



Joint Trauma System

TCCC GUIDELINES 2024

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U.S. Department of Defense



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USMC Tactical Combat Casualty Care (TCCC / TC3) Guidelines ,2013-10-28 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

Publications Combined: Tactical Combat Casualty Care (TCCC) / Combat Life Saver (CLS) - Trainer Class ,2019-03-05
CONTENTS Tactical Combat Casualty Care Guidelines for Medical Personnel 03 June 2016 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT 2014 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT 2017 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK Combat Lifesaver Tactical Combat Casualty Care Instructor Course 2014 COMBAT LIFESAVER TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK Combat Lifesaver Tactical Combat Casualty Care Instructor Course 2017 CASUALTY EVALUATION AND EVACUATION STUDENT HANDOUT PREVENTION AND TREATMENT OF FIELD RELATED INJURIES B151236 STUDENT HANDOUT COMBAT LIFE SAVING STUDENT HANDOUT

TACTICAL COMBAT CASUALTY CARE TCCC TC3 Presentation , INTRODUCTION What is TCCC and Why Do I Need to Learn about it 1 Coalition forces presently have the best casualty treatment and evacuation system in history 2 TCCC is what will keep you alive long enough to benefit from it 3 Originally a Special Operations research effort Trauma management plans that take into account the unique challenges faced by combat medical personnel Now used throughout U S military and by most allied countries TCCC has helped U S combat forces to achieve the highest casualty survival rate in history TCCC Approach 1 Identify the causes of preventable death on the battlefield 2 Address them aggressively 3 Combine good medicine with good tactics Phases of Care in TCCC 1 Care Under Fire Care under fire is the care rendered by the first responder or combatant at the scene of the injury while he and the casualty are still under effective hostile fire Available medical equipment is limited to that carried by the individual or by the medical provider in his or her aid bag 2 Tactical Field Care Tactical Field Care is the care rendered by the first responder or combatant once he and the casualty are no longer under effective hostile fire It also applies to situations in which an injury has occurred but there has been no hostile fire Available medical equipment is still limited to that carried into the field by unit personnel Time to evacuation to a medical treatment facility may vary considerably 3 3 Tactical Evacuation Care Tactical Evacuation Care is the care rendered once the casualty has been picked up by an aircraft vehicle or boat Additional medical personnel and equipment that may have been pre staged should be available in this phase of casualty management

USMC COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE TCCC TRAINER COURSE INSTRUCTOR & STUDENT

CURRICULUM , BACKGROUND IN 1996 THE NAVAL SPECIAL WARFARE COMMAND DEVELOPED A NEW SET OF TACTICALLY APPROPRIATE BATTLEFIELD TRAUMA CARE GUIDELINES NAMED TCCC THE TCCC GUIDELINES WERE ADOPTED BY THE U S SPECIAL OPERATIONS COMMAND USSOCOM AND APPROVED BY THE AMERICAN COLLEGE OF SURGEONS ACS AND THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS THE COMMITTEE ON TCCC WAS ESTABLISHED IN 2001 AND WAS DIRECTED TO FURTHER DEVELOP THE TCCC STANDARDS AND GUIDELINES THE COMMITTEE ON TCCC FUNCTIONS AS A WORKING GROUP OF THE TRAUMA AND INJURY SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD DHB WHICH HAS A CHARTER TO PROVIDE MEDICAL RECOMMENDATIONS TO ASD HA AND THE SERVICE SURGEONS GENERAL TCCC CONCEPTS WERE INCORPORATED INTO THE 8404 CORPSMAN TRAINING CURRICULUM IN 2005 THE TCCC CLS TRAINER COURSE WAS DEVELOPED IN 2006 TO PROVIDE CORPSMEN AS TRAINERS TO TEACH AND SUSTAIN TCCC STANDARDS TO CORPSMEN AND CLS SKILLS TO SELECTED MARINES WITHIN THE OPERATING FORCES THE IMPLEMENTATION OF TCCC ACROSS ALL SERVICES HAS BEEN IDENTIFIED AS ONE OF THE CONTRIBUTING FACTORS TO THE HIGHEST COMBAT CASUALTY SURVIVAL RATES IN HISTORY AND IS RECOMMENDED BY ASD HA FOR USE WHEN TRAINING COMBAT MEDICAL PERSONNEL REF B TCCC INFORMATION IS PUBLISHED IN THE PREHOSPITAL TRAUMA LIFE SUPPORT MANUAL PHTLS MILITARY EDITION WHICH IS UPDATED EVERY FOUR YEARS DEPARTMENT OF DEFENSE DOD APPROVED TCCC TRAINING CURRICULA ARE UPDATED ON THE DOD WEBSITE MHS OSD MIL EDUCATION AND TRAINING TCCC ASPX AS THE TCCC GUIDELINES CHANGE GOAL ELIMINATE PREVENTABLE LOSS OF LIFE ON THE BATTLEFIELD IN ACCOMPLISHING THIS GOAL THE MOST RECENT TCCC GUIDELINES APPROVED BY DOD ARE TO BE UTILIZED AS A MEANS OF PROVIDING STANDARDIZED TRAINING TO THE MARINE CORPS AND IMPROVING FIRST RESPONDER CARE AT THE POINT OF INJURY HISTORY OF TCCC a It is important to realize that civilian trauma care in a non tactical setting is dissimilar to trauma care in a combat environment TCCC and CLS are an attempt to better prepare medical and non medical personnel for the unique factors associated with combat trauma casualties b Historical data shows that 90% of combat wound fatalities die on the battlefield before reaching a military treatment facility This fact illustrates the importance of first responder care at the point of injury c TCCC was originally a US Special Operations research project which was composed of trauma management guidelines focusing on casualty care at the point of injury d TCCC guidelines are currently used throughout the US Military and various allied countries e TCCC guidelines were first introduced in 1996 for use by Special Operations corpsmen medics and pararescue PJs f The TCCC guidelines are currently endorsed by the American College of Surgeons Committee on Trauma and the National Association of Emergency Medical Technicians The guidelines have been incorporated into the Prehospital Trauma Life Support PHTLS text since the 4th edition STUDENT CURRICULUM Tactical Combat Casualty Care CLS Overview Identify Medical Fundamentals Manage Hemorrhage Maintain Casualty Airway Manage Penetrating Chest Injuries Manage Hemorrhagic Shock Manage Burn Casualties Perform Splinting Techniques Administer Battlefield Medications Perform Casualty Movement Perform Combat Lifesaver Triage Perform Combat Lifesaver Care

Tactical Combat Casualty Care U.S. Army, 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

USSOCOM TACTICAL TRAUMA PROTOCOLS, TACTICAL MEDICAL EMERGENCY PROTOCOLS, RECOMMENDED DRUG LIST & CANINE TACTICAL COMBAT CASUALTY CARE For SPECIAL OPERATIONS ADVANCED TACTICAL PARAMEDICS (SO-ATPs) - December 2016 & Tactical Combat Casualty Care Handbook Version 5 - April 2017 Combined U.S. Army , Over 380 total pages 1 FULL TITLE U S SPECIAL OPERATIONS COMMAND s TACTICAL TRAUMA PROTOCOLS TTPs TACTICAL MEDICAL EMERGENCY PROTOCOLS TMEPs RECOMMENDED DRUG LIST RDL CANINE TACTICAL COMBAT CASUALTY CARE For SPECIAL OPERATIONS ADVANCED TACTICAL PARAMEDICS SO ATPs December 2016 CONTENTS By SECTION SECTION 1 TACTICAL TRAUMA PROTOCOLS SECTION 2 TACTICAL MEDICAL EMERGENCY PROTOCOLS SECTION 3 RECOMMENDED DRUG LIST SECTION 4 CANINE COMBAT CASUALTY CARE C TCCC SECTION 5 BURN QUICK REFERENCE GUIDE SECTION 6 NERVE CHARTS 2 FULL TITLE Tactical Combat Casualty Care Handbook Version 5 May 2017 CONTENTS By CHAPTER Chapter 1 Tactical Combat Casualty Care Overview Chapter 2 Tactical Combat Casualty Care Phases of Care Chapter 3 Tactical Combat Casualty Care Medical Equipment Chapter 4 MARCH PAWS Treatment Algorithms Chapter 5 Tactical Combat Casualty Care All Combatants Chapter 6 Tactical Combat Casualty Care Medical Provider Appendix A Tactical Combat Casualty Care Card Appendix B Tactical Combat Casualty Care After Action Report Appendix C Medical Triage Categories Appendix D Medical Evacuation Precedence Categories Appendix E 9 Line Request With MIST Report Appendix F Prolonged Field Care Appendix G Drug Reference Guide Appendix H Medical Transition Guidelines in a Tactical Environment Appendix I Medical Planning Functions Appendix J Tactical Combat Casualty Care Background Appendix K References

Tactical Combat Casualty Care and Wound Treatment U.S. Department of Defense,2020-05-02 This is the official manual from the U S military is a subcourse book used to train combat medics Combat medics on today s battlefield experience a wide variety of conditions not previously experienced The training on the standards that apply to the civilian emergency medical service EMS world may not apply to the combat environment The U S Army found the need to migrate away from the civilian standards and allow the combat medics to analyze situations in ways not previously thought of These techniques are called combat casualty care Factors influencing combat casualty care include the following Enemy Fire Medical Equipment Limitations A Widely Variable Evacuation Time Tactical Considerations Casualty Transportation 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 This subcourse consists of eight lessons Tactical Combat Casualty Care Controlling Bleeding from an Extremity Treating Chest Injuries Treating Abdominal Injuries Treating Head Injuries Treating Burns Treating Hypovolemic Shock Treating Soft Tissue Injuries Tactical Combat Casualty Care and Wound Treatment is a highly regarded and up to date manual offered by the Department of Defense It is available to combat medics and civilians who want to learn the critical medical treatments to be administered in adverse conditions

Tactical Combat Casualty Care Handbook, Version 5 U. S. Army,2020-03-07 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

Tactical Combat Casualty Care Handbook United States Army,2017-05-17 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

Combat Casualty Care United States. Public Health Service. Office of the Surgeon General,Center of Excellence in Military Medical Research and Education,1991

SOF Combat Casualty Care Handbook Combined Arms Center , 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

Emergency War Surgery, 5th US Revision Miguel A. Cubano, 2018-10-01 Updated from the 2013 edition this volume reflects lessons learned from recent US involvement in Iraq and Afghanistan and represents state of the art principles and practices of forward trauma surgery Expertly addresses the appropriate medical management of blast wounds burns and multiple penetrating injuries as well as other battle and non battle injuries Topics include triage hemorrhage control airway breathing shock and resuscitation anesthesia infections critical care damage control surgery face and neck injuries soft tissue injuries ocular injuries head injuries extremity fractures thoracic injuries amputations abdominal injuries pediatric care and more A new chapter provides Tactical Combat Casualty Care guidelines Significant updates were also made to the blood collection and transfusion chapters Other products produced by the U S Army Borden Institute can be found here <https://bookstore.gpo.gov/agency/borden-institute>

U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024) U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

Combat Casualty Care Martha K. Lenhart, Eric Savitsky, Brian Eastridge, 2012 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 similiar information supplemented by lessons learned for definitive care of host nation patients

Tactical Combat Casualty Care and Wound Treatment (Subcourse MD0554 - Edition 200) U. S. Army,2020-03-07 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

Tactical Combat Casualty Care Donald L. Parsons,John V. Pennington,Center for Army Lessons Learned (U.S.),2006

Tactical Combat Casualty Care ,2013

Ranger Medic Handbook U. S. Department Of Defense,2013

2020 U.S. ARMY MEDEVAC CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES - Plus TCCC Guidelines for Medical Personnel And Management of Covid-19 Publications Combined 19 Jeffrey Jones, 2020-06-16 CONTENTS 1 U S ARMY MEDEVAC CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY20 Version Published January 2020 278 pages 2 TCCC Guidelines for Medical Personnel 1 August 2019 24 pages 3 Joint Trauma System Clinical Practice Guideline Special Edition v2 0 Management of COVID 19 in Austere Operational Environments Prehospital Prolonged Field Care 28 May 2020 40 pages 4 DoD C 19 PRACTICE MANAGEMENT GUIDE Clinical Management of COVID 19 124 pages 5 COVID 19 Considerations in the Deployed Setting Presentation 27 May 2020 35 pages INTRODUCTION The STANDARD MEDICAL OPERATING GUIDELINES SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

U.S. Army 68W Healthcare Provider Job Book, Tactical Combat Casualty Care TCCC Visual Slides & Training Support Package, 2015-07-08 68W Healthcare Provider JOB BOOK This book is designed to help you in maintaining accountability of your training performance of skills and continuing education requirements for recertification as a Nationally Registered Emergency Medical Technician Basic This job book is required to be with you while in the performance of your duties This will allow senior medical personnel to fill in areas when skills or training have been performed or completed This will allow you the greatest opportunity for success when it is time to recertify your certification This is a tool for you to remain successful while as a 68W Good luck and enjoy your time as an Army Medic Trained to Save Training Support Package Contents Introduction Terminal Learning Objective Perform Tactical Combat Casualty Care Presentation Enabling Learning Objective A Describe Care Under Fire Tactical Field Care and Tactical Evacuation Care Enabling Learning Objective B Identify items used in first aid Enabling Learning Objective C Perform Care under Fire Enabling Learning Objective D Perform Tactical Field Care Enabling Learning Objective E Perform Tactical Evacuation Care Enabling Learning Objective F Initiate a Field Medical Card and TCCC Card

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Tactical Combat Casualty Care Guidelines Wordpress Com Introduction

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