

Tactical Emergency Casualty Care (TECC) First Receiver Working Group

Rhys Williams, BSN, RN

Rwilliams@2SRG.com

Dr. Jason Roosa, MD

JroosaMD@2SRG.com

First Receiver Working Group

- **Mission:**
 - Create a “tool kit” for Hospital Mass Casualty planning using TECC principles.
 - Familiarize hospital systems with the TECC principles
- **Adaptability:** Hospital protocols will vary widely across the county depending on:
 - EMS Scope of practice
 - RN Scope of Practice
 - Trauma vs Non-Trauma Facility
- **Mass Casualty Focus:** First Receiver protocols are not designed to change routine trauma care. Current systems deliver great care.
- **Continuing the Discussion:** These protocols are being translated into guidelines for review, feedback and eventual approval.

Skills and Tasks

First Receiver Considerations:

- Who can do the task?
- Who should do the task?
- Standing Orders VS MD Driven orders



Skills and Tasks Matrix



TECC First Receiver Skills Task (TAC-1001)

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Example:
- Definitive Airway

Task	NON-MED	EMT (TECH)	AEMT	Paramedic	RN (ED)	RN (NON-ED)	RESP THERAPY	NP/PA (NON-ED)	NP/PA (ED)	MD (NON-ED)	MD (ED)
Initial Patient Movement	+	+	+	+	+	+	-	-	+	-	-
Primary Triage	-	-	+	+	+	-	-	+/-	+	-	-
Documentation of Care	-	+	+	+	+	+	-	-	+	-	-
M - Blood Sweep	+/-	+	+	+	+	+	-	+	+	+	+
M - Direct Pressure	+/-	+	+	+	+	+	-	+	+	+	+
M - Tourniquet	+/-	+	+	+	+	+	-	+	+	+	+
M - Pressure Dressing	+/-	+	+	+	+	+	-	+	+	+	+
M - Reassess Bleeding	+/-	+	+	+	+	+	-	+	+	+	+
M - Convert Tourniquet	-	-	+*	+*	+*	+*	-	+	+	+	+
M - Wound Packing (HCA/Gauze)	-	-	+*	+*	+*	+*	-	+	+	+	+
A - Body Positioning	+/-	+	+	+	+	+	-	+	+	+	+
A - Clear Airway / Suction	-	+	+	+	+	+	-	+	+	+	+
A - Basic Manual Maneuvers	+/-	+	+	+	+	+	-	+	+	+	+
A - Nasal Airway	-	+/-	+	+	+	+	-	+	+	+	+
A - Supraglottic Airway	-	-	+*	+*	-	-	-	+	+	+/-	+
A - Oro/nasotracheal intubation	-	-	+*	+*	-	-	-	+/-	+	+/-	+
A - Surgical Airway	-	-	+*	+*	+*	+*	-	+/-	+	+/-	+
A - Continuous Sedation	-	-	+*	+*	+*	+*	-	+/-	+	+/-	+
R - Seal sucking chest wound	-	+	+	+	+	+	-	+	+	+	+
R - Recognize Tension	-	+	+	+	+	+	-	+	+	+	+
R - Decompress tension	-	-	+*	+*	+*	+*	-	+	+	+/-	+
R - Chest Tube	-	-	-	-	-	-	-	+/-	+	+/-	+
R - BVM Ventilation	-	+	+	+	+	+	-	+	+	+	+
R - Ventilator Operations	-	-	+/-	+	+/-	+/-	+	+/-	+	+	+
R - Monitor Vented Patient	-	+/-	+	+	+	+	-	+/-	+	-	-
C - IO Access	-	+	+	+	+	+	-	+	+	+	+
C - IO Access	-	-	+*	+*	+*	+*	-	+	+	+	+
C - Ultrasound IV Access	-	+/-	+	+	+	+	-	+	+	+/-	+
C - Central IV Access	-	-	-	-	-	-	-	+	+	+/-	+
C - TXA Administration	-	-	+*	+*	+*	+*	-	+	+	-	-
C - Recognize Shock	-	+	+	+	+	+	-	+	+	+	+
C - Administer Crystalloids	-	-	+*	+*	+*	+*	-	+	+	-	-
C - Administer Blood	-	-	-	+*	+*	+*	-	+	+	-	-
C - Recognize Head Injury	-	+	+	+	+	+	-	+	+	+	+
C - Resuscitate Head Injury	-	-	+*	+*	+*	+*	-	+	+	+	+
H - Prevent Hypothermia	+	+	+	+	+	+	-	+	+	+	+
Administer Oral non-narcotics	-	+/-*	+/-*	+*	+*	+*	-	+	+	+	+
Administer IV non-narcotics	-	-	+*	+*	+*	+*	-	+	+	+	+
Administer Oral Narcotics	-	-	+*	+*	+*	+*	-	+	+	+	+
Administer IV Narcotics	-	-	+*	+*	+*	+*	-	+	+	+	+
Administer Oral Antibiotics	-	-	-	+*	+*	+*	-	+	+	+	+
Administer IV Antibiotics	-	-	-	+*	+*	+*	-	+	+	+	+
Administer Conscious Sedation	-	-	-	+/-*	+/-*	+/-*	-	+/-	+	+	+
Monitor Conscious Sedation	-	-	+	+	+	+	-	+	+	+	+
Monitor GREEN Patient	+	+	+	+	+	+	-	+	+	+	+
Monitor YELLOW Patient	-	-	+	+	+	+	-	+	+	+	+
Monitor RED Patient	-	-	+	+	+	+	-	+	+	+	+
Intrafacility Patient Transport	-	+	+	+	+	+	-	+	+	+	+
Interfacility Patient Transport	+	+	+	+	+	+	-	+	+	+	+
Nursing Care GREEN Patient	-	-	+	+	+	+	-	+	+	-	-
Nursing Care YELLOW Patient	-	-	+	+	+	+	-	+	+	-	-
Nursing Care RED Patient	-	-	+	+	+	+	-	+	+	-	-

