RDCR Skills

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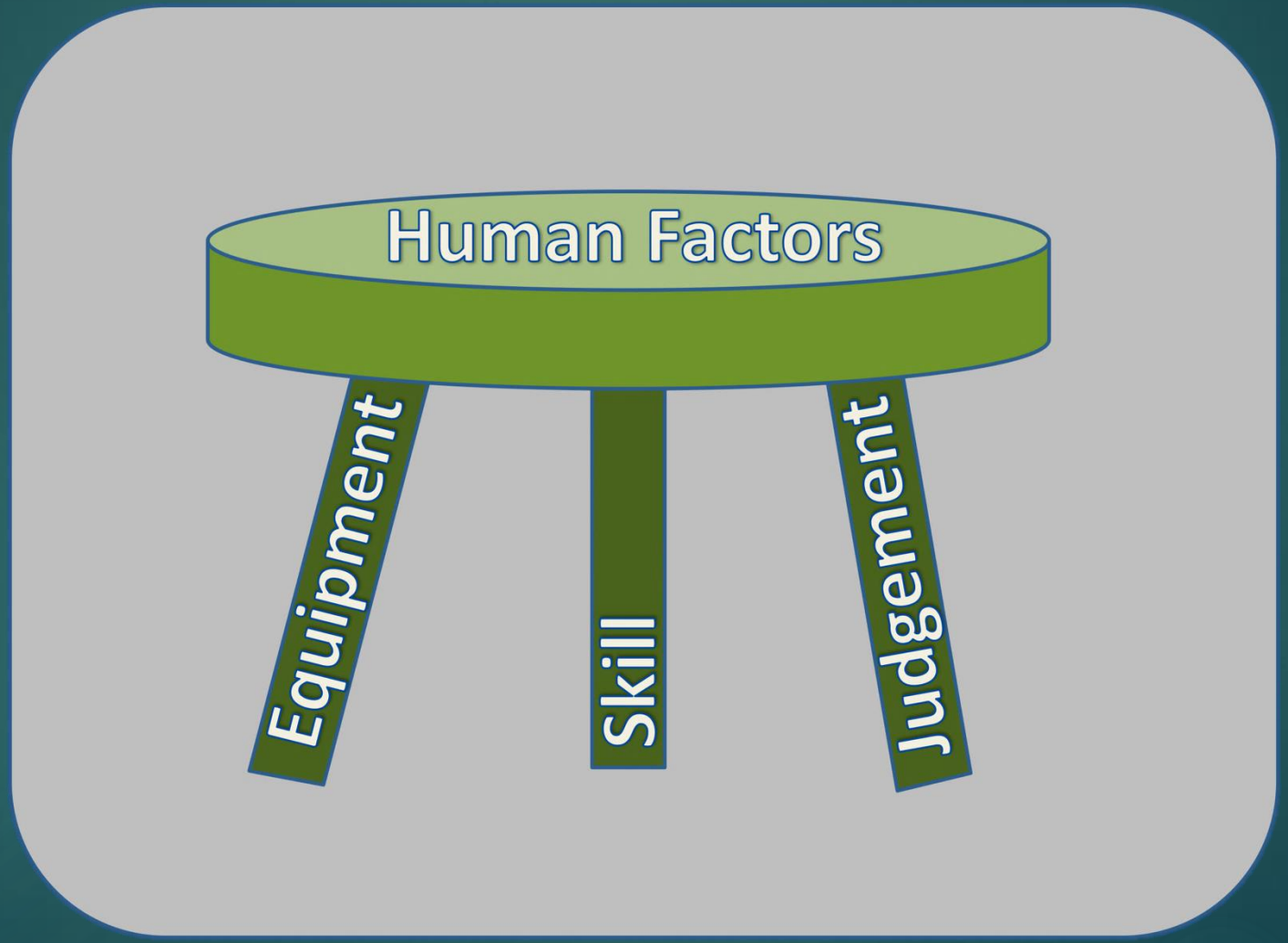
Skill in system thinking



Which Skill

NATO UNCLASSIFIED

NSCC MED 75-001

ANNEX B TO
NSCC MED 75-001
DATED OCT 09

NATO SOF INDIVIDUAL MEDICAL CRITICAL TASK LIST

1. Immediate, far-forward first aid is essential on a widely dispersed and fluid battlefield to prevent Soldiers from dying of wounds. Medical personnel may not be able to reach Soldiers at all points on the battlefield in a timely manner. Due to the operational constraints of the Joint Special Operations Area (JSOA), all NATO SOF non-medical Soldiers should be trained to provide advanced first aid/lifesaving procedures beyond the level of self-aid or buddy aid.

2. This annex establishes the NATO SOF non-medical individual scope of practice for first aid and basic hygiene. The NATO SOF non-medical Soldier is not intended to take the place of medical personnel, but to slow deterioration of a wounded Soldier's condition until medical personnel arrive. NATO SOF Soldiers' function as an Advanced First Responder is a secondary mission undertaken only when the tactical situation permits.

