

Report Date: 27 Jun 2012

**Summary Report for Individual Task
081-833-0063
Initiate Treatment for a Soft Tissue Injury
Status: Approved**

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a casualty with a soft tissue injury. You have treated all life threats. You have performed a patient care hand wash and taken body substance isolation (BSI) precautions. You will need the casualty's medical record, normal saline, sterile water, gauze, non-sterile gloves, marker, a needle, number 11 blade or tissue forceps, dressing materials, wrap, antibiotic ointment, tape, pen and SF Form 600 (Medical Record-Chronological Record of Medical Care). You are not in a CBRN environment.

Standard: Initiate treatment for a soft tissue injury without causing further injury.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Low

MOPP:

Task Statements

Cue: None

DANGER
None

WARNING
None

CAUTION
None

Remarks: None

Notes: None

Performance Steps

1. Solicit the casualty's history.
2. Assess injury for underlying complications.
 - a. Abrasions.
 - (1) Depth of wound (relates to method of anesthesia and cleaning).
 - (2) Amount of body surface (fluid loss can be significant in children).
 - (3) Amount of contamination (precursor to infection).
 - b. Contusions.
 - (1) Underlying fracture. Forceful impact of objects creating injury can result in fractures.
 - (2) Vascular involvement (extensive bleeding into tissue).
 - (3) Check distal circulation.
 - (4) Measure or mark the outline of the contusion.
 - (5) Measure circumference of injured extremity, and compare measurement to uninjured extremity.
 - (6) Neurological involvement. Test the sensation and movement of the injured part. Any signs of neurologic deficit may indicate a serious complication.
3. Initiate treatment for an abrasion.
 - a. Principles of management are as follows:
 - (1) Prevention of infection.
 - (2) Promotion of rapid healing.
 - (3) Prevention of "tattooing" from retained foreign bodies.
 - b. Wound must be gently but thoroughly scrubbed with normal saline.
 - c. Remove all foreign matter that cannot be scrubbed out by using a needle, number 11 blade, or tissue forceps.
 - d. Apply antibiotic ointment.
 - e. Administer antibiotic therapy, if needed. Antibiotic therapy may be indicated for prophylaxis (consult medical officer).
 - f. Give casualty instructions on wound care and signs and symptoms of infection.
 - (1) Topical antibiotic ointment applied three times or four times a day.
 - (2) Dressing changed every 2 to 3 days with gentle cleaning.

(3) Monitor abrasion for signs and symptoms of infection.

4. Initiate treatment for a contusion.

a. Ensure that there is no underlying fracture or evidence of any neurological or vascular involvement.

b. Pad and splint injury, if needed.

c. Manage complications appropriately (consult medical officer if question of underlying injury).

(1) Apply splint or cast to fractures (following medical officer's recommendation).

(2) Refer vascular or neurologic injury to a medical officer.

d. Prescribe rest, ice, compression, and elevation (RICE).

(1) Wrap injured area with a roller bandage to compress the wound and slow bleeding into the tissue.

(2) Apply ice to area over the wound

(3) If wound is significant, have casualty keep area elevated

5. Record all treatment in the casualty's medical record.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: This task is best evaluated by performance of the steps. Give the Soldier a simulated casualty and a scenario in which they must manage contusions or abrasions.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Solicited the casualty's history.			
2. Assessed the injury for underlying complications.			
3. Initiated treatment for an abrasion.			
4. Initiated treatment for a contusion.			
5. Recorded all treatment in the casualty's medical record.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-13-119265-5	EMT Complete: A Basic Worktext	No	No
	SF FORM 600	HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE	Yes	No

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 FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET 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 FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete