

TCCC Critical Decision Case Studies



24 October 2022



The Biggest Challenge in TCCC

- Knowing WHEN to use the interventions taught in TCCC
- Based on a suggestion by COL (Ret) Bob Mabry
- **TCCC Critical Decision Case Studies will help to illustrate which interventions to perform for casualties with life-threatening conditions.**



TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1

The Setting

- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
- The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle
- The occupants of the vehicle are not wearing seat restraints
- There is no hostile small arms fire after the blast



TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1

The Casualty

- You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle
- There is no external hemorrhage
- The casualty is conscious but confused
- He is not in respiratory distress
- He is complaining of severe abdominal pain and has diffuse tenderness to palpation



TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1

Casualty Dashboard

• AVPU	Verbal
• Airway	Patent
• Breathing	RR 20
• Radial Pulse	Weak
• Heart Rate	126
• O ₂ Saturation	97%



TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1

Question

What priority for evacuation would you assign to this casualty?

1. Cat A - Urgent Evacuation within 2 hr
2. Cat B - Priority Evacuation within 4 hr
3. Cat C - Routine Evacuation within 24 hr
4. Other



TCCC Critical Decisions Blunt Abdominal Trauma Case Study 1

Correct Answer and Feedback

1. Cat A - Urgent Evacuation within 2 hr

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into shock. He should be triaged to the highest priority evacuation category: Cat A.



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 2

The Setting

- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
- The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle
- The occupants of the vehicle are not wearing seat restraints
- There is no hostile small arms fire after the blast



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 2

The Casualty

- You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle
- There is no external hemorrhage
- The casualty is conscious but confused
- He is not in respiratory distress
- He is complaining of severe abdominal pain and has diffuse tenderness to palpation.



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 2

Casualty Dashboard

• AVPU	Verbal
• Airway	Patent
• Breathing	RR 20
• Radial Pulse	Weak
• Heart Rate	126
• O ₂ Saturation	97%



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 2

Question

What should you do first for this casualty?

1. Start an IV and give him 2L of LR
2. Treat his severe pain with IM ketamine
3. Do a MACE exam because he has sustained blast TBI
4. Start an IV and give him 2g of TXA; initiate transfusion with fresh whole blood as soon as it is available from your unit's Type O Low-Titer Walking Blood Bank



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 2

Correct Answer and Feedback

4. Start an IV and give him 2g of TXA; initiate transfusion with fresh whole blood as soon as it is available from your unit's Type O Low-Titer Walking Blood Bank

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into hemorrhagic shock. He needs TXA and whole blood immediately.



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 3

The Setting

- A convoy is operating near a large US base
- An unknown vehicle approaches the convoy
- The occupants of the unknown vehicle detonate a vehicle-borne IED about 10 feet away from the convoy
- The nearest convoy vehicle is overturned in the blast and collides with another convoy vehicle
- The occupants of the vehicle are not wearing seat restraints
- There is no hostile small arms fire after the blast



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 3

The Casualty

- You are treating one of the casualties from the overturned vehicle who has extricated himself from the vehicle
- There is no external hemorrhage
- The casualty is conscious but confused
- He is not in respiratory distress
- He is complaining of severe abdominal pain and has diffuse tenderness to palpation.



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 3

Casualty Dashboard

• AVPU	Verbal
• Airway	Patent
• Breathing	RR 20
• Radial Pulse	Weak
• Heart Rate	126
• O ₂ Saturation	97%



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 3

Question

What medication would you use to treat this casualty's pain?

1. Oral transmucosal fentanyl citrate
2. Acetaminophen and meloxicam from the Combat Wound Medication Pack
3. IV ketamine – 20–30mg
4. IV morphine – 5mg



TCCC Critical Decisions

Blunt Abdominal Trauma Case Study 3

Correct Answer and Feedback

3. IV ketamine – 20–30mg

This casualty has blunt abdominal trauma from the crash. The confusion, the weak radial pulse, and the HR of 126 indicate that he has severe internal bleeding and is going into hemorrhagic shock. Opioids (OTFC and morphine) are contraindicated in casualties with shock. Acetaminophen and meloxicam are not strong enough analgesics to effectively treat this casualty's severe pain.



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