CIRCULATION - IV/IO A				
Assess for Hemorrhagic Shock in TC				
Treat for Hemorrhagic Shock				
Initiation of Ruggedized IV Saline Lo				
Initation of Intraosseous Access				
Initiation of IV Fluid Warming				
Administration of Cold-Stored Type				
Collection of Type O-Low Titer Fresh				
Administration of Type O Fresh Who				
Administration of Plasma (Dried/Liquid/Thawed)			X	X
Administration of Type O Red Blood Cells			X	X
Administration of Lactated Ringer's Solution (for Burns)			X	X
Administration of Sodium Chloride (for Burns and/or IV flushing)			X	X
Administration of Hextend (for Burns)			X	X

Skill

Define competence

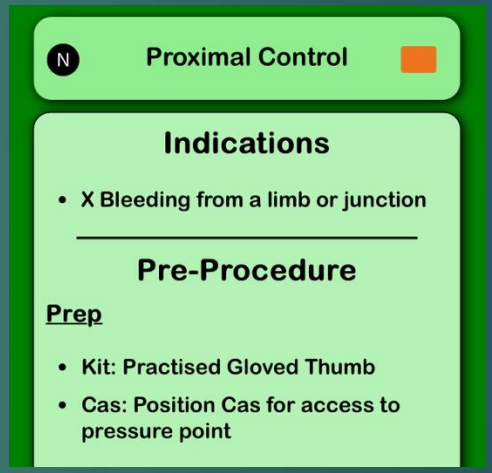
- Indications
- contraindications
- Risks
- Prep
- Procedure
- Success ID
- IA on failure

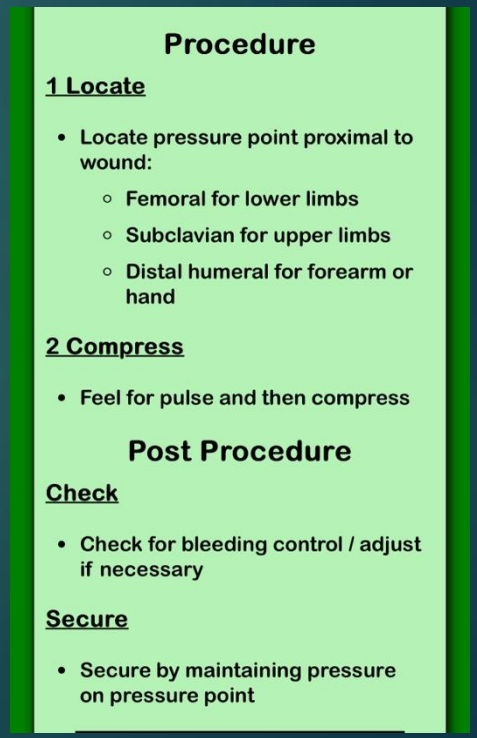
Time

Rep to competence

Rep to sustain

Assessment





Proximal Control

Procedure

1. Locate: Locate the pressure point proximal to the wound. Use the femoral pressure point for lower limbs. For upper junctional area or axilla, the subclavian pressure point is used. For bleeding in the forearm and hand, control with pressure to the distal humeral pressure point.

Femoral Pressure Point:

Place the index finger on the anterior aspect of the iliac crest, aim along the inguinal fold. The thumb will rest naturally midway between the iliac crest and the groin. Press inferiorly to compress the artery between the thumb and pelvis.

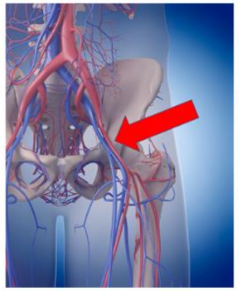


Figure 11a: Anatomy of femoral pressure point

Figure 11b: Position of thumb on the femoral pressure point

Humeral Pressure Point:

Cup the distal part of the bicep with the perlicue of the hand, the thumb will rest naturally on the medial part of the upper arm, posterior to the bicep. Press laterally, compressing the artery between the thumb and the humerus.

Figure 12a: Anatomy of humeral pressure point

Figure 12b: Position of thumb on humeral pressure point

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National Center for Biotechnology Information

PubMed®

Advanced

Save Em

Controlled Clinical Trial > Transfusion. 2023 May:63 Suppl 3:S222-S229.

doi: 10.1111/trf.17350. Epub 2023 Apr 12.

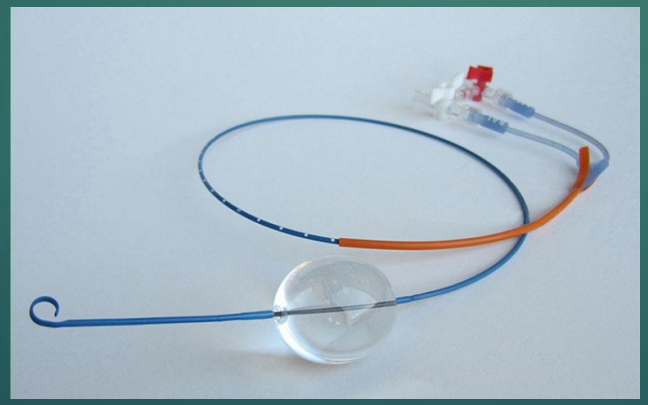
The effectiveness of the manual pressure points technique for hemorrhage control–The 2022 THOR pre-conference meeting experience

Patrick Thompson [1], Elon Glassberg [1 2 3 4], Yuval Alon [2], Christopher K Bjerkvig [5 6], Hakon S Eliassen [1 6], Irina Radomislensky [2 7], Geir Strandenes [1 8], Tomer Talmy [2 9], Ofer Almog [2 9]

Affiliations + expand

PMID: 37042672 DOI: 10.1111/trf.17350

What Equipment



TACTICAL COMBAT CASUALTY CARE
(TCCC / TC3)