* = MD Order Required

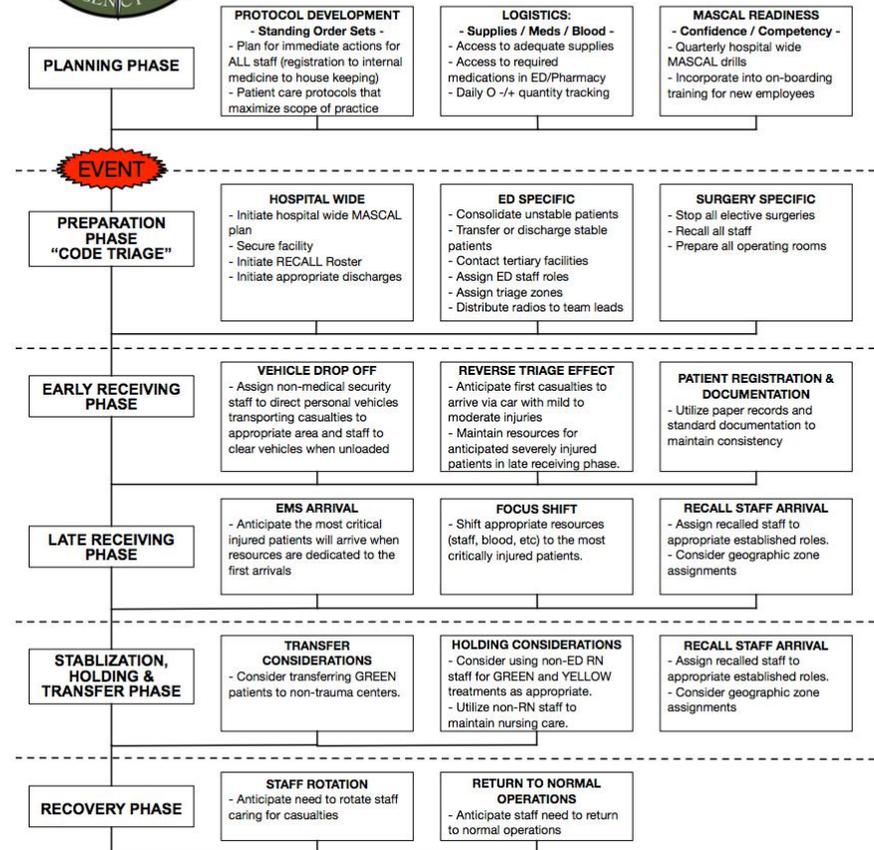
Phases of Care

Phases:

- Planning Phase
- Event Occurs
- Preparation Phase “Code Triage”
- Early Receiving
- Late Receiving
- Stabilization, Holding and Transfer
- Recovery



TECC First Receiver Phases of Care (TECC-FR-1000)



Flowsheet Protocol Format

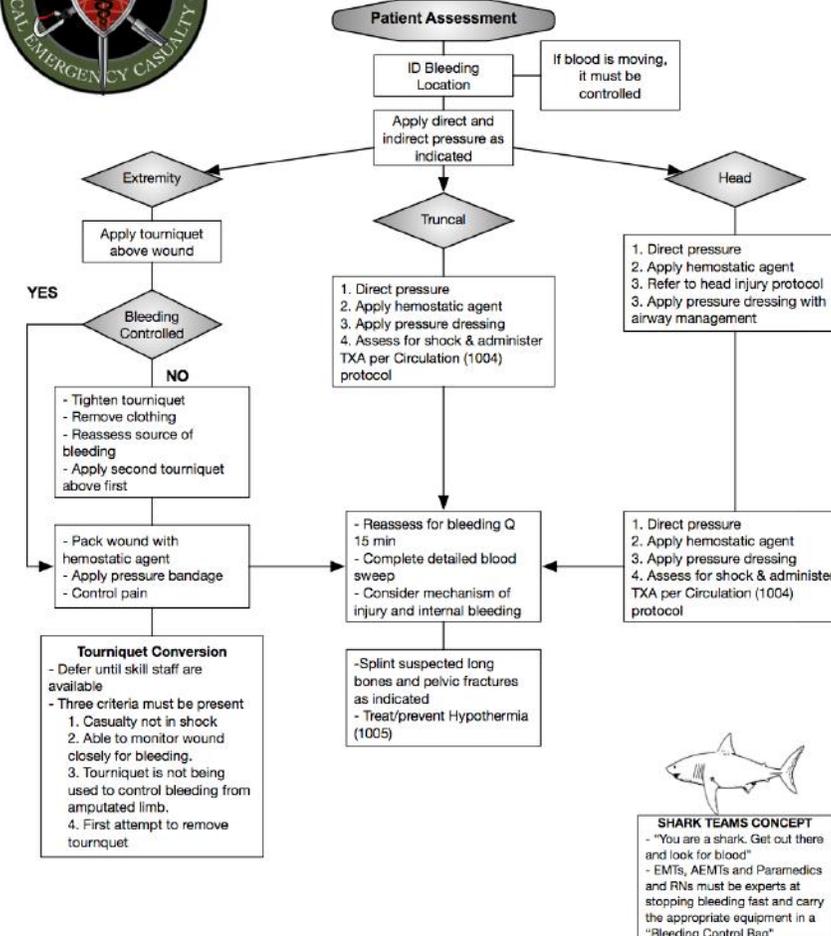
Intent:

- Flesh out ideas
- Create a framework for hospital specific protocols
- Flowsheet serves as
 1. Protocol
 2. Training Resource
 3. Real-Time Reference in MASCAL



First Receiver Major Bleeding (TECC-FR-1001)

