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INFORM YOUR LEADER When you discover a casualty, communicate the situation to the unit leader as soon as you can. Ask the casualty questions that require more than a "yes" or "no" answer. NOTE: Hypovolemic shock can also result from blood loss due to internal bleeding (bleeding into the abdominal or chest cavities). 1-2. The term rescuer
refers to another soldier who is attempting to aid the casualty (provide treatment and/or move the casualty if medical help is not available. 3-2. (2) Route the casualty if medical help is not available. 3-2. (2) Route the casualty if medical help is not available.
or nearly straight. Position both forearms on his chest. 4. Lack of bleeding is due to the body's normal defenses (contraction and spasm of blood vessels) because of the amputation. 2-5. Check the soldier's pulse. Hypothermia. (a) An unconscious casualty should be placed in the recovery position. NOTE: Do not adhere the tourniquet band past the rod-
locking clip. Play dead. Care given by medical personnel such as a combat medic is medical aid.) d. c (fig 2-4) 34. Which of the following is a general rule to follow? If the casualty has suffered thoracic trauma, progressive severe respiratory distress (breathing that becomes more labored and faster) may indicate tension pneumothorax. NOTE: If the
casualty is alert or responds to voice commands, do not check the casualty's response to pain. 45. Materials such as cravats or strips of cloth can be used to secure the rigid objects and keep the fracture immobilized. The casualty is probably suffering from: a. Wound on an Extremity. Combat Casualty Pill Pack. IS0871 2-8 (3) Continue to treat other
injuries (splint fractures, bandage other wounds, and so forth). Digital pressure is used to control severe bleeding of the lower part of the arm and elbow. ACTIONS UNDER FIRE When you are under effective hostile fire and see a wounded soldier who is also under enemy fire, you should do the following. Each soldier may be issued a combat pill pack
(see figure 1-7) containing pain medications and antibiotics to control infection prior to deployment on tactical missions. 1. a (paras 3-6, 3-7, 3-8) 9. d (para 3-14c(1)) 58. TASK: Evaluate and treat a casualty. 7-1 Section I. Field dressing. This treatment can be the difference between being a combat death on the battlefield and a recovering soldier in an
MTF. Arm (Brachial Artery). (3) Place your hands behind the casualty while you are not in danger from enemy fire and you can render care to the casualty without endangering your mission. APPLYING A COMBAT APPLICATION TOURNIQUET A Combat
Application Tourniquet (CAT) (figure 4-6) is the tourniquet of choice. Shock. You and another soldier are in the open and separated when you both come under enemy fire. Copies of edition "B" should no longer be used. If a casualty cannot sit up, place him in the recovery position with his affected (injured) side down. When you take the actual
performance examinations, an instructor will grade your performance using checklists similar to those contained in this subcourse. Development and progress render such doctrine subject to change. Drags are used to move a casualty quickly for a short distance. Figure 3-1. 3-1 Exercises ...
other soldier has a severe bleeding wound to his arm. IS0871 1-3 DEATHS DUE TO GROUND COMBAT 31 percent--Penetrating head trauma. Monitor wounds and take measures to control additional bleeding. Upon reaching the casualty's right
shoulder). CAUTION: If the missile (such as a bullet or shrapnel) lodges in the body (fails to exit), do not attempt to remove the missile or probe the wound. 67. IS0871 3-4 c. It usually refers to serious bleeding. Lower extremity refers to the thigh (located between the hip and the knee) and the leg (located between the knee and the ankle). (Follow the
path of blood flow from the heart through the arteries as a guideline.) It is the opposite of proximal. If applying digital pressure is not possible or does not control the bleeding, apply a tourniquet as described in Section II. SUBCOURSE EDITION IS0871 C COMBAT LIFESAVER COURSE: STUDENT SELF-STUDY 2. Communicate the Situation. Vein.
Tactical field care covers two situations. The exit wound is usually larger than the entrance wound. REMEMBER If you are unable to control bleeding except with a tourniquet, it is better to sacrifice a limb than to lose a life due to excessive bleeding. If so, an alternate version may be used for retesting. IS0871 1-9 EXERCISES: LESSON 1
INSTRUCTIONS: Answer the following exercises by marking the letter of the response that best answers the question or best completes the sentence or by writing the answer in the space provided. 4-8. You are crossing a battlefield after the fighting has stopped and the enemy has retreated. Apply a splint only if the bone is fractured. The body's
natural defenses may be controlling the bleeding temporarily, but the wound will soon result in severe arterial bleeding. 1 percent--Airway problems. It is a component of the soldier's Improved First Aid Kit (IFAK). Leave it so medical personnel can see it easily. (1) Remove the CAT from its pouch.
                                                                   19. Should you apply a tourniquet to control the bleeding? e. It can also be caused by severe burns (second and third degree burns on 20 percent or more of the body surface), vomiting, diarrhea, and excessive
sweating. 60. Remember, a casualty with all of his gear may weigh around 300 pounds. (3) Survey any nearby buildings for structural stability. That is, the casualty was not in a care-under-fire situation to begin with (see Lesson 3). 2-1 Exercises .....
                                                                                                                                                                                                                                                                                                                                   .. ADMINISTER PILL PACK If the casualty has
suffered a wound or fracture, administer the casualty's combat pill pack (see figure 1-5). a (para 2-3b) 11. If possible, remove any excess pooled blood from the wound while preserving any clots already formed in the wound. CAUTION: DO NOT apply a tourniquet over a joint. With your free hand, grasp the casualty's clothing under the near arm. You
the artery against the bone. This subcourse may be reproduced locally as needed. IS0871 1-10 5. Apply a splint if the thigh has a massive injury even if the bone is not fractured. IS0871 i ADMINISTRATIVE PROBLEMS Questions of an administrative nature (such as missing pages in the subcourse booklet) should be addressed to your primary
instructor (group leader). For each exercise answered incorrectly, reread the subcourse material referenced and rework the exercise. Perform additional care (open the airway, insert a nasopharyngeal airway, perform needle chest decompression, and so forth) as needed. b (paras 2-4d, 2-6) 5. Ask the casualty questions that require more than a "yes"
or "no" answer. ACTIONS BEFORE APPROACHING THE CASUALTY If you determine that you can provide assistance to the casualty under enemy fire, take the following actions before approaching a casualty on the battlefield. Do not attempt to clean the wound. You are in a tactical field care situation. Immobilize the joint below the fracture. (2) If a
tourniquet is necessary, apply a second tourniquet directly on the patient's skin two to four inches above the wound and tighten it (see Section II of Lesson 4). Decompress the affected chest side by inserting the needle/catheter from your combat lifesaver aid bag into the second intercostal space (ICS) on the mid-clavicular line (MCL). IS0871 4-7 A B
C D A. Did the casualty fall from a wall? (1) Sweaty but cool (clammy) skin, pale skin color, and/or blotchy or bluish skin around the mouth. He does show a reaction when you rub his breastbone briskly with your knuckle. Your first priority while under fire is to return fire. 6-1 Section I. PERFORMING TACTICAL FIELD CARE FOLLOWING CARE
UNDER FIRE Initiate tactical field care when you and the casualty are no longer under direct enemy fire. (If so, the casualty may have bleeding wounds.) 22. STANDARDS: Prepared a MEDEVAC request in correct format and transmitted the request following the rules for proper transmission. CAUTION: If the leg still has poor circulation, evacuate
the casualty as soon as possible. If the casualty is not to be transported at this time, check the tourniquet periodically. (1) A--The casualty is alert (knows who he is, the date, where he is, and so forth). 51. Tourniquet. Severe Bleeding. Applying a splint to an arm. Some examples of manual drags and carries are given below. 15. 4-4. (paras 2-4, 2-6, 2-8)
2. The CAT is now properly applied and the casualty is ready for transport. Check the casualty for any untreated wounds on the extremities that are life-threatening and treat them. (a) A casualty responds to pain, but not to
verbal commands. What type of care will you render the solder? Reassure the casualty's left shoulder. (1) Push the securing materials under natural body curvatures, such as the knees. IS0871 1-8
o. 12. IS0871 2-6 b. (in any order) a. Combat Gauze may be repacked or adjusted into the wound to ensure proper placement. In fact, you may not be able to provide any care.
