

**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. In accordance with Joint Publication 4-02, Health Service Support, dated 26 July 2012: “First responder care capability is also known as tactical combat casualty care. Tactical combat casualty care [or TCCC] occurs during a combat mission and is the military counterpart to pre-hospital trauma life support. Pre-hospital trauma care in the military is most commonly provided by enlisted personnel and includes self-aid and buddy aid and combat life savers.... Tactical combat casualty care focuses on the most likely threats, injuries, and conditions encountered in combat and on a strictly limited range of interventions directed at the most serious of these threats and conditions....”
- d. 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.
Gender	Mark an “X” on the casualty’s gender (Male (M) or Female (F)).
Date	Write date of injury in DD-MMM-YY 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,

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	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>A</u> lert, responds to <u>V</u> erbal stimulus, responds to <u>P</u> ain stimulus, <u>U</u> nresponsive), 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>C</u> irculation 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 type of dressing(s) used.
A	Mark an "X" for all <u>A</u> irway 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>B</u> reathing interventions (O2 (oxygen), Needle-D (needle decompression), Chest-Tube, Chest-Seal) and write type of device(s) used.
C: Fluid	<u>C</u> irculation resuscitation interventions. Write name, volume, route, and time of any fluids given.
C: Blood Product	<u>C</u> irculation 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. DoDI 6490.02E, Comprehensive Health Surveillance
- b. DoDI 6040.45, Service Treatment Record (ST) and Non-Service Treatment Records (NSTR)
- c. DHB Memorandum Battlefield Trauma Care RDT&E Priorities 2011-01 (June 14, 2011)
- d. AR 40-66, Medical Record Administration and Healthcare Documentation

USE THIS FIRST!

EVAC CATEGORY: URGENT BATTLE ROSTER #: PL1234

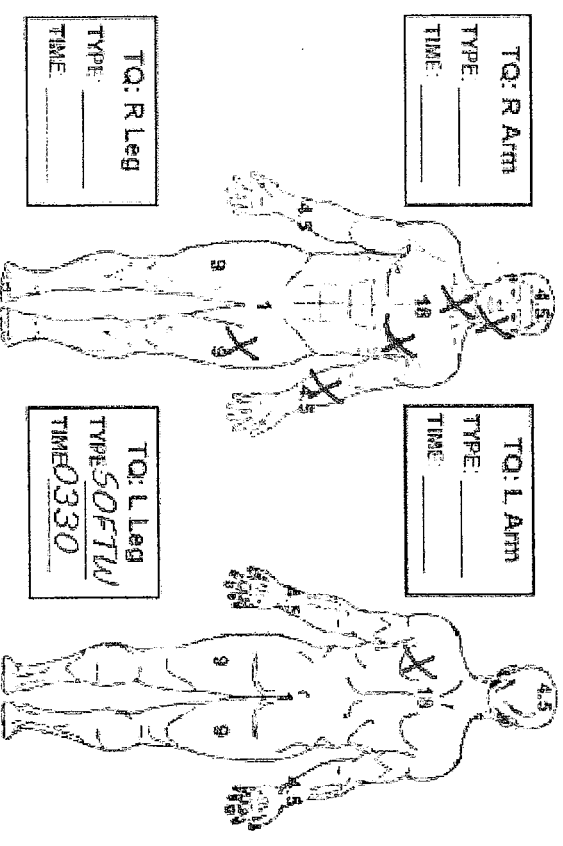
TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

NAME (Last, First): Smith, John LAST 4: 1234
 DATE (DD-MM-YY): 25-12-14 TIME: 0350
 UNIT: 3/325 ALLERGIES: NA

Mechanism of Injury: (X all that apply)

- Artillery Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)



TO: R Arm
TYPE: _____
TIME: _____

TO: L Arm
TYPE: _____
TIME: _____

TO: R Leg
TYPE: _____
TIME: _____

TO: L Leg
TYPE: SOFTW
TIME: 0330

Signs & Symptoms: (Fill in the blank)

	Time	0340	0355	0410	0425
Pulse (Rate & Location)		120	90	105	110
Blood Pressure	R	130/100	110/90	100/80	
Respiratory Rate		24	18	16	20
Pulse O ₂ % O ₂ Sat		86	96	98	97
AVPU		P	V	A	V
Pain Scale (0-10)					

EVAC CATEGORY: URGENT BATTLE ROSTER #: PL1234

Treatments: (X all that apply, and fill in the blank)

- Extremity-TQ Junctional-TQ Pressure-Dressing
 Hemostatic-Dressing Type: _____

A: Intact NPA CRIC ET-Tube SGA Type: _____

B: O₂ Needle-D Chest-Tube Chest-Seal Type: Approved

C:

	Name	Volume	Route	Time
Fluid	<u>Hexband</u>	<u>500ml</u>	<u>IV</u>	<u>0345</u>
Blood Product				

MEDS:

	Name	Dose	Route	Time
Analgesic	(e.g. Ketamine, Fentanyl, Morphine)	<u>800mcg</u>	<u>IO</u>	<u>0340</u>
Antibiotic	(e.g. Moxifloxacin, Ertapenem)			
Other	(e.g. TXA)			

OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint
 Hypothermia-Prevention Type: _____

NOTES: In D.O. Needle D, Maybe Chest tube

Post cric checklist, ABX Splint L Arm?

FIRST RESPONDER
 NAME (Last, First): _____ LAST 4: _____