

# Tactical Emergency Casualty Care (TECC)

## First Receiver MASCAL Concept Map

**STRATEGIC  
MEDICAL  
RESEARCH &  
TRAINING**

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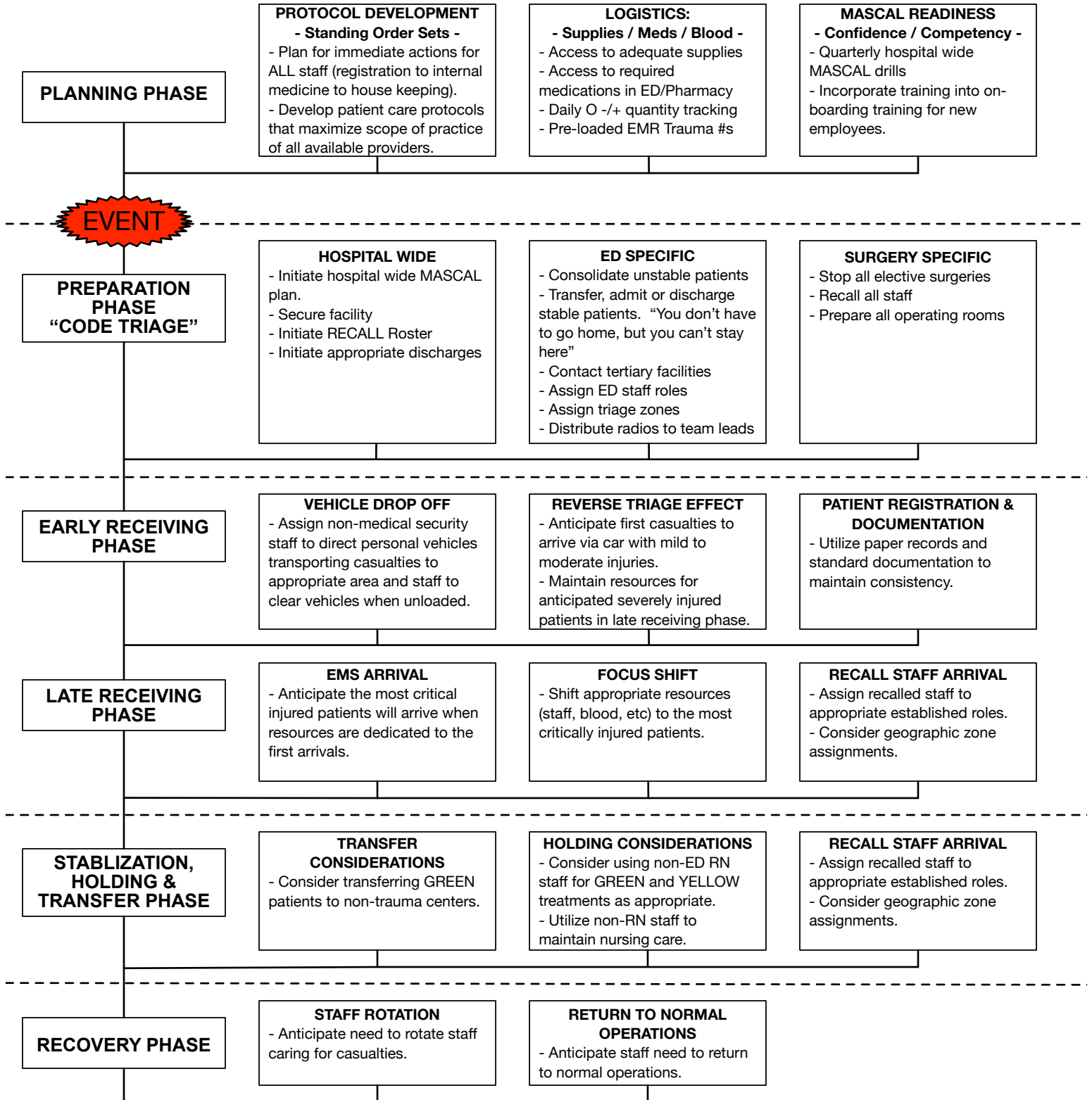
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Date Updated: 7/10/23

**TECC  
First Receiver  
Outline**

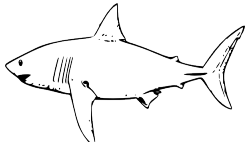
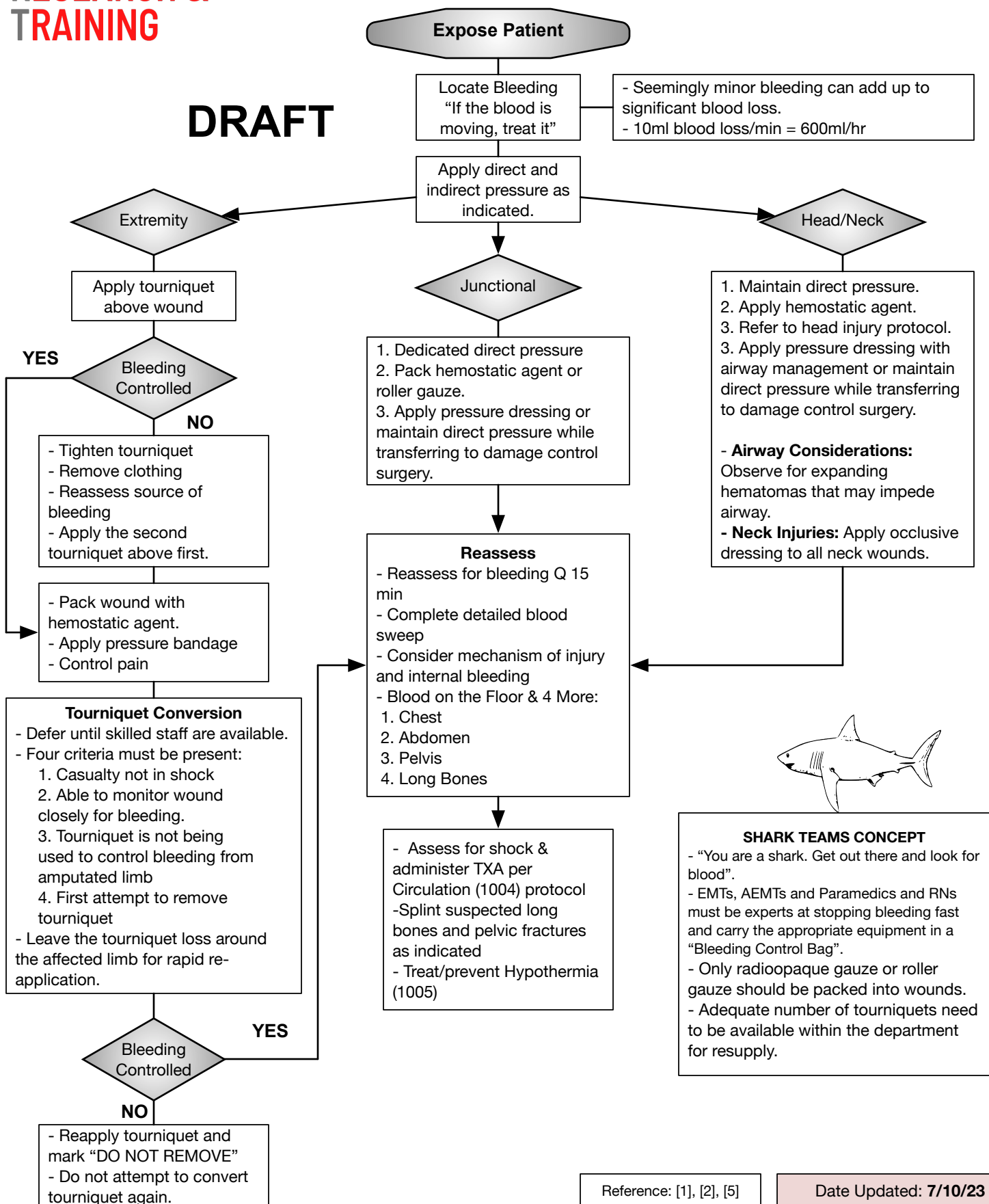
- 1000 Phases of Care
- 1001 Major Bleeding
- 1002 Airway Management
- 1003 Respiration
- 1004 Circulation (Shock)
- 1005 Hypothermia
- 1006 Head Injury
- 1007 Pain Management
- 1008 Nursing Care
- 1009 Antibiotics

**TECC  
First Receiver  
Phases of Care  
(TECC-FR-1000)  
DRAFT**



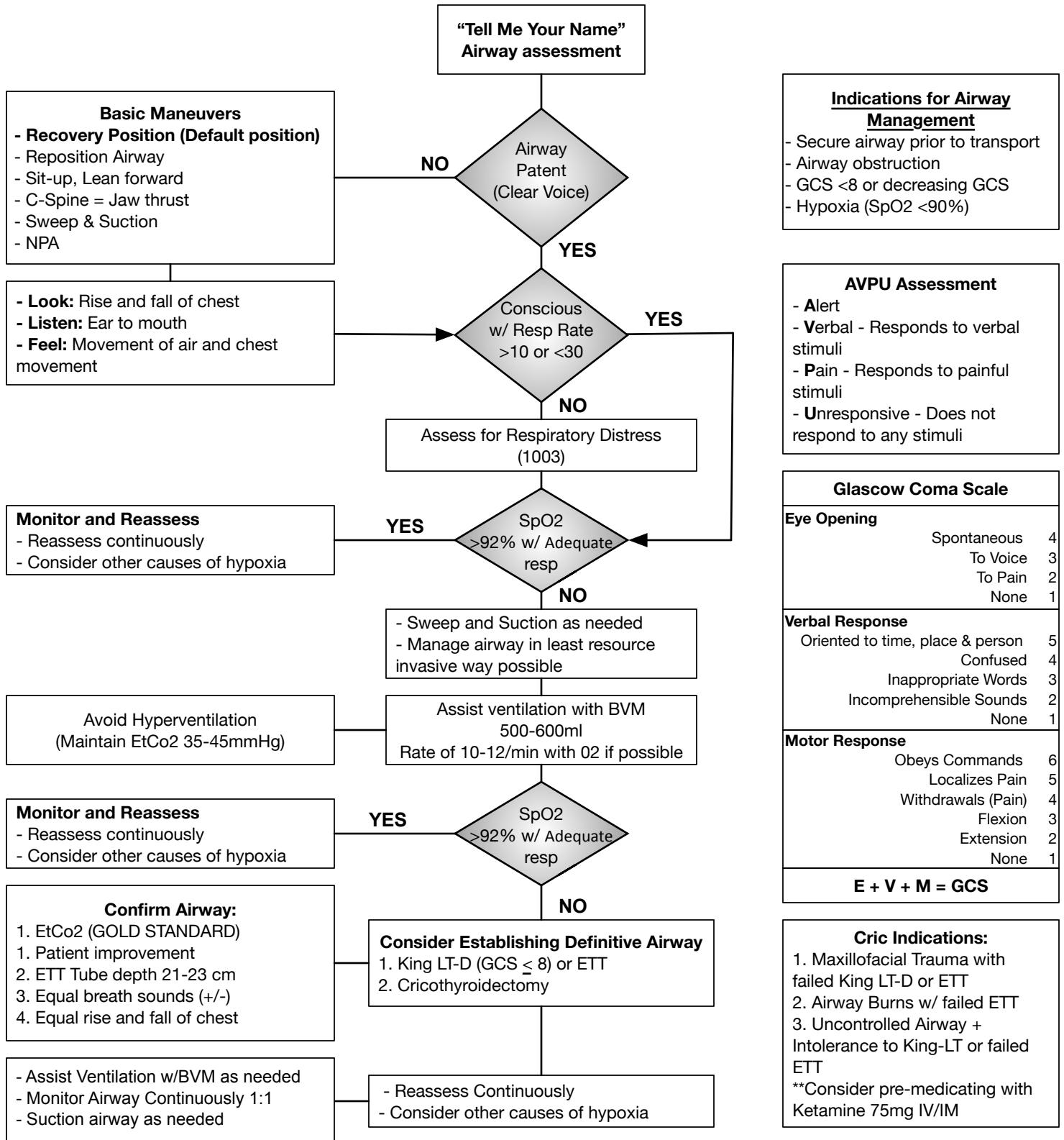
**First Receiver  
Major Bleeding  
(TECC-FR-1001)**

