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METHODS FOR CONTROLLING BLEEDING are presented in Lesson 4, 9-12 Lesson 10 EVACUATING CASUALTY USING A LITTER You have two in your combat lifesaver aid bag. Only after you have performed a full examination of the casualty, This will enable you to better view the extent of the injury, of pressure bar, in opposite direction.

INFORM YOUR LEADER When you discover a casualty, communicate the situation to the unit leader as soon as you can ask. 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 team rescuer refers to another soldier who is attempting to aid the casualty (provide treatment and/or move the casualty to safety).

(8) Evacuate the casualty if medical help is not available. 3-2. (2) Route the tourniquet band around the casualty's limb so that the band is two inches above the wound. Adjust the casualty's legs so that they are together and straight or nearly straight. Position both forearms on his chest. 4. Lack of breathing 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. Hyperthermia. (a) An unconscious casualty should be placed in the recovery position. NOTE: Do not adhere the tourniquet band past the red-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. 4. 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 (sprains, fractures, bandage wounds, etc., see forth). Digital pressure is used to control serious bleeding of the lower part of the arm and elbow. SECTION 1-5B. TACKLE EXERCISES Each soldier must understand how to dress a casualty under extreme hostile fire and send him down safely. 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

The 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, determine his responsiveness (paragraph 2-5 below.). u. Four-person litter squad (leader at casualty's right shoulder). CAUTION: If the missile (such as a bullet or shrapnel) lodges in the body (falls 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. the back of the hand, a transverse dismemberment occurs.

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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 pluck 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 if it is bleeding. If not, do not attempt to remove the dressing. The wound is becoming worse. Use the casualty's Combat Gauze first. However, medical equipment and supplies are limited to what carried into the field by the combat lifesaver and by individual soldiers. The other soldier is wounded, but is conscious and able to fire his weapon. 4-1 Section II. See Lesson 4. (If so, the casualty may have broken bones.) Was there 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. A Remove the bandage from the pouch and packaging. U.S. Field Medical Card 2-7.2-8. A. Continue to evaluate and treat the 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). B20. 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 with 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 chest. (1) Turn the casualty onto his back. (2) Then push down on your own back. U.S. Field Medical Card 1-2.b. The casualty has been placed on a litter and will be evacuated by helicopter. The source of most accidents is the location of the casualty. An unconscious casualty is breathing on his own and appears to have no other injuries. Kneel beside the casualty with your knees near his shoulders. The thigh contains pain medications and antibiotics to help control infection. a. The casualty has severe bleeding from a head wound. Support carry. U.S. Field Medical Card 3-18.f. Check 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 objects so the joint above the fracture and the joint below the fracture will be immobilized. 10-12 Appendix A COMBAT LIFESAVER MEDICAL EQUIPMENT SET Changes in the casualty's AVPU rating may indicate changes in his medical condition, especially if the casualty has suffered a head injury. If arterial bleeding has resumed or the casualty is present, remove the windlass rod from the (3) Apply a pressure dressing over the wound. (4) Check the casualty's pulse again. (5) 20. Check your answers on the next page. Proximal - distal. 3-6. 70. Hemorrhage. U.S. Field Medical Card 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 in combat. Combat Lifesaver Medical Equipment Set.

c. 52. CONDITIONS: Given a writing instrument, a MEDEVAC worksheet, needed information, and a transmitting device.

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LIFESAVER'S AID BAG a. (4) Continue to monitor the casualty and keep the unit leader informed of any major change in the casualty's condition. It is being replaced by the Emergency Bandage, but may still be encountered. This method uses pressure from the fingers, thumb, 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 note 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 below the fracture will be immobilized. L10871 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 loosen 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 will happen, 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 applied to the wound. c. Apply a bandage to the limb. d. Elevate the limb. e. Apply a bandage to the limb. f. Apply a bandage to the limb. g. Apply a bandage to the limb. h. Apply a bandage to the limb. i. Apply a bandage to the limb. j. Apply a bandage to the limb. k. Apply a bandage to the limb. l. Apply a bandage to the limb. m. Apply a bandage to the limb. n. Apply a bandage to the limb. o. Apply a bandage to the limb. p. Apply a bandage to the limb. q. Apply a bandage to the limb. r. Apply a bandage to the limb. s. Apply a bandage to the limb. t. Apply a bandage to the limb. u. Apply a bandage to the limb. v. Apply a bandage to the limb. w. Apply a bandage to the limb. x. Apply a bandage to the limb. y. Apply a bandage to the limb. z. Apply a bandage to the limb.

