TACTICAL COMBAT CASUALTY CARE (TCCC) CARD									
BATTLE ROSTER #:									
EVAC: ☐ Urgent ☐ Priority ☐ Routine									
NAME (Last, First):	LAST 4:	LAST 4:							
GENDER: M F DATE (DD-MMM-YY):			TIME:						
SERVICE:UNIT	ERVICE:UNIT:			ALLERGIES:					
Mechanism of Injury: (X all that apply)  ☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED ☐ Landmine ☐ MVC ☐ RPG ☐ Other:									
TQ: R Arm TYPE: TIME:  TQ: R Leg	1 18 4.5 A.5	TQ: L Arm YPE: IME: TQ: L Leg	4.5	4.5					
TIME:	Т	IME:							
Signs & Symptoms: (Fill									
Time									
Pulse (Rate & Location)									
Blood Pressure	/	/	/	/					
Respiratory Rate									
Pulse Ox % O2 Sat									
AVPU									
Pain Scale (0-10)									

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TCCC CARD

BATTLE ROSTER #:									
EVAC: ☐ Urgent ☐ Priority ☐ Routine									
	Treatments: (X all that apply, and fill in the blank) C: TQ- □ Extremity □ Junctional □ Truncal			Туре					
Dressing- ☐ Hemostatic ☐ Pressure ☐ Other									
A: □Intact □NPA □CRIC □ET-Tube □ SGA									
B: □O2 □ Needle-D □ Chest-Tube □ Chest-Seal									
C:	Ī	Name	Volume	Route	Time				
	Fluid								
	Blood Product								
ME	DS:	Name	Dose	Route	Time				
	Analgesic (e.g., Ketamine, Fentanyl, Morphine)								
	Antibiotic (e.g., Moxifloxacin, Ertapenem)								
	Other (e.g., TXA)								
OTHER: Combat-Pill-Pack Eye-Shield (R L) Splint Hypothermia-Prevention Type:									
NOT	ES:								
_	FIRST RESPONDER NAME (Last, First): LAST 4:								

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TCCC CARD