**DRAFT**



**Airway Management  
(TECC-FR-1002)**

**DRAFT**



**Indications for Airway Management**

- Secure airway prior to transport
- Airway obstruction
- GCS <8 or decreasing GCS
- Hypoxia (SpO2 <90%)

**AVPU Assessment**

- Alert
- Verbal - Responds to verbal stimuli
- Pain - Responds to painful stimuli
- Unresponsive - Does not respond to any stimuli

**Glascow Coma Scale**

<b>Eye Opening</b>	
Spontaneous	4
To Voice	3
To Pain	2
None	1
<b>Verbal Response</b>	
Oriented to time, place & person	5
Confused	4
Inappropriate Words	3
Incomprehensible Sounds	2
None	1
<b>Motor Response</b>	
Obeys Commands	6
Localizes Pain	5
Withdrawals (Pain)	4
Flexion	3
Extension	2
None	1
<b>E + V + M = GCS</b>	

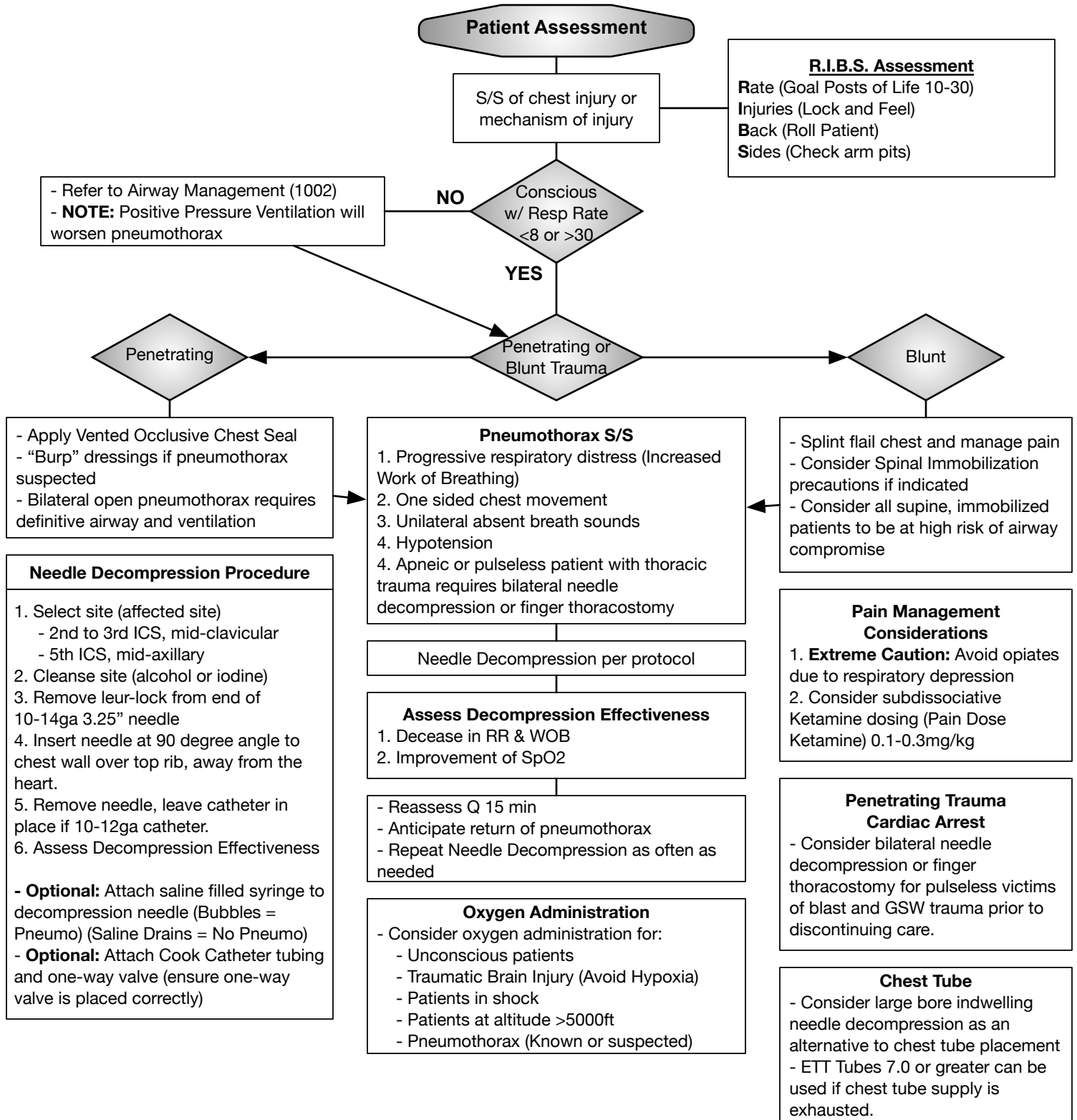
**Cric Indications:**

1. Maxillofacial Trauma with failed King LT-D or ETT
2. Airway Burns w/ failed ETT
3. Uncontrolled Airway + Intolerance to King-LT or failed ETT