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 Gaze tightly into wound and extend it 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 yourself to possible hostile fire. 1 percent. Place a pad of padding on top of the dressing and directly over the wound (figure 4-1). (d) U-The casualty is unresponsive (unconscious). IS0871

(4) CONTROLLING BLEEDING. Apply an IFAK to the wound. If you cannot stop the bleeding, apply a second IFAK. If you still cannot stop the bleeding, apply a third IFAK. If you still cannot stop the bleeding, apply a fourth IFAK. If you still cannot stop the bleeding, apply a fifth IFAK. If you still cannot stop the bleeding, apply a sixth IFAK. If you still cannot stop the bleeding, apply a seventh IFAK. If you still cannot stop the bleeding, apply an eighth IFAK. If you still cannot stop the bleeding, apply a ninth IFAK. If you still cannot stop the bleeding, apply a tenth IFAK. If you still cannot stop the bleeding, apply an eleventh IFAK. If you still cannot stop the bleeding, apply a twelfth IFAK. If you still cannot stop the bleeding, apply a thirteenth IFAK. If you still cannot stop the bleeding, apply a fourteenth IFAK. If you still cannot stop the bleeding, apply a fifteenth IFAK. If you still cannot stop the bleeding, apply a sixteenth IFAK. If you still cannot stop the bleeding, apply a seventeenth IFAK. If you still cannot stop the bleeding, apply an eighteenth IFAK. If you still cannot stop the bleeding, apply a nineteenth IFAK. If you still cannot stop the bleeding, apply a twentieth IFAK. If you still cannot stop the bleeding, apply a twenty-first IFAK. If you still cannot stop the bleeding, apply a twenty-second IFAK. If you still cannot stop the bleeding, apply a twenty-third IFAK. If you still cannot stop the bleeding, apply a twenty-fourth IFAK. If you still cannot stop the bleeding, apply a twenty-fifth IFAK. If you still cannot stop the bleeding, apply a twenty-sixth IFAK. If you still cannot stop the bleeding, apply a twenty-seventh IFAK. If you still cannot stop the bleeding, apply a twenty-eighth IFAK. If you still cannot stop the bleeding, apply a twenty-ninth IFAK. If you still cannot stop the bleeding, apply a thirtieth IFAK. If you still cannot stop the bleeding, apply a thirty-first IFAK. If you still cannot stop the bleeding, apply a thirty-second IFAK. If you still cannot stop the bleeding, apply a thirty-third IFAK. If you still cannot stop the bleeding, apply a thirty-fourth IFAK. If you still cannot stop the bleeding, apply a thirty-fifth IFAK. If you still cannot stop the bleeding, apply a thirty-sixth IFAK. If you still cannot stop the bleeding, apply a thirty-seventh IFAK. If you still cannot stop the bleeding, apply a thirty-eighth IFAK. If you still cannot stop the bleeding, apply a thirty-ninth IFAK. If you still cannot stop the bleeding, apply a fortieth IFAK. If you still cannot stop the bleeding, apply a forty-first IFAK. If you still cannot stop the bleeding, apply a forty-second IFAK. If you still cannot stop the bleeding, apply a forty-third IFAK. If you still cannot stop the bleeding, apply a forty-fourth IFAK. If you still cannot stop the bleeding, apply a forty-fifth IFAK. If you still cannot stop the bleeding, apply a forty-sixth IFAK. If you still cannot stop the bleeding, apply a forty-seventh IFAK. If you still cannot stop the bleeding, apply a forty-eighth IFAK. If you still cannot stop the bleeding, apply a forty-ninth IFAK. If you still cannot stop the bleeding, apply a fiftieth IFAK. If you still cannot stop the bleeding, apply a fifty-first IFAK. If you still cannot stop the bleeding, apply a fifty-second IFAK. If you still cannot stop the bleeding, apply a fifty-third IFAK. If you still cannot stop the bleeding, apply a fifty-fourth IFAK. If you still cannot stop the bleeding, apply a fifty-fifth IFAK. If you still cannot stop the bleeding, apply a fifty-sixth IFAK. If you still cannot stop the bleeding, apply a fifty-seventh IFAK. If you still cannot stop the bleeding, apply a fifty-eighth IFAK. If you still cannot stop the bleeding, apply a fifty-ninth IFAK. If you still cannot stop the bleeding, apply a sixtieth IFAK. If you still cannot stop the bleeding, apply a sixty-first IFAK. If you still cannot stop the bleeding, apply a sixty-second IFAK. If you still cannot stop the bleeding, apply a sixty-third IFAK. If you still cannot stop the bleeding, apply a sixty-fourth IFAK. If you still cannot stop the bleeding, apply a sixty-fifth IFAK. If you still cannot stop the bleeding, apply a sixty-sixth IFAK. If you still cannot stop the bleeding, apply a sixty-seventh IFAK. If you still cannot stop the bleeding, apply a sixty-eighth IFAK. If you still cannot stop the bleeding, apply a sixty-ninth IFAK. If you still cannot stop the bleeding, apply a seventieth IFAK. If you still cannot stop the bleeding, apply a seventy-first IFAK. If you still cannot stop the bleeding, apply a seventy-second IFAK. If you still cannot stop the bleeding, apply a seventy-third IFAK. If you still cannot stop the bleeding, apply a seventy-fourth IFAK. If you still cannot stop the bleeding, apply a seventy-fifth IFAK. If you still cannot stop the bleeding, apply a seventy-sixth IFAK. If you still cannot stop the bleeding, apply a seventy-seventh IFAK. If you still cannot stop the bleeding, apply a seventy-eighth IFAK. If you still cannot stop the bleeding, apply a seventy-ninth IFAK. If you still cannot stop the bleeding, apply an eightieth IFAK. If you still cannot stop the bleeding, apply an eighty-first IFAK. If you still cannot stop the bleeding, apply an eighty-second IFAK. If you still cannot stop the bleeding, apply an eighty-third IFAK. If you still cannot stop the bleeding, apply an eighty-fourth IFAK. If you still cannot stop the bleeding, apply an eighty-fifth IFAK. If you still cannot stop the bleeding, apply an eighty-sixth IFAK. If you still cannot stop the bleeding, apply an eighty-seventh IFAK. If you still cannot stop the bleeding, apply an eighty-eighth IFAK. If you still cannot stop the bleeding, apply an eighty-ninth IFAK. If you still cannot stop the bleeding, apply a ninetieth IFAK. If you still cannot stop the bleeding, apply a ninety-first IFAK. If you still cannot stop the bleeding, apply a ninety-second IFAK. If you still cannot stop the bleeding, apply a ninety-third IFAK. If you still cannot stop the bleeding, apply a ninety-fourth IFAK. If you still cannot stop the bleeding, apply a ninety-fifth IFAK. If you still cannot stop the bleeding, apply a ninety-sixth IFAK. If you still cannot stop the bleeding, apply a ninety-seventh IFAK. If you still cannot stop the bleeding, apply a ninety-eighth IFAK. If you still cannot stop the bleeding, apply a ninety-ninth IFAK. If you still cannot stop the bleeding, apply a hundredth IFAK.

however, the tactical situation can change and you could find yourself back in a care-under-fire situation or even lost to sound 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) a (para 3-2) 3 a (para 3-4, 4-4c first Note). Figure 4-6. See you a soldier fall as though he has been shot. Figure 1-5. BATTLEFIELD DEATHS Around 90 percent of combat deaths occur on the battlefield before the casualties reach a medical treatment facility (MTF). If a person dies from a gunshot wound, they are called a battlefield death. The body must be bagged, tagged, and moved to a safe location. A dead body cannot be left behind. The MTF is where the injured are treated until they are able to move forward or until they die. c (para 3-7a,b) 1 Determine Level of Consciousness. 3-14 1e Are blood vessels that carry blood from the parts of the body back to the heart. (1) An amputation may be complete (the limb is completely severed) or partial (the two parts of the limb remain connected by some skin or other tissue). Self-Aid. Figure 3-9. 9 Percent-Bleeding from wounds on the extremities. c (paras 2-6, 1-4). What medical terms mean bleeding, usually severe? 6-12 Lesson 7 INITIATING A FIELD MEDICAL CAR OR TCCC CARD IS0871 3-7 d. Treating an open chest wound. (5) Wrap the securing materials around the rigid objects and limbs 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 questions are: "What is your name?", "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 signs of life. Bagging a body involves placing a body in a plastic bag. The bag is used to protect the body from environmental factors. Bandages in your combat lifesaver aid bag. Which of the following is true concerning a casualty with an injured thigh? Remember, in combat, functioning as a combat lifesaver is your secondary mission. Expose the chest and check for equal rise 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 bleeding to death. (2) Request a medical evacuation (MEDEVAC), if appropriate (Lesson 8). Unconscious 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 one 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 _____. Once you have treated the casualty, let the unit leader know of any changes in the casualty's condition. REFERENCES STP 21-1-SM-10-1 CHAPTER 12 THE CASUALTY CARE SYSTEM. One-person support carry. 12-1. This section describes how to transport a casualty who is conscious and alert. 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. Applying a Tourniquet. (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 casualty by 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. The one-handed application is used for the upper extremity as you would a complete amputation. 33. If this does not restore circulation, repeat the procedure every 1 minute until medical attention arrives. (3) If the casualty has been treated for an open chest wound, transport the casualty with the affected (injured) side down, if possible. 12. This condition requires rapid evaluation. 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 rate). EMERGENCY BANDAGE The Emergency Bandage (Figures 4-1 and 1-4) can be used on any bleeding wound. Apply a dressing 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

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(c) To check a casualty's response to pain, rub his breastbone (sternum) briskly with your knuckle. Immediately seal any penetrating injuries to the chest. PROVIDING CARE UNDER FIRE If 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, and move the casualty and yourself to a safe location. Cuddle drag. In a secure environment, you can focus more on the evaluation and treatment of the casualty, including the airway, open chest wounds, fractures, and nonlife-threatening injuries. Check the casualty's level of consciousness every 15 minutes. The elbow is

d. Approach the casualty by one side.

e. Assess the amount of unconsciousness.

f. Check the casualty for responsiveness and determine if the casualty has breathing difficulties. Examples or such questions are:

"What is your name?" "What is the date?" and "Where am I?"

g. When assessing the casualty, scan the area for potential hazards. Check the soldier for shock. 1-2 Exercise.

h. If the casualty is alert or responds to voice, do not check the casualty's response to pain. Raise the casualty's arm that is nearest to you above 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 neck/chest decompression to relieve tension pneumothorax. If available, a universal malleable splint (SAM split) 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 breathe easier. Use the casualty's combat pill pack. Figure 1-3. Position the near arm above his head and the other arm at his side. (1) The pressure point is located above the elbow on the inside of the arm in the groove 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. Can you take the performance (hands-on) examinations, the evaluator will use checklists similar to those contained in this subsection. Determine the best route of access to the casualty and the best route of egress. NOTE: The CAT friction buckle is used with the two-handed application, but is not normally used 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. IS0871 2-12 15. The securing material should be tight enough 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 also refers to care rendered by the combat lifesaver when the casualty is discovered in a tactical field care situation. (2) The following are some guidelines to use when assessing the casualty's level of consciousness. 2-1. q.

i. Place blankets over injured personnel. Cover exposed body parts with clothing or blankets to help warm them up. You should try to keep the casualty warm. Dressing also protects the wound from additional contamination applying a splash. A two-person carry, still abs present. Modify two-person front-and-aft carry (figure 2-6) or the two-person support carry (figure 2-7), but they are difficult and will expose another soldier to enemy fire. CONTROLLING BLEEDING WITHOUT A TOURNIQUET. (f) Check to make sure that the arterial bleeding has stopped 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 Tacitally manage a simulated casualty. (para 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 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 to 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 3-10)(S>Note 17.) (f) 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 pneumothorax, and performing other procedures. In care under fire, you are under hostile 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(c) To check a casualty's response to pain, rub his breastbone (sternum) briskly with your knuckle. Immediately seal any penetrating injuries to the chest. PROVIDING CARE UNDER FIRE If 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, and move the casualty and yourself to a safe location. Cuddle drag. In a secure environment, you can focus more on the evaluation and treatment of the casualty, including the airway, open chest wounds, fractures, and nonlife-threatening injuries. Check the casualty's level of consciousness every 15 minutes. The elbow is

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