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**Tactical Combat Casualty Care and Wound Treatment** *Combat Casualty Care SOF Combat Casualty Care Handbook Tactical Combat Casualty Care Handbook Tactical Combat Casualty Care Handbook, Version 5 Tactical Combat Casualty Care Out of the Crucible: How the US Military Transformed Combat Casualty Care in Iraq and Afghanistan USMC Tactical Combat Casualty Care (TCCC / TC3) Guidelines Preparing for the Future of Combat Casualty Care Out of the Crucible SOF Combat Casualty Care Hand Book Tactical Combat Casualty Care and Wound Treatment (Subcourse MD0554 - Edition 200) A National Trauma Care System Defense Health Combat Lifesaver PHTLS: Prehospital Trauma Life Support, Military Edition Defense Health TECC: Tactical Emergency Casualty Care Care of the Combat Amputee Defense health Otolaryngology/head and Neck Surgery Combat Casualty Care in Operation Iraqi Freedom and Operation Enduring Freedom Front Line Surgery Anesthesia and Perioperative Care of the Combat Casualty Conventional Warfare Ranger Medic Handbook Textbook of Military Medicine, Surgical Combat Casualty Care Ophthalmic Care of the Combat Casualty First Aid Aeromedical Evacuation Combat Lifesaver Course Ophthalmic Care of the Combat Casualty Ophthalmic Care of the Combat Casualty Ein Physiologiemodell für Tactical Combat Casualty Care Training in mobilen Serious Games Front Line Surgery Johnny Got His Gun Biomedical Implications of Military Laser Exposure Fluid Resuscitation Wilderness & Travel Medicine Damage Control Resuscitation Tactical Medicine Essentials*

Out of the Crucible: How the U.S. Military Transformed Combat Casualty Care in Iraq and Afghanistan edited by Arthur L. Kellermann, MD and MPH, and Eric Elster, MD is now available by the US Army, Borden Institute. This comprehensive resource, part of the renowned Textbooks of Military Medicine series, documents one of the most extraordinary achievements in the history of American medicine - the dramatic advances in combat casualty care developed during Operations Enduring Freedom and Operation Iraqi Freedom. Each chapter is written by one or more military health professionals who played an important role in bringing the advancement to America's military health system. Written in plain English and amply illustrated with informative figures and photographs, Out of the Crucible engages and informs the American public and policy makers about how America's military health system, devised, tested and widely adopted numerous inventions, innovations, technologies that collectively produced the highest survival rate from battlefield trauma in the history of warfare. Tactical Combat Casualty Care Guidelines 28 October 2013 \* All changes to the guidelines made since those published in the 2010 Seventh Edition of the PHTLS Manual are shown in bold text. The most recent changes are shown in red text. \* These recommendations are intended to be guidelines only and are not a substitute for clinical judgment. Basic Management Plan for Care Under Fire 1. Return fire and take cover. 2. Direct or expect casualty to remain engaged as a combatant if appropriate. 3. Direct casualty to move to cover and apply self-aid if able. 4. Try to keep the casualty from sustaining additional wounds. 5. Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety. Do what is necessary to stop the burning process. 6. Airway management is generally best deferred until the Tactical Field Care phase. 7. Stop life-threatening external hemorrhage if tactically feasible: - Direct casualty to control hemorrhage by self-aid if able. - Use a CoTCCC-recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application. - Apply the tourniquet proximal to the bleeding site, over the uniform, tighten, and move the casualty to cover. This handbook was previously distributed as a supplement to the Journal of Special Operations Medicine. The realm of special operations forces (SOF) medicine is a unique and ever-changing one that demands specialized training for our joint SOF. Managing trauma on today's battlefield presents a dynamic array of challenges where limited resources can be rapidly overwhelmed. An austere environment, hostile gunfire, and delays in casualty evacuation (CASEVAC) are the norms for the special operations medic. The material in this handbook was gleaned from special operations medics operating in the Global War on Terrorism and other operational environments. It should not be viewed as a substitute for the professional training and judgment of special operations medics; rather, it is designed to be a hip-pocket reference on the tactics, techniques, and procedures (TTP) of SOF-relevant tactical combat casualty care. Key Lessons Ninety percent of combat loss of life occurs before casualties ever reach a military treatment facility (MTF); treatment