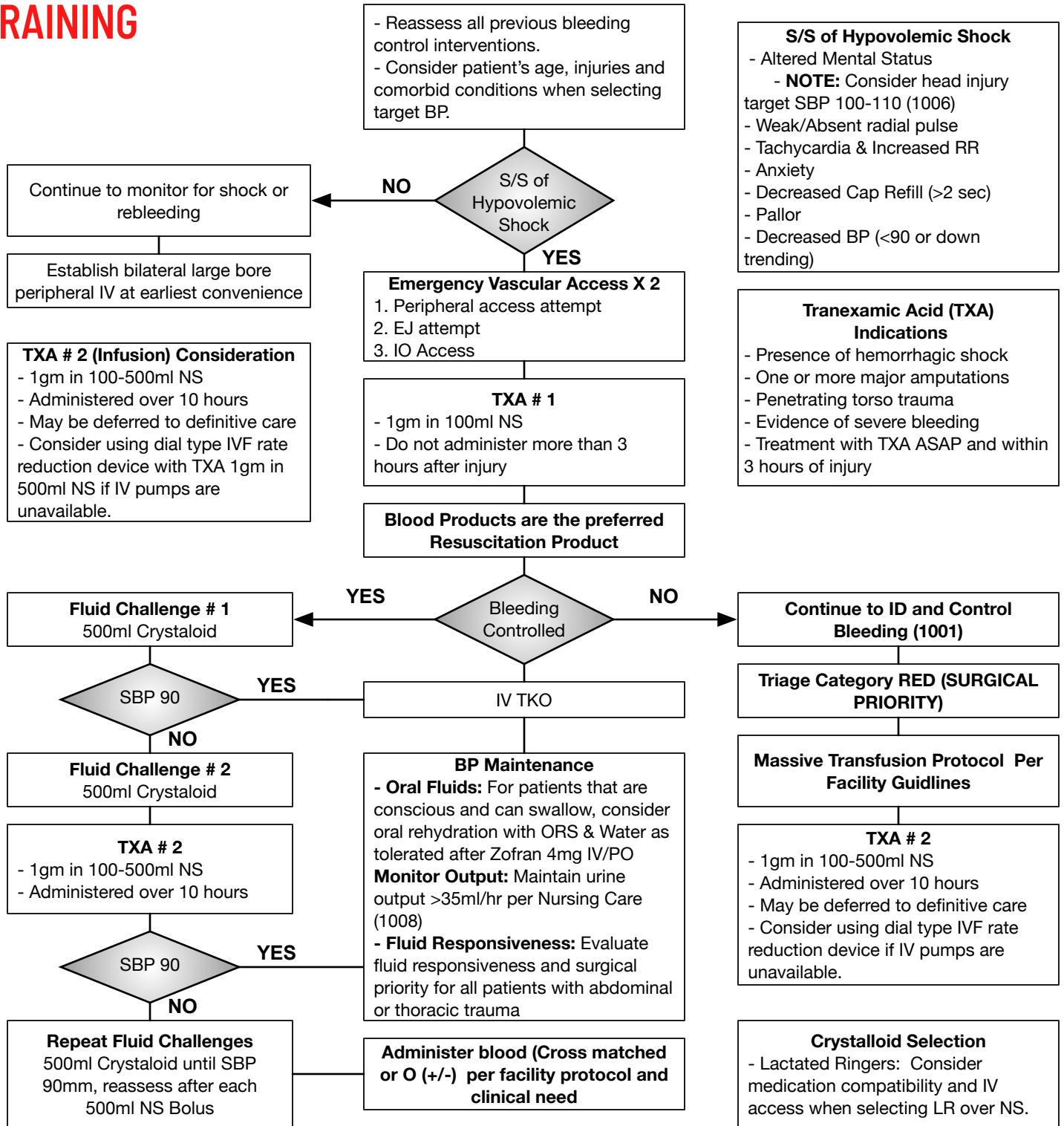
\*\*Consider pre-medicating with Ketamine 75mg IV/IM

**Respiration  
(TECC-FR-1003)**

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**Circulation  
(TECC-FR-1004)  
DRAFT**



Estimate Shock Severity			
Class I	Class II	Class III	Class IV
Blood Loss: 750ml	Blood Loss: 750-1500ml	Blood Loss: 1500-2000	Blood Loss: >2000ml
Pulse: <100	Pulse: >100	Pulse: >120	Pulse: >140
BP: WNL	BP: WNL	BP: Decreased	BP: Decreased
RR: 14-20	RR: 20-30	RR: 30-40	RR: 35
Urine: >30ml/hr	Urine: 20-30ml/hr	Urine: 5-15ml/hr	Urine: None