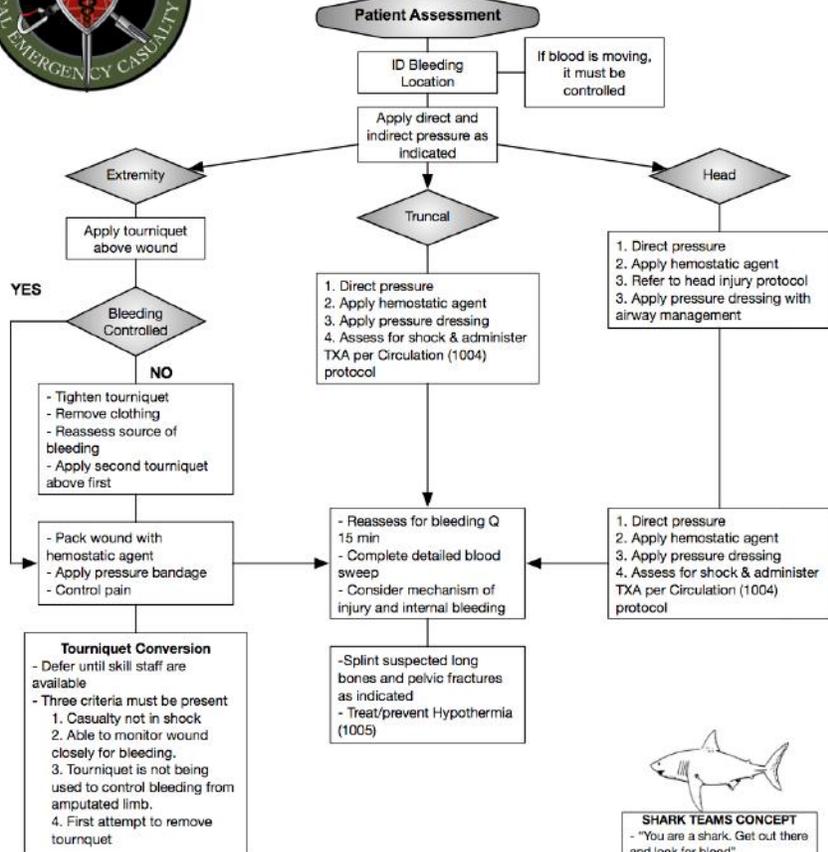
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First Receiver Major Bleeding (TECC-FR-1001)

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SHARK TEAMS CONCEPT

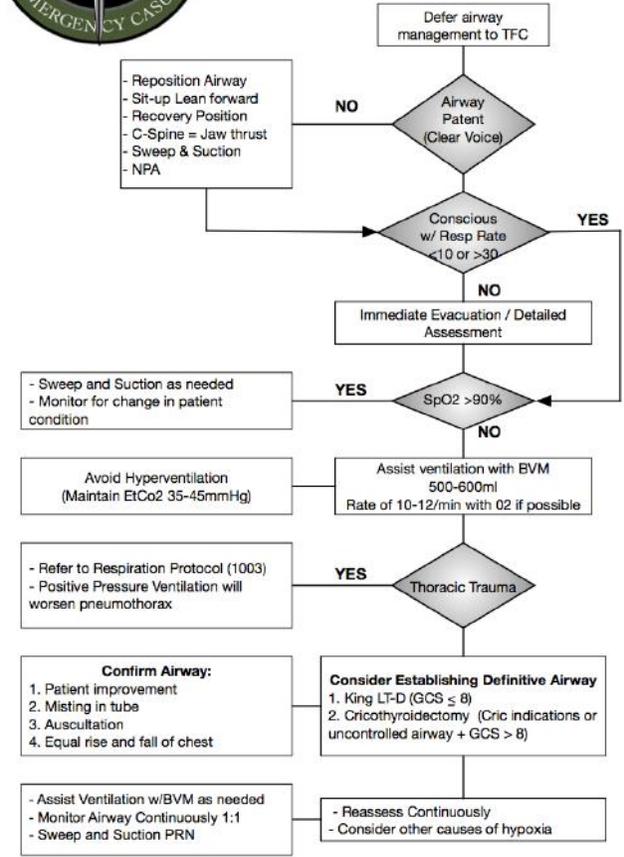
- "You are a shark. Get out there and look for blood!"

- EMTs, AEMTs and Paramedics and RNs must be experts at stopping bleeding fast and carry the appropriate equipment in a "Bleeding Control Bag"



Airway Management (TECC-FR-1002)

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Indications for Airway Management

- Secure airway prior to transport
- Airway obstruction
- GCS <8 or decreasing GCS
- Hypoxia (SpO2 <90%)

AVPU Assessment

- Alert
- Verbal - Responds to verbal stimuli
- Pain - Responds to painful stimuli
- Unresponsive - Does not respond to any stimuli

Glasgow Coma Scale

Eye Opening		
Spontaneous		4
To Voice		3
To Pain		2
None		1
Verbal Response		
Oriented to time, place & person		5
Confused		4
Inappropriate Words		3
Incomprehensible Sounds		2
None		1
Motor Response		
Obeys Commands		6
Localizes Pain		5
Withdrawals (Pain)		4
Flexion		3
Extension		2
None		1
E + V + M = GCS		

