

INSTRUCTIONS: DD Form 1380, Tactical Combat Casualty Care (TCCC) Card
[Formerly: U.S. Field Medical Card]

1. BACKGROUND and PURPOSE

- a. Pre-Hospital or Pre-Medical Treatment Facility (pre-MTF) documentation of medical interventions by first responders at the point of injury (POI) is critical to ensuring continuity of care and providing meaningful analyses of medical interventions, techniques, tactics, and procedures rendered at the POI.
- b. In a deployed, combat, or training setting, all personnel have the potential to be casualties and all personnel have the potential to be first responders.
- c. DD Form 1380 promotes Department of Defense goals of capturing documentation of pre-MTF medical interventions at the POI using a MIST format (Mechanisms of injury; Injuries; Signs & Symptoms; and Treatments). It is designed for use by all first responders, including non-medical personnel.

2. POLICY

- a. Commanders will ensure that all first responders carry and use DD Form 1380 to document pre-MTF care at the POI. Such care relates to both battle and non-battle injuries.
- b. Once completed, DD Form 1380 must be visibly attached to the patient. Upon arrival at a Role 2 or Role 3 MTF, DD Form 1380 will be included with the paper medical record, then scanned and entered into both the patient's electronic health record and the trauma system's trauma registry. Role 2 and Role 3 MTF commanders must establish a clear process to ensure entry of the medical information recorded on DD Form 1380 into the both the electronic health record and the trauma registry.
- c. DD Form 1380 will be a component of the individual/improved first aid kit (IFAK), joint first aid kit (JFAK), and other first aid kits utilized. Corpsmen, combat medics, and tactical evacuation personnel should carry multiple blank versions of the form.
- d. First responders will complete all entries as fully as possible on the DD Form 1380 unless under extreme conditions whereby the casualty and/or provider's safety may be at additional risk.
- e. Detailed instructions for preparing DD Form 1380 are provided in Table 1 and Table 2.
- f. All abbreviations authorized for use in DoD health records or DoD trauma registries may also be used on DD Form 1380.
- g. All entries on the DD Form 1380 will be made using a non-smearing pen or marker.
- h. All entries on the DD Form 1380 should be printed clearly, including the first responder's name.

TABLE 1
INSTRUCTIONS FOR COMPLETING DD FORM 1380 (FRONT OF CARD)

Item	Instructions
Battle Roster #	Write first letter of casualty's first name, then first letter of casualty's last name, then write the last four numbers of casualty's Social Security number. For example, John Doe 123-12-1234 is Battle Roster # "JD1234".
Evacuation (EVAC)	Mark an "X" on the casualty's evacuation priority/precedence (Urgent; Priority; or Routine).
Name	Write casualty's name (Last, First).
Last 4	Write last four numbers of casualty's Social Security number.
Sex	Mark an "X" on the casualty's sex (Male (M) or Female (F)).
Date	Write date of injury in DD-MMM-YR format. For example, "29-JUN-13".
Time	Write 24-hour time of injury and indicate whether local (L) or zulu (Z) time. For example, "1300Z".

Service	Write casualty's branch of service (USA, USAF, USCG, USN, USMC). For U.S. civilians, write "US CIV". For non-U.S. personnel, write "NON US" or a standard abbreviation for casualty's nationality.
Unit	Write casualty's unit name.
Allergies	Write casualty's known drug allergies. If no drug allergies, write "NKDA" (no known drug allergies).
Mechanism of Injury	Mark an "X" on the mechanism or cause of injury (artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), other (specify)). Mark all that apply.
Injury	Mark an "X" at the site of the injury(ies) on the body picture. For burn injuries, circle the burn percentage(s) on the figure. If multiple mechanisms of injury and multiple injuries, draw a line between the mechanism of injury and the anatomical site of the injury.
TQ: R Arm (tourniquet, right arm)	If a tourniquet is applied to the right arm, write type of tourniquet used and the time of tourniquet application.
TQ: L Arm (tourniquet, left arm)	If a tourniquet is applied to the left arm, write type of tourniquet used and the time of tourniquet application.
TQ: R Leg (tourniquet, right leg)	If a tourniquet is applied to the right leg, write type of tourniquet used and the time of tourniquet application.
TQ: L Leg (tourniquet, left leg)	If a tourniquet is applied to the left leg, write type of tourniquet used and the time of tourniquet application.
Time, Pulse (rate & location), Blood Pressure, Respiratory Rate, Pulse Ox % O2 Sat, AVPU, Pain Scale (0-10)	Record vital signs (pulse rate and location, blood pressure, respiratory rate, oxygen saturation), level of consciousness (AVPU: <u>Alert</u> , responds to <u>Verbal</u> stimulus, responds to <u>Pain</u> stimulus, <u>Unresponsive</u>), and level of pain (on numeric rating scale of 0 to 10, with 0 being no pain and 10 being the worst pain) with time.

TABLE 2
INSTRUCTIONS FOR COMPLETING DD FORM 1380 (BACK OF CARD)

Item	Instructions
Battle Roster #	Write first letter of casualty's first name, then first letter of casualty's last name, and then write the last four numbers of casualty's Social Security number. For example, John Doe 123-12- 1234 is Battle Roster # "JD1234"
Evacuation (EVAC)	Mark an "X" on the casualty's evacuation priority/precedence (Urgent; Priority; or Routine).
C	Mark an "X" for all <u>Circulation</u> hemorrhage control interventions. For tourniquets (TQ), mark category (Extremity, Junctional and/or Truncal) and write name of TQ(s) used. For dressings, mark category (Hemostatic, Pressure, and/or Other) and write name of dressing(s) used.
A	Mark an "X" for all <u>Airway</u> interventions (Intact, NPA (nasopharyngeal airway), CRIC (cricothyroidotomy), ET Tube (endotracheal tube), SGA (supraglottic airway) and write type of device(s) used.
B	Mark an "X" for all <u>Breathing</u> interventions (O2 (oxygen), Needle D (needle decompression), Chest Tube, Chest Seal) and write type of device(s) used.
C: Fluid	Circulation resuscitation interventions. Write name, volume, route, and time of any fluids given.
C: Blood Product	Circulation resuscitation interventions. Write name, volume, route, and time of any blood products given.
Meds: Analgesic	Medications. Write name, dose, route, and time of any analgesics given.
Meds: Antibiotic	Medications. Write name, dose, route, and time of any antibiotics given.
Meds: Other	Medications. Write name, dose, route, and time of any other administered medications.
Other	Mark an "X" for other treatments administered (combat pill pack, eye shield (mark right (R) or left (L)), splint, hypothermia prevention) and type of device(s) used.
Notes	Use this space to record any other pertinent information and/or clarifications.
First Responder Name	Print the first responder's name (Last, First).
First Responder Last 4	Write last four numbers of first responder's Social Security number.

3. ISSUANCES

a. DHA-PI 6040.01, Change 1, Implementation Guidance for the Utilization of DD Form 1380, Tactical Combat Casualty Care (TCCC) Card, June 2014