

# TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: \_\_\_\_\_

EVAC:  Urgent  Priority  Routine

NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_

GENDER:  M  F DATE (DD-MMM-YY): \_\_\_\_\_ TIME: \_\_\_\_\_

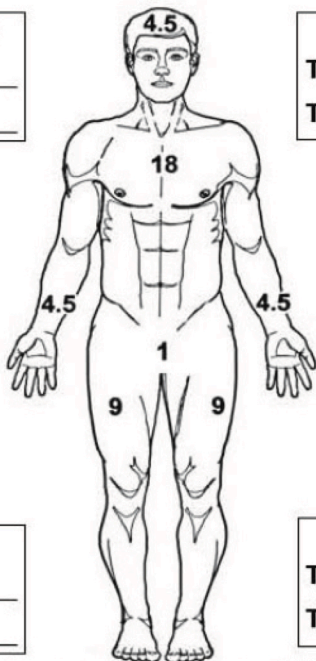
SERVICE: \_\_\_\_\_ UNIT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Mechanism of Injury:** (X all that apply)

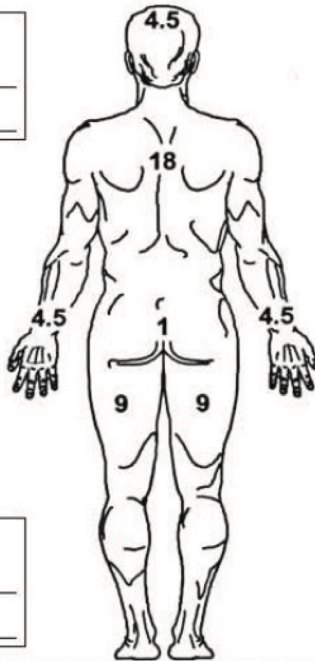
- Artillery  Blunt  Burn  Fall  Grenade  GSW  IED  
 Landmine  MVC  RPG  Other: \_\_\_\_\_

**Injury:** (Mark injuries with an X)

TQ: R Arm  
TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_



TQ: L Arm  
TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_



TQ: R Leg  
TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_

TQ: L Leg  
TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_

**Signs & Symptoms:** (Fill in the blank)

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

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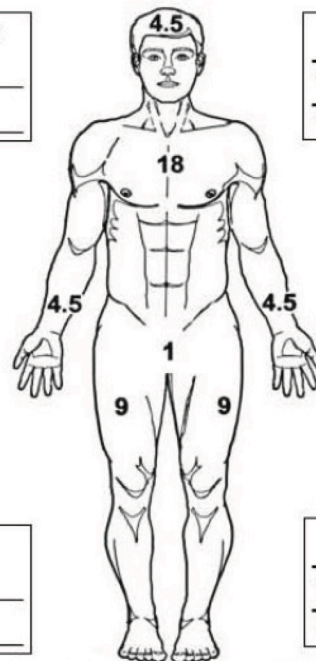
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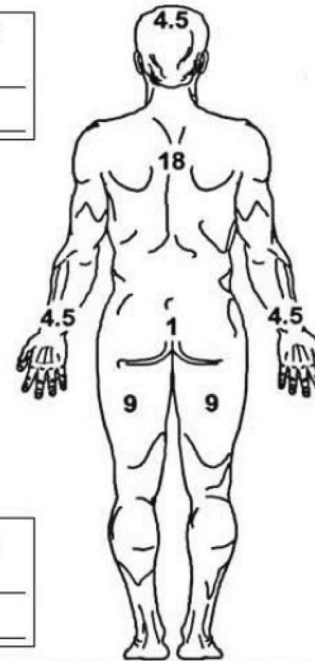
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TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_



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TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_

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TYPE: \_\_\_\_\_  
TIME: \_\_\_\_\_

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BATTLE ROSTER #: \_\_\_\_\_

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

**C: TQ-**  Extremity  Junctional  Truncal \_\_\_\_\_

**Dressing-**  Hemostatic  Pressure  Other \_\_\_\_\_

**A:**  Intact  NPA  CRIC  ET-Tube  SGA \_\_\_\_\_

**B:**  O2  Needle-D  Chest-Tube  Chest-Seal \_\_\_\_\_

**C:**

	Name	Volume	Route	Time
<b>Fluid</b>				
<b>Blood Product</b>				

**MEDS:**

	Name	Dose	Route	Time
<b>Analgasic</b> (e.g., Ketamine, Fentanyl, Morphine)				
<b>Antibiotic</b> (e.g., Moxifloxacin, Ertapenem)				
<b>Other</b> (e.g., TXA)				

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

**NOTES:**

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**FIRST RESPONDER**  
**NAME** (Last, First): \_\_\_\_\_ **LAST 4:** \_\_\_\_\_

BATTLE ROSTER #: \_\_\_\_\_

EVAC:  Urgent  Priority  Routine

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**C: TQ-**  Extremity  Junctional  Truncal \_\_\_\_\_

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**NOTES:**

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**FIRST RESPONDER**  
**NAME** (Last, First): \_\_\_\_\_ **LAST 4:** \_\_\_\_\_