

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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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:

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

MEDS:

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

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

NOTES:

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

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