COTCCC RECOMMENDED DEVICES & ADJUNCTS
AS OF: 15 DEC 2021

In accordance with
CoTCCC Guidelines

TOURNIQUETS, LIMB NON-PNEUMATIC

Common Name / Brand Name	DLA Nomenclature	NSN
Combat Application Tourniquet (CAT) Gen 7	Tourniquet Nonpneumatic Combat Application One-Handed 37.5" LG 1	6515-01-521-7976
Combat Application Tourniquet (CAT) Gen 6	Tourniquet Nonpneumatic Combat Application One-Handed 37.5" LG 1	Until Replaced by Gen7
Ratcheting Medical Tourniquet (RMT) Tactical	Tourniquet, One Handed Burke Device Tactical	6515-01-527-3841
SAM Extremity Tourniquet (SAM-XT)	Tourniquet Nonpneumatic 25S	6515-01-670-2240
SOF-Tactical Tourniquet-Wide (SOFTT-W)	Tourniquet Nonpneumatic Nylon Strap 1.5" Wide Nylon Strap for Br	6515-01-587-9943
Tactical Mechanical Tourniquet (TMT)	Tourniquet Nonpneumatic Tactical Mechanical Tourniquet	6515-01-656-6191
TX2 Tourniquet (TX2)	Tourniquet Nonpneumatic TX2 Ratcheting One-Hand Coyote	6515-01-667-6027
TX3 Tourniquet (TX3)	Tourniquet Nonpneumatic TX3 Ratcheting OD Green One Hand	6515-01-667-6208

(Alphabetical)

TOURNIQUETS, LIMB PNEUMATIC

Common Name / Brand Name	DLA Nomenclature	NSN
Emergency Medical Tourniquet (EMT)	Tourniquet Pneumatic Single-hand application fits upper and lower	6515-01-580-1645
Tactical Pneumatic Tourniquet 2" (TPT2)	Tourniquet Pneumatic Slide Fastener	6515-01-656-4831

HEMOSTATIC DRESSINGS/DEVICES

Common Name / Brand Name	DLA Nomenclature	NSN
Combat Gauze (CG) Z-Fold	Bandage Gauze Impregnated 3" W X 4 YDS L Kaolin Hemostatic Quik	6510-01-562-3325
Celox Gauze, Z-fold 5'	Dressing Hemostatic Celox Gauze 3"X5' Z-folded	6510-01-623-9910
ChitoGauze	Dressing Hemostatic 144" length 3" width coated with Chitosan	6510-01-591-7740
X-Stat, Single Applicator	Applicator Hemostatic Sponges and Dispenser Xstat-30 Each	6510-01-644-7335
iTClamp	Clamp Hemorrhage Control Sterile Medical Grade Polycarbonate	6515-01-629-7044

JUNCTIONAL HEMORRHAGE CONTROL

No specific products are recommended by the CoTCCC.

End users may select any FDA approved device that is indicated for junctional hemorrhage control that will meet this requirement.

AIRWAY MANAGEMENT DEVICES & ADJUNCTS

No specific products are recommended by the CoTCCC.

End users may select any FDA approved device that is indicated for extraglottic airways or crycothyroidotomy that will meet this requirement.

DLA – Defense Logistics Agency

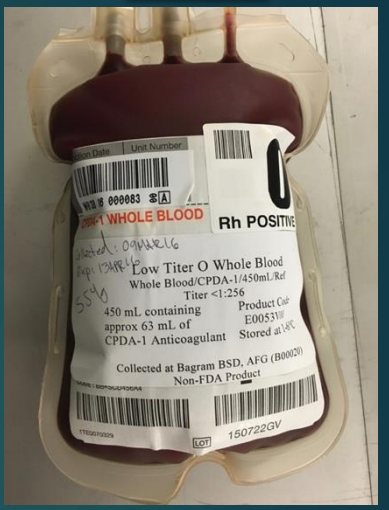
DLA Nomenclature is the naming convention terminology used in DoD supply systems and often differ from common, brand, or product names.

NSN – National Stock Number. A NSN is 13-digit code identifying all standardized material supply items recognized by NATO countries and the DoD.

Always find the latest on TCCC and from the Committee on TCCC at:
www.deployedmedicine.com

Equipment for assessment

Judgement


WHOLE BLOOD
Rh POSITIVE
Low Titer O Whole Blood
Whole Blood/CPDA-1/450mL/Ref
Titer <1:256
450 mL containing
approx 63 mL of
CPDA-1 Anticoagulant
Collected at Bagram BSD, AFG (B00020)
Non-FDA Product
150722GV

Positive Pressure Ventilation

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Editorial > J Spec Oper Med. 2020 Fall;20(3):97-102. doi: 10.55460/Q4G3-FEQR.

Risk of Harm Associated With Using Rapid Sequence Induction Intubation and Positive Pressure Ventilation in Patients With Hemorrhagic Shock

Patrick Thompson, Anthony J Hudson, Victor A Convertino, Christopher Bjerkvig, Hakon S Eliassen, Brian J Eastridge, Timm Irvine-Smith, Maxwell A Braverman, Stefan Hellander, Donald H Jenkins, Joseph F Rappold, Jennifer M Gurney, Elon Glassberg, Andrew P Cap, Sylviain Aussett, Torunn O Apelseth, Steve Williams, Kevin R Ward, Stacy A Shackelford, Pierre Stroberg, Bjarne H Vikeness, Paul E Pepe, Christopher J Winckler, Tom Woolley, Stefan Enbuske, Marc De Pasquale, Ken D Boffard, Ivar Austlid, Theodore K Fosse, Helge Asbjornsen, Philip C Spinella, Geir Strandenes

Prep Casualty:
Ensure the airway is Open, Inspected, Cleared, then Maintained and Protected.

Figure 75a: Open and inspect airway

Figure 75b: Maintain and protect

Figure 75c: Monitor ETCO2

Procedure BVM

1. Attach:
Secure the BVM mask to face using C & E grip as shown or attach the BVM to the EGA, ETTube or Cric tube. Supplemental oxygen may be administered if required and available.

Figure 76a: BVM with face mask and C & E grip

Figure 76b: Attach BVM to ET tube

2. Ventilate:
Administer ventilations by squeezing the bag gently, pushing only enough gas to cause chest expansion. Avoid over inflation or hyperventilation. Get a feel for the force required for inflation as this may increase if a tension pneumothorax develops

Figure 77: Inflation using BVM

3. Rate:

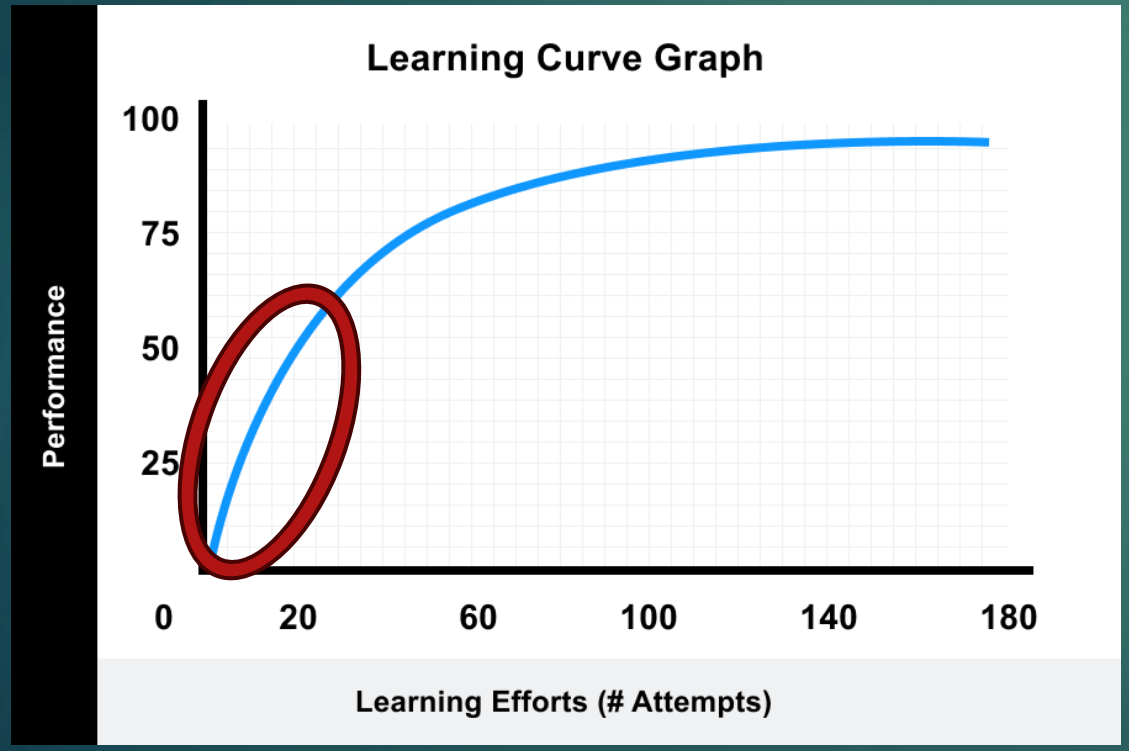
- 12-16 BPM in an adult, however with a shocked casualty consider reducing the rate.
- Use a cadence device - Be aware that without a cadence device hyperventilation is likely.
- ETCO: Maintain low normal range 4.0-4.5 kPa (30-33 mmHg)
- Avoid breath stacking, which is inflating the lungs without allowing a long enough
- pause to allow passive exhalation.

Figure 78a: ETCO2

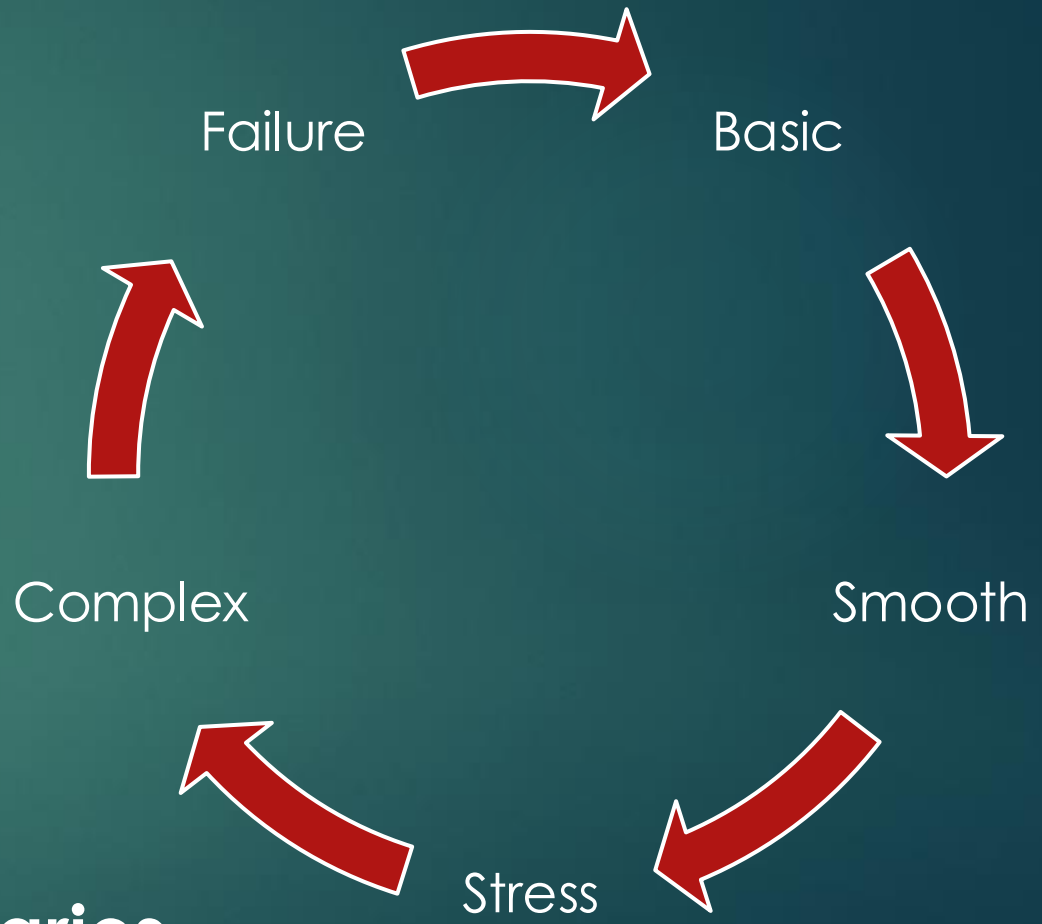
Figure 78b: Cadence device (time keeper)