**Pain Management Considerations**

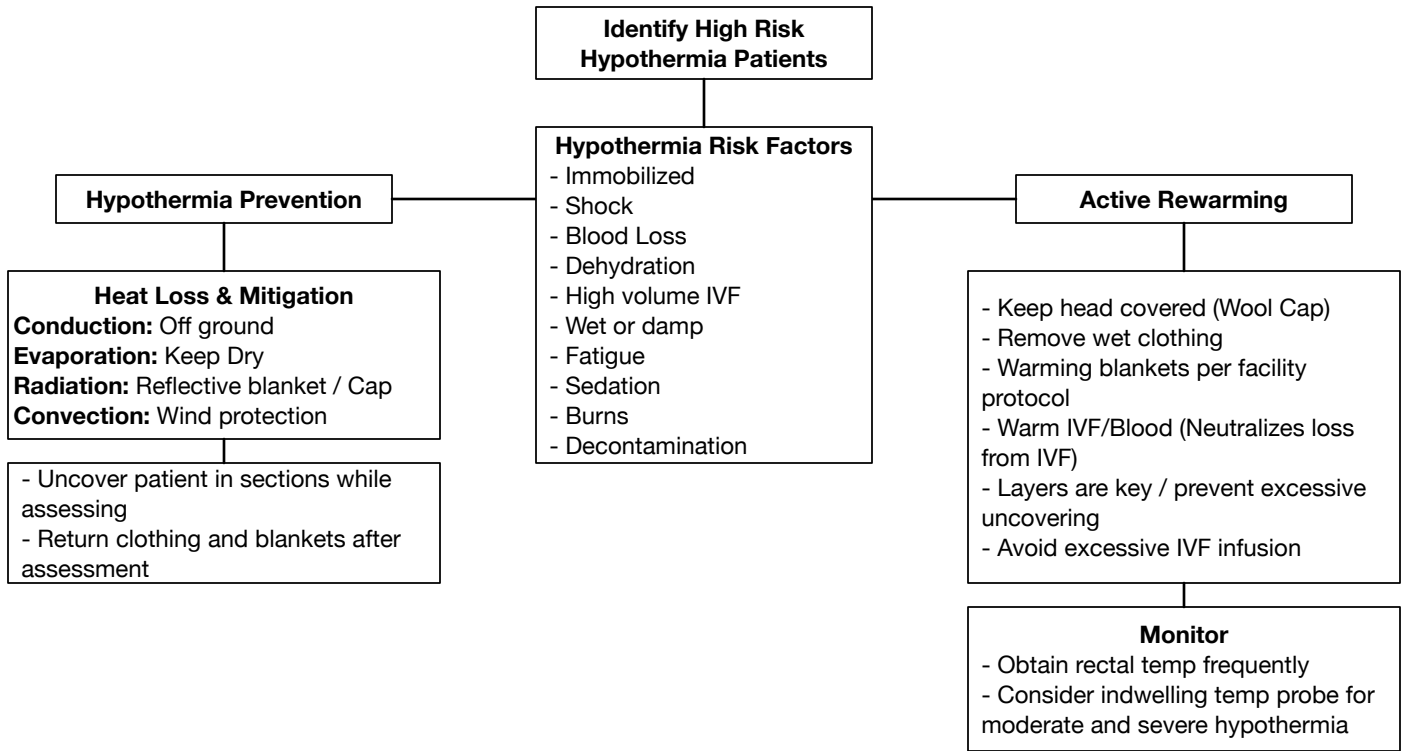
1. **Extreme Caution:** Avoid opiates due to vasodilation
2. Consider subdissociative Ketamine dosing for moderate pain 0.1-0.3 mg/kg Q 15-30 min

Reference: [1], [2], [5]

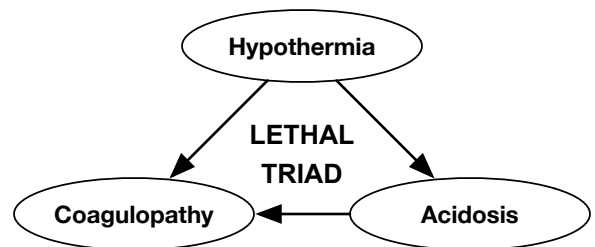
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**Hypothermia  
(TECC-FR-1005)**

**DRAFT**



Hypothermia Classification		
<b>Mild</b> Temp: 93.2-96.8 - Prevent further heat loss	<b>Moderate</b> Temp: 86-93.2 - Actively rewarm - Increased danger of bleeding (reassess wounds for bleeding)	<b>Severe</b> Temp: <86 - Transport gently - Handle gentle
<b>S/S:</b> - Shivering - Poor judgement - Cold diuresis	<b>S/S:</b> - Stupor - Shivering stops - RR decrease - HR decrease - Pupils dilate - Paradoxical undressing	<b>S/S:</b> - Cardiac dysrhythmia - Shivering stops - RR decrease - HR decrease - Pupils dilate - Paradoxical undressing





# Head Injury (TECC-FR-1006) DRAFT

- Identify S/S of Head Injury
- Identify hemorrhagic shock
- C-Spine stabilization per Nexus Criteria
- Vital Signs

- C-Spine immobilization / Stabilization as indicated.
- Consider mechanism and clearing C-spine clinically.

1. AVPU Baseline
2. Calculate GCS Baseline (Prior to Pain Medication)
3. SpO2, VS and serial GCS

- Maintain airway with head in neutral position
- Avoid hypoxia hypoxia
- Maintain head of bed at 30 degrees

GCS  $\leq$  8

YES

**Head Injury S/S**

1. Obvious mechanism of injury
2. Altered mental status
3. Loss of consciousness
4. Blurred vision
5. Sudden nausea/vomiting
6. Anxiety/irritability
7. Sensitivity to light/loud noise
8. Seizure
9. Neurological deficit

**Establish Definitive Airway**

- Supraglottic airway or ETT
- Support ventilation and maintain ETCO2 35-45mmHg
- Titrate O2 concentration to avoid hypoxia

SBP  $\leq$  100 to 110

YES

**Treat Shock**

- Treat for shock per (1004) with target SBP 100-110.
- Treat uncontrolled hemorrhage

NO

**Monitor**

- Transfer to higher level of care
- Monitor closely for changes in condition
- Maintain oxygenation and perfusion

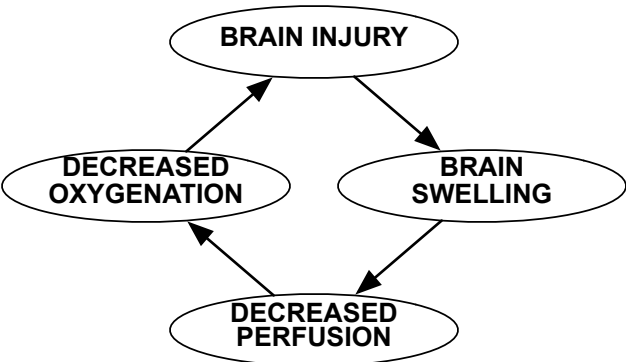
**Cushing's Triad**

A change in respirations, often irregular and deep (such as Cheyne Stokes), a widening of the systolic and diastolic pressures, and/or bradycardia.

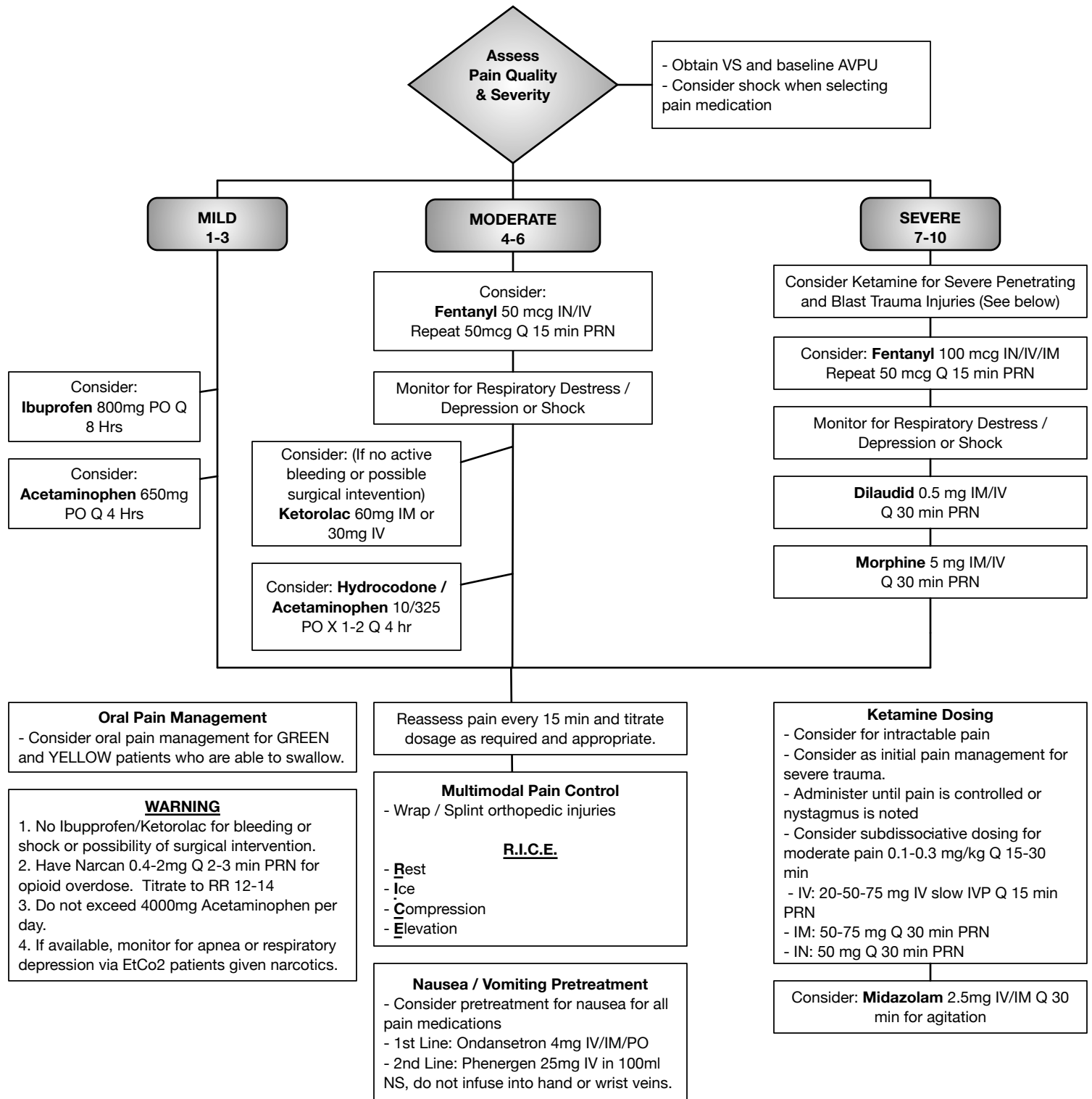
Glasgow Coma Scale		
<b>Eye Opening</b>		
Spontaneous		4
To Voice		3
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<b>Motor Response</b>		
Obeys Commands		6
Localizes Pain		5
Withdrawals (Pain)		4
Flexion		3
Extension		2
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<b>E + V + M = GCS</b>		