prior to casualty evacuation is vital. Litter carries are fundamental for good patient care; they prevent further injury and get individuals off target as soon as possible. Rehearse manual carry methods prior to deployment. Every special operations warfighter should carry a tourniquet and be thoroughly familiar with its application. When managing multiple casualties, apply the principles of triage in classifying the priority of treatment and evacuation. Rehearse and employ all of the mechanics of CASEVAC from the point of injury to the handover at a MTF. This handbook provides a number of considerations when employing medical support to SOF in combat. The challenges are numerous, but the special operations medic must deliver medical care to save Soldiers' lives. The collection of TTP in this handbook will enhance the medic's ability to determine the optimum method to deliver casualty survival assistance. Military surgeons must assume a leadership role in combat casualty care in circumstances that are far less than ideal. This handbook provides much of the information needed to tackle these issues and features state-of-the-art principles and practices of forward trauma surgery as used by military physicians in far flung locations around the globe. In this volume you'll learn such integral skills as: Tactical field care Field dressing Applying pressure dressing Treating burns Treating inhalation injuries And more! Tactical Combat Casualty Care and Wound Treatment is the most trusted and up-to-date manual offered by the Department of Defense for military medical personnel in the field. A decade of intense combat in two theaters has taught us many lessons about what works and what does not in the effort to accomplish that all-important mission of saving lives in battle. A severely injured Soldier today has about twice the likelihood of surviving his wounds compared to Soldiers in wars as recent as Vietnam. That progress is the result of many things: better tactics and weapons, better body armor and helmets, better trained and fitter Soldiers. But, the introduction of tactical combat casualty care (TCCC) throughout the Army has certainly been an important part of that improvement. TCCC is fundamentally different from civilian care. It is the thoughtful integration of tactics and medicine, but to make it work takes a different set of skills and equipment, and every Soldier and leader needs to understand it and practice it. This handbook is the result of years of careful study of the care of wounded Soldiers, painstaking research by medics and physicians, and the ability of leaders at all levels to see and understand the lessons being learned and the willingness to make the changes in equipment, training, and doctrine needed to improve the performance of the Army Health System. It is the best guidance we have at the time of publication, but new information, new techniques, or new equipment will drive changes in the future. Be assured that these performance improvement efforts will continue as long as American Soldiers go in harm's way. PHTLS: Prehospital Trauma Life Support, Military Edition consists of the PHTLS core content and features thirteen chapters written by military prehospital trauma care experts for practitioners in the military environment. PHTLS: Prehospital Trauma Life Support, Military Edition is created in partnership between the National Association of Emergency Advances in trauma care have accelerated over the past decade, spurred by the significant burden of injury from the wars in Afghanistan and Iraq. Between 2005 and 2013, the case fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent, despite an increase in the severity of injury among U.S. troops during the same period of time. But as the war in Afghanistan ends, knowledge and advances in trauma care developed by the Department of Defense (DoD) over the past decade from experiences in Afghanistan and Iraq may be lost. This would have implications for the quality of trauma care both within the DoD and in the civilian setting, where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events. Intentional steps to codify and harvest the lessons learned within the military's trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems. This will require partnership across military and civilian sectors and a sustained commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost. A National Trauma Care System defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors. This report provides recommendations to ensure that lessons learned over the past decade from the military's experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U.S. civilian system. The Military Health System needs an agile, resilient, and global network of treatment and storage facilities and transportation assets, as well as knowledge of gaps and risks that could hinder effective medical