Psychomotor skills

- Anything practiced looks easy – look at someone learning

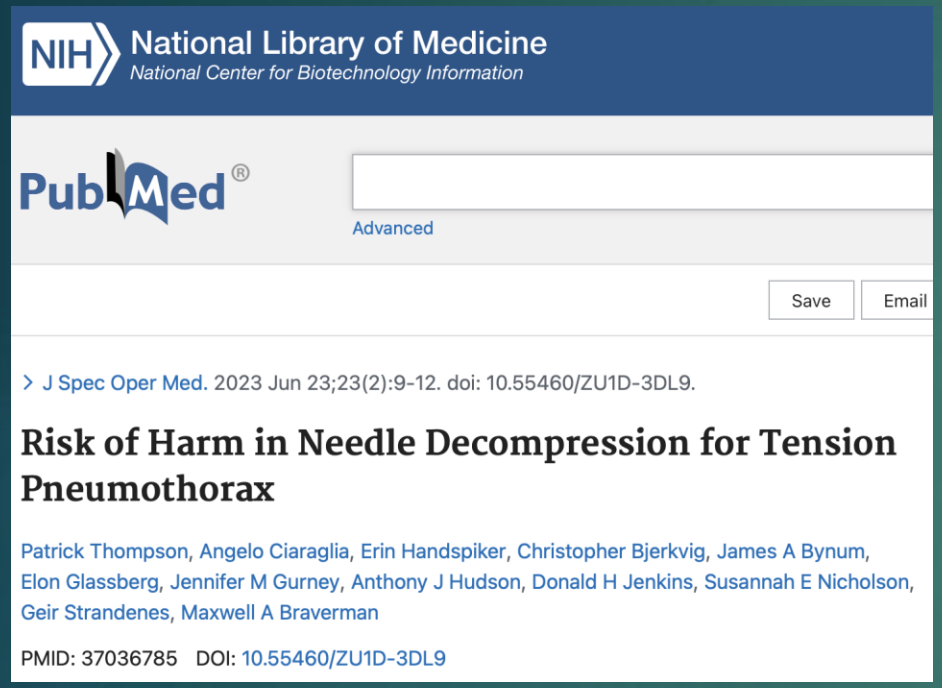


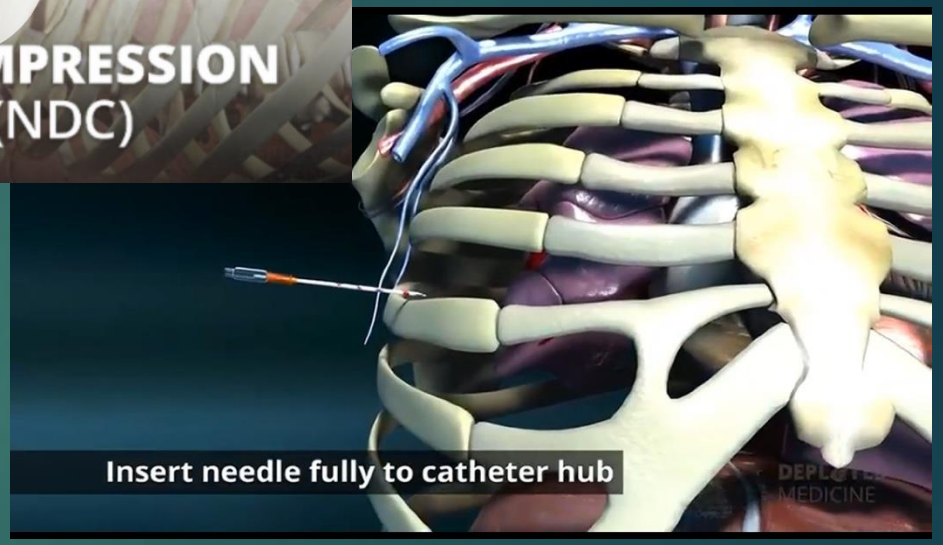
Training Reps



Warning: Intervention load in scenarios

Tension Pneumothorax and NDC





distance from skin to pericardium was 66-mm

83mm

Tourniquets

› Mil Med. 2024 Nov 5;189(11-12):304-308. doi: 10.1093/milmed/usad503.

