

EVAC CATEGORY: \_\_\_\_\_ BATTLE ROSTER #: \_\_\_\_\_

**TACTICAL COMBAT CASUALTY CARE (TCCC) CARD**

NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_

DATE (DD-MM-YY): \_\_\_\_\_ TIME: \_\_\_\_\_

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

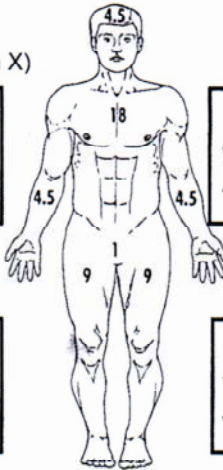
**Mechanism of Injury:** (circle all that apply)

- Artillery    Burn    Fall    Grenade    GSW    IED  
Land-mine    MVC    RPG    Other \_\_\_\_\_

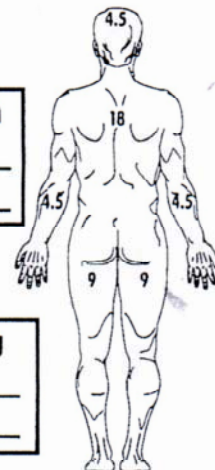
**Injury:**

(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:** (circle all that apply and fill in the blank)

C: Extremity-TQ Junctional-TQ Pressure-Dressing  
Hemostatic-Dressing Type: \_\_\_\_\_

A: Intact NPA CRIC ET-Tube SGA Type: \_\_\_\_\_

B: O2 Needle-D X: \_\_\_ Chest Tube Chest Seal Type: \_\_\_\_\_

C:

|               | Name | Volume | Route | Time |
|---------------|------|--------|-------|------|
| Fluid         |      |        |       |      |
|               |      |        |       |      |
| Blood Product |      |        |       |      |
|               |      |        |       |      |

**MEDS:**

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

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

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST RESPONDER  
NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_