M - A - R - C - H
Basic Life Support For Trauma

Massive Hemorrhage- Stop the bleeding

1. Direct pressure *
2. Tourniquet *
3. Expose the wound
4. Pack the wound with gauze or hemo gauze and hold pressure for 5 minutes
5. Apply pressure dressing

> * Only treatment applied during direct threat following return fire

Tourniquet - GO HIGH OR DIE; place TQ as high on the limb as possible, but not over joint

Airway- Open and maintain airway

1. Roll patient on their side (recovery position) *
2. Head tilt/Chin lift, Modified Jaw Thrust
3. NPA with lube

Respirations- Locate and treat injuries that are causing difficulty breathing

1. Expose the chest and back and look for penetrating wounds into the chest cavity (front and rear)
2. Apply occlusive dressing (chest seal) to all wounds from umbilicus to collar bones; remember entrance AND exit wound

Assess Breathing- Look, Listen & feel for:
- Mechanism of injury (what caused this?)
- Cyanosis (blue/pale skin)
- Anxiousness
- Decreased rise and fall of chest on injured side
- Respiratory distress (difficulty breathing)
- Increased breath rate
- Diminished breath sounds on injured side
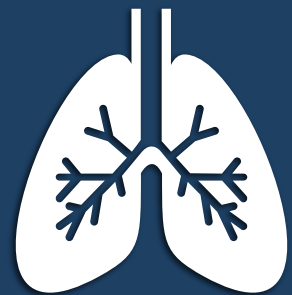
Circulation- Check for signs of shock

1. Central Nervous System (CNS) Decreased level of consciousness (LOC) , Anxiety, Disorientation, Belligerence
2. **Heart:** Increased heart rate, Decreased blood pressure
3. **Lungs:** Rapid shallow breathing
4. **Skin:** Pale, Cool, Clammy, Decreased capillary refill.
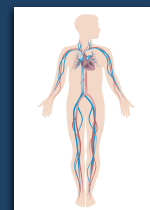
Treatment: Trendelenburg position- head lower than feet (contraindictated for head injury)

Head/Hypothermia

1. Examine for head injuries (Pupils equal, head trauma, fluid in ears)
2. Keep the patient warm to prevent heat loss (initiate as quickly as possible)

Triage Categories

- **Minimal** - **Walking wounded**
- **Delayed** - **NO risk of losing Life, Limb, or Eyesight. Patient is not in shock.**
- **Immediate** - **Risk of losing Life, Limb, or Eyesight. Patient is in shock.**
- **Expectant** - **Injuries are so extensive that optimal medical resources would not save a life.**

SPEC WAR SOLUTIONS