TACTICAL COMBAT CASUALTY CARE AFTER ACTION REPORT (TCCC AAR)

Complete within 72hrs after mission and submit to the Joint Trauma System via email: dha.jbsa.healthcare-ops.list.jts-prehospital@health.mil Submit by Email

Event Date: _____ Time: _____ ☐ Local ☐ ZULU Country: _____ Theater _____

Injury ☐ Battle Injury (BI): ☐ WIA ☐ KIA ☐ DOW ☐ Non-Battle Injury (NBI): ☐ Alive ☐ Dead

Evacuation Category ☐ URG ☐ PRI ☐ ROU

☐ Litter	Type:	Time of Pick Up:	
☐ Ground Vehicle	Type:	Time of Pick Up:	
☐ Aircraft	Type:	Time of Pick Up:	
☐ Watercraft	Type:	Time of Pick Up:	

Casualty Demographics (mini. requirement:last name & last 4 SS# **Last Name:** _____ First Name: _____ Rank: _____

Sex ☐ M ☐ F **SSN/DoD ID:** _____ DOB: _____ Unit: _____ BR#: _____ Mission # _____

Point-of-Injury (POI) Provider Info

Non-Medic (NM) First Responder Last Name: _____ First Name: _____ Rank/Title: _____

Other POI Provider (OP) Last Name: _____ First Name: _____ Rank/Title: _____

Medic (M) Last Name: _____ First Name: _____ Rank/Title: _____

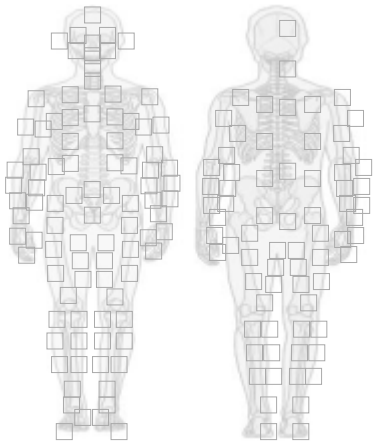
M - Mechanism of Injury

- ☐ Airborne Operation
- ☐ Aircraft Crash
- ☐ Blast – Dismounted IED or Mine
- ☐ Blast – Mounted IED or Mine
- ☐ Blast – RPG or Grenade
- ☐ Blast – Indirect Fire (Mortar/Artillery/Missile)
- ☐ Blast – Other
- ☐ Collapse/Crush/ Compartment from Structure
- ☐ Fire/Explosion
- ☐ Fall, Height: _____ ft
- ☐ Fragmentation / Shrapnel
- ☐ GSW – Gunshot Wound
- ☐ Vehicle Accident/Collision
- ☐ Environmental: _____
- ☐ Other: _____

I - Injuries

- ☐ (A)mputation
- ☐ (B)leeding
- ☐ (Bu)rn, TBSA: _____ %
- ☐ (C)repitus
- ☐ (D)eformity
- ☐ (DG)Degloving
- ☐ (E)cchymosis
- ☐ (FX)Fracture
- ☐ (GSW) Gun Shot Wound
- ☐ (H)ematoma
- ☐ (LAC)eration
- ☐ (P)ain
- ☐ (PP)Peppering
- ☐ (PW)Puncture Wound

Annotate Injuries



S - Signs

Initial Check Time _____

☐ A ☐ V ☐ P ☐ U GCS: _____ /15 (E _____ /4

V _____ /5, M _____ /6) RR: _____ HR: _____ BP: _____

pOx (%): _____ Pain level (_/10): _____ EtCO2 (mmHG): _____

Last Check Time _____

☐ A ☐ V ☐ P ☐ U GCS: _____ /15 (E _____ /4

V _____ /5, M _____ /6) RR: _____ HR: _____ BP: _____

pOx (%): _____ Pain level (_/10): _____ EtCO2 (mmHG): _____

Eye Opening - 4: spontaneous, 3: to speech, 2: to pain, 1: no response

Motor Response - 6: follows commands, 5: localizes pain, 4: withdraws from pain, 3: decorticate flexion, 2: decerebrate extension, 1: no response

Verbal Response - 5: alert and oriented, 4: disoriented conversation, 3: speaking but nonsensical, 2: moans, unintelligible sounds, 1: no response

T - Treatments

Massive Hemorrhage Control (TQ/Hemostatic Adjunct)

Time		Location		Type		Time off			
Time		Location		Type		Time off			
Time		Location		Type		Time off			
Time		Location		Type		Time off			

Airway

Time		Type		Size		Depth		@		
Time		Type		Size		Depth		@		
Time		Type		Size		Depth		@		
Time		Type		Size		Depth		@		

Respiration/Breathing

☐ Spontaneous ☐ Labored ☐ Assisted ☐ Assisted with BVM **Time**

☐ NM ☐ M ☐ OP ☐ Chest Seal Type: _____ _____

☐ NM ☐ M ☐ OP ☐ Needle Decompression Location ☐ 2ICS/MCL ☐ 5ICS/AAL # of attempts ___ Cath/Needle size _____ _____

☐ NM ☐ M ☐ OP ☐ Chest Tube ☐ Finger Thoracostomy ☐ Output ☐ Air Blood (ml) _____ _____

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Circulation - Resuscitation

		Time
☐ NM ☐ M ☐ OP	☐ Saline Lock	
☐ NM ☐ M ☐ OP	☐ IO-Intraosseous Device, Type	
☐ NM ☐ M ☐ OP	☐ TXA-Tranexamic Acid Dose	
☐ NM ☐ M ☐ OP	☐ Blood products Type ▼ Volume	
☐ NM ☐ M ☐ OP	☐ IV Fluids Type ▼ Volume	

Interventions - Other

		Time
☐ NM ☐ M ☐ OP	☐ Pelvic Binder Type Successful? ☐ Yes ☐ No	Outcome:
☐ NM ☐ M ☐ OP	☐ Hypothermia Prev. Type Successful? ☐ Yes ☐ No	Outcome:
☐ NM ☐ M ☐ OP	☐ Eye Shield ☐ Left ☐ Right Successful? ☐ Yes ☐ No	Outcome:
☐ NM ☐ M ☐ OP	☐ Splint Type Successful? ☐ Yes ☐ No	Outcome:
☐ NM ☐ M ☐ OP	☐ C-Collar ☐ Spine Board Successful? ☐ Yes ☐ No	Outcome:
☐ NM ☐ M ☐ OP	☐ Tourniquet Conversion Location Successful? ☐ Yes ☐ No	Outcome:

Medications - Pain, Infection, Other

		Time
☐ NM ☐ M ☐ OP	☐ Combat Wound Medication Pack	Outcome:
☐ NM ☐ M ☐ OP	☐ **Analgesic** Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ Analgesic Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ Analgesic Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ Analgesic Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ **Antibiotic** Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ Antibiotic Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ **Other Med** Name: Dose: Route: ▼	Outcome:
☐ NM ☐ M ☐ OP	☐ Other Med Name: Dose: Route: ▼	Outcome:

Comments-Additional Treatment

Sustains (Treatment, Equipment, Evacuation, Operations):

Improves (Treatment, Equipment, Evacuation, Operations):

Last Name: SSN/DoD ID: