

**CMC**

**PCC**

**COMBAT MEDIC/CORPSMAN**

**PROLONGED CASUALTY CARE**

# LEARNING OBJECTIVES

**01 JUNE 2024**



**Committee on  
Tactical Combat  
Casualty Care  
(CoTCCC)**



# LEARNING OBJECTIVES

## PROLONGED CASUALTY CARE (PCC) FOR COMBAT MEDIC/CORPSMAN

### Core Modules/Lesson Plans

#	LESSON NUMBER	LESSON TITLE
01	PCC-CMC: 1	MASCAL and Triage
02	PCC-CMC: 2	Massive Hemorrhage
03	PCC-CMC: 3	Airway Management
04	PCC-CMC: 4	Respiration and Ventilation
05	PCC-CMC: 5	Circulation and Resuscitation
06	PCC-CMC: 6	Communication and Documentation
07	PCC-CMC: 7	Hypothermia
08	PCC-CMC: 8	Hyperthermia
09	PCC-CMC: 9	Head Injury
10	PCC-CMC: 10	Pain Management
11	PCC-CMC: 11	Antibiotics, Sepsis, and Other Medications
12	PCC-CMC: 12	Burn Management
13	PCC-CMC: 13	Fractures and Splinting
14	PCC-CMC: 14	Wound and Nursing Care
15	PCC-CMC: 15	Logistics and Casualty Packaging
16	PCC-CMC: 16	Comprehensive Module Practical Exercise



# LEARNING OBJECTIVES

**LEARNING OBJECTIVES: (25 TLOs, 151 ELOs, 82 CTPs)**

**Critical Teaching Points (CTPs)** - Non-testable information for instructors to use in preparation for guidance on teaching learning objectives. When references to information already taught and measured in TCCC is noted, a specific reference (IAW) to CoTCCC Guidelines is stated.

## MODULE 1: MASCAL AND TRIAGE IN PROLONGED CASUALTY CARE

(3) TLOs, (21) ELOs, (9) CTPs

TLO	ELO
<b>1</b> Given a prolonged casualty care scenario, perform triage in accordance with the Defense Committee on Trauma (DCoT) PCC Guidelines.	<b>1.1</b> Describe inventory of all resources for PCC Environment <b>1.2</b> Describe the purpose of triage. <b>1.3</b> Identify the challenges of triage in the PCC environment. <b>1.4</b> Identify Triage Guiding Principles. <b>1.5</b> Describe triage categories IAW CoTCCC Guidelines. <b>1.6</b> Describe communication methods within the medical team and other non-medical responders. <b>1.7</b> Demonstrate casualty sorting and tagging using triage principles IAW CoTCCC Guidelines. <b>1.8</b> Describe triage assessment categories IAW CoTCCC Guidelines and the examples of casualty presentations in each triage category.
	<b>Critical Teaching Points</b>
	<b>1.</b> Identify triage considerations in Tactical Field Care, IAW CoTCCC Guidelines. <b>2.</b> Describe the consolidation and triage of casualties in a casualty collection point, IAW CoTCCC Guidelines.
TLO	ELO
<b>2</b> Given a prolonged casualty care scenario, perform casualty reassessment in accordance with Defense Committee on Trauma (DCoT) PCC Guidelines.	<b>2.1</b> Describe the frequency and methods for casualty reassessment in PCC. <b>2.2</b> Describe a casualty reassessment using the MARCH sequence and take appropriate actions and interventions IAW CoTCCC Guidelines. <b>2.3</b> Demonstrate casualty reassessment using the MARCH sequence and take appropriate actions and interventions IAW CoTCCC Guidelines.



# LEARNING OBJECTIVES

	<b>Critical Teaching Points</b>
	<ol style="list-style-type: none"> <li><b>NOTE:</b> Reassessment for every TCCC intervention should be accomplished for each casualty in PCC.</li> </ol>
<b>TLO</b>	<b>ELO</b>
<p><b>3</b> Given a prolonged casualty care scenario, perform MASCAL management in accordance with the Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<ol style="list-style-type: none"> <li>Describe inventory of all resources for MASCAL.</li> <li>Describe the differences between MASCAL in a fixed medical facility versus a PCC environment.</li> <li>Describe MASCAL planning.</li> <li>Describe the criteria and methods for MASCAL initiation.</li> <li>Describe Crisis Standards of Care</li> <li>Identify MASCAL decision points.</li> <li>Describe MASCAL actions and goals IAW CoTCCC Guidelines.</li> <li>Identify the moral and ethical implications of conducting a MASCAL in a PCC environment.</li> <li>Demonstrate MASCAL decision-making process in PCC.</li> <li>Describe considerations for logistics resupply during MASCAL.</li> </ol>
	<b>Critical Teaching Points</b>
	<ol style="list-style-type: none"> <li>Describe medical team internal communication methods during MASCAL.</li> <li>Describe communication methods between medical team and non-medical assistants during MASCAL.</li> <li>Describe communication methods between medical teams and higher operational authority during MASCAL.</li> <li>Describe the key considerations in a MASCAL situation.</li> <li>Describe accurate casualty tracking within the team using non-medical team members.</li> <li><b>NOTE:</b> MASCAL decision-making process can be demonstrated through simulated exercise (minimum, better, best).</li> </ol>



# LEARNING OBJECTIVES

## MODULE 2: MASSIVE HEMORRHAGE IN PROLONGED CASUALTY CARE

(1) TLO, (2) ELOs, (1) CTPs

TLO	ELO
<b>4</b> Given a prolonged casualty care scenario, describe massive hemorrhage control in accordance with Joint Trauma System (JTS) Defense Committee on Trauma PCC Guidelines.	<b>4.1</b> Describe conducting inventory of all resources for massive hemorrhage control.
	<b>4.2</b> Identify risks associated with unrecognized potential areas of massive internal hemorrhage.
	<b>Critical Teaching Points</b>
	<b>1.</b> Describe teleconsultation for massive hemorrhage management.

## MODULE 3: AIRWAY MANAGEMENT IN PROLONGED CASUALTY CARE

(1) TLO, (8) ELOs, (4) CTPs

TLO	ELO
<b>5</b> Given a prolonged casualty care scenario, maintain and manage an airway in accordance with the Defense Committee on Trauma (DCoT) PCC Guidelines.	<b>5.1</b> Describe inventory of all resources for airway management in PCC.
	<b>5.2</b> Describe casualty airway assessment of work of breathing and vital signs to include respiratory rate, pulse oximetry, and EtCO <sub>2</sub> .
	<b>5.3</b> Describe the process to troubleshoot an airway device failure.
	<b>5.4</b> Describe troubleshooting of airway device failure.
	<b>5.5</b> Describe the indications, contraindications, and limitations of progressively more invasive airway control in PCC.



# LEARNING OBJECTIVES

	<p><b>5.6</b> Identify the indications, contraindications, and techniques for performing cricothyroidotomy in PCC.</p> <p><b>5.7</b> Describe methods for determining cuff inflation for cricothyroidotomy tube.</p> <p><b>5.8</b> Describe the frequency and necessity of casualty airway status re-assessment.</p>
	<p><b>Critical Teaching Points</b></p>
	<p><b>1.</b> Identify the interval of sedation assessment for casualty with airway device in place.</p> <p><b>2.</b> Describe the procedures for performing a cricothyroidotomy in Tactical Field Care, IAW CoTCCC Guidelines.</p> <p><b>3.</b> Describe the use of mechanical suction devices in PCC.</p> <p><b>4.</b> Describe the use of manual suction devices in PCC.</p>

## MODULE 4: RESPIRATION AND VENTILATION IN PROLONGED CASUALTY CARE

(1) TLO, (6) ELOs, (1) CTP

TLO	ELO
<p><b>6</b> Given a prolonged casualty care scenario, perform assessment and management of casualty respiration and ventilation IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>6.1</b> Describe inventory of all resources for respiration and ventilation management.</p> <p><b>6.2</b> Describe the importance, considerations, and limitations of casualty monitoring with pulse oximetry devices.</p> <p><b>6.3</b> Describe the importance, considerations, and limitations of ventilation assessment with capnography ETCO<sub>2</sub> devices.</p> <p><b>6.4</b> Describe normal ETCO<sub>2</sub> ranges IAW PCC Guidelines</p> <p><b>6.5</b> Describe the indications and the use of a Positive End Expiratory Pressure (PEEP) valve.</p> <p><b>6.6</b> Demonstrate handoff of 1-person ventilation using BVM with PEEP to another 2-person team while providing minimal interruption to ventilation cycles IAW BLS guidelines.</p>
	<p><b>Critical Teaching Points</b></p>
	<p><b>1.</b> Describe casualty ventilation methods with a bag valve mask (BVM) IAW CoTCCC Guidelines.</p>



# LEARNING OBJECTIVES

## MODULE 5: CIRCULATION AND RESUSCITATION IN PROLONGED CASUALTY CARE

(4) TLOs, (19) ELOs, (11) CTPs

TLO	ELO
<p><b>7</b> Given a prolonged casualty care scenario, perform circulation management IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>7.1</b> Describe inventory of all circulation and shock management resources.</p> <p><b>7.2</b> Describe methods to assess and reduce the risk of limb damage associated with pressure dressings application.</p> <p><b>7.3</b> Identify the signs and symptoms of limb ischemia associated with pressure dressings application in PCC.</p> <p><b>7.4</b> Identify the signs and symptoms of compartment syndrome associated with pressure dressings application in PCC.</p> <p><b>7.5</b> Describe treatment and management of compartment syndrome in PCC.</p> <p><b>7.6</b> Describe the procedures for communication of evacuation and re-supply requirements.</p>
	<p><b>Critical Teaching Points</b></p>
	<p><b>1.</b> Identify the indications, contraindications, and methods of intravenous access, IAW CoTCCC Guidelines.</p> <p><b>2.</b> Identify the indications, contraindications, and methods of intraosseous access, IAW CoTCCC Guidelines.</p> <p><b>3.</b> Identify the principles of wound packing and applying a pressure bandage, IAW CoTCCC Guidelines.</p> <p><b>4.</b> Describe limb tourniquet conversion and replacement, IAW CoTCCC Guidelines.</p> <p><b>5.</b> Identify the indications, contraindications, and application methods of pelvic compression devices, IAW CoTCCC Guidelines.</p> <p><b>6.</b> Identify the indications, contraindications, and administration methods of tranexamic acid, IAW CoTCCC Guidelines.</p>



# LEARNING OBJECTIVES

TLO	ELO
<p><b>8</b> Given a prolonged casualty care scenario, perform shock recognition and management IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines</p>	<p><b>8.1</b> Describe casualty monitoring methods during shock management in PCC.</p> <p><b>8.2</b> Identify the causes and management of the types of non-hemorrhagic hypovolemic shock.</p> <p><b>8.3</b> Identify the causes and management of the types of distributive shock.</p> <p><b>8.4</b> Identify the causes and management of the types of obstructive shock.</p> <p><b>8.5</b> Describe the initiation of appropriate resuscitation techniques for management of a casualty in distributive shock due to sepsis.</p> <p><b>8.6</b> Describe the initiation of appropriate resuscitation techniques for management of a casualty in hypovolemic shock due to burns.</p> <p><b>8.7</b> Identify differences between responsive, transient responders, non-responder, and refractory shock in PCC.</p>
TLO	ELO
<p><b>9</b> Given a prolonged casualty care scenario, perform fluid resuscitation for shock IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>9.1</b> Describe pre-deployment, mission planning, and training considerations for a WBB program IAW PCC Guidelines</p> <p><b>9.2</b> Describe fluid resuscitation goals in PCC.</p> <p><b>9.3</b> Identify indications, limitations, and administration methods of fluid resuscitation in PCC.</p> <p><b>9.4</b> Identify the indications, contraindications, and administration methods of Calcium in accordance with the CoTCCC Guidelines.</p> <p style="text-align: center;"><b>Critical Teaching Points</b></p> <p><b>1.</b> Identify the importance and advantages of early use of blood products, IAW CoTCCC Guidelines.</p> <p><b>2.</b> Describe the indications, limitations, flow rate and temperature requirements for fluid resuscitation with powered IV warming devices IAW CoTCCC Guidelines in PCC.</p>



# LEARNING OBJECTIVES

TLO	ELO
<p><b>10</b> Given a prolonged casualty care scenario, perform management of a walking blood bank (WBB) IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>10.1.</b> Identify the considerations, indications, contraindications, and administration methods of fresh whole blood (Walking Blood Bank, or WBB) in PCC.</p> <p><b>10.2.</b> Describe implementation and management of fresh whole blood Walking Blood Bank (WBB) IAW DCR in PFC CPG and CoTCCC Guidelines.</p>
	<p><b>Critical Teaching Points</b></p>
	<ol style="list-style-type: none"> <li><b>1.</b> Identify the indications, contraindications, and administration methods of CoTCCC recommended blood products.</li> <li><b>2.</b> Identify the signs, symptoms, considerations, and treatment strategies of blood transfusion complications.</li> <li><b>3.</b> Describe administration of blood products IAW CoTCCC Guidelines:               <ol style="list-style-type: none"> <li>a. EldonCard</li> <li>b. Donor blood product collection</li> <li>c. Administration of blood products</li> </ol> </li> </ol>



# LEARNING OBJECTIVES

## MODULE 6: COMMUNICATION AND DOCUMENTATION IN PROLONGED CASUALTY CARE

(1) TLO, (5) ELOs, (6) CTPs

TLO	ELO
<p><b>11</b> Given a prolonged casualty care scenario, perform casualty communication, documentation and teleconsultation IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>11.1</b> Describe the telemedicine consultation process for casualty management IAW Unit/Service approved script or PCC Guidelines.</p> <p><b>11.2</b> Demonstrate the telemedicine consultation process for a trauma casualty IAW Unit/Service approved script or PCC Guidelines.</p> <p><b>11.3</b> Identify the elements of a communication PACE (Primary, Alternate, Contingency, Emergency) plan.</p> <p><b>11.4</b> Demonstrate verbal report and casualty handoff in PCC.</p> <p><b>11.5</b> Demonstrate proper documentation of casualty management on the DD Form 1380 or JTS recommended PCC flowsheet.</p>
	<p style="text-align: center;"><b>Critical Teaching Points (6)</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Describe importance of notification that care is rendered in a PCC environment.</li> <li><b>2.</b> Identify the relevant tactical and casualty data involved in communicating casualty information.</li> <li><b>3.</b> Describe communication of casualty information to tactical leadership and/or medical personnel (in accordance with Service and/or unit standard operating procedures in Tactical Field Care).</li> <li><b>4.</b> Identify elements of communication with non-medical extenders including combat lifesavers and other non-medical personnel.</li> <li><b>5.</b> Identify elements of a patient handoff verbal report of treatment rendered in PCC.</li> <li><b>6.</b> Identify the importance and information considerations of a casualty After Action Report submission.</li> </ol>



# LEARNING OBJECTIVES

## MODULE 7: HYPOTHERMIA IN PROLONGED CASUALTY CARE

(1) TLO, (3) ELOs, (5) CTPs

TLO	ELO
<p><b>12</b> Given a prolonged casualty care scenario, perform hypothermia management and prevention measures IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>12.1</b> Describe inventory of all resources for hypothermia prevention and treatment.</p> <p><b>12.2</b> Demonstrate the transfer of a casualty from an impermeable enclosure bag to a well-insulated enclosure system in PCC.</p> <p><b>12.3</b> Identify re-supply requirements of resources for hypothermia prevention and management in PCC.</p>
	<p><b>Critical Teaching Points</b></p>
	<ol style="list-style-type: none"> <li>1. Describe pre-staging of hypothermia management/prevention equipment in PCC.</li> <li>2. Describe the safety considerations, application, and indications for replacement of ready-heat blankets in PCC.</li> <li>3. Discuss active and passive warming hypothermia prevention and treatment measures on a trauma casualty, IAW CoTCCC Guidelines and skill instructions.</li> <li>4. Describe the safety considerations of the application of active external heating sources on a casualty in PCC.</li> <li>5. Identify the indications for casualty protection from environmental exposure on any evacuation platform in PCC.</li> </ol>



# LEARNING OBJECTIVES

## MODULE 8: HYPERTHERMIA IN PROLONGED CASUALTY CARE

(1) TLO, (9) ELOs, (1) CTP

TLO	ELO
<p><b>13</b> Given a prolonged casualty care scenario, perform hyperthermia management and prevention measures IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>13.1</b> Describe inventory of all resources for hyperthermia prevention and treatment.</p> <p><b>13.2</b> Describe differences between fever and hyperthermia in PCC.</p> <p><b>13.3</b> Describe the indications, contraindications, benefits, and limitations of core temperature assessment of a hyperthermic casualty in PCC.</p> <p><b>13.4</b> Demonstrate the use of a digital oral thermometer to take a casualty's temperature.</p> <p><b>13.5</b> Describe casualty hyperthermia prevention methods in PCC.</p> <p><b>13.6</b> Describe symptoms of heat exhaustion in PCC IAW PCC Guidelines.</p> <p><b>13.7</b> Describe symptoms of heat stroke in PCC IAW PCC Guidelines.</p> <p><b>13.8</b> Describe methods to decrease temperature in PCC.</p> <p><b>13.9</b> Describe re-supply requirements for hyperthermia casualties in PCC.</p> <p style="text-align: center;"><b>Critical Teaching Points</b></p> <p><b>1.</b> <b>NOTE:</b> Normal human body temperature ranges from <b>97°F to 99°F</b>, with the average being 98.6°F. A temperature over 100.4°F most often means you have a fever caused by an infection or illness.</p>



# LEARNING OBJECTIVES

## MODULE 9: HEAD INJURY IN PROLONGED CASUALTY CARE

(1) TLO, (11) ELOs, (3) CTPs

TLO	ELO
<p><b>14</b> Given a prolonged casualty care scenario, perform head injury (TBI) management IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>14.1</b> Describe inventory of all resources for head injury management.</p> <p><b>14.2</b> Describe wound management for open head injuries and TBI in PCC.</p> <p><b>14.3</b> Describe the assessment of a casualty’s level of consciousness with a suspected head injury using the Glasgow Coma Scale (GCS) in PCC.</p> <p><b>14.4</b> Describe use of the Tactical Military Acute Concussive Evaluation (T-MACE) for suspected head injury in PCC.</p> <p><b>14.5</b> Demonstrate a Tactical Military Acute Concussive Evaluation (T-MACE) exam on a casualty with a suspected head injury IAW Service-approved reference card.</p> <p><b>14.6</b> Identify signs of elevated ICP and indications for serial neurological checks in PCC.</p> <p><b>14.7</b> Describe the treatment and management of casualties with elevated ICP IAW PCC Guidelines.</p> <p><b>14.8</b> Describe indications, contraindications, and administration methods for seizure control in PCC.</p> <p><b>14.9</b> Describe the importance, considerations, parameters and limitations of monitoring a casualty suspected head injury.</p> <p><b>14.10</b> Describe potentially non-survivable conditions and indications for teleconsultation and expectant care in PCC IAW the Head Injury in PFC CPG.</p> <p><b>14.11</b> Identify evacuation and destination requirements for head injury casualties in PCC .</p>
	<p style="text-align: center;"><b>Critical Teaching Points</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Identify the indications for performing a Military Acute Concussive Evaluation 2 for a casualty with a suspected head injury, IAW CoTCCC Guidelines.</li> <li><b>2.</b> Identify the signs and symptoms of impending cerebral herniation in Tactical Field Care, IAW CoTCCC Guidelines.</li> </ol>



# LEARNING OBJECTIVES

	<p><b>3.</b> Identify the progressive strategies and constraints for management of a suspected head injury IAW CoTCCC Guidelines.</p>
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## MODULE 10: PAIN MANAGEMENT IN PROLONGED CASUALTY CARE

(2) TLOs, (10) ELOs, (4) CTPs

TLO	ELO
<p><b>15</b> Given a prolonged casualty care scenario, perform analgesia and sedation administration, IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>15.1</b> Describe inventory of all analgesia and sedation medications</p> <p><b>15.2</b> Identify the five priorities of care for analgesia and sedation administration in PCC.</p> <p><b>15.3</b> Describe administration methods for parenteral drip and infusions in PCC IAW PCC Guidelines.</p> <p><b>15.4</b> Describe the four-step process for Pain Management Reference Table (protocol), IAW PCC Guidelines.</p> <p><b>15.5</b> Describe the indications, contraindications, dosage, route, and administration methods of naloxone in PCC.</p> <p><b>15.6</b> Describe the principles of analgesia and sedation maintenance.</p> <p><b>15.7</b> Demonstrate monitoring techniques for a sedated casualty in PCC.</p>
	<p><b>Critical Teaching Points</b></p>
	<p><b>1.</b> Identify the indications, contraindications, and administration methods of pain medications (analgesia) in PCC IAW PCC Guidelines.</p> <p><b>2.</b> Using the PCC Guidelines (Pain Management; table 10), describe the effects of prolonged use of pain medications in PCC.</p> <p><b>3.</b> Identify general principles of pain management, IAW PCC Guidelines.</p> <p><b>4.</b> Identify the three main categories of pain management, IAW PCC Guidelines.</p>



# LEARNING OBJECTIVES

TLO	ELO
<p><b>16</b> Given a prolonged casualty care end-of-life scenario, perform analgesia and sedation administration, IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>16.1.</b> Describe indications, considerations, and limitations for Expectant Care in PCC.</p> <p><b>16.2.</b> Describe the process of Analgesia and Sedation administration for expectant care in PCC.</p> <p><b>16.3.</b> Demonstrate analgesia and sedation medication administration in expectant casualty care in PCC.</p>

## MODULE 11: ANTIBIOTICS/SEPSIS/ANCILLARY MEDICATIONS IN PROLONGED CASUALTY CARE

(3) TLOs, (16) ELOs, (12) CTPs

TLO	ELO
<p><b>17</b> Given a prolonged casualty care scenario, perform antibiotic administration, IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>17.1</b> Describe inventory of available resources for treatment of infection and sepsis.</p> <p><b>17.2</b> Identify signs of infection of a trauma casualty in PCC.</p> <p><b>17.3</b> Describe strategies and considerations of antibiotic therapy in PCC.</p> <p><b>17.4</b> Identify signs, symptoms, and treatment strategies for allergic reaction and anaphylaxis in PCC.</p>
	<p><b>Critical Teaching Points</b></p>
	<p><b>1.</b> Identify the evidence and considerations for early antibiotic administration IAW CoTCCC Guidelines.</p> <p><b>2.</b> Identify the indications, contraindications, and administration methods of antibiotics IAW CoTCCC Guidelines.</p> <p><b>3.</b> Describe the indications, contraindications, dosage, route, and administration methods of moxifloxacin IAW CoTCCC Guidelines.</p> <p><b>4.</b> Describe the indications, contraindications, dosage, route, and administration methods of ertapenem IAW CoTCCC Guidelines.</p>



# LEARNING OBJECTIVES

	<ol style="list-style-type: none"> <li>5. Describe the indications, contraindications, dosage, route, and administration methods of cephalexin IAW PCC Guidelines.</li> <li>6. Describe the indications, contraindications, dosage, route, and administration methods of Bactrim IAW PCC Guidelines</li> <li>7. Describe the indications, contraindications, dosage, route, and administration methods of cefazolin IAW PCC Guidelines.</li> <li>8. Describe the indications, contraindications, dosage, route, and administration methods of clindamycin IAW PCC Guidelines.</li> <li>9. Describe the indications, contraindications, dosage, route, and administration methods of ceftriaxone IAW PCC Guidelines.</li> <li>10. Describe the indications, contraindications, dosage, route, and administration methods of metronidazole IAW PCC Guidelines.</li> <li>11. Describe the indications, contraindications, dosage, route, and administration methods of erythromycin ointment IAW PCC Guidelines.</li> <li>12. Describe the indications, contraindications, dosage, route, and administration methods of ciprofloxacin drops IAW PCC Guidelines.</li> </ol>
<p><b>TLO</b></p>	<p><b>ELO</b></p>
<p><b>18</b> Given a prolonged casualty care scenario, perform sepsis management IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines and Sepsis Management in PFC CPG.</p>	<ol style="list-style-type: none"> <li>18.1 Identify sepsis management goals IAW Sepsis Management in Prolonged Field Care CPG</li> <li>18.2 Describe the National Early Warning (NEWS2) Score for sepsis management using an approved reference card.</li> <li>18.3 Identify indications for telemedicine consultation with a septic casualty in PCC.</li> <li>18.4 Describe methods of antimicrobial use for sepsis in PCC.</li> <li>18.5 Describe methods of antiparasitic use for sepsis in PCC.</li> <li>18.6 Describe methods of antifungal use for sepsis in PCC.</li> <li>18.7 Describe indications and administration of fluid resuscitation for sepsis in PCC.</li> <li>18.8 Describe indications and administration methods of vasopressors for sepsis management in PCC with teleconsultation guidance.</li> <li>18.9 Describe resuscitation for sepsis management in PCC.</li> <li>18.10 Demonstrate resuscitation interventions to prevent and manage a septic casualty in PCC.</li> </ol>



# LEARNING OBJECTIVES

TLO	ELO
<p><b>19</b> Given a prolonged casualty care scenario, perform ancillary medication administration to treat casualties, IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>19.1</b> Identify signs, symptoms, and prophylactic treatment considerations for casualties at risk for or with suspected DVT in PCC .</p> <p><b>19.2</b> Describe indications, dosage, route, and methods for ancillary medication administration.</p>

## MODULE 12: BURN MANAGEMENT IN PROLONGED CASUALTY CARE

(1) TLO, (11) ELOs, (10) CTPs

TLO	ELO
<p><b>20</b> Given a prolonged casualty care scenario, perform assessment and treatment of burns IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>20.1</b> Describe inventory of all burn management resources.</p> <p><b>20.2</b> Describe airway interventions and management techniques for burn casualties IAW PCC Guidelines.</p> <p><b>20.3</b> Describe fluid resuscitation indications, considerations, and administration methods for burn casualties in PCC.</p> <p><b>20.4</b> Describe the components and development process of a fluid resuscitation timeline for burn casualties IAW PCC Guidelines.</p> <p><b>20.5</b> Demonstrate development of a fluid resuscitation timeline for burn casualties in PCC.</p> <p><b>20.6</b> Describe wound care and management techniques for burn casualties in PCC.</p> <p><b>20.7</b> Describe indications and contraindications for escharotomy IAW Burn Wound Management in PFC JTS CPG.</p> <p><b>20.8</b> Describe proper assessment and interventions for ocular burns IAW Ocular Injuries and Vision-Threatening Conditions in PFC CPG.</p> <p><b>20.9</b> Describe the special considerations burn casualty management IAW PCC Guidelines.</p> <p><b>20.10</b> Identify indications for teleconsultation in wound care management in burn casualties IAW PCC Guidelines</p>



# LEARNING OBJECTIVES

	<p><b>20.11</b> Identify the importance, limitations, and methods for monitoring burn casualties in PCC.</p>
	<p><b>Critical Teaching Points</b></p>
	<ol style="list-style-type: none"> <li>1. Describe the specific scene safety issues and actions required of a trauma casualty with burns, before evaluation and care of the casualty, IAW CoTCCC Guidelines.</li> <li>2. Identify how to estimate body surface area burned using the Rule of Nines, IAW CoTCCC Guidelines.</li> <li>3. Identify indications for surgical airway intervention in burn casualties.</li> <li>4. <b>NOTE:</b> Escharotomy should only be completed under the guidance of a qualified physician available via teleconsultation.</li> <li>5. Describe fluid resuscitation indications, considerations, and administration methods for burn casualties in hypovolemic shock IAW PCC Guidelines.</li> <li>6. Describe techniques used to prevent heat loss in a severe burn casualty, IAW CoTCCC Guidelines.</li> <li>7. Describe burn fluid resuscitation in TFC, IAW CoTCCC Guidelines.</li> <li>8. Describe analgesia administration in burn casualties, IAW PCC Guidelines.</li> <li>9. Describe antibiotic administration in burn casualties, IAW PCC Guidelines.</li> <li>10. Describe the impact of burn casualty management on existing resources in PCC.</li> </ol>

**MODULE 13: FRACTURES AND SPLINTING IN PROLONGED CASUALTY CARE**

(1) TLO, (4) ELOs, (6) CTPs

TLO	ELO
<p><b>21</b> Given a prolonged casualty care scenario, perform assessment and treatment of fractures IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT)</p>	<ol style="list-style-type: none"> <li><b>21.1</b> Describe inventory of all resources for fracture management in PCC.</li> <li><b>21.2</b> Describe the reassessment and basic care methods for fractures and splints IAW CoTCCC Guidelines.</li> <li><b>21.3</b> Describe neurovascular examination of a splinted extremity.</li> </ol>



# LEARNING OBJECTIVES

PCC Guidelines.	<b>21.4</b> Describe the indications, considerations, and management techniques for fracture-related compartment syndrome in PCC.
	<b>Critical Teaching Points</b>
	<ol style="list-style-type: none"> <li>1. Identify signs of a suspected fracture, IAW CoTCCC Guidelines.</li> <li>2. Describe the basic care of fractures, IAW CoTCCC Guidelines.</li> <li>3. Describe proper splint application using a malleable, rigid or improvised splint to a suspected fracture in Tactical Field Care.</li> <li>4. Describe indications, considerations, and administration methods for pain management with suspected fractures IAW PCC Guidelines.</li> <li>5. Describe indications, considerations, and administration methods for antibiotic therapy in fracture management IAW PCC Guidelines.</li> <li>6. Identify spinal immobilization considerations for casualties with suspected cervical spine injuries IAW CoTCCC Guidelines.</li> </ol>