**Herniation**

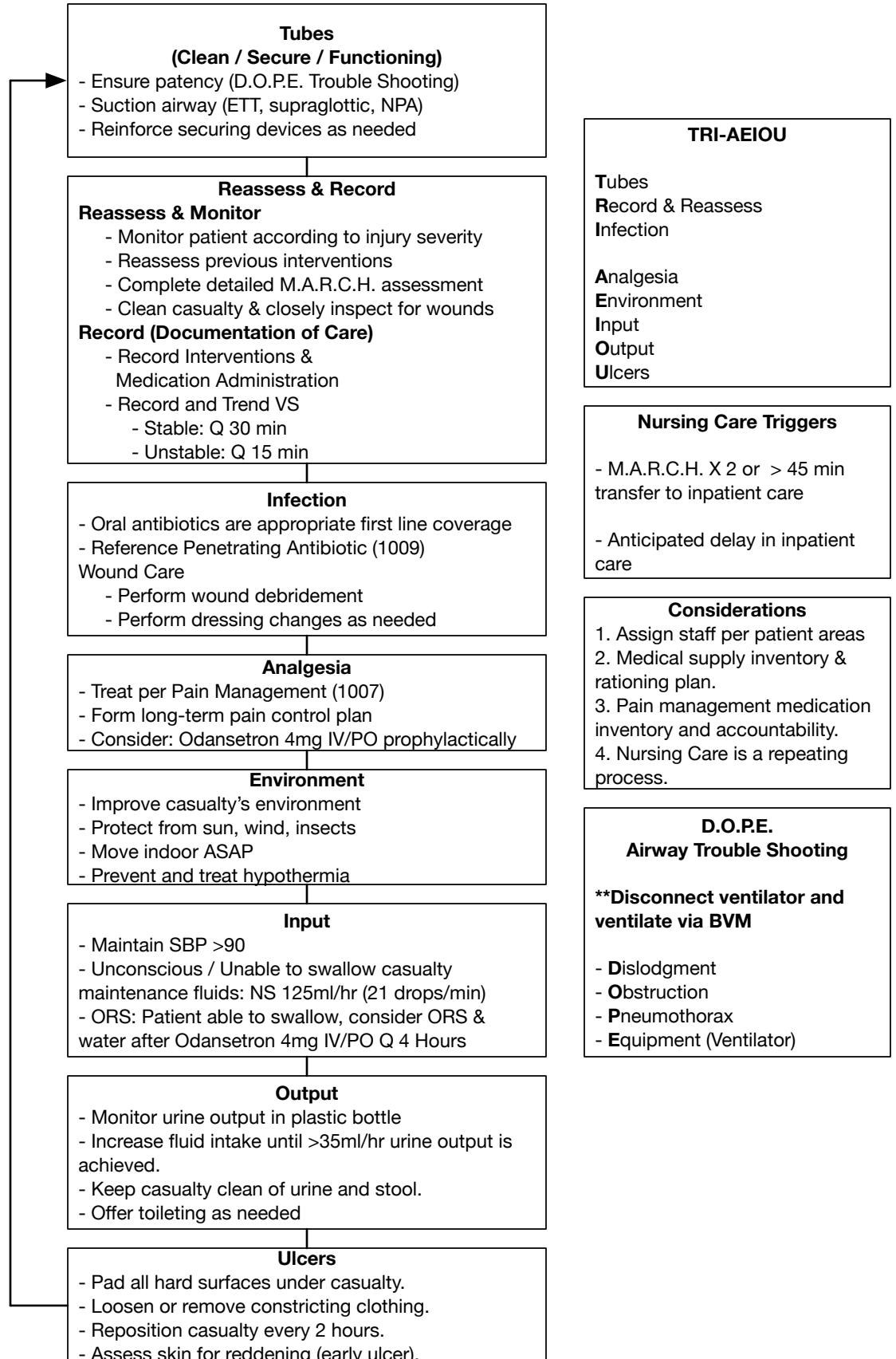
Hypertension, arrhythmia, bradycardia, loss of brain stem reflexes (reactive pupils, gag reflex, respiratory drive, etc.), and/or cardiac arrest.



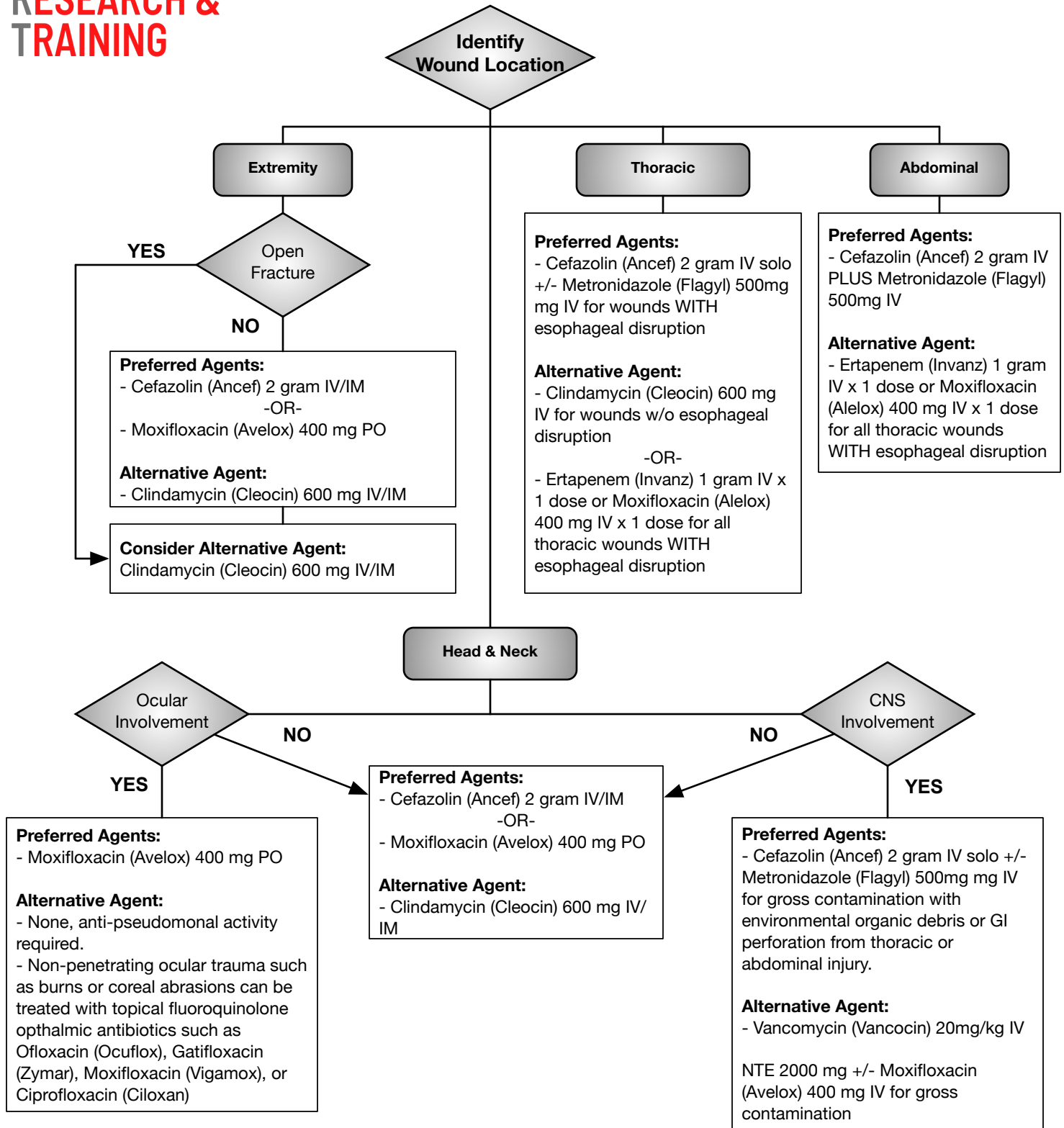
**Pain Management  
(TECC-FR-1007)  
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## Nursing Care (TECC-FR-1008)