Cric Indications:

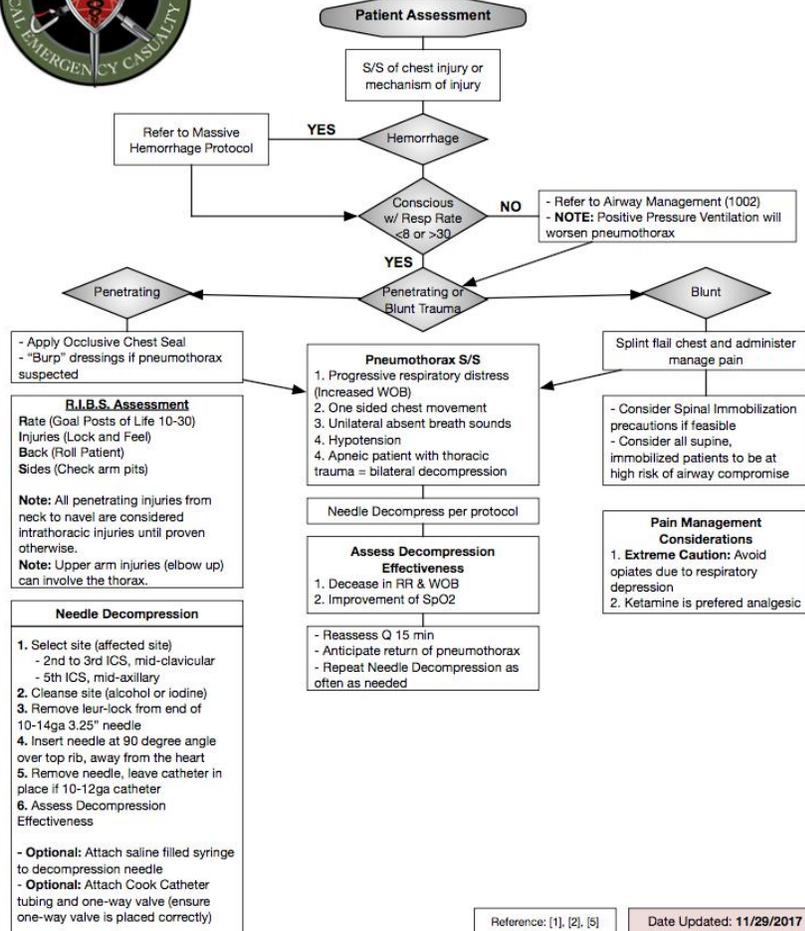
1. Maxillofacial Trauma
2. Airway Burns
3. Uncontrolled Airway + Intolerance to King-LT

**Consider premedicating with Ketamine 75mg IV/IM



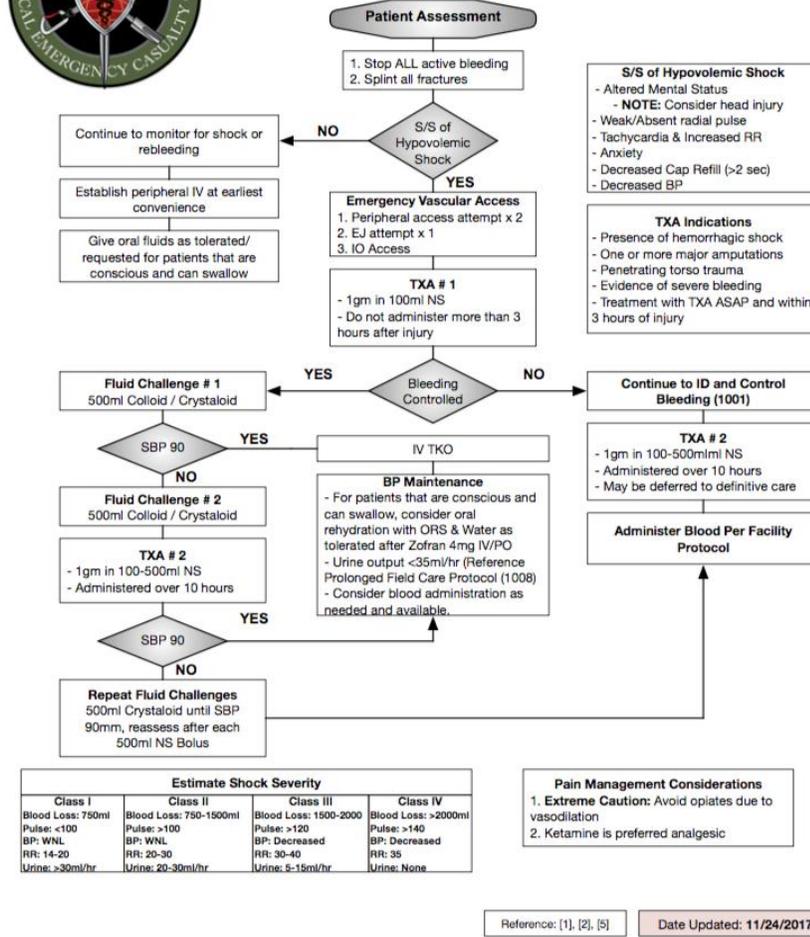
Respiration (TECC-FR-1003)

