

**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)

<i>Time</i>				
<b>Pulse (Rate &amp; Location)</b>				
<b>Blood Pressure</b>	/	/	/	/
<b>Respiratory Rate</b>				
<b>Pulse Ox % O2 Sat</b>				
<b>AVPU</b>				
<b>Pain Scale (0-10)</b>				

BATTLE ROSTER #: \_\_\_\_\_

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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
<b>Fluid</b>				
<b>Blood Product</b>				

MEDS:

	Name	Dose	Route	Time
<b>Anesthetic</b> (e.g., Ketamine, Fentanyl, Morphine)				
<b>Antibiotic</b> (e.g., Moxifloxacin, Ertapenem)				
<b>Other</b> (e.g., TXA)				

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

NOTES:

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