Misuse of Tourniquets in Ukraine may be Costing More Lives and Limbs Than They Save

Rom A Stevens [1], Michael S Baker [2 3], Ostap B Zubach [4], Michael Samotowka [5]

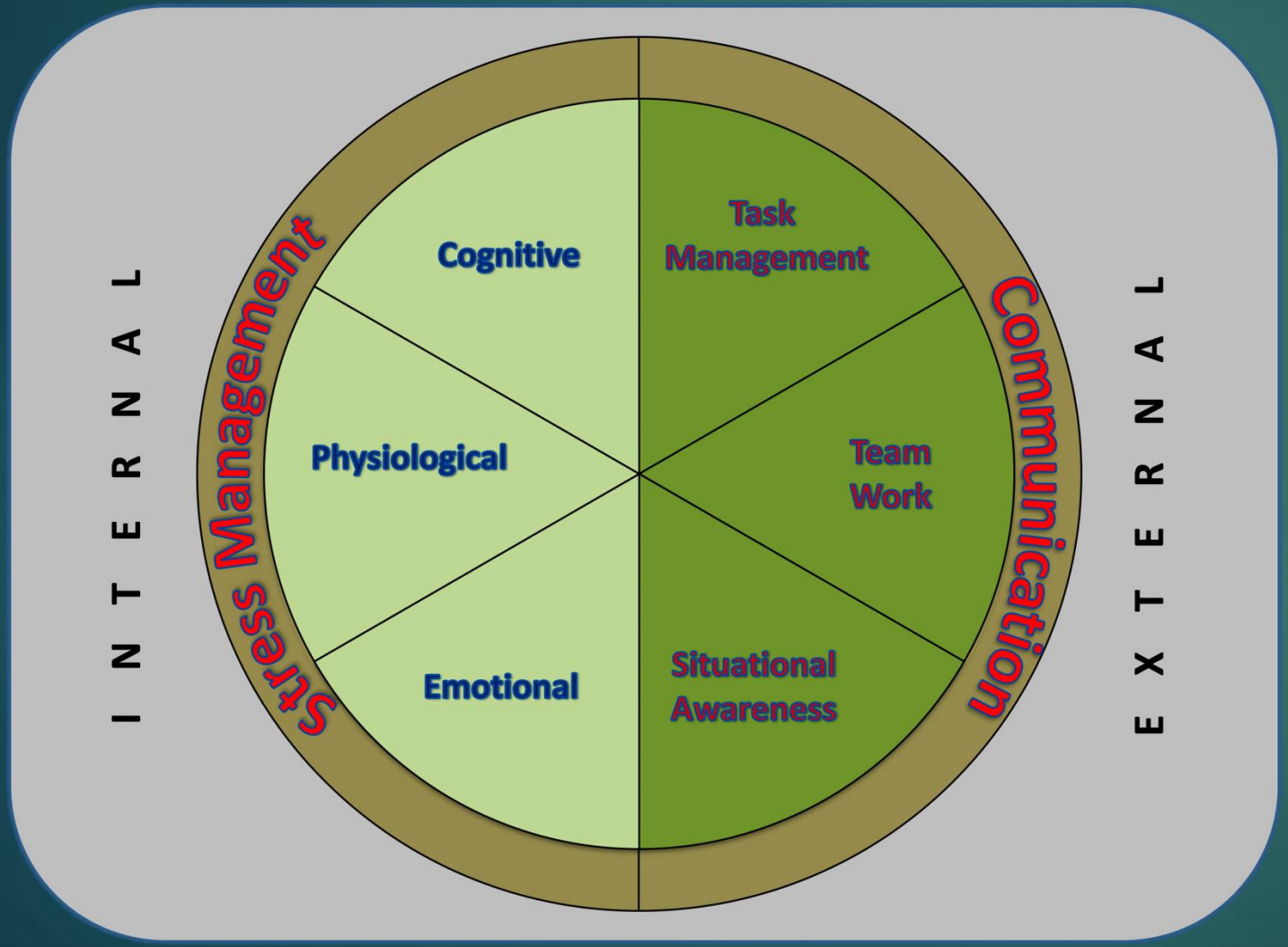
Affiliations + expand

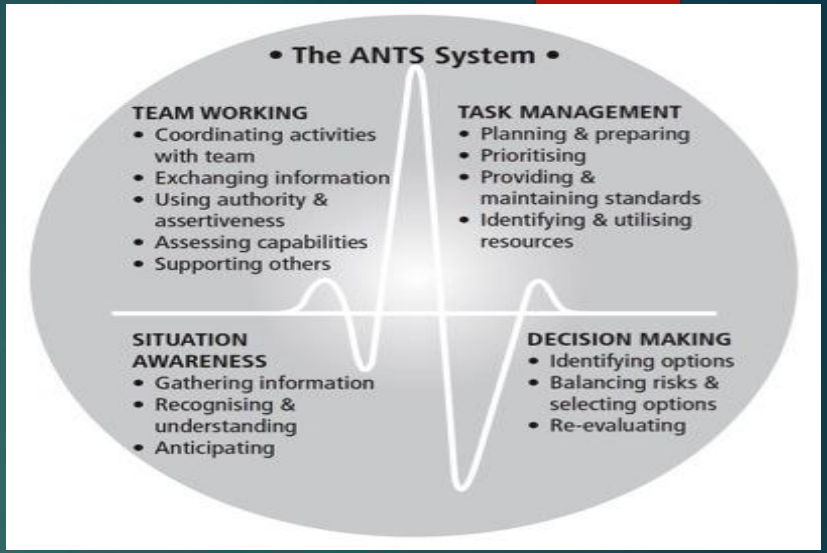
PMID: 38242075 DOI: 10.1093/milmed/usad503