# Penetrating Wound Antibiotics Therapy (TECC-FR-1009)



\*\*\* Consider adding Metronidazole (Flagyl) 500mg IV for any penetrating wound grossly contaminated with environmental organic debris or GI perforation from thoracic or abdominal injury with or without CNS involvement

**TECC  
First Receiver  
Skills/Tasks**

**DRAFT**

Task	NON-MED	EMT (TECH)	AEMT	Paramedic	RN (ED)	RN (NON-ED)	RESP THERAPY	NP/PA (NON-ED)	NP/PA (ED)	MD (NON-ED)	MD (ED)
Initial Patient Movement	+	+	+	+	+	+	-	-	-	-	-
Primary Triage	-	-	+	+	+	-	-	+/-	+	-	-
Documentation of Care	-	+	+	+	+	+	-	+	+	-	-
M - Blood Sweep	+/-	+	+	+	+	+	-	+	+	+	+
M - Direct Pressure	+/-	+	+	+	+	+	-	+	+	+	+
M - Tourniquet	+/-	+	+	+	+	+	-	+	+	+	+
M - Pressure Dressing	+/-	+	+	+	+	+	-	+	+	+	+
M - Reassess Bleeding	+/-	+	+	+	+	+	-	+	+	+	+
M - Convert Tourniquet	-	-	+	+	+	+	-	+	+	+	+
M - Wound Packing (HCA/Gauze)	-	-	+	+	+	+	-	+	+	+	+
A - Body Positioning	+/-	+	+	+	+	+	-	+	+	+	+
A - Clear Airway / Suction	-	+	+	+	+	+	-	+	+	+	+
A - Basic Manual Maneuvers	+/-	+	+	+	+	+	-	+	+	+	+
A - Nasal Airway	-	+/-	+	+	+	+	-	+	+	+	+
A - Supraglottic Airway	-	-	+	+	-	-	-	-	+	+/-	+
A - Oro/nasotracheal intubation	-	-	-	+	-	-	-	+/-	+	+/-	+
A - Surgical Airway	-	-	+	+	+	+	-	+/-	+	+/-	+
A - Continuous Sedation	-	-	-	+	+	+	-	+/-	+	+	+
R - Seal sucking chest wound	-	+	+	+	+	+	-	+	+	+	+
R - Recognize Tension	-	+	+	+	+	+	-	+	+	+	+
R - Decompress tension	-	-	+	+	+	+	-	+	+	+/-	+
R - Chest Tube	-	-	-	-	-	-	-	+/-	+	+/-	+
R - BVM Ventilation	-	+	+	+	+	+	+	+	+	+	+
R - Ventilator Operations	-	-	+/-	+	+/-	+/-	+	+/-	+	+	+
R - Monitor Vented Patient	-	+/-	+	+	+	+	+	+/-	+	-	-
C - IV Access	-	+	+	+	+	+	-	+	+	+	+
C - IO Access	-	-	+	+	+	+	-	+	+	+	+
C - Ultrasound IV Access	-	+/-	+	+	+	+	-	+	+	+/-	+
C - Central IV Access	-	-	-	-	-	-	-	+	+	+/-	+
C - TXA Administration	-	-	+	+	+	+	-	+	+	-	-
C - Recognize Shock	-	+	+	+	+	+	-	+	+	+	+
C - Administer Crystalloids	-	-	+	+	+	+	-	+	+	-	-
C - Administer Blood	-	-	-	+	+	+	-	+	+	-	-
C - Recognize Head Injury	-	+	+	+	+	+	-	+	+	+	+
C - Resuscitate Head Injury	-	-	+	+	+	+	-	+	+	+	+
H - Prevent Hypothermia	+	+	+	+	+	+	-	+	+	+	+
Administer Oral non-narcotics	-	+/-*	+/-*	+	+	+	-	+	+	+	+
Administer IV non-narcotics	-	-	+	+	+	+	-	+	+	+	+
Administer Oral Narcotics	-	-	+	+	+	+	-	+	+	+	+
Administer IV Narcotics	-	-	+	+	+	+	-	+	+	+	+
Administer Oral Antibiotics	-	-	-	+	+	+	-	+	+	+	+
Administer IV Antibiotics	-	-	-	+	+	+	-	+	+	+	+
Administer Conscious Sedation	-	-	-	+/-*	+/-*	+/-*	-	+/-	+	+	+
Monitor Conscious Sedation	-	-	+	+	+	+	-	+	+	+	+
Monitor GREEN Patient	+	+	+	+	+	+	-	+	+	+	+
Monitor YELLOW Patient	-	-	+	+	+	+	-	+	+	+	+
Monitor RED Patient	-	-	+	+	+	+	-	+	+	+	+
Intrafacility Patient Transport	-	+	+	+	+	+	-	+	+	+	+
Interfacility Patient Transport	+	+	+	+	+	+	-	+	+	+	+
Nursing Care GREEN Patient	-	-	+	+	+	+	-	+	+	-	-
Nursing Care YELLOW Patient	-	-	+	+	+	+	-	+	+	-	-
Nursing Care RED Patient	-	-	+	+	+	+	-	+	+	-	-

\* = MD Order Required

**TECC First Receiver  
Protocol  
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