric care Embracing the new advances in science as well as the time honored art of pediatric practice this classic reference provides the essential information that practitioners and other care providers involved in pediatric health care throughout the world need to understand to effectively address the enormous range of biologic psychologic and social problems that our children and youth may face Brand new chapters and comprehensive revisions throughout ensure that you have the most recent information on diagnosis and treatment of pediatric diseases based on the latest recommendations and methodologies Form a definitive diagnosis and create the best treatment plans possible using evidence based medicine and astute clinical experiences from leading international authors many new to this edition A NEW layout provides superior portability and exceptional ease of use Gain a more complete perspective Along with a broader emphasis on imaging and molecular diagnoses and updated references the new edition includes an increased focus on international issues to ensure relevance in pediatrics practice throughout the world Effectively apply the latest techniques and approaches with complete updates throughout 35 new chapters including Innovations in Addressing Child Health and Survival in Low Income Settings Developmental Domains and Theories of Cognition The Reggio Emilia Educational Approach Catatonia Refeeding Syndrome Altitude associated Illness Genetic Approaches to Rare and Undiagnosed Diseases Healthcare Associated Infections Intrapartum and Peripartum Infections Bath salts and other drugs of abuse Small Fiber Polyneuropathy Microbiome *Kingella kingae* Mitochondrial Neurogastrointestinal Encephalomyopathy Nonalcoholic Fatty Liver Disease Plagiocephaly CNS Vasculitis Anterior Cruciate Ligament Rupture and Sports Related Traumatic Brain Injury Recognize diagnose and manage genetic and acquired conditions more effectively A new Rehabilitation section with 10 new chapters including Evaluation of the Child for Rehabilitative Services Severe Traumatic Brain Injury Spinal Cord Injury and Autonomic Crisis Management Spasticity Birth Brachial Plexus Palsy Traumatic and Sports Related Injuries Meningomyelocele Health and Wellness for Children with Disabilities Manage the transition to adult healthcare for children with chronic diseases through discussions of the overall health needs of patients with congenital heart defects diabetes and cystic fibrosis Understand the principles of therapy and which drugs and dosages to prescribe for every disease

U.S. NAVY HOSPITAL CORPSMAN & USMC FIELD MEDICAL SERVICE TECHNICIAN FMST TACTICAL COMBAT CASUALTY TCCC 2013 & 2014 STUDENT HANDBOOK, 2017-01-01 The FIELD MEDICAL SERVICE TECHNICIAN provides medical and dental services for personnel in field units also provides technical and administrative assistance to support the mission and functions of the Navy and Marine Corps field units Maintains organizational level AMAL s and ADAL s Assists in the procurement and distribution of supplies and equipment for field use and combat areas Maintains field treatment facilities

Renders first aid and emergency medical and dental treatment to unit personnel combatants Coordinates and performs medical evacuation procedures Ensures observance of field sanitary measures and preventive measures in specialized warfare Conducts first aid and health education training programs

COURSE DESCRIPTION During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM 8404 *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 *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 *PHTLS--Pre-Hospital Trauma Life Support* National Association of Emergency Medical Technicians (U.S.). Pre-Hospital Trauma Life Support Committee,1986

Handbook for EMS medical directors , Trauma Operative Procedures G. Berlot,H. Delooz,A. Gullo,2012-12-06 Trauma has assumed a prominent role in contemporary medicine as an event that can significantly influence clinical variables such as morbidity functional deficits and consequential disability and mortality Trauma is the principal cause of death in the population below 40 years of age in industrialized countries Therefore there is great interest in studying traumatic events from both the clinical and epidemiological viewpoints The importance of trauma is exemplified by the fact that in many countries the trauma patient is first treated in specialized trauma centers in which the diagnostic and treatment processes are facilitated by the 24 hour presence of personnel having interdisciplinary competencies Trauma in this context consists of any acute often unexpected condition Many of the medical difficulties associated with trauma occur in a relatively brief period that spans from the first call for help to the initiation of first aid measures A correct approach depends on the availability of experienced personnel The first measures of aid must guarantee above all the patient's survival The most critical initial phases of care to trauma patients are represented by the triad first aid triage and transport Specific morbidity indices whether anatomical functional or mixed are indispensable elements for monitoring a patient's clinical evolution The immediate availability of essential drugs is imperative to confront the clinical situations that often present in the acute post traumatic phase

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Phtls Training Manual Introduction

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