support for future combat operations. This book provides a comprehensive overview of damage control resuscitation (DCR), an evidence-based approach to the resuscitation of patients with severe life-threatening hemorrhage (LTH). It focuses on both civilian and military applications as DCR is utilized in civilian trauma situations as well as combat casualty care settings. The book covers the history of fluid resuscitation for bleeding, epidemiology of severe traumatic injuries, prediction of life-threatening hemorrhage, pathophysiology and diagnosis of blood failure, and permissive hypotension. Chapters provide in-depth detail on hemostatic resuscitation principles, dried plasma, dried platelet surrogates, and recent developments in frozen red blood cells and oxygen carriers. The book also discusses how DCR principles can be used in a variety of situations such as when there are large numbers of patients with hemorrhagic lesions, non-trauma scenarios, and on distinct populations such as children. Finally, it concludes with a discussion of training and education methods for the implementation of DCR and remote DCR principles as well as learning healthcare system principles to facilitate the implementation of DCR and ultimately improve outcomes for patients with life-threatening hemorrhage. Damage Control Resuscitation: Identification and Treatment of Life-Threatening Hemorrhage is an essential resource for physicians and related professionals, residents, nurses and medical students in emergency medicine, anesthesia, surgery, and critical care, as well as civilian and military EMS providers. Training Circular (TC) 4-02.1, "First Aid," provides first aid techniques and guidance for Soldiers. Implementation of the techniques presented in this publication enable Soldiers to render first aid and prevent greater harm to injured Soldiers. Because medical personnel will not always be readily available, nonmedical Soldiers must rely on themselves and other Soldiers' skills and knowledge of first aid methods to render aid until medical assistance arrives. First aid is given until medical care provided by medically trained personnel such as a combat medic or other health care provider arrives. The individual being provided first aid (by self-aid, buddy aid, or combat lifesaver) is considered a casualty. Once medically trained personnel (combat medic, paramedic, or other health care provider) initiates care, the casualty is then considered to be a patient. Training Circular 4-02.1 provides first aid procedures for nonmedical personnel in environments from home station to combat situations. This publication is meant to be used by trainers and individuals being trained based on common first aid tasks. Tasks are found in the Soldier's Manual of Common Tasks, Warrior Skills Level 1, and appropriate modified tasks from the Soldier's Manual and Trainer's Guide, Military Occupational Specialty (MOS) 68W. These tasks are meant to reinforce and maintain proficiency in correct procedures for giving first aid throughout a Soldier's time in Service. Training Circular 4-02.1 is designed to facilitate training and first aid competencies by bridging first aid training across the spectrum of assignments from training to permanent duty station and deployment. Tactical combat casualty care (TC3) is introduced in TC 4-02.1 with first aid tasks and procedures associated with combat situations. Individual and multiple first aid tasks in combination with collective tasks, may be integrated into various training scenarios. Historically in warfare, the majority of all combat deaths have occurred prior to a casualty ever receiving advanced trauma management. The execution of the Ranger mission profile in the Global War on Terrorism and our legacy tasks undoubtedly will increase the number of lethal wounds. Ranger leaders can significantly reduce the number of Rangers who die of wounds sustained in combat by simply targeting optimal medical capability in close proximity to the point of wounding. Directing casualty response management and evacuation is a Ranger leader task; ensuring technical medical competence is a Ranger Medic task. A solid foundation has been built for Ranger leaders and medics to be successful in managing casualties in a combat environment. The true success of the Ranger Medical Team will be defined by its ability to complete the mission and greatly reduce preventable combat death. Rangers value honor and reputation more than their lives, and as such will attempt to lay down their own lives in defense of their comrades. The Ranger Medic will do no less. Textbooks of Military Medicine. Allen B. Thach, specialty editor. Offers a comprehensive reference for treatment of ocular injuries. Contains detailed information about a new trauma scale, ocular anesthesia, laser injuries, geographical ophthalmology, and ocular injuries caused by terrorist blasts. Includes color photos, more than 600 detailed illustrations, and a step-by-step guide for treatment of ocular injuries, including illustrations of the surgical repair of simple and complex eye injuries. "This book is designed to deliver combat casualty care information that will facilitate transition from a continental US or civilian practice to the combat care environment. Establishment of the Joint Theater Trauma System and the Joint Theater Trauma Registry, coupled with the efforts of the authors, has resulted in the creation of the most comprehensive, evidence-based depiction of the latest advances in combat casualty care. Lessons learned in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have been fortified with evidence-based recommendations to improve casualty care. The educational curriculum was designed overall to address the leading causes of preventable death and disability in OEF and OIF. Specifically, the generalist combat casualty care provider is presented requisite information for optimal care of US combat casualties in the first 72 to 96 hours after injury. The specialist provider is afforded similar information, supplemented by lessons learned for definitive care of host nation patients."-- This resource addresses all aspects of combat amputee care ranging from surgical techniques to long-term care, polytrauma and comorbidities such as traumatic brain injury and burns, pain management, psychological issues, physical and occupational therapy, VA benefits, prosthetics and adaptive technologies, sports and recreational opportunities, and return to duty and vocational rehabilitation. "Lasers will continue to play an important and sometimes dangerous role on the modern battlefield. At present, there is no adequate comprehensive protection against accidental or intentional exposure to lasers in combat. Thus, it is critical that the field of laser safety research develop preventative protocols and prophylactic technologies to protect the warfighter and to support military operational objectives. This book details the current state-of-the-art in scientific, biomedical, and technical information concerning the effects of military lasers on the human body. An important purpose of this book is to identify current knowledge gaps in the various areas of this interdisciplinary field, and to offer specific recommendations for laser safety research and development into the future"-- Historically, 20% of all injured combatants die on the battlefield before they can be evacuated to a field hospital. Blood loss is the single major cause of death among those killed in action whose lives might otherwise be saved. Fluid resuscitation and the treatment of hypovolemia (the abnormally decreased volume of circulating fluid in the body) offer the greatest opportunity for reducing mortality and morbidity associated with battlefield casualties. In Fluid Resuscitation, a committee of experts assess current resuscitation fluids and protocols for the treatment of combat casualties and make recommendations for future research. Chapters focus on the pathophysiology of acute hemorrhagic shock, experience with and complications of fluid resuscitation, novel approaches to the treatment of shock, protocols of care at the site of injury, and future directions for research. The committee explicitly describes the similarities and differences between acute medical care during combat and civilian emergency trauma care. Fluid Resuscitation should help energize and focus research in both civilian and military emergency care and help save the lives of citizens and soldiers alike. The second edition of Front Line Surgery expands upon the success of the first edition, providing updated discussion of practical management of commonly encountered combat injuries. This edition reflects the cutting edge of combat casualty care, refined principles of surgical management of specific injury patterns, and incorporation of the spectrum of recent research advancements in trauma care. Each chapter continues to follow the same organization as the first edition. The "BLUF", or bottom line up front, headlines each topic, providing the critical pearls for the reader, followed by a focused and straight forward discussion of management, pitfalls, and recommendations. In addition, select chapters conclude with a section discussing the application of this topic in civilian practice, as potentially encountered by the rural or humanitarian relief surgeon. Additional new topics include: REBOA and endovascular techniques for hemorrhage control, updates in transfusion and resuscitation practice, active shooter situations, rural trauma management in developed nations, advancements in prehospital care and the Tactical Combat Casualty Care (TC3) course, and discussion of the newest generations of topical hemostatic agents and tourniquets. These additions serve to both enhance the breadth and depth of the material relevant to military surgeons, but should also further expand the applicability and interest in this work to all civilian trauma surgeons. [CLICK HERE](#) to download the section from Wilderness & Travel Medicine on "Chest & Abdominal Injuries" \* Author is a nationally recognized expert in wilderness medicine \* Covers both illnesses and injuries \* Includes improvised techniques for when medical supplies aren't on hand \* Every section has been updated and new illustrations added to this edition First published in 1992, Wilderness & Travel Medicine has been a staple of the emergency first-aid kits sold worldwide by Adventure Medical Kits. With this fourth edition, Mountaineers Books and Adventure Medical Kits have partnered to release an updated, standalone reference for anyone who ventures away from civilization. Topics covered include everything from CPR, shock, and fractures to head, eye, and dental injuries, poisonous reactions, frostbite, hypothermia, heat illness, and much, much more. Throughout the text, sidebars provide useful and improvised techniques for specific injuries. In addition, there is "When to Worry" advice explaining how to tell if an injury is advancing in severity, despite attempts to arrest or slow down dangerous symptoms. Both editors are active duty officers and surgeons in the U.S. Army. Dr. Martin is a fellowship trained trauma surgeon who is currently the Trauma Medical Director at Madigan Army Medical Center. He has served as the Chief of Surgery with the 47th Combat Support Hospital (CSH) in Tikrit, Iraq in 2005 to 2006, and most recently as the Chief of Trauma and General Surgery with the 28th CSH in Baghdad, Iraq in 2007 to 2008. He has published multiple peer-reviewed journal articles and surgical chapters. He presented his latest work analyzing trauma-related deaths in the current war and strategies to reduce them at the 2008 annual meeting of the American College of Surgeons. Dr. Beekley is the former Trauma Medical Director at Madigan Army Medical Center. He has multiple combat deployments to both Iraq and Afghanistan, and has served in a

variety of leadership roles with both Forward Surgical Teams (FST) and Combat Support Hospitals (CSH). " DOD estimates that about 24 percent of servicemembers who die in combat could have survived if improved and more timely medical care could be made available. Because multiple DOD organizations conduct research to develop medical products and processes to improve combat casualty care, it is critical that these organizations coordinate their work. It is also important that agencies monitor and assess their performance to help achieve organizational goals, which for DOD include addressing gaps in its capability to provide combat casualty care. The National Defense Authorization Act for Fiscal Year 2012 directed GAO to review DOD's combat casualty care research and development programs. This report assesses whether DOD (1) uses a coordinated approach to plan this research; and (2) monitors and assesses this research to determine the extent to which it fills capability gaps and achieves other goals. GAO reviewed DOD's policies and documentation; interviewed officials from DOD and other federal agencies; and analyzed metrics DOD used to gauge the progress of its research. " Medical support for special weapons and tactics (SWAT) units is different from civilian EMS in many ways. A tactical medical provider (TMP) is charged with providing life-saving care to downed SWAT officers and taking measures to defend against criminal suspects. Mastery of these skills requires extensive, specialized tactical emergency medical services (TEMS) training and experience in the tactical environment. Designed for EMS and medical professionals of all levels of training, Tactical Medicine Essentials provides the foundation needed to create world-class TMPs. Written by an experienced team of authors from diverse backgrounds, this text covers the essential curriculum of tactical medicine, including tactical patient assessment, expedient extrication and evacuation, and self-defense skills. Important Notice: The digital edition of this book is missing some of the images or content found in the physical edition. Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities. The Searing Portrayal Of War That Has Stunned And Galvanized Generations Of Readers An immediate bestseller upon its original publication in 1939, Dalton Trumbo's stark, profoundly troubling masterpiece about the horrors of World War I brilliantly crystallized the uncompromising brutality of war and became the most influential protest novel of the Vietnam era. Johnny Got His Gun is an undisputed classic of antiwar literature that's as timely as ever. ?A terrifying book, of an extraordinary emotional intensity.?--The Washington Post "Powerful. . . an eye-opener." --Michael Moore "Mr. Trumbo sets this story down almost without pause or punctuation and with a fury amounting to eloquence."--The New York Times "A book that can never be forgotten by anyone who reads it."--Saturday Review The Tactical Emergency Casualty Care Course Manual is the printed component for the NAEMTs 16-hour continuing education Tactical Emergency Casualty Care (TECC) Course. It may be used by both instructors and students as a resource to prepare for the TECC course and as a reference that discusses the current best practices for EMS providers to utilize in the response to and care of patients in a civilian tactical environment. The TECC Course does not offer certification as a tactical medic it is intended to teach all EMS providers the best patient care and safety practices in a civilian tactical environment, such as an active shooting hostile event. Composed of 10 lessons, The TECC Course Manual will: Cover the phases of care in a civilian tactical environment, Describe step-by-step the life-saving skills that may be performed in a civilian tactical environment, Provide safety and survival strategies for EMS providers and their patients In addition to the TECC Course Manual, instructors may also purchase the TECC Online Instructors Toolkit (9781284483888). This resource features 10 lesson presentations in PPT, as well as interactive patient simulations and skill stations that allow students to gain experience in a safe environment monitored by experienced EMS providers. Textbooks of Military Medicine. Allen B. Thach, specialty editor. Offers a comprehensive reference for treatment of ocular injuries. Contains detailed information about a new trauma scale, ocular anesthesia, laser injuries, geographical ophthalmology, and ocular injuries caused by terrorist blasts. Includes color photos, more than 600 detailed illustrations, and a step-by-step guide for treatment of ocular injuries, including illustrations of the surgical repair of simple and complex eye injuries. Given the trends in current warfare, conventional munitions -- esp. fragmentation devices -- will continue to cause a significant percentage of all injuries to our soldiers, & a large number of those casualties will sustain eye injuries. Lasers (used both in current instrumentation & in offensive weapons) also have the potential to cause numerous eye injuries. The preservation of the eye & eyesight is of utmost importance. This book will aid in the early diagnosis & treat. of ocular injuries & prevent unnecessary blindness. Includes lessons learned from the Revol. War to the Persian Gulf War. Military ophthalmologists from the Army, Navy, & AF have shared their expertise in preparing this thorough, up-to-date textbook. Numerous color & b&w photos & illus. INTRODUCTION When you have casualties on the battlefield, you must determine the sequence in which the casualties are to be treated and how to treat their injuries. This subcourse discusses the procedures for performing tactical combat casualty care; treating injuries to the extremities, chest, abdominal, and head; and controlling shock. Subcourse Components: This subcourse consists of eight lessons. The lessons are: Lesson 1, Tactical Combat Casualty Care. Lesson 2, Controlling Bleeding From an Extremity. Lesson 3, Treating Chest Injuries. Lesson 4, Treating Abdominal Injuries. Lesson 5, Treating Head Injuries. Lesson 6, Treating Burns. Lesson 7, Treating Hypovolemic Shock. Lesson 8, Treating Soft Tissue Injuries. This is a complete reproduction of the revised Edition C of the Army's Combat Lifesaver course. The course contains information needed to pass the written, written performance, and performance examinations for combat lifesaver certification and recertification. All of the tasks contain important, lifesaving information. Terminal objectives are: Tactically manage a casualty. Given a casualty in a battlefield environment and a combat lifesaver medical equipment set. Applied the procedures given in this course so that the mission is not endangered and the risk of additional injury to the casualty is minimized. Evaluate and treat a casualty. Given a combat lifesaver medical equipment set and a 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. 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. Prepare and transmit a request for medical evacuation. Given a writing instrument, a MEDEVAC worksheet, needed information, and a transmitting device. Prepared a MEDEVAC request in correct format and transmitted the request following the rules for proper transmission. Transport a casualty. 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). Prepared the SKED litter, Talon litter, improvised litter, or other equipment (if used) and evacuated the casualty using a drag, manual carry, or litter in accordance with the procedures given in this subcourse. Combat Lifesaver \* Lesson 1 - INTRODUCTION TO THE COMBAT LIFESAVER AND TACTICAL COMBAT CASUALTY CARE \* Lesson 2 - CARE UNDER FIRE \* Lesson 3 - TACTICAL FIELD CARE \* Lesson 4 - CONTROLLING BLEEDING \* Lesson 5 - OPENING AND MANAGING A CASUALTY'S AIRWAY \* Lesson 6 - TREATING PENETRATING CHEST TRAUMA \* Lesson 7 - INITIATING A FIELD MEDICAL CARD OR TCCC CARD \* Lesson 8 - REQUESTING MEDICAL EVACUATION \* Lesson 9 - TACTICAL CASUALTY MOVEMENT \* Lesson 10 - EVACUATING A CASUALTY USING A LITTER \* Appendix A - COMBAT LIFESAVER MEDICAL EQUIPMENT SET \* Appendix B - HAWES CARRY Julia Hofmann konzipiert in diesem Open Access Buch ein Physiologiemodell für die präzise Simulation bestimmter Verletzungsfolgen und deren Behandlung in einer Computerspielumgebung. Ihre Ergebnisse leisten einen wichtigen Beitrag, um die Ausbildung von Einsatzkräften in der taktischen Verwundetenversorgung mit neuen Medien zu verbessern. Primäre Zielgruppe sind dabei die sogenannten Erst-Helfer-Bravo der Bundeswehr. Die medizinische Grundlage der Arbeit bildet der internationale Erstversorgungsalgorithmus Tactical Combat Casualty Care, der die Überlebenschancen lebensbedrohlich verwundeter Personen erwiesenermaßen deutlich erhöht. Das entworfene Physiologiemodell wurde mithilfe praktizierender Notfallmediziner und Ausbilder der Bundeswehr validiert. The definitive treatment on the medical evacuation and management of injured patients in both peace- and wartime. Edited by eminent experts in the field, this text brings together medical specialists from all four branches of the armed services. It discusses the history of aeromedical evacuation, triage and staging of the injured patient, evacuation from site of injury to medical facility, air-frame capabilities, medical capabilities in-flight, response to in-flight emergencies, and mass emergency evacuation. Specific medical conditions are addressed in detail, including such general surgical casualties as abdominal wounds and soft tissue, vascular, maxillofacial, head and spinal cord injuries, ophthalmologic, orthopaedic, pediatric, obstetric-gynecologic casualties, burns, and more. Over 80 illustrations provide a review of transport equipment and both medical and surgical treatment. A must-have reference for all armed forced physicians and flight surgeons, for general and trauma surgeons, internists, intensive care specialists, orthopaedic surgeons, and public health service physicians. Out of the Crucible: How the U.S. Military Transformed Combat Casualty Care in Iraq and Afghanistan edited by Arthur L. Kellermann, MD and MPH, and Eric Elster, MD is now available by the US Army, Borden Institute. This comprehensive resource, part of the renowned Textbooks of Military Medicine series, documents one of the most extraordinary achievements in the history of

American medicine – the dramatic advances in combat casualty care developed during Operations Enduring Freedom and Operation Iraqi Freedom. Each chapter is written by one or more military health professionals who played an important role in bringing the advancement to America's military health system. Written in plain English and amply illustrated with informative figures and photographs, *Out of the Crucible* engages and informs the American public and policy makers about how America's military health system, devised, tested and widely adopted numerous inventions, innovations, technologies that collectively produced the highest survival rate from battlefield trauma in the history of warfare. Defense Health: Actions Needed to Help Ensure Combat Casualty Care Research Achieves Goals Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities This handbook was previously distributed as a supplement to the *Journal of Special Operations Medicine*. The realm of special operations forces (SOF) medicine is a unique and ever-changing one that demands specialized training for our joint SOF. Managing trauma on today's battlefield presents a dynamic array of challenges where limited resources can be rapidly overwhelmed. An austere environment, hostile gunfire, and delays in casualty evacuation (CASEVAC) are the norms for the special operations medic. The material in this handbook was gleaned from special operations medics operating in the Global War on Terrorism and other operational environments. It should not be viewed as a substitute for the professional training and judgment of special operations medics; rather, it is designed to be a hip-pocket reference on the tactics, techniques, and procedures (TTP) of SOF-relevant tactical combat casualty care.

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