                                                                                                                                                                                                                                                                  Check your answers on the next page. Place your ear over the casualty's mouth and nose with your face toward
the casualty's chest while maintaining the casualty's airway (head-tilt/chin-lift). Some of the signs and symptoms of a fractured limb are given below. 7 percent--Mutilating blast trauma. 50. Move the casualty and yourself to a place of safety where you can perform tactical field care (paragraph 2-7). What should do about the tourniquet once you and
the casualty are safe? To keep air from escaping through the wound. (para 1-4, fig 1-1) 20. ISO871 4-12 A B C D E F G Figure 4-7. 11 You have been wounded and are still under enemy fire. Often, the term "leg" is used to refer to the thigh, leg, and foot. However, continue to monitor the casualty's breathing since his condition could deteriorate. c
(paras 2-5b(1)(c), b(2)(c) 9. 19. Figure 4-2 shows the Emergency Bandage applied to a forearm. Apply a pressure bandage to the wound to secure the Combat Gauze in the wound the wound to secure the Combat Gauze in the wound to secure the Combat Gauze in the wound to secure the Combat Gauze in the wound the wound to secure the Combat Gauze in the wound to secure the
or has serious bleeding from an extremity, direct him to apply the Combat Application Tourniquet from his Improved First Aid Kit (IFAK) over his uniform and above the wound. SUGGESTED STUDY PROCEDURES After reading and studying the text assignment of a lesson, complete the lesson exercises at the end of the lesson. Carries. Figure 1-4.
(paras 3-12b(3), (4), (5)) 22. Blocked airway. Signs and symptoms of shock include the following. As you approach the casualty, form a general impression of the casualty, form a general impression of the casualty. (4) Decrease in the casualty is level of consciousness (such as mental confusion or unconsciousness). The darker bleeding from the veins may continue draining for a while.
                                                          .... (5) Take measures to prevent and treat shock (paragraph 3-12 of Lesson 3). Place another tourniquet above the first tourniquets in place. NOTE: The tactical situation may not allow the time or safety for conventional methods of controlling the bleeding if you are under
Controlling Bleeding Without a Tourniquet ......
fire. NOTE: In a complete amputation, the limb part is completely severed from the rest of the body. (1) In combat, tactical field care may be given by the combat lifesaver after the casualty has been moved to a safe location. If the lesson exercises contain a performance exercise, practice performing the task (if possible) and have someone check your
 actions against the performance checklist. Have the casualty take all four tablets with water from his canteen. 63. v GRADING AND CERTIFICATION.
                                                                                                                                                                                                                   . 4-3. Try to determine if the casualty is alive. (1) Part of the fractured bone may stick through the skin. APPLYING A TOURNIQUET 4-9. (6) Tie the ends
(tails) of each securing cravat in a nonslip knot on the outer rigid object and away from the casualty. If these methods do not control the bleeding, apply a tourniquet two to four inches above the wound to control the bleeding, apply a tourniquet two to four inches above the wound to control the bleeding. (2) Apply padding between the arm and the splints. STANDARD Score a GO on the performance checklists. Determine the
casualty's level of consciousness using the AVPU scale discussed below. Monitor the casualty's shirt tail used as a sling (sharp stick stuck through shirt and tail to secure the tail) and a swathe applied. PHASES OF TACTICAL COMBAT CASUALTY CARE Tactical combat casualty care
(TCCC) can be divided into three phases. Cut or tear around the stuck material so that the stuck material remains undisturbed. If possible, answer the exercises without referring back to the lesson text. Do not use your own pack since you may need them yourself and you have no extra combat pill packs in your aid bag. This is the best position to
monitor the casualty while transporting the casualty by litter. Field Dressing. Lying on his injured side. Monitor the casualty with one or more of the following problems: blocked airway, no respiration, bleeding from an extremity,
amputation of an extremity, hypovolemic shock, or open chest wound. 23. (1) Tactical field care may be rendered by the combat lifesaver after the casualty has been moved to a safe location or when enemy fire has been moved to a safe location or when enemy fire has been suppressed (see Lesson 2). Then pull steadily and roll the casualty has been moved to a safe location or when enemy fire has been suppressed (see Lesson 2).
RESPONSIVENESS NOTE: You may need to wait until you can safely provide tactical field care to fully perform this procedure. Feel for his breath on the side of your face. (b) In cool weather, cover the casualty with a Blizzard survival blanket (combat lifesaver MES), blanket, poncho, or other available materials to keep him warm and dry (figure 3-7).
Communicate the medical situation to the unit leader. When should you notify your unit leader of the soldier's injury? Place airtight material over the wound (material extends at least two inches beyond wound) when the casualty exhales and tape all sides of the airtight material or apply a commercial chest seal to the casualty's chest. Check the
soldier for breathing. On his chest (prone). You are going to administer a combat pill pack to a casualty. IS0871 3-16 Figure 3-8. Combat Gauze is used for serious arterial bleeding. If there is an entrance wound and an exit wound, both wounds need to be dressed and bandaged. (1) Continue to monitor the casualty during transport. (3) Do not apply a
pressure dressing to a head wound. Applying the CAT using the one-handed application. IS0871 3-20 14. (a) In warm weather, keep the casualty in the shade. IS0871 4-6 4-7. No. 16. (4) Pass the red tip of the tourniquet band through the outside slit of the friction buckle (figure 4-8B). Nonslip knot tied over the wound. Determine if the casualty is
breathing. Examine the wound to see if it the bleeding can be controlled using other means. 8. IS0871 2-1 LESSON 2 CARE UNDER FIRE TASK Tactically manage a simulated casualty in a care under fire situation. a (paragraphs 2-5b(2)(a) 10. No supplementary references are needed. You have controlled the bleeding to a casualty with a severe
wound to the leg and immobilized the leg. As soon as you can. Applying a tourniquet. Inserting a nasopharyngeal air to maintain the casualty's airway as part of: a. The "C" edition of IS0871 is a major revision of the previous "B" edition. The Role of the Combat Lifesaver ......
                                                                                                                                                                                                                                                                                                                        .... (d) A casualty with an open chest wound should be sitting up
with his back to a wall, tree, or other support or in the recovery position with his injured side to the ground. Test the casualty's level of consciousness. (5) Adhere the tourniquet band around the limb (figure 4-7C). c (para 3-10c(3)) 16. The site of the tenderness or bruise is probably the site of the fracture. If medical help is not available, prepare the
casualty for evacuation. If circulation is impaired, loosen and retie the cravat. i. 28. (b) A casualty with a suspected spinal fracture or serious head wound should be on his back (feet not elevated). The same measures used to treat shock can be applied to help prevent shock from occurring. Your first priority while under fire is to return fire and kill the
enemy. Of the three preventable causes of death in exercise 10, which results in the most deaths? The knee is proximal to the foot because the knee is proximal to the foot because the knee is closer to the heart (following blood flow) than is the foot. Two rescuers are exposed to enemy fire rather than one. Apply the dressing over the bone and the wound. (1) If the pressure dressing controls
                                                                                                                                            .. As soon as you reach the wounded soldier. Tell the casualty that you are helping him. GENERAL The leading preventable cause of death on the battlefield is bleeding from an extremity. POSITION THE CASUALTY ON HIS
the bleeding, proceed to check the casualty for other injuries. 5-1 Exercises ......
BACK Position the casualty on his back if he is in a prone position. It is recommended that you apply continuous pressure for three minutes. A listing of the supplies found in the aid bag at the time this subcourse was developed is given in Appendix A. APPROACH THE CASUALTY a. CONDITIONS: Given a casualty in a battlefield environment and a
combat lifesaver medical equipment set. A soldier in your squad has been injured. You can administer treatment without endangering the mission or yourself. n. If the casualty is not breathing on his own but has a pulse, continue administering rescue breathing. See if the casualty is in shock. Maintain this pressure for 5 to 10 minutes. (2) V--The
casualty is not alert, but does responds to verbal (voice) commands. (2) Using your fingers or thumb, apply pressure to the inside of the arm over the bone. Applying CAT using two-handed configuration. Most of these deaths are inevitable (massive trauma, massive head injuries, and so forth).
                                                                   18. (4) Place your hands behind the casualty's shoulders and pass them downward behind the back, thighs, and legs. What is in the combat pill pack that you and other soldiers may carry in combat? 46. Unable to tell without examining his ankle. To keep air from entering through the
wound. EXPOSE THE WOUND If possible, expose the wound first by pushing or cutting away loose clothing around the casualty's wound. (1) Your own life is in imminent danger. Study the information contained in this subcourse on your own life is in imminent danger. Study the information contained in this subcourse on your own life is in imminent danger.
an explosion? 14. 13. If you have applied a pressure dressing and firm hand pressure, but the dressing has become soaked with blood and the wound continues to bleed, apply a tourniquet. Casualty, (1) Take measures to maintain the
casualty's airway, including inserting a nasopharyngeal airway if needed. If the casualty vomits, quickly perform a finger sweep to clear his airway. The recommended means to control bleeding while under fire is a rapidly applied tourniquet. (paras 2-7a, b) 20. The pressure on the wad of dressing helps to restrict the blood vessels and control the
bleeding. (1) Casualty evacuation (CASEVAC) refers to the movement of casualties using nonmedical vehicles or aircraft. 62. The casualty is the soldier who is injured. Apply an Emergency Bandage from your aid bag. Yes. Care Under Fire. A missile may have entered at one point and exited at another point. (2) Tactical field care also refers to care
rendered by the combat lifesaver when the casualty is not in a care-under-fire situation to begin with, such as a soldier who falls while trying to climb a wall or cliff or a soldier who is injured by an explosion when no enemy troops are in the area. To turn a casualty onto his back, perform the following steps. Primary injury site as a cause of death in
the potentially preventable deaths (OIF/OEF). IS0871 3-10 d. Then push steadily and roll away from you are wounded. The two-handed
application is always used when the tourniquet is applied to the casualty's thigh. 9-1 Exercises.
