

# 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: \_\_\_\_\_

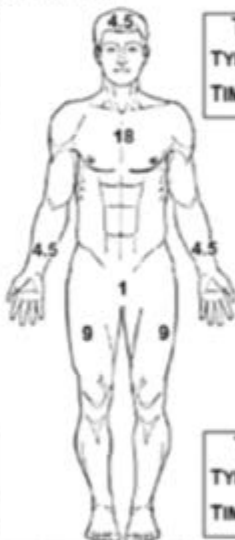
SERVICE: \_\_\_\_\_ UNIT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

## 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:

	Name	Volume	Route	Time
Fluid				
Blood Product				

MEDS:

	Name	Dose	Route	Time
Analgasic (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: \_\_\_\_\_