68W
COMBAT MEDIC
POCKET GUIDE

PART I: TRAUMA TREATMENT

June 2006

DISTRIBUTION: US Army Training Support Center (TS
HEADQUARTERS, DEPARTMENT OF THE ARM

Supersedes GTA 08-05-058, February 1996

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COMBAT MEDIC POCKET GUIDE
PART I: TRAUMA TREATMENT

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PATIENT ASSESSMENT

NORMAL VITAL SIGNS

- Pulse rate: beats/minute
  60--100 (adults)
  70--150 (children)
  100--60 (infants)
- B/P: (systolic)
  90--140 mmHg (adults)
  80--100 mmHg (children)
  50--95 mmHg (infants)
- Respiratory rate:
  12—20 (adults)
  15—30 (children)
  25—50 (infants)
- Capillary refill:
  2 seconds or less.
- Temperature: 98.6°F.

HISTORY (SAMPLE SURVEY)

S = Signs and symptoms of the episode.

A = Allergies.

M = Medications.

P = Pertinent past medical history.

L = Last meal.

E = Events leading to injury or illness.

NEUROLOGICAL ASSESSMENT (AVPU)

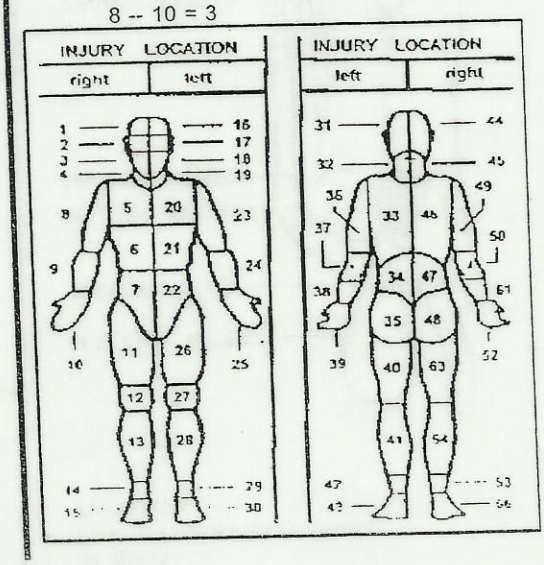
A = Alert.
V = Responds to verbal.
P = Responds to pain.
U = Unconscious, unresponsive.

Eye opening	Spontaneous	4
	To voice	3
	To pain	2
	None	1
	Total ___	
Verbal response	Oriented	5
	Confused	4
	Inappropriate words	3
	Incomprehensible words	2
	None	1
	Total ___	
Motor response	Obeys command	6
	Localizes pain	5
	Withdraws from pain	4
	Flexion from pain	3
	Extension from pain	2
	None	1
	Total ___	

Glasgow Coma Scale Points: TOTAL = _____

Reduction of Glasgow Coma Scale points for use in trauma score:

14 -- 15 = 5
11 -- 13 = 4
8 -- 10 = 3
5 -- 7 = 2
3 -- 4 = 1



SHOCK (BLOOD LOSS)

PATIENT ASSESSMENT

- Low B/P (late sign).
- Delayed capillary refill, greater than 2 seconds.
- ↑ Pulse (weak and thready) (early sign).
- ↑ Respirations (shallow).
- Pale, cool, clammy and diaphoretic skin.
- Nausea, thirst, weakness.
- Feeling of impending doom.
- Changes in level of consciousness.

NEUROGENIC SHOCK (SPINAL INJURY)

PATIENT ASSESSMENT

- Low B/P.
- Slow or normal pulse.
- Slow or normal respirations.
- Skin warm and dry initially.
- Rapid hypothermia.
- No sweating below level of injury.

ANAPHYLACTIC SHOCK

PATIENT ASSESSMENT

- Low B/P.
- Changes in level of consciousness.
- ↑ Pulse.
- ↑ Respirations with wheezing.
- Swelling of face, lips, tongue.
- Skin rash or hives.

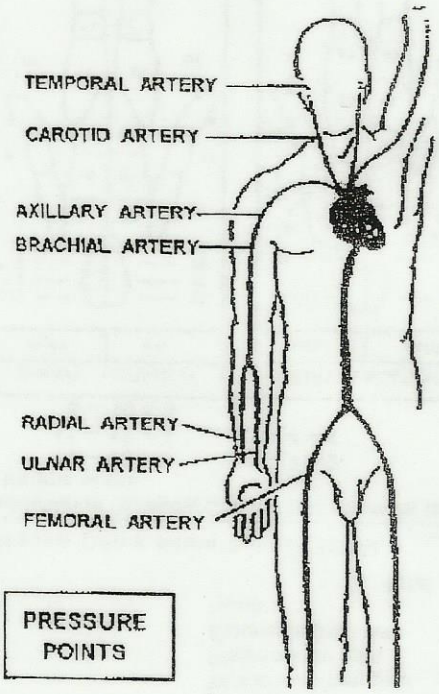
PATIENT CARE (GENERAL)

- High concentration of oxygen.
- Assist ventilations if required.
- Control external bleeding.
- PASG (if local protocol allows).
- Spinal immobilization.
- Splint all suspected fractures.
- Keep patient warm.
- Shock position.

CONTROL EXTERNAL BLEEDING

PATIENT CARE

- Direct local pressure and elevation.
- Pressure points (for upper and lower extremities only).
- Splints.
- Air splints.
- Pneumatic antishock garment.
- Tourniquets.



PRESSURE POINTS

SOFT TISSUE INJURIES

PATIENT ASSESSMENT

- Contusions – bruises.
- Abrasions – scrapes.
- Incisions – straight cuts.
- Avulsions – loose or torn skin flap.
- Lacerations – jagged edges.
- Punctures – holes caused by sharp, pointed objects.
- Compartment syndrome – compression of vessels caused by swelling from crush injuries.