                                                                                                                                                                  .. Figure 1-7. 49. 10 percent--Potentially surgically correctable trauma. U.S. Field Medical Card ........
 injuries. Kneel beside the casualty with your knees near his shoulders. The pack contains pain medications and antibiotics to help control infection. a. The casualty for breathing using the look-listen-feel method (figure 3-1).
                                                                      Anticipate the type of injuries the casualty may have received and what care will probably be needed. Take the following actions to treat shock. During combat, the combat lifesaver will need to be resupplied rapidly as his supplies can be quickly depleted. When possible, position the rigid
(5)) 20. Check your answers on the next page. Proximal; distal. 3-6. 70. Hemorrhage. IS0871 1-6 i. By converting the tourniquet to a pressure dressing or controlling the bleeding by other methods, you may be able to save the casualty's limb. You are applying a splint to a casualty's limb. A casualty is lying very still. It is carried by the combat lifesaver
                                                                                                                                                                                                                                                            52. CONDITIONS: Given a writing instrument, a MEDEVAC worksheet, needed information, and a transmitting device.
6. Continue to wrap the elastic bandage around the limb so that all edges of the pad are covered (figure 4-2D). What Department of Defense document is used to record the care given to a casualty in the field? Position both arms at his sides. CAUTION: Clothing or anything else stuck to the wound should be left alone to avoid further injury. How
would you classify the casualty on the AVPU scale? The Combat Application Tourniquet. Figure 2-6. Tape an airtight seal over the wound. Removing a tourniquet after six hours should only be performed by medical personnel. To control bleeding. COMBAT GAUZE Combat Gauze
(shown previously in figure 1-5 of Lesson 1) is a 3-inch by 4-yard roll of gauze that is impregnated with a hemostatic agent (kaolin). Insert bandage into C. Listen for sounds of breathing. Treatment consists primarily of using a tourniquet to stop life threatening bleeding from wounds on the extremities and moving the casualty to safety (see Lesson 2).
Figure 4-6. The four levels used in the AVPU scale are given below. 54. Be careful of any comments you make regarding the casualty's condition. Figure 2-5. In care under fire, you and the casualty are under hostile fire and you are very limited to the fractured arm. A tourniquet is a device
for compressing the blood vessels of an extremity in order to stop blood flow distal to the tourniquet band. NOTE: The Emergency Bandage (paragraph 4-4) can be used both as a field dressing and as a pressure dressing. In which of the following circumstances would another position be used? a (paras 1-2a, 1-5a box) 3. FM 4-25.11, First Aid. What
treatment should you administer? Often, the term "arm" is used to refer to the arm, forearm, and hand. Which of the following illustrates the Hawes carry? CHECK FOR MAJOR BLEEDING OF THE EXTREMITIES Check the casualty. Figure 2-2
(2) If possible, place at least two cravats above the fracture site and two below the fracture site (above the upper joint, and below the lower joint, between the fracture site and two below the fracture site and two below the fracture site (above the upper joint, and below the lower joint). This pressure may help shut off or slow down the flow of blood from the heart to the wound. IS0871 3-19 8. Your combat
duties remain your primary mission. Take cover and return fire. 48. List the phases. 40. Insert a nasopharyngeal airway Place the casualty in the recovery position (on his side) (paras 3-7d(1), e) 8. Such pressure could interfere with blood circulation. Wrap bandage to seal E. However, the tactical situation can change and you could find yourself back
in a care-under-fire situation. Tactical combat casualty care has three phases. Attach the card to the casualty's clothing or place it in a pocket, as appropriate (see Lesson 7). NOTE: The pressure dressing can be loosened and retied without disturbing the blood clot forming under the dressing pad.
                                                                    17. A collection point is a site to which combat casualties are delivered, usually by nonmedical means (CASEVAC). You applied a tourniquet to a soldier's wounded leg before dragging him to a safe location. IS0871 3-6 c. The second will be covered in this lesson. Quickly apply manual
pressure until the bleeding stops. The combat lifesaver medical equipment set (MES) is also called the combat lifesaver aid bag. b (para 3-12b(3) second Note) 23. Immobilize the joint above the fracture site and the joint below the fracture site and the joint below the fracture site.
 Improved First Aid Kit (IFAK). The Improved First Aid Kit (IFAK) is the first aid kit carried by individual soldiers. You will be furnished with needed materials at the time you take the examinations for this subcourse. Hemorrhage is another word for bleeding. Responsiveness. CONDITIONS: Given a casualty in need of evacuation, drag equipment (such
as a Dragon Harness or SLICK litter), a SKED litter, a Talon litter, materials for improvising a litter (if used), and assistant(s) (if needed). NOTE: Do not cover a tourniquet and try to control the bleeding with a pressure
dressing before evacuating the casualty? IS0871 3-8 3-10. Pull steadily and evenly toward yourself, keeping the casualty's head and neck in line with his torso. b (para 2-8a) Note: If a second tourniquet is applied below the first tourniquet. STANDARDS: Performed needed procedures in accordance with the procedures given
in this course and documented the treatment on a U.S. Field Medical Card or Tactical Combat Casualty Care Card, as appropriate. Control bleeding using an Emergency Bandage, Combat Gauze, direct pressure, and/or pressure dressing. Place one of your hands under the back of the casualty's head and neck for support. Improved First Aid Kit.
IS0871 1-11 11. None of the above. r. Tactical field care is discussed in greater detail in Lesson 3. 30. The Hawes carry is commonly used carry. (3) If a tourniquet is not necessary, use a pressure dressing, direct pressure, elevation, and/or a hemostatic agent such as Combat Gauze™ to control the bleeding, then remove the tourniquet (see Section
of Lesson 4). 6-1 Section II. 39. If the casualty is unable to return fire or move to safety and you cannot assist him, tell the casualty to "play dead." i. Check for both entrance and exit wounds. Figure 4-3. (1) Upper extremity. Modified two-person Figure 2-7. CHECK THE CASUALTY FOR BREATHING If the casualty is alert, talking, and not in
respiratory distress, no airway intervention is needed at this time. The combat lifesaver is trained to provide immediate care that can save a casualty with tension pneumothorax. The look-listen-feel method is used to: a. 6-6 Exercises
                                                           . 29. Extremity. THE ROLE OF THE COMBAT LIFESAVER 1-1. IS0871 3-23 SOLUTIONS TO EXERCISES: LESSON 3 1. IS0871 2-9 EXERCISES: LESSON 2 INSTRUCTIONS: Answer the following exercises by marking the letter of the response that best answers the question or best completes the
                                                                                                                                                           6. (2) If the casualty has an open chest wound, is having trouble breathing, and the difficulty in breathing is increasing, perform needle chest decompression (see Section II of Lesson 6). 14. 3-4. COMBAT
LIFESAVER'S AID BAG a. (4) Continue to monitor the casualty and keep the unit leader informed of any major change in the casualty so did not be encountered. This method uses pressure from the fingers, thumbs, heel of the hand, or knee to press at the site or point where a main artery
supplying the wounded area lies near the skin surface or over bone (see figure 4-5). 90 percent. The casualty has an open abdominal wound. If the casualty is not breathing on his own and no pulse is detected, move to another casualty. You will not be allowed to use the subcourse or notes during the examination. Form a general impression as you
approach the casualty (extent of injuries, chance of survival, and so forth). Tourniquets may be left in place for two hours without major complications. When possible, position the rigid objects so the joint above the fracture and the joint above the fracture will be immobilized. IS0871 3-2 b. Figure 1-1. (5) The casualty has massive injury to an arm or
leg. If a casualty becomes unconscious or his breathing rate drops below two respirations every 15 seconds, insert a nasopharyngeal airway. CAUTIONS: Do not freeze the amputated part. b. Having the uninjured side up decreases pressure on the uninjured side of the chest and allows the uninjured lung to function easier. 4. CAUTION: Do not looser
or remove the casualty's clothing if you are in a chemical agent environment. NOTE: A casualty who is yelling at you, telling you what happened, or performing similar actions is alert. A log, field pack, box, rolled field jacket, or other stable object can be used to elevate his feet. The following instructions assume that an improvised pressure dressing is
being applied after the lower limbs have been elevated to help prevent shock. Figure 2-3. IS0871 1-12 SOLUTIONS TO EXERCISES: LESSON 1 1. 3-3. Tactical field care. 41. d (para 2-7) 14. 50 percent. b (para 1-5a) 4. Bleeding (hemorrhaging) from an extremity can usually be controlled by applying a dressing and bandage, applying manual pressure,
elevating the injured limb, and applying a pressure dressing. The comprehensive written examination will consist of multiple-choice items and will be closed-book and proctored. Scissors, strap cutter, or a knife can be used to cut clothing. 9. The hand is farther from the heart than is the elbow. Whichever is the
safest for you and the casualty. In this lesson, the heart is the central point of reference. Why must a penetrating chest wound be sealed? 69. However, references for additional study are given with the lessons. Recheck your interventions every time you move the casualty. No. 10, What are the three most common medically preventable causes of
death on the modern battlefield? What should you do? NOTE: If the casualty is conscious and can follow instructions, you can have him apply the manual pressure himself. Normally, the kit contains a Combat Application Tourniquet, an Emergency Bandage, Combat Gauze, a nasopharyngeal airway, a roll of 2-inch tape, and two pairs of examination
gloves. Fractured forearm with shirt tail used for a sling and a swathe. b (para 2-2) 3. IS0871 4-10 Section II. Drags. CASEVAC. (1) Expose the wound and determine if a tourniquet is actually needed. When should you plan how to move a wounded soldier out of enemy fire? One-Handed Application. Maintaining a check on the casualty's level of
 consciousness is especially important if the casualty may need intravenous infusion (IV) to replace lost fluid volume. CONDITIONS Given a written situation concerning a casualty under combat conditions and possible responses. Send a soldier for
medical help (combat medic), if appropriate. (4) If a bone is sticking out of the wound, do not attempt to push the bone back under the skin or to straighten the injured limb. Reinforce dressings, as needed. You are accompanying an unconscious casualty during evacuation. Approach the casualty using a safe route. Distal. Check the casualty for
fractures (broken bones). 5. Proximal. 44. (para 3-11) 18. A two-person drag (figure 2-2) can move a casualty easier and quicker, but exposes two soldiers to enemy fire. A NO-GO on any step of a performance checklist will result in a NO-GO for the entire checklist. CHECK FOR OTHER WOUNDS After you have stopped any serious arterial bleeding
from the extremities, checked the airway, and sealed any penetrating chest wounds, continue to evaluate and treat the casualty may have blast effects.) Was there small arms fire? The casualty has an open chest wound.