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Circulation (TECC-FR-1004)

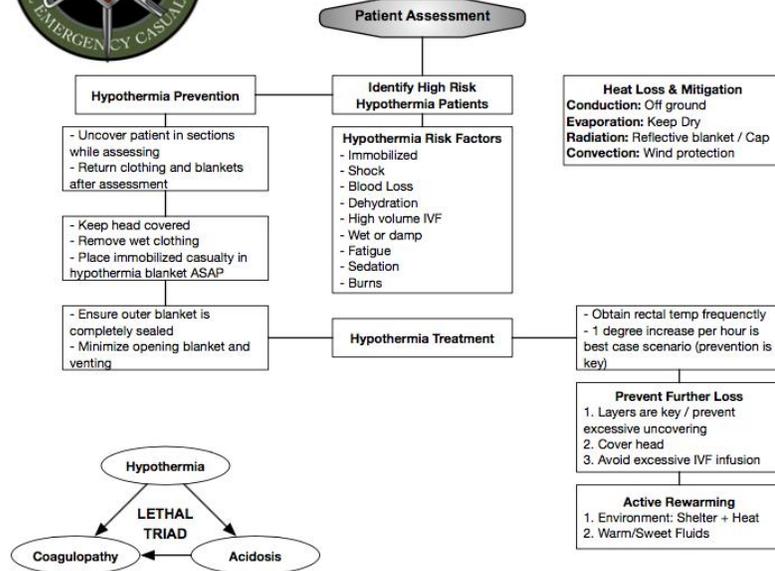
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Hypothermia (TECC-FR-1005)

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Hypothermia Classification		
Mild Temp: 93.2-96.8 - Prevent further heat loss	Moderate Temp: 86-93.2 - Actively rewarm - Increased danger of bleeding (reassess wounds for bleeding)	Severe Temp: <86 - Transport gently - Handle gently
S/S: - Shivering - Poor judgement - Cold diuresis	S/S: - Stupor - Shivering stops - RR decrease - HR decrease - Pupils dilate - Paradoxical undressing	S/S: - Cardiac dysrhythmia - Shivering stops - RR decrease - HR decrease - Pupils dilate - Paradoxical undressing

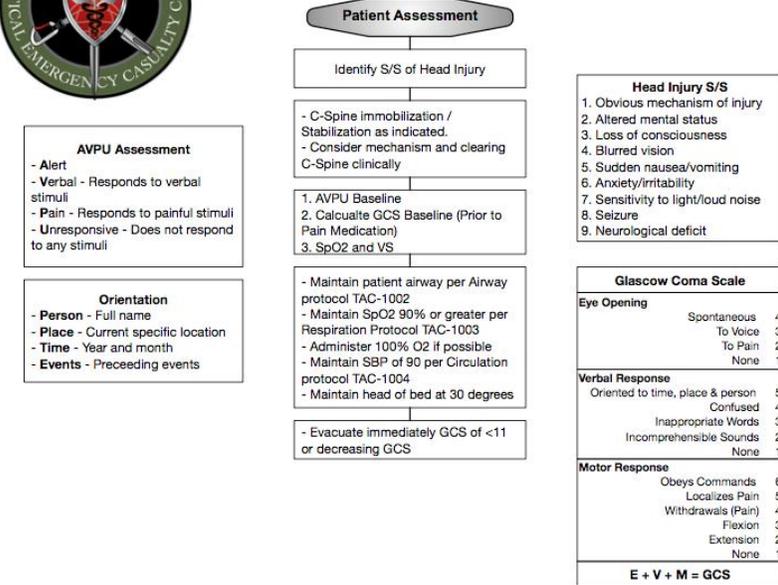
Reference: [1], [2], [5]

Date Updated: 11/29/2017



Head Injury (TECC-FR-1006)

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Reference: [1], [2], [5]

Date Updated: 11/29/2017

Pain Management

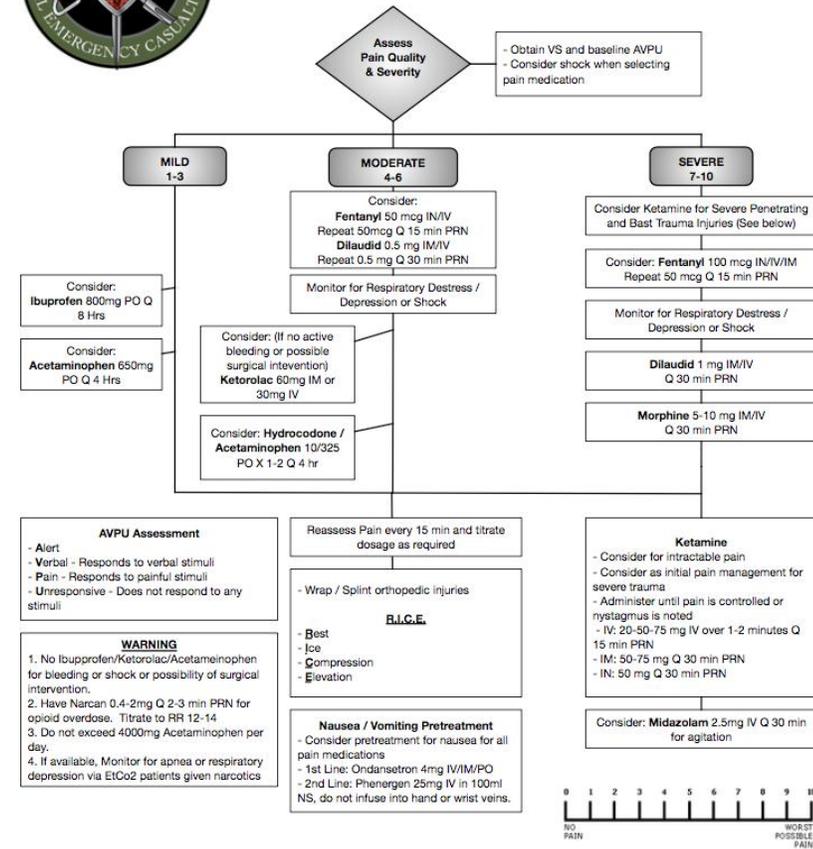
First Receiver Considerations:

- MD directed vs Standing Protocols
- Oral pain management for GREENs & maybe some YELLOWs
- Low dose Ketamine



Pain Management (TECC-FR-1007)

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Nursing Care

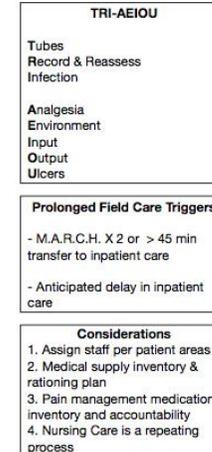
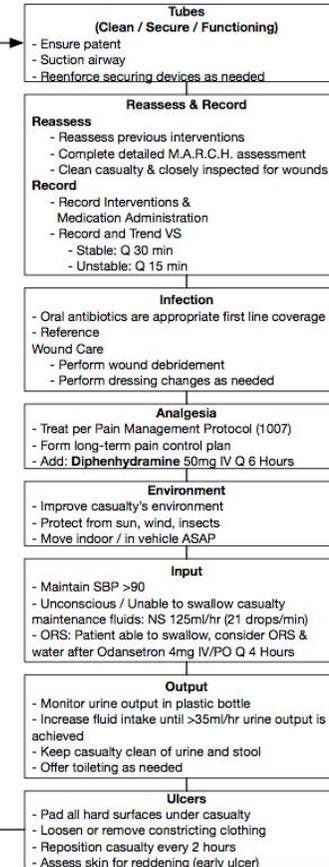
First Receiver Considerations:

- Nursing school on one page
- There are never enough nurses
- Recruit Techs, EMTs, Paramedics



Nursing Care (TECC-FR-1008)

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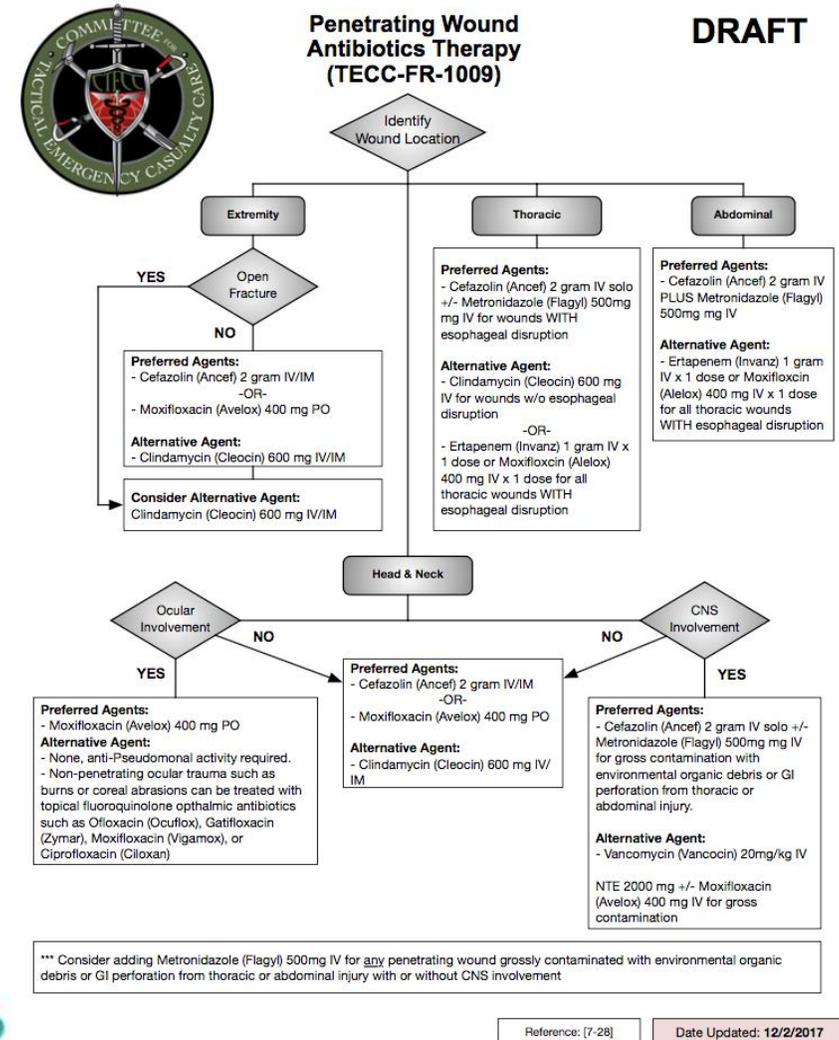
Reference: [1], [2], [4], [5]

Date Updated: 11/24/2017

Antibiotics

First Receiver Considerations:

- Standard process of ordering antibiotics is too slow
- Need menu to choose from for all ages
- Consider oral ABX for GREENs and some YELLOWs
- Local Antibiogram (Sensitivity)



Summary

- Working Group Tasks
 - Continue converting flowsheets into guidelines
- What can **YOU** do right now:
 - Continue hospital outreach (Plant the Seed)
 - Hemorrhage control training for all hospital staff
 - TECC Familiarization Courses
 - Sell it to the Nurses & Ancillary Staff
- Future Plans:
 - Hospital specific protocol development
 - Mass casualty exercises



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