PATIENT CARE

- Expose the wound.
- Clear the wound surface.
- DO NOT remove impaled objects.
- Control bleeding.
- Prevent further contamination.
- Administer high-flow oxygen.
- Treat for shock.
- Reassure the patient.
- Apply Pneumatic Antishock Garment (PASG) when appropriate and when local protocol permits.
- Transport as soon as possible.
- Continue to monitor the patient.

FRACTURES AND DISLOCATIONS

PATIENT ASSESSMENT

- Tenderness and pain.
- Swelling and discoloration.
- Crepitus.
- Loss of function.
- Loss of distal pulse.
- Loss of sensation.
- Exposed bone.
- An obvious deformity.

PATIENT CARE

- Pneumatic Antishock Garment (PASG) may be used to splint femur and pelvic fractures.
- Do neurovascular assessment before and after splinting (distal pulse, capillary refill, sensation, and movement).
- Splint above and below fracture or dislocation site.
- Splint in the position found.
- Splint fractures of the hand in position of function, if possible.
- Bandage open fractures to control bleeding.
- DO NOT log roll pelvic fractures.

SKULL FRACTURES

PATIENT ASSESSMENT

- Unconsciousness or change in the level of consciousness.
- Deep laceration or severe bruise.
- Pain or swelling.
- Deformity.
- "Battle's Sign"–bruising around mastoids.
- "Raccoon's Eyes"–bruising around eyes.
- Unequal pupils.
- Bleeding and/or clear fluid from ears or nose.

BRAIN INJURIES

PATIENT ASSESSMENT

- Pain.
- Decreased level of consciousness.
- Amnesia.
- Blood pressure ↑ and pulse rate ↓.
- Respirations ↑ or ↓.
- Pupils unequal. Vision disturbances.

PATIENT CARE OF SKULL FRACTURES AND BRAIN INJURIES

- Ensure and maintain an open airway.
- Immobilize the neck and spine.
- Administer high-flow oxygen (nonrebreather or BVM).
- Control bleeding. DO NOT use pressure dressing.
- Keep the patient at rest.
- Monitor vital signs.
- Manage the patient for shock even if shock is not present.
- Elevate the head of the spine board slightly if there is no evidence of shock.
- Be prepared for vomiting.
- Apply light sterile dressing if bleeding or if clear fluids flow from ears/nose.
- If patient is unconscious, hyperventilate using BVM.
- Pain, swelling.

FACIAL FRACTURES

PATIENT ASSESSMENT

- Blood in the airway.
- Facial deformities.
- False face bone movements.
- Black eyes or discoloration below the eyes.
- Poor jaw function or poor alignment of teeth.
- Inability to swallow or talk.
- Loose or knocked out teeth, broken dentures.
- Large facial bruises.
- Indications of a severe blow to the face.

PATIENT CARE

- Provide spinal immobilization.
- Ensure and maintain an open airway.
- Position for drainage.
- Treat for shock.
- Administer high-flow oxygen.
- Be prepared for vomiting.
- Remove impaled objects in the cheek if interfering with patient's ability to maintain airway/breath.
- Dress any wounds.

SPINAL INJURIES

PATIENT ASSESSMENT

- Pain without movement.
- Pain with movement.
- Tenderness, deformity.
- Impaired breathing.
- Priapism.
- Posturing.
- Loss of bowel or bladder control.
- Paralysis or nerve impairment of the extremities.
- Severe shock (↓ B/P; normal or slow pulse; warm, dry skin.

PATIENT CARE

- Provide manual stabilization for the head/neck.
- Assess pulse/motor/sensory function.
- Apply an extrication or rigid collar and continue to maintain manual stabilization.
- Secure the patient to a long spineboard.
- Reassess pulse/motor/sensory function.
- Administer high-flow oxygen.
- Manage the airway.
- Treat for shock.
- Apply PASG if protocol permits.

CHEST INJURIES

PATIENT ASSESSMENT

- An obvious wound.
- Pain at the injury site.
- Painful or difficult breathing.
- Indications of developing shock.
- Coughing up bright red, frothy blood.
- Distended neck veins.
- Tracheal deviation.
- Unequal air entry.
- Crepitus.
- Paradoxical movement.

PATIENT CARE

- Seal open chest wound.
- Administer high-flow oxygen.
- Stabilize flail segments.
- Treat for shock.
- DO NOT remove impaled objects.
- Immobilize the spine.

ABDOMINAL INJURIES

PATIENT ASSESSMENT

- Bruises, contusions, laceration, evisceration of abdominal organs.
- Tenderness.
- Rigidity.
- Distention.

PATIENT CARE

- Be prepared for vomiting and maintain an open airway.
- Place the patient on his back, legs fixed at the knees, if possible.
- Administer high-flow oxygen.
- Treat for shock.
- Give nothing to the patient by mouth.
- Constantly monitor vital signs.
- Transport ASAP.
- Control external bleeding and dress all open wounds.
- DO NOT replace exposed organs. Cover with sterile dressing and plastic wrap.
- Immobilize the spine.

GENITALIA INJURIES

PATIENT ASSESSMENT

- Lacerations.
- Avulsions.
- Bruising.
- Swelling.
- Amputations.
- Pain.

PATIENT CARE

- Apply a diaper-type dressing or bulky padding.
- Save all avulsed parts and transport with patient.
- Never remove any impaled objects.
- Follow local protocol in reference to applying ice packs.
- Administer high concentration oxygen.
- Treat for shock.
- Provide emotional support.

GPO U.S. GOVERNMENT PRINTING OFFICE : 2007-618-983