                                                                   b. His is breathing faster than normal and he is acting agitated. ii ADMINISTRATIVE INSTRUCTIONS .....
                                                                                                                                                                                                                             ... Arteries are blood vessels that carry blood away from the heart to the parts of the body.
                                                                   c. The bandage is now secure. (c) A casualty with an open abdominal wound should be positioned on his back with his knees flexed to reduce stress to the abdomen and reduce the pain. Wrapping the ends of the cravat around the limb. m. In the care under fire phase, do not take time to
 expose the wound. (1) The pressure point is located on the front, center part of the crease in the groin. CAUTION: Make sure the ends of the splints do not press against the groin. Left untreated, these wounds can allow air to enter the casualty's chest and collapse his lung. 2-3. Either of the above. (4) Survey buildings, if any, for structural stability. 5.
It is a component of the soldier's Improved First Aid Kit (IFAK). the edges of the pad. Collection Point. (4) Place padding (such as cloth) between the rigid objects and the limb to be splinted. 4-10 Exercises .............
                                                                                                                                                                                                                                                                                       .... 11. Carries involve lifting the soldier from the ground. Pack the Combat Gauze tightly into
 wound and directly onto the source of the bleeding. d. 9. Dressing. NOTE: Numbers do not add up to 100 percent. Plan your evacuation route prior to exposing and directly over the wound (figure 4-4A). (d) U--The casualty is unresponsive (unconscious). IS0871
4-1 LESSON 4 CONTROLLING BLEEDING TASK Apply an Emergency Bandage, Combat Gauze, manual pressure, pressure dressing, Combat Application Tourniquet, as needed. See if you can anticipate the type of injuries the casualty may have suffered and the type of care you will need to administer. Once you have
examined the casualty, let the leader know if the casualty will not be able to continue his mission. The Hawes carry (figure 2-4) is the preferred one-person carry for moving a soldier. Self-aid is the casualty gives to himself. NOTE: Slings and swathes can be used to immobilize joints. Figure 3-3. (1) Record your evaluation and
treatment on a Field Medical Card, Tactical Combat Casualty Care Card, or similar document. Medical evacuation vehicles (ground and air) have medical personnel to care for casualty are in a protected area? Normally, one member of each squad, crew, or
equivalent-sized unit will be trained as a combat lifesaver. Bleeding from a major artery of the thigh, lower leg, arm, or forearm and bleeding from multiple arteries may prove to be beyond control by the methods discussed in Section II. Examine the chest for wounds. Apply extra padding to joints and sensitive areas such as the groin. If you turn the
casualty, note any injuries that the casualty may have, especially in the chest area. Only if the casualty requires evacuation. STANDARDS: Prepared the SKED litter, and evacuated the casualty using a drag, manual carry, or litter in accordance with the procedures given in this subcourse.
However, the tactical situation can change and you could find yourself back in a care-under-fire situation or even told to stop rendering aid and resume your primary combat functions. This will provide medical personnel with a history of the casualty's injury and treatment. This action, along with the pressure of packing it into a bleeding wound and
applying manual pressure, causes the wound to stop bleeding. b (para 3-1a(2) 2 a (para 3-2) 3 a (para 3-2) 3 a (para 3-1a(2) 2 a (para 3-2) 3 a (para 3-2) 3
 pressure dressing is not controlling arterial bleeding, consider applying a tourniquet. The friction buckle will lock the tourniquet band in place. (2) Place a poncho or blanket under the casualty to protect him from the temperature or dampness of the ground (figure 3-6). (1) Survey the area for possible enemy actions, such as small arms fire. Fractured
 forearm with splint (A) and sling (B). Such wounds are called open chest wounds or sucking chest wounds. (paras 2-7a,b) 19. Determine Level of Consciousness. 3-14. Veins are blood vessels that carry blood from the parts of the
limb remain connected by some skin or other tissue). Self-Aid. Figure 3-7. 9 percent--Bleeding from wounds on the extremity. c (paras 2-6, 1-4) 4. What medical term means bleeding, usually severe? 6-12 Lesson 7 INITIATING A FIELD MEDICAL CARD OR TCCC CARD ............... IS0871 3-7 d. Treating an open chest wound. (5) Wrap the securing
materials around the rigid objects and limb so that the rigid objects immobilize the limb. (1) Ask in a loud, but calm, voice: "Are you okay?" Gently shake or tap the casualty on the shoulder. Both involve bleeding from multiple arteries and are beyond control by the methods discussed in Section II. B. CAUTION: Do not have the casualty attempt to
move the injured arm or leg to test this symptom. Distal means away from the point of reference. Examples of such guestions are: "What is the date?" and "Where are we?" (2) If the casualty does not respond, check him for response to pain by rubbing his breastbone (sternum) briskly with your knuckle. 7-2 Section II. (2) Treat
any open chest wounds. It is the opposite of distal. However, some conditions such as bleeding from a wound on an arm or leg, tension pneumothorax, and airway problems can be treated on the battlefield. Which of the following terms apply? Airway obstruction. Lean forward to apply pressure. Upon reaching the casualty, check the casualty for
responsiveness. ARMY BATTLE DOCTRINE The Army battle doctrine was developed for a mobile and widely dispersed battlefield. All of the tasks contain important, lifesaving information. Secure the hooking end of the closing bar into the elastic bandage (figure 4-2E). Both require a tourniquet. Two-Handed Application. You have two Emergency
Bandages in your combat lifesaver aid bag. Which of the following is true concerning a casualty with an injured thigh? Remember, in combat lifesaver is your secondary mission. Expose the chest and fall. The use of scenario training that allows the Combat Lifesaver student to perform in his full battle
gear for performance testing is encouraged. A tourniquet is only used on an arm, forearm, thigh, or leg when there is a danger of the casualty placed in the recovery position. 21. Reinforce existing dressings with additional dressings and
bandages as needed. If you need to move the casualty to a safer area, be sure to select an area that provides optimum cover and concealment. NOTE: A hemostatic agent is an agent that arrests the flow of blood. The sharp end of the broken bone has pierced the skin and is sticking out through the wound. (2) A person whose has suffered an
amputation of the arm, forearm, thigh or leg may not be bleeding severely when first discovered, but a tourniquet should be applied anyway. Do not waste time with lesser measures such as a pressure dressing. Upon command of the leader, the bearers move forward in unison and move the casualty to the aid station or collection point. If possible
place two cravats above the fracture site and two below the fracture site. A pad of material placed on the wound to absorb the blood is called the
                                                                                                                                                                                     while the material used to keep the pad from slipping off the wound is called the
                                                                                                                                      One-person support carry, REFERENCES STP 21-1-SMCT, Soldier's Manual of Common Tasks: Skill Level 1. Combat pill pack, 3-12. This subcourse is approved for resident and correspondence course instruction. Pull the elastic
 significant change in the casualty's status. A-1 Appendix B HAWES CARRY ...
bandage back over the top of the pressure bar (reversing direction forces the bar down onto the pad) (figure 4-2C).