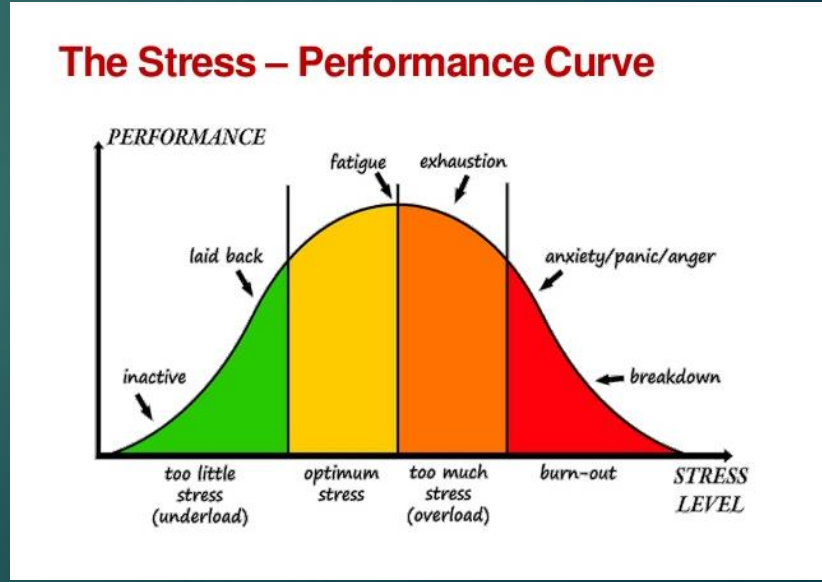
Tourniquet application was appropriate in 24.6% of the wounded

