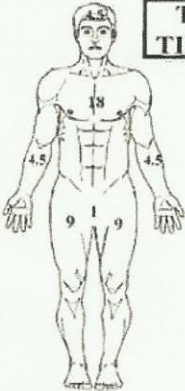
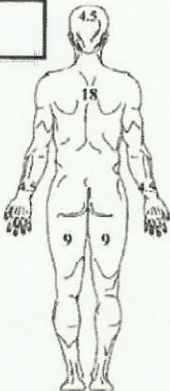


Figure 1. Tactical Combat Casualty Care (TCCC) Card, original 2007 version.

Name/Unit _____		A: Intact Adjunct Cric Intubated	
DTG: _____ ALLERGIES: _____		B: Chest Seal NeedleD ChestTube	
Friendly Unknown NBC		C: TQ Hemostatic Packed PressureDrsg	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 2px 5px;"> TQ TIME </div> <div style="text-align: center;">  </div> </div>		FLUIDS: IV IO NS / LR 500 1000 1500 Hextend 500 1000	
GSW BLAST MVA Other _____		Other: _____	
TIME		DRUGS (Type / Dose / Route):	
AVPU		PAIN	
PULSE		ABX	
RESP		OTHER	
BP		_____	
_____		_____	
_____		_____	
_____		_____	
_____		First Responder's Name _____	

DA FORM 7656

Figure 2. Tactical Combat Casualty Care (TCCC) Card, new 2013 version.

EVAC CATEGORY: _____ BATTLE ROSTER #: _____

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

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

DATE (DD-MMM-YY): _____ TIME: _____

UNIT: _____ ALLERGIES: _____

Mechanism of Injury: (X all that apply)

☐ Artillery ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED

☐ Landmine ☐ MVC ☐ RPG ☐ Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm

TYPE: _____

TIME: _____

TQ: L Arm

TYPE: _____

TIME: _____

TQ: R Leg

TYPE: _____

TIME: _____

TQ: L Leg

TYPE: _____

TIME: _____

Signs & Symptoms: (Fill in the blank)

Time	Pulse (Rate & Location)	Blood Pressure	Respiratory Rate	Pulse Ox % O2 Sat	AVPU	Pain Scale (0-10)

DD FORM (NUM), (DATE) Page 1 of 2

EVAC CATEGORY: _____ BATTLE ROSTER #: _____

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

C: ☐ 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: _____

C:

Name	Volume	Route	Time
Fluid			
Blood Product			

MEDS:

Name	Dose	Route	Time
Analgesic (e.g. Ketamine, Fentanyl, Morphine)			
Antibiotic (e.g. Moxifloxacin, Entapenem)			
Other (e.g. TXA)			

OTHER: ☐ Combat-Pill-Pack ☐ Eye-Shield (☐ R ☐ L) ☐ Splint

☐ Hypothermia-Prevention Type: _____

NOTES: _____

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

DD FORM (NUM), (DATE) Page 2 of 2