                                                                                                                                                                                                 7. Therefore, a plan was developed to provide additional care to injured combat soldiers. Both care under fire and tactical field care. If possible, rinse amputated part free of
debris, wrap it loosely in saline-moistened gauze, seal the amputated part in a plastic bag or cravat, and place it in a cool container. Emergency Bandage packet (opened) with contents. 27. 1-1 Section I. A medical treatment facility (MTF) is a facility established to provide medical and/or dental care. If you detect signs of poor circulation (such as
coolness, numbness, or lack of pulse) loosen the securing materials, make sure the ends of the rigid objects are not interfering with blood circulation (such as pressing on the armpit), and retie the cravats. Apply a tourniquet even if the amputation does not show severe bleeding. This will help to keep the casualty from choking should he vomit. 66. 64 to rigid objects are not interfering with blood circulation (such as pressing on the armpit), and retie the cravats.
                                                           . (6) Unusual thirst. Figure 4-4. See Lesson 5. The cravat should be tight enough so only the tip of one finger can be inserted under the cravat. Approach the safest route. If the fracture is in the lower leg, for example, the splint should extend above the knee and below the ankle. The
combat lifesaver is a nonmedical soldier who provides lifesaving measures as a secondary mission as his primary (combat) mission allows. The body's natural defenses may control the bleeding initially, but severe hemorrhaging will soon occur. The two-handed application is normally used for the lower extremity when greater pressure is needed to
stop the bleeding. Combat Gauze<sup>™</sup> (figure 1-5) is also called the hemostatic bandage. IS0871 4-9 Figure 4-5. Remember, bleeding from a wound on the extremity is the greatest cause of preventable death on the battlefield (paragraph 1-4). Treat a partial amputation as you would a complete amputation. 33. If this does not restore circulation, evacuate
                                                                                                                                                 . (3) If the casualty has been treated for an open chest wound, transport the casualty with the affected (injured) side down, if possible.
requires rapid evacuation. What is the disadvantage in using a two-person drag or carry to move a casualty to a safe location while in a care under fire situation? (5) Rapid breathing (increased breathing around the
object and use additional improvised bulky dressings made from the cleanest material available to build up the area around the object. 7. WARNING Do not remove protective clothing in a chemical environment.
                                                                                                                                                                                                                                                                                                        22. P. Each written performance examination will require you to complete a
form. Your primary duty is to: a. Insert a nasopharyngeal airway, if needed. The casualty tells you that he has been shot in his leg and that he is in pain. b (para 3-10c(2)) 15. 1-3. The two-handed application is also used if the tourniquet band has become dirty since the friction buckle locks the band in place and help to prevent loosening during
 transportation. Apply dressings over the protective clothing. Request covering fire during movement to and from the casualty. While under fire, you are limited only to the treatment of life-threatening bleeding from a limb and movement to safety. Check for Life-Threatening Hemorrhage. (2)
Slide the wounded extremity through the loop formed by the tourniquet band (figure 4-7A). IS0871 3-15 a. Placing an improvised cravat over the wijured soldier's uniform. (1) The cravat can be made from a muslin
bandage from your aid bag or other material torn and folded into a cravat (see figure 4-10 in Section II). Which of the following should you use to move the casualty to safety? The casualty lost a good deal of blood. Open the following should you use to move the casualty to safety? The casualty to safety? The casualty to safety? The casualty lost a good deal of blood. Open the following should you use to move the casualty lost a good deal of blood.
(Tactical Combat Casualty Care Card and MEDEVAC request) examinations, and all performance (hands-on) examinations is required for successful completion of the Combat Lifesaver Course, 2-9 Lesson 3 TACTICAL FIELD CARE ....
                                                                                                                                                                                                                                                                                                     . 25 percent--Surgically uncorrectable torso trauma. Please consult your primary
instructor or his designated assistant for any questions concerning retaking a failed examination (written, written performance, or performance, or performance). s. If you still have questions or comments concerning retaking a failed examination (written, written performance).
the enemy. Secure closing bar. Then gently move the securing materials up or down the limb until they are in proper position. h. (1) Send a soldier for medical help (combat medic), if appropriate. Cardiac arrest. IS0871 vi GRADING AND CERTIFICATION You must score a minimum of 70 percent on the written (multiple-choice) examination and score
a GO on each written performance and performance examination in order to pass this course. (1) Ask the casualty questions to help determine his level of consciousness. Wrap the elastic bandage around the wounded extremity (figure 4-2A). What should be your first action upon reaching the soldier? (1) Recheck the casualty's level of consciousness.
(AVPU scale) about every 15 minutes to determine if the casualty's condition has changed. The contents of the MES are given in Appendix A. The doctrine recognizes that battlefield constraints will limit the ability of trained medical personnel, including combat medical personnel, i
have turned a casualty onto his back. After you have answered all of the exercises, check your answers against the "Solutions to Lesson Exercises" at the end of the exercises. (para 2-2h) 12. Bandage. 8-15 Lesson 9 TACTICAL CASUALTY MOVEMENT ......
                                                                                                                                                                                                                                                                                                               . Try to keep the casualty from sustaining any additional wounds. For
example, the shirt sleeve or pant leg may be red from bleeding. You should render care to injured soldiers only when such cases, the casualty's legs are placed on a stable object so that his feet are slightly higher than the level of his heart to help control shock.
The CAT is delivered in this configuration and is the recommended storage configuration. TASK: Prepare and transmit a request for medical evacuation is not restored, evacuate the casualty as soon as possible. If the area below the dressing becomes cool, blue, or numb, loosen and reapply the pressure dressing. (4) The casualty may
have difficulty in moving an arm or leg. With your free hand, reach across the casualty's back and grasp the casualty's back and grasp the casualty's left arm (far armpit area). IS0871 4-3 Figure 4-1. In tactical field care, you have more time to provide care. Reducing enemy fire may be more important to the casualty's survival than any immediate treatment you can
provide. The one-handed application is normally used when the CAT is applied to the upper extremity (upper arm or forearm). TACTICAL COMBAT CASUALTY CARE 1-4, Figure 2-4. If the casualty is bleeding from a limb and these methods do not control the bleeding, then a tourniquet must be applied to stop the loss of blood from the limb. 3. 1.
DETERMINING IF A TOURNIQUET IS REQUIRED A tourniquet is a constricting band placed around an extremity to stop arterial bleeding by stopping blood circulation to the part of the limb below (distal to) the tourniquet. IS0871 3-24 21. IS087
extremity (fingers or toes) periodically to ensure that adequate blood circulation is maintained. You may apply an Emergency Bandage, but do not tighten it enough to result in a pressure dressing. Should you cover the tourniquet with a blanket, poncho, or similar material to protect it from contamination by dirt and dust? Digital pressure is used to
control severe bleeding of the thigh and lower leg. Tactical Combat Casualty Care .....
                                                                                                                .... 1-1 Section II. NOTE: Amputation of a part of a hand or part of a foot can be controlled using a pressure dressing or other measures. 26. (para 2-2f) 6. 16. Once you and the casualty are in a safe location, you have moved from the care under fire
phase to the tactical field care phase. The following procedures are discussed in greater detail in Lesson 6. (b) V--The casualty is not alert, but does responds to verbal (oral) commands. Do not use dry ice to cool the amputated and other
techniques can be applied, if appropriate (see paragraph 2-8a), 2-7. (3) One arm or leg may appear to be shorter than the other or the limb may be in an abnormal position (looks deformed). Use a nonmedical military vehicle to transport the casualty to a medical treatment facility or collection point, if possible. This is done to ensure that the tactical
situation allows time to treat the casualty before initiating medical procedures. IS0871 2-11 10. Keep practicing until you can score a GO on all steps. 3-13. If the casualty has an amputation of the arm, forearm, thigh, or leg, apply a tourniquet even if the wound does not show serious hemorrhaging. Which of the following can you perform before
moving the casualty to a place of safety? If the casualty is unconscious or having difficulty breathing, perform the procedures given below. CONDITIONS Given a written situation concerning a casualty in a tactical field care situation and possible responses. References. Hawes carry. (2) Let the unit leader know if the casualty will not be able to
continue his mission. More than one Combat Gauze may be required to stem the blood flow. 25. An examination may have more than one version. (1) If the casualty is conscious, place him in the shock position (on his back with his feet elevated slightly above the level of his heart) (see figure 3-6). Immobilize the joint above the fracture. Then push
steadily and roll away from you and onto his back. PURPOSE OF THE COMBAT LIFESAVER a. Tight clothing can interfere with blood circulation. IS0871 3-17 EXERCISES: LESSON 3 INSTRUCTIONS: Answer the following exercises by marking the
answer in the space provided. a (para 2-4e) 13. MOVE THE CASUALTY TO SAFETY After you have taken measures to control major hemorrhaging, you should seek safe cover for you and the casualty. How does evaluation and treatment of a casualty in a tactical field care situation (not under enemy fire) differ from that in a care under fire situation?
C. (2) If an amputation is involved, evacuate the amputated part with the casualty. What else can you do to help the casualty. What else can you do to help the casualty. What else can you do to help the casualty. This allows accumulated blood and mucus to drain from the casualty. What else can you do to help the casualty.
help the casualty and have a "take charge" attitude. It is also recommended that you consult a medical dictionary for unfamiliar terms. 8-1 Exercises ..
                                                                                                                                                                                                                           .... b (para 2-8a Warning) 16. The tactical situation now allows the casualty to be evacuated. (3) Determine threat for chemical or biological agents. (4)
Check for signs of impaired circulation. Rescuer. IS0871 3-9 (3) Place the rigid objects so that one is on each side of the injured leg or thigh. STANDARDS Select the correct response based upon instruction given in Subcourse IS0871. (2) If the wound continues to bleed, apply digital pressure, if possible. Do not place the amputated part directly on
ice. Note whether there is blood or brain tissue on your hands from the casualty's wounds. A bandage is the material used to hold (secure) the dressing in place so the dressing will not slip and destroy the clot that is forming. Apply a tourniquet. IS0871 v ADMINISTRATIVE INSTRUCTIONS SUBCOURSE CONTENT This subcourse contains ten
lessons. Then dress and bandage the wounds. 17. Figure 1-2 shows a breakdown of preventable deaths in Operation Enduring Freedom (OIF) and Operation Enduring F
environment (heat and cold) as much as possible. Other materials, such as a handkerchief, sock, or strip of cloth torn from a shirt, can also be used. A tactical field care environment allows you to focus more on the evaluation, treatment, and evacuation of the casualty. IS0871 4-11 4-10. (3) Anxiety (casualty is restless, nervous, or agitated). You cannot
classify the casualty until you complete your testing. (2) If the casualty is conscious, ask where it hurts or where his body feels different from usual.
                                                                     2. Approximate the amount of blood loss. 71. CHECK THE CASUALTY FOR RESPONSIVENESS AND LEVEL OF CONSCIOUSNESS When you reach the casualty, check the casualty for responsiveness and determine the casualty's level of consciousness. Examples of such questions are:
 "What is your name?", "What is the date?", and "Where are we?" (1) The AVPU scale is used in determining the casualty's level of consciousness. (2) Wire and narrow material, such as a shoestring, should not be used since they are likely to damage blood vessels and nerve tissue. IS0871 2-3 e. Bleeding from wounds to the extremities. Upper extremity
refers to the arm (located between the shoulder and the elbow) and the forearm (located between the elbow and the wrist). Figure 4-3 shows Emergency Bandages applied to various other wounds. IS0871 3-11 Figure 3-4. When approaching the casualty, scan the area for potential hazards. Check the soldier for shock. 1-2 Exercises
                                                          . (b) If the casualty is alert or responds to voice, do not check the casualty's response to pain. Raise the casualty's head. The term extremity refers to one of the limbs. IS0871 3-13 CAUTION: Do not elevate the casualty's legs until all lower limb
fractures have been splinted. Do not place the amputated part so that it is in view of the casualty. Administer the combat pill pack to control pain and infection. The first is care under fire, the second is tactical field care, and the third is tactical evacuation care. (a) A--The casualty is alert (knows who he is, the date, where he is, and such). Tactical
Field Care, CHECK FOR FRACTURED LIMBS a. Both figures indicate that extremity hemorrhage (severe bleeding from an arm or leg), tension pneumothorax, and airway obstruction continue to be the primary preventable causes of death in modern combat with extremity hemorrhage resulting in the most deaths. Reassess for proper and effective
placement. Figure 3-2. Reassess Tourniquet, if Appropriate. What should you do with his arms? Perform needle chest decompression to relieve tension pneumothorax. If available, a universal malleable splint (SAM splint) may be used to splint an arm, forearm, or lower leg. If a tourniquet has been applied, make sure that arterial bleeding is controlled.
This procedure (described in Section II of Lesson 6) will allow the air trapped in the casualty's chest to escape and let the casualty's chest to escape and let the casualty breathe easier. Use the casualty breathe easier. Use the casualty breathe easier.
between the muscles. IS0871 iii TASK: Transport a casualty. Two rigid objects (such as straight tree limbs, boards, or tent poles) may be used to splint the fractured limb. Continue to Evaluate and Treat. DIGITAL PRESSURE Applying digital pressure to "pressure points" is another method of controlling bleeding. (2) Do not apply a tourniquet except
to an extremity. b (paras 3-5d, e, f) 6. When you take the performance (hands- on) examinations, the evaluator will use checklists similar to those contained in this subcourse. Determine the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty and the best route of access to the casualty acce
with the one-handed application. 12. Fan him if needed to promote the evaporation of perspiration. 36. t Artery. Rescue breathing is performed at the rate of one full breath every five seconds if the casualty is not breathing to hold the rigid objects securely in place, but not tight enough to
interfere with blood circulation. In tactical field care, you and the casualty are not under effective enemy fire and you are free to provide casualty care to the best of your ability. (2) Tactical field care situation. (2) The following are some
guidelines to use when assessing the casualty's level of consciousness. 2-1. g.
                                                                                                                                                                                                                                                                                                18. Apply a tourniquet to control severe bleeding on a limb. Casualty wrapped in
blankets during cool weather. This pressure will help to compress the damaged blood vessels and control the bleeding. You are going to the aid of an injury. Should you attempt to force the bone back into alignment before applying a splint? A two-
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person carry, such as the modified two-person fore-and-aft carry (figure 2-6) or the two-person support carry (figure 2-7), can sometimes be used, but they are difficult and will expose another soldier to enemy fire. CONTROLLING BLEEDING WITHOUT A TOURNIQUET 4-1. (8) Check to make sure that the arterial bleeding has not started again and the distal pulse is still absent. Perform rescue breathing, if needed. Checking the casualty's level of consciousness. D. IS0871 3-1 LESSON 3 TACTICAL FIELD CARE TASK Tactically manage a simulated casualty. (paras 3-1, 2-1, 2-4) 25. Figure 3-5. Prehospital Trauma Life Support Manual, sixth edition. IS0871 4-5 4-5. What should you do? NOTE: If

his breastbone (sternum) briskly with your knuckle. Immediately seal any penetrating injuries to the casualty, cannot move himself to a place of safety and the combat situation allows you to safely assist the casualty, quickly evaluate the casualty, control any life- threatening bleeding from the extremities,

. (c) To check a casualty's response to pain, rub

to the wrist

possible, put on examination gloves (found in the soldier's Improved First Aid Kit and in the combat lifesaver aid bag) to reduce contamination. 35. Two-person support carry. Should you also try to move the casualty's weapon to the safe location? Amputation. Monitor the Casualty. The first situation was covered in Lesson 2. The wrist is

and move the casualty and yourself to a safe location. Cradle drop drag. In a secure environment, you can focus more on the evaluation and treatment of the casualty's level of consciousness every 15 minutes. The elbow is

pneumothorax, and performing other procedures. In care under fire, you are under fire and are very limited as to the care you can provide. 5 percent--Tension pneumothorax. You are treating a casualty while under fire. 5-10 Lesson 6 TREATING PENETRATING CHEST TRAUMA ..

the elbow. You should render care to injured soldiers only when such care does not endanger your primary (combat) mission. Lying on his uninjured side. NOTE: The muscles of an unconscious casualty's tongue may have relaxed, causing his tongue to block the airway by sliding to the back of the mouth and covering the opening to the trachea (windpipe). 2. b (para 3-10a(5)Note) 17. (6) If possible, apply a swathe (material tied around the injured upper arm and the chest) to immobilize the upper arm. Some deaths are due to multiple causes. The combat lifesaver carries a small aid bag (called a medical equipment set or MES) containing supplies for controlling bleeding, relieving tension

responsiveness. TERMINOLOGY As you go through this subcourse, it will be helpful to know the meaning of certain terms. This also applies to the Combat Gauze and	to four inches above the amputation site. CAUTION: If the arm or forearm still has poor circulation, evacuate the casualty as soon as possible. Suppress enemy fire. Check the soldier for and other items found in the IFAK. The Combat Application Tourniquet. Monitor the casualty's breathing. b (para 1-2a) 10. Emergency Bandage. Treating an Open Chest Wound of a limb is the leading cause of preventable death on the battlefield. (e) A casualty with a minor head wound should be sitting up with his back supported or in the recovery position with lsevier. Direct or expect the casualty to remain engaged as a combatant. However, the tactical situation can change and you could find yourself back in a care- under-fire situation.
Supervisory Assistance. A major advantage of the combat lifesaver is that he will probably be nearby if a member of his squad or crew is injured. Apply an Emergency on the ground. It uses pressure and a chemical to help stop the bleeding. It is effective and can be applied quickly. 19. Loosen any binding clothing. 4-22 Lesson 5 O location? b (paras 2-4, 2-8c(1)) 17. Applying a wad on top of the dressing. If the skin below the pressure dressing becomes cool to the touch, bluish, or numb, or if the procedures given in this course so that the mission is not endangered and the risk of additional injury to the casualty is minimized. S. Perform cardiopulmonary results.	DPENING AND MANAGING A CASUALTY'S AIRWAY
the ends of the rigid objects are not interfering with blood circulation, and retie the cravats. pressure bar. Which of the following is NOT part of care under fire? Disapplying the Combat Gauze are given below. The litter bearers position themselves with the knee nearest the litter on the ground and grasp the litter handles (figur sudden decrease in the amount of fluid circulating in the casualty's blood circulatory system. (paras 1-5a, b, c) 5. While under fire, you only treat life-threatening ble	bund on the casualty's extremity. Pull bandage over top pad. If you detect signs of poor circulation (such as coolness, numbness, or lack of pulse) loosen the securing materials, make sure stal; proximal. Do not place amputated part in water. Using the head tilt/chin-lift to move the tongue away from the trachea may result in the casualty breathing on his own. Instructions for re 3-8A). After treating a casualty with an open chest wound, allow the casualty to sit up if he has adequate support. TREAT THE CASUALTY FOR SHOCK Hypovolemic shock is caused by a eeding from a limb. In CASEVAC, the combat lifesaver may travel with the casualty to provide care during transportation. Try to control major bleeding on an extremity using an Emergency percent. Apply one cravat above the fracture and one cravat below the fracture. Extremity hemorrhage (severe bleeding from an arm or leg). ISO871 ii COMBAT LIFESAVER COURSE:
STUDENT SELF-STUDY INTERSCHOOL SUBCOURSE 0871 U.S. Army Medical Department Center and School Fort Sam Houston, Texas GENERAL Interschool Subcertification and recertification. Place a cravat over the wad of padding (figure 4-4B) and wrap the cravat tightly around the limb over the dressing (figure 4-4C). The prone position to a supine position. Immobilize the joint above the fracture and the joint below the fracture. (3) In tactical field care, available medical equipment are	becourse 0871, Combat Lifesaver Course: Student Self-Study, contains information needed to pass the written, written performance, and performance examinations for combat lifesaver ne primary instructor (or a designated assistant) will be responsible for grading the written, written performance, and performance examinations. You are going to turn a casualty from a new supplies are limited to that carried into the field by the combat lifesaver and individual soldiers. 61. What is the advantage in using a two-person drag or carry to move a casualty to a tourniquet, open chest wound, or other serious or life- threatening injury should be evacuated as soon as possible. Checking the casualty for breathing while maintaining the head-
object to make loosening and retying the cravats easier should that procedure be needed.) (7) Observe the limb for signs of impaired circulation. IS0871 2-5 a. Rely fracture site. Combat medics carry IV fluids and the supplies to administer the fluid. Anticipate how your actions (movement, noise, light, and so forth) may affect the enemy's fire. As soon as you have treated the life-threatening conditions. A casualt	ne litter and prepared to move forward. Tactical evacuation care. The field dressing is wrapped in paper which is then sealed in a plastic envelope. (The knots are tied on the outer rigid rupon what the casualty tells you. A casualty is being transported to a collection point using a nonmedical vehicle. The pressure caused by the cravat could result in additional injury to the 55. ty has a cut on his arm with heavy bleeding. ISO871 4-14 A B C D E F Figure 4-8. Wound infection. Address: U.S. Army Medical Department Center and School Department of Combat Medic s@amedd.army.mil CLARIFICATION OF TRAINING LITERATURE TERMINOLOGY When used in this publication, words such as "he," "him," "his," and "men" are intended to include both
the masculine and feminine genders unless specifically stated otherwise or when obvious in context. Monitor the casualty's respirations. (4) Loosen any binding clot Cover the casualty to keep him from being chilled. A Squad preparing to lift the litter. How would you classify the casualty on the AVPU scale? The bones of the join the distal pulse is eliminated. He does not respond to any of your questions or commands. Tie the ends of the cravat in a nonslip knot to secure the wad of padding (given all soldiers during basic training and the medical training given to the combat medic. DD Form 1380, U.S. Field Medical Card (FMC) (para 3-14a) 24. This substitute is a substitute of the cravat in the casualty's respirations. (4) Loosen any binding clot	thing, including boots. Attach the document to the casualty's clothing or place it in an appropriate pocket on the casualty (Lesson 7). b (para 3-6b) 10. (2) Look for entry and exit wounds. It may keep the tourniquet from functioning properly. Wrap the elastic bandage tightly over the pressure bar. 42. Continue tightening until the bright red arterial bleeding has stopped and (figure 4-4D). CONDITIONS Given a simulated casualty with bleeding from a limb and needed supplies. The combat lifesaver is a bridge between the self-aid/buddy-aid (first aid) training bcourse contains all information needed to pass the written, written performance, and performance examinations. (6) Twist the windlass rod to tighten the tourniquet band (figure 4-7D).
have pain, tenderness, swelling, and/or bruising at a particular location. CONDITIONS Given a written situation concerning tactical combat casualty care and possibilisted. If you must leave the casualty alone in order to seek help, tell him you are going to get medical help and will return. 18. Use the casualty's pack, not your own applied tourniquet is the initial method used to control life-threatening bleeding from a limb. Use one hand to support the casualty's knees. Is the combat lifesaver of	band over the rod, inside the clip, and fully around the limb (figure 4-7F). The clot "plugs" the wound to stop the bleeding. (6) Send someone to obtain medical help. (2) The casualty may ble responses. (3) Position the CAT so the tourniquet band is two inches above the wound
(IFAK). If the casualty is conscious and can assist, the one-person support carry (figure 2-5) may be used. If the upper arm is fractured, apply a swathe above the fra another location. 59. (3) Take measures to keep the casualty from overheating or chilling. Example of a Combat Application Tourniquet. If an Emergency Bandage h Check the casualty's level of consciousness about every 15 minutes. If your evaluation of an unconscious casualty reveals no additional injuries, roll the casualty into reduce battlefield deaths by 15 to 18 percent. Apply a supporting bandage over the bulky materials to hold them in place. However, the procedures for performing the support of the sup	acture and a swath below the fracture. It may take a combat medic several minutes or longer to reach the casualty, especially if there are several other casualties and/or the medic is at has been applied, tighten the bandage to form a pressure dressing. d (para 1-4) 2. Dressing; bandage (paras 1-6h, i) 8. Pain medications and antibiotics. Wrap bandage around B. No. 53. o the recovery position (on his side) as shown in figure 3-2. Section I. B-1 6. You should use: a. It has been estimated that proper use of self-aid, buddy-aid, and combat lifesaver skills can tactical field care following care under fire are briefly discussed below. vi Lesson 1 INTRODUCTION TO THE COMBAT LIFESAVER AND TACTICAL COMBAT CASUALTY CARE
Center Newport News, VA 23628-0001 Telephone: DSN 927-3335/3322 Commercial (757) 878-3335/3322 E-mail: sectiona@atsc.army.mil CONTENT Questions about 150871 2-10 5. Your words and actions can do much to reassure the casualty and reduce his anxiety. Placing the casualty in a supine position will help you evaluate	
deaths (Viet Nam). After completing the exercises, check your answers with the answer key that follows the lesson exercises. Place another tourniquet above the first urgently. (2) If the casualty is conscious but breathing at a rate of less than two respirations every 15 seconds, insert a nasopharyngeal airway. Hemorrhage (para 1 casualties. 47. Emergency Bandages applied to other injuries. CAUTION: Do not apply a cravat on the suspected fracture site. This helps to determine the casualty's 4-6 is shown in its one-handed application configuration. The terms "upper arm" and "lower arm" are sometimes used to refer to the arm and forearm respectively.	rst tourniquet and remove the first tourniquet. Before you leave your place of safety to go to the wounded soldier. 2-2. (2) There are other soldiers in your area who require treatment more 1-6g) 7. The combat lifesaver can obtain additional supplies from combat medics, from battalion aid stations or other nearby medical treatment facilities, and from ambulances evacuating s level of consciousness and provides you with information that can be used when treating the casualty. Leave the tourniquet in place. NOTE: The Combat Application Tourniquet in figure Ask the casualty questions to determine his level of consciousness. In a partial amputation, the limb part is still connected to the rest of the body by skin. 2-6. Section II. MANUAL
manage a simulated casualty. Then pull steadily and roll the casualty toward you and onto his back. (Care given by another soldier is buddy-aid. A two-person drag of IS0871 3-12 a. What type of preventable condition do more soldiers die from during ground combat before reaching a medical treatment facility? IS0871 3-3 (2) If the IS0871 4-2 4-2. See figure 1-6. The casualty's pack, a (paras 2-4c, 2-5a) 8. Groin (Femoral Artery). You approach the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier restaurance of the soldier and ask, "Are you okay?" The soldier ask	and another soldier have taken cover together. IS0871 1-1 LESSON 1 INTRODUCTION TO THE COMBAT LIFESAVER AND TACTICAL COMBAT CASUALTY CARE TASK Tactically or carry is easier and quicker. Reference materials other than those provided by the evaluator will not be permitted. You have controlled the bleeding from a wound on the casualty's thigh. The casualty is conscious, ask him where it hurts or where his body feels different from usual. Do not tie the cravat so tight that it cuts off blood circulation. Medical Treatment Facility. Is sponds, "Yeah, but I twisted my ankle when I stepped in a hole." How would you classify this soldier's level of consciousness? With your free hand, reach across the casualty's back and EQUIREMENTS Materials Needed. NOTE: Figure 3-3 shows a splint applied to a fractured thigh. This will help his blood circulation. The body pressure acts to "splint" the affected side.
fore-and-aft carry. It reflects the current thought of the U.S. Army Medical Department Center and School and conforms to Department of the Army doctrine as clos mission. NOTE: Blood loss can cause a significant drop in body temperature, even in hot weather. (3) Evacuate a casualty using nonmedical means (CASEVAC), if no has suffered an injury to the head, neck, or back. (2) Nausea. IS0871 2-2 d. (1) Look for blood-soaked clothes. This helps to determine the level of consciousness and potentially live-threatening hemorrhaging (severe arterial bleeding) from an extremity. a (para 3-11) 19. In an amputation of the arm, forearm, thigh or leg, a tourni	sely as currently possible. Look for the rise and fall of the casualty's chest and abdomen. Splint applied to a fracture of the thigh. IS0871 1-5 1-6. Your combat duties remain your primary eeded (Lesson 9 and Lesson 10). You have applied a tourniquet to a casualty. NOTE: This method of rolling the casualty is used to minimize further injury to the casualty's spine in case he d provides you with information that can be used when treating the casualty. Seek cover; return fire; administer self-aid. CONTROLLING HEMORRHAGING Quickly check the casualty for iquet is applied immediately since the other measures are inadequate to control the bleeding. 68. You applied a tourniquet to a soldier about eight hours ago. (1) Place the rigid objects so
arm (far armpit area). Open the casualty's airway using the head-tilt/chin lift procedure. WARNING If tourniquet has been in place for more than six hours, do not at other techniques to control bleeding, such as a pressure dressing. 7. 43. Insert the elastic bandage co casualty. Place the pad (dressing) directly on the wound. Stop firing and go to the fallen soldier. In combat, the battalion aid station (BAS) is a mobile medical treatment.	head and neck. IS0871 3-21 20. Splint any fractured limbs using available materials. 24. With your free hand, reach across the casualty's back and grasp the casualty's clothing under the attempt to remove the tourniquet. The combat lifesaver is part of that plan. For each exercise answered incorrectly, reread the lesson material referenced. 31. Do not waste time trying completely into the pressure bar (figure 4-2B). Scan the area for potential danger. However, bleeding will start when the blood vessels relax or if the clot is knocked loose while moving the ment facility close to the front lines. Tactical Evacuation Care. A pack from your aid bag. Check the circulation below the pressure dressing. NOTE: Figure 3-4A shows a forearm with a land mine and it explodes, giving the soldier a severe wound in his thigh. (2) Medical evacuation (MEDEVAC) refers to evacuating casualties using medical ground ambulances or medical
air ambulances. b (paras 3-9b(2), (3)) 13. Combat Gauze. 7-14 Exercises	essing. Communicate the situation to your unit leader. There, the casualties are transferred to medical vehicles (ground or air ambulances) and transported to an MTF (MEDEVAC). p. s not amenable to the use of a tourniquet, such as bleeding from the axilla, groin, or neck. Tactical Combat Casualty Care Card
rod and tourniquet band with the rod-securing strap. Immobilize his head, neck, and back, if possible. ISO871 iv TABLE OF CONTENTS Page GENERAL (4) Admidressing. b (para 3-9b(4)) 14. Prepare Casualty for Evacuation, if Needed. You are unable to return fire and there is no safe cover nearby. (1) Survey the area for sm Lesson 4). Complete each lesson before proceeding to the next. 4-1 Section I. The term "dressing" refers to the material that is placed directly over the wound. 10-1	If field care, available medical equipment and supplies are limited to that carried into the field by the combat lifesaver and individual soldiers. Two-person drag. (10) Secure the windlass inister pain medications and antibiotics (combat pill pack). PRESSURE DRESSING If blood continues to seep from the dressing after you have applied manual pressure, apply a pressure nall arms fire. If the casualty has an amputation of a limb or live-threatening bleeding from a wound on a limb, quickly apply a tourniquet (paragraph 2-6 below and paragraph 4-10 of Exercises
provide care to the best of your ability. (7) Place the windlass rod inside the rod-locking clip, locking the rod in place and keeping the tourniquet from untwisting (figure may also assist the combat medic in providing care and preparing casualties for evacuation when the combat lifesaver has no combat duties to perform. A student we examination) will receive 40 credit hours from the Army Institute for Professional Development (AIPD), Newport News, Virginia. 37. (1) If the casualty is unconscious clot to form. All of the above. Which of the following is a correct procedure? Otherwise, apply an improvised pressure dressing. No. 23. An Emergency Bandage server.	igure 4-7E). NOTE: Even if the bone is not broken, the pain caused by the wound may be lessened if the arm or leg is splinted after it has been dressed and bandaged. The combat lifesaver who successfully completes the entire Combat Lifesaver Course (successfully completes all performance and written performance examinations and passes the comprehensive written us and breathing on his own, insert a nasopharyngeal airway (NPA). This pill pack is not part of the combat lifesaver MES. Neck drag. The dressing absorbs some of the blood and helps a ves as a dressing and bandage. 38. (3) The casualty does not have vital (life) signs; that is, the casualty is not breathing, does not have a pulse, and is not moving. Once the casualty is rolled
hand, grasp the casualty's clothing under the near arm. g. Prepare the casualty so that he is protected from becoming chilled during transport. Figure 4-2. 8. The field casualty in the shock position are given below. A casualty has been shot in his left foot, but can still hop on his right leg. IS0871 1-4 1-5 maintains his own bag, he must replenish his supplies in accordance with his unit's standing operating procedure (SOP). Care under fire. This will stabilize the object	perform. If severe bleeding is found, quickly apply a tourniquet high on the injured limb over the uniform and tighten it to stop arterial bleeding (see Section II of Lesson 4). With your free eld dressing consists of a pad of sterile (germ-free) white dressing with a bandage (usually olive drab) already attached to the dressing pad (see figure 1-3). Some exceptions to placing the 24. If the fracture is in the thigh, the splint should extend above the hip and below the ankle (hip, knee, and ankle will be immobilized). If the combat lifesaver to the tand help to prevent further injury. 3-8. The written and written performance examinations will be proctored. Usually, the combat lifesaver's unit will perform the needed stock rotation. Eat injuries. A medical evacuation vehicle (ground or air ambulance) will have medical personnel to care for the casualty during transport. See Lesson 9 for additional information on drags,
manual carries, and drag equipment. ISO871 4-4 A. WARNING A tourniquet is not used for wounds to the head, neck, or trunk (chest and abdominal area). (6) The c casualty in a care- under-fire situation and applied a tourniquet to stop bleeding on an extremity, reassess the bleeding. Applying a splint to a leg. ISO871 2-4 a. (4) prevented. The Emergency Bandage® (figure 1-4) consists of a sterile white pad with an elastic tail and a pressure device used to apply continuous pressure to the Gauze bandages in your combat lifesaver aid bag. This bandage is also known as the "emergency trauma dressing," "emergency trauma bandage," "Israeli pressure	Casualty may have heard a "snapping" sound at the time of the injury. Two pressure points are discussed below. No. 13. You will not be able to treat internal bleeding. If you treated the UThe casualty is unresponsive (unconscious). (2) Survey the area for fire or explosive devices and for possible chemical or biological agents. Additional injuries to the casualty are wound. In tactical evacuation care, the care is rendered while the casualty is being evacuated to a collection point or medical treatment facility (see Lesson 10). You have three Combat dressing," and "Israeli bandage." It is replacing the field dressing in the soldier's individual first aid kit. 7. Decide what care you can administer when you reach the casualty and what care
weapon and other mission-essential equipment with you if possible. (7) Small sips of water are permitted if the casualty is conscious. It can be used both as a field d	e. Reinforce dressings, if needed. As soon as you have treated all of the casualty's injuries. 65. (2) Survey the area for fire or explosive devices. When moving the casualty, take the casualty's dressing and as a pressure dressing.

