

081-000-0055
Perform Casualty Triage
Status: Approved

Security Classification: U - Unclassified

Distribution Restriction: Approved for public release; distribution is unlimited.

Destruction Notice: None

Foreign Disclosure: FD1 - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/US Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students from all approved countries without restrictions.

Conditions: You are in an operational environment. Perform casualty triage on multiple casualties with varying injuries. Some iterations of this task should be performed in MOPP 4. This task should be trained under IED Threat conditions.

Standards: Perform Casualty Triage in accordance with (IAW) Tactical Combat Casualty Care (TCCC) Guidelines while adhering to all warnings and cautions, without error, using the task GO/NO-GO checklist.

Special Conditions: None

Safety Risk: Low

MOPP 4: Sometimes

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

All body fluids should be considered potentially infectious. Always observe body substance isolation (BSI) precautions by wearing gloves and eye protection as a minimal standard of protection.

Remarks: This task should be performed under all environmental conditions. Four or more operational variables of political, military, economic, social, information, infrastructure, physical environment, time should be present. All authorized equipment is on hand and operational. All personnel are available to provide support during operations. Some iterations of this task should be performed with degraded mission command networks, degraded conditions in the electromagnetic spectrum, and/or with degraded, denied, and disrupted space operations environment (D3SOE).

Notes: 68W, Combat Medic Specialist is the Proponent for this task.

Performance Steps

WARNING

Casualties with an altered mental status should have weapons and communications equipment taken away immediately.

1. Assess the casualties while prioritizing for treatment in the Tactical Field Care (TFC) phase.

a. Assess Massive Hemorrhage, Airway Management, Respiration/Breathing, Circulation, Hypothermia Prevention (MARCH) of each casualty for triage purposes. This should take no more than 1 minute per casualty.

Note: Talk to the casualty while assessing him. If the casualty can talk easily, obeys commands and has a strong radial pulse, then the casualty has an excellent chance of survival, if there is no ongoing internal or external hemorrhage. This casualty is usually in the minimal or delayed category.

(1) Immediate--casualties whose conditions demand immediate treatment to save life, limb or eyesight. This category has the highest priority.

(a) Massive external bleeding.

(b) Airway obstruction.

(c) Respiratory and cardiorespiratory distress from otherwise treatable injuries (for example, electrical shock, drowning or chemical exposure).

Note: A casualty with cardiorespiratory distress may not be classified "Immediate" on the battlefield. This casualty may be classified "Expectant", contingent upon such things as the situation, number of casualties, and available support.

(d) Shock.

(e) Burns on the face, neck, hands, feet, perineum or genitalia.

Note: After all life- or limb-threatening conditions have been successfully treated; give no further treatment to the casualty until all other "Immediate" casualties have been treated. Salvage of life always takes priority over salvage of limb.

(2) Delayed--casualties who have less risk of loss of life or limb if treatment is delayed.

(a) Open wounds of the chest without respiratory distress.

(b) Open or penetrating abdominal injuries without shock.

(c) Severe eye injuries without hope of saving eyesight.

(d) Other open wounds.

(e) Fractures.

(f) Second and third degree burns (not involving the face, hands, feet, genitalia, and perineum) covering 20% or more of the total body surface area (TBSA).

(3) Minimal--"walking wounded", can be treated by self-aid or buddy-aid.

(a) Minor lacerations and contusions.

(b) Sprains and strains.

(c) Minor combat stress problems.

(d) First or second degree burns (not involving the face, hands, feet, genitalia, and perineum) covering under 20% of the TBSA.

Note: Minimal casualties may assist the Soldier Medic by providing buddy-aid or by monitoring other casualties.

(4) Expectant--casualties who are so critically injured that only complicated and prolonged treatment can improve life expectancy. This category is to be used only if resources are limited. If in doubt as to the severity of the injury, place the casualty in one of the other categories.

Note: Provide ongoing supportive care if the time and condition permit; keeps separate from other triage categorized casualties.

(a) Massive head injuries with signs of impending death.

(b) Burns, mostly third degree, covering more than 85% of the TBSA.

b. Perform immediate lifesaving interventions (LSI) as indicated, such as applying a tourniquet for life threatening extremity hemorrhage, using combat gauze or junctional hemorrhage control devices for life threatening external hemorrhage where a tourniquet cannot be applied, or performing needle decompression of a tension pneumothorax.

c. Complete a detailed physical exam once all LSI's have been assessed and treated for all casualties. Manage any other injuries found.

2. Establish Medical Evacuation (MEDEVAC) priorities by precedence category.

a. Urgent. Evacuation is required as soon as possible, but within one hour, to save life, limb or eyesight and to prevent complication of serious illness and to avoid permanent disability. Generally, casualties whose conditions cannot be controlled and have the greatest opportunity for survival are placed in this category.

(1) Cardio-respiratory distress.

(2) Shock not responding to IV fluid therapy.

(3) Prolonged unconsciousness.

(4) Head injuries with signs of increasing intracranial pressure.

(5) Burns covering 20% to 85% of the TBSA.

b. Urgent Surgical. Evacuation is required as soon as possible, but within one hour, for casualties who must receive far forward surgical intervention to save life and stabilize for further evacuation.

(1) Decreased circulation in the extremities.

(2) Open chest and/or abdominal wounds with decreased blood pressure.

(3) Penetrating wounds.

(4) Uncontrollable hemorrhage or open fractures with severe hemorrhage.

(5) Severe facial injuries.

c. Priority. Evacuation is required within four hours or the casualty's condition could get worse and become an "Urgent" or "Urgent Surgical" category condition. Generally, this category applies to any casualty whose condition is not stabilized or who is at risk of trauma-related complications.

(1) Closed-chest injuries, such as rib fractures without a flail segment or other injuries that interfere with respiration.

(2) Brief periods of unconsciousness.

(3) Soft tissue injuries and open or closed fractures.

(4) Abdominal injuries without hypotension.

(5) Eye injuries that do not threaten eyesight.

(6) Spinal injuries.

(7) Burns on the hands, face, feet, genitalia, or perineum, even if under 20% of the TBSA.

d. Routine. Evacuation is required within 24 hours for further care. Immediate evacuation is not critical. Generally, casualties who can be controlled without jeopardizing their condition or who can be managed by the evacuating facility for up to 24 hours.

(1) Burns covering 20% to 80% of the TBSA if the casualty is receiving and responding to IV fluid therapy.

(2) Simple fractures.

(3) Open wounds including chest injuries without respiratory distress.

(4) Behavioral emergencies and combat stress casualties.

(5) Terminal cases.

e. Convenience. Evacuation by medical vehicle is a matter of convenience rather than necessity.

(1) Minor open wounds.

(2) Sprains and strains.

(3) Minor burns under 20% of TBSA.

3. Record treatment given on a Department of Defense (DD) Form 1380 Tactical Combat Casualty Care (TCCC) card.

4. Prepare a medical evacuation request (see task 081-COM-0101, Request Medical Evacuation).

(Asterisks indicates a leader performance step.)

Evaluation Guidance: Score each Soldier according to the performance measures in the evaluation guide. Training instructor determines if the entire task will be trained and evaluated or parts, based on a Soldier's military occupational specialty (MOS) or assigned position and available equipment.

Evaluation Preparation: You must evaluate the Soldier on their performance of this task in an operational condition related to the actual task.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Assessed the casualties while prioritizing for treatment in the TFC phase.			
2. Established MEDEVAC priorities by precedence category.			
3. Recorded treatment given on a DD Form 1380.			
4. Prepared a medical evacuation request.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	ATP 4-02.2	Medical Evacuation	Yes	No	
	ATP 4-02.3	ARMY HEALTH SYSTEM SUPPORT TO MANEUVER FORCES http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x3.pdf	Yes	No	
	DD FORM 1380	TACTICAL COMBAT CASUALTY CARE (TCCC) CARD	Yes	No	
	ISBN-13: 978-1284180589	Prehospital Trauma Life Support, Military Edition, 9th Edition	Yes	No	
	TCCC Guidelines 2020	Tactical Combat Casualty Care (TCCC) Guidelines; by Joint Trauma System (JTS) Committee on Tactical Combat Casualty Care (CoTCCC)	Yes	Yes	

TADSS :

TADSS ID	Title	Product Type
08-78/A	Upper Body Trauma- Pulses/Breathing W/ 90 Degree Bendable Arms(TC3X) "For TSC Use Only"	SIM
08-81/A	Rescue Randy Adult Weight Trainer (TSC) and TC3X	SIM
08-71/A	AirwayPlus Lifecast - Pulses/Breathing (KGS-TFX-APL-PB-1)	DVC
08-04	War-Wound Mouflage Set	DVC
08-18	Simulated Injury Mouflage Set	DVC

08-76/A	The Trauma FX Airway Plus Lifecast - Pulses/Breathing Amputation Arm (TC3X) "For TSC Use Only"	DVC
08-19	Manikin, Thoracic Cross-Section	DVC
08-77/A	Packable Hemostatic (HEMO) Trauma Trainer KGS-TFX-HEMO-R-1 (TSC)	DVC

Equipment Items (LIN): None

Materiel Items (NSN) :

Step ID	NSN	LIN	Title	Qty
	6530-01-380-7309	NA3012	Litter, Folding, Rigid Aluminum Pole, Plastic Nylon Duck Cover, 91.60 Inch Overall Length	5
	6545-01-530-0929	NA4578	Improved First Aid Kit (IFAK), Universal Color	1
	6545-01-539-6450	NA4512	Bag, Medical Aid, ACU: M-9	1

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card.

Safety: In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW current CBRN doctrine.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks : None

Knowledges :

Knowledge ID	Knowledge Name
K31162	Identify requirements for setting up a trauma triage area.
081-C2-68W-0722	Knowledge of triage category priority
081-C2-68W-0363	Knowledge of triage.
K22778	Knowledge of problems caused by inadequate triage of a patient prior to air transport
081-ZG-CMM-1013	Identify MASCAL triage codes

Skills :

Skill ID	Skill Name
081-C2-68W-0404	Demonstrate the ability to triage casualties.
081-C2-68W-0442	Given a scenario of a mass casualty incident, perform triage.
081-C2-68W-0443	Fill out and attach triage tags. (Field Medical Cards)

ICTL Data : None