No downgrading of tourniquets in CLS

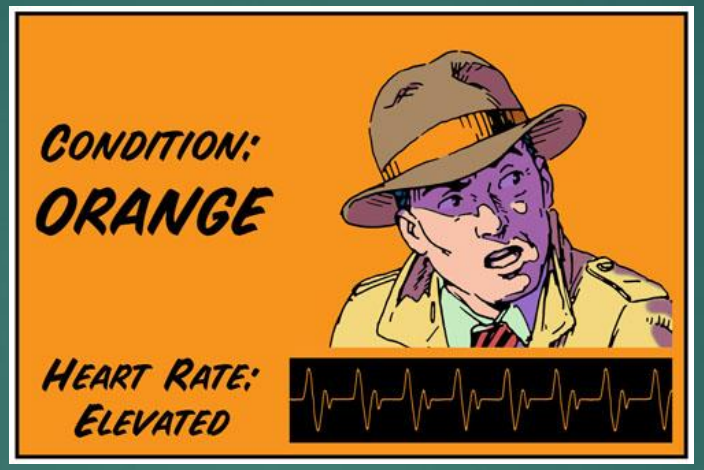
Human factors

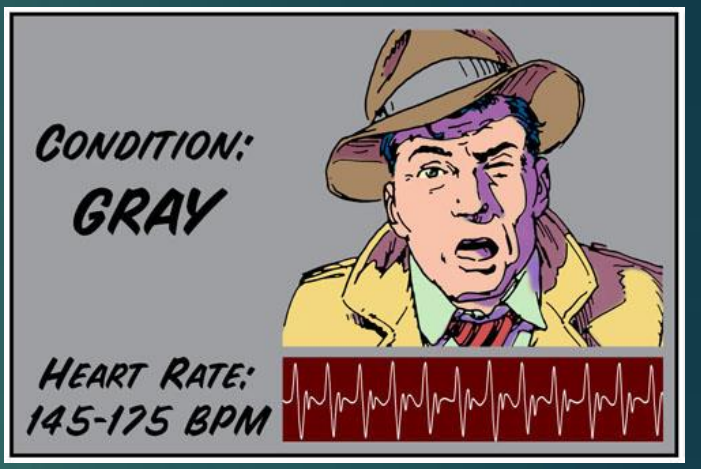


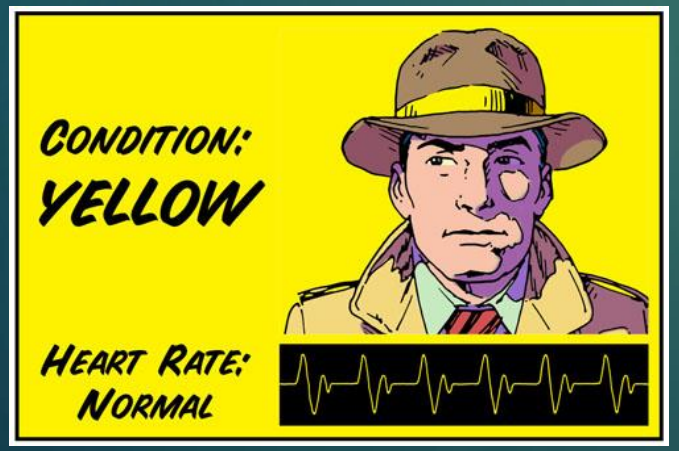


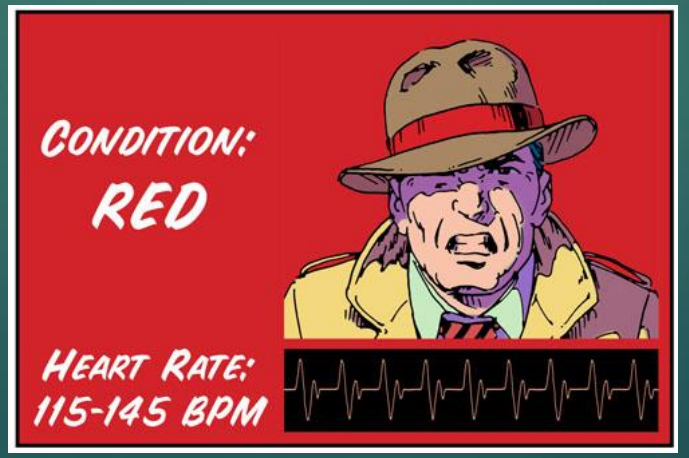


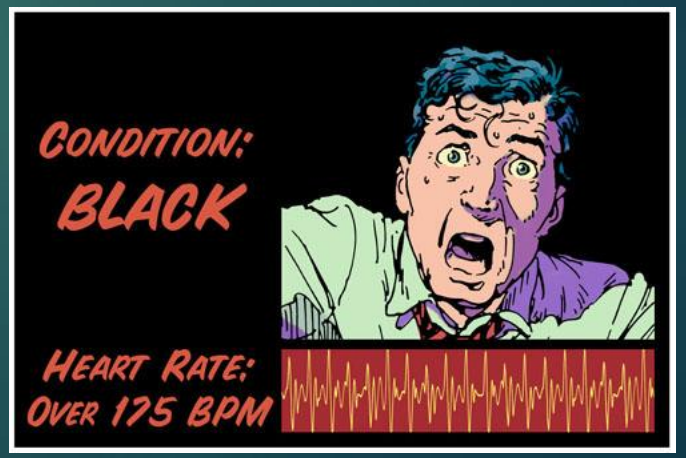
Arousal States



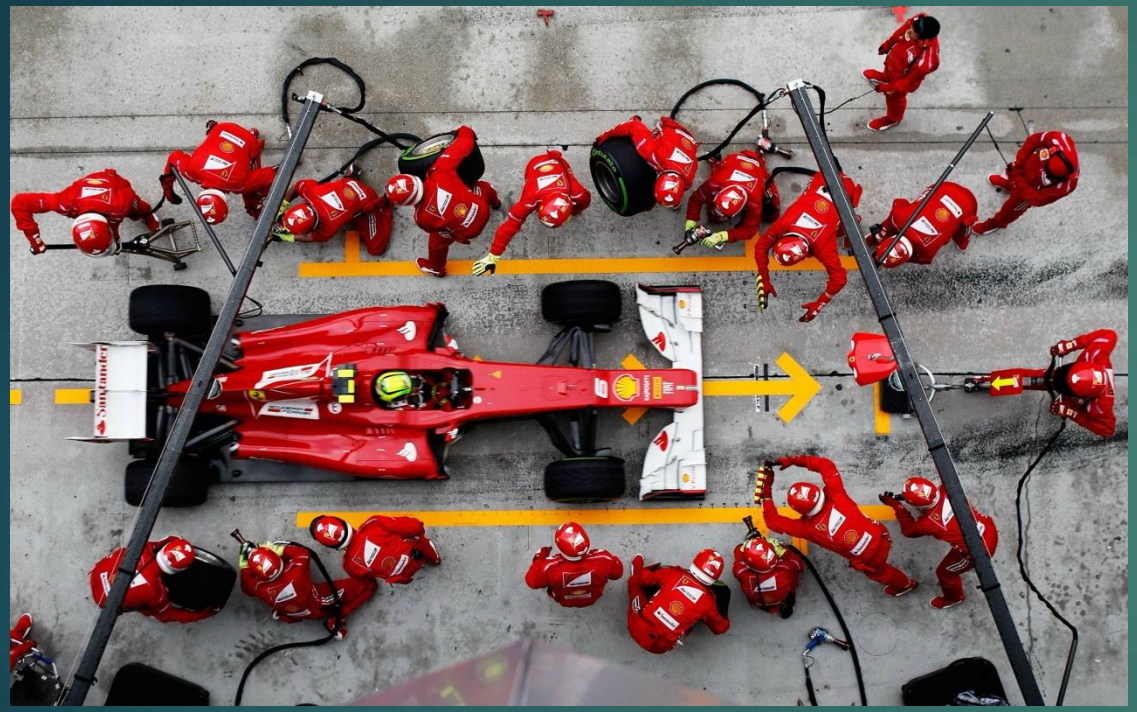




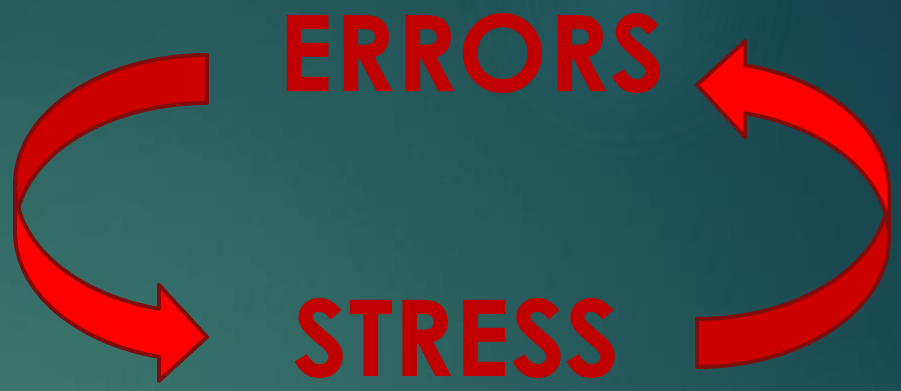




Team skills



Failure



- Types of Error
  - Slips
  - Lapses (Omission / Commission)
  - Fixation
  - Change blind
- Error Recognition
- Failed Procedure Plan

MAKE YOUR ERRORS DURING TRAINING

Questions


Relax David it's just a small surgery, don't panic.
My name is not David.
I know. I am David.