## MODULE 14: WOUND CARE AND NURSING IN PROLONGED CASUALTY CARE

(2) TLOs, (20) ELOs

TLO	ELO
<b>22</b> Given a prolonged casualty care scenario, perform advanced wound and nursing care IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.	<b>22.1</b> Describe inventory of all resources for wound and nursing care.
	<b>22.2</b> Describe frequency and methods of lip care in PCC.
	<b>22.3</b> Describe frequency and methods of nasal care in PCC.
	<b>22.4</b> Describe frequency and methods of oral/dental care in PCC.
	<b>22.5</b> Describe frequency and methods of cough/deep breathing management in PCC.
	<b>22.6</b> Describe frequency and methods of casualty repositioning in a non-ambulatory casualty in PCC.
	<b>22.7</b> Identify available resources for padding a non-ambulatory casualty in PCC.



# LEARNING OBJECTIVES

	<ul style="list-style-type: none"><li><b>22.8</b> Demonstrate casualty repositioning for a non-ambulatory casualty in PCC.</li><li><b>22.9</b> Identify techniques to address a casualty's psycho-social needs in PCC.</li><li><b>22.10</b> Describe the frequency and methods of casualty nutrition support in PCC.</li><li><b>22.11</b> Describe frequency and methods for casualty hygiene in PCC.</li><li><b>22.12</b> Describe frequency and methods for casualty bowel management in PCC.</li><li><b>22.13</b> Describe frequency and methods of IV and IO site management in PCC.</li><li><b>22.14</b> Demonstrate IV or IO site care IAW PCC Guidelines.</li><li><b>22.15</b> Describe casualty Deep Vein Thrombosis (DVT) prevention methods in PCC.</li></ul>
<p><b>23</b> Given a prolonged casualty care scenario, perform wound care IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<ul style="list-style-type: none"><li><b>23.1</b> Describe frequency and methods for wound irrigation in PCC.</li><li><b>23.2</b> Describe frequency and methods for dressing changes in PCC.</li><li><b>23.3</b> Demonstrate methods for wound irrigation in PCC.</li><li><b>23.4</b> Describe methods for wet to dry dressing change in PCC IAW Wound Care CPG.</li><li><b>23.5</b> Demonstrate methods for wet to dry dressing change in PCC.</li></ul>



# LEARNING OBJECTIVES

## MODULE 15: LOGISTICS AND CASUALTY PACKAGING IN PROLONGED CASUALTY CARE

(1) TLO, (5) ELOs, (5) CTPs

TLO	ELO
<p><b>24</b> Given a prolonged casualty care scenario, perform casualty packaging IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>24.1</b> Describe inventory of all resources for casualty packaging.</p> <p><b>24.2</b> Describe the medication preparation process for casualty transport IAW PCC Guidelines.</p> <p><b>24.3</b> Describe the safety interventions related to flight stressors in preparation for casualty transport in PCC.</p> <p><b>24.4</b> Identify the methods to secure interventions and equipment in casualty preparation for transport in PCC.</p> <p><b>24.5</b> Demonstrate the casualty preparation for transport in PCC.</p>
	<p><b>Critical Teaching Points</b></p>
	<ol style="list-style-type: none"> <li>1. Identify the importance of and techniques for communicating casualty information with evacuation assets and/or receiving facilities, IAW CoTCCC Guidelines.</li> <li>2. Identify the information requirements and format of an evacuation request, IAW CoTCCC Guidelines.</li> <li>3. Describe the methods of medication preparation for casualty transport or evacuation in PCC.</li> <li>4. Identify the methods of active/passive hypothermia management for casualty transport in PCC.</li> <li>5. Describe verbal report and casualty handoff in preparation for transport or evacuation in PCC.</li> </ol>



# LEARNING OBJECTIVES

## MODULE 16: COMPREHENSIVE MODULE PRACTICAL EXERCISE

(1) TLO, (1) ELO

TLO	ELO
<p><b>25</b> Given a prolonged casualty care scenario, Given a combat or noncombat scenario, perform Prolonged Casualty Care (PCC) in accordance with the Committee on Tactical Combat Casualty Care (CoTCCC) Guidelines. IAW Joint Trauma System (JTS) Defense Committee on Trauma (DCoT) PCC Guidelines.</p>	<p><b>25.1</b> Demonstrate the application of TCCC skills in a combat or noncombat scenario. (Comprehensive Module Practical Exercise).</p>

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