



FIRST AID GUIDE FOR **SEVERE TRAUMA**

— DONT'T PANIC, BE PREPARED —





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EVERLIT SURVIVAL BE PREPARED FOR THE UNEXPECTED

WHO WE ARE?

WHO WE ARE?

Everlit Survival was founded by three American soldiers. After being discharged from the Army after years of dedicated service, they quickly realized that their passion for serving and protecting extended far beyond their military careers. That's when they founded Everlit Survival, a company that is dedicated to making emergency preparedness more accessible to every household.

We believe it is important for every individual to be prepared for emergencies, no matter how big or small, and everyone deserves to be equipped with the tools and knowledge necessary to handle unexpected situations. Accidents can happen at any time, and having the right tools and supplies can be the difference between life and death. That's why we carefully select and design products that meet their high standards for quality and effectiveness.

That's why we have created this pocket-size first aid manual; this booklet is designed to provide you with the information you need to handle unexpected situations quickly and effectively. Our mission is to empower individuals to take control of their own safety, and we believe that our first aid manual is an essential tool for achieving this goal. With Everlit Survival, you can feel confident that you are prepared for anything that comes your way.

THE UNEXPECTED EMERGENCY: PURPOSE OF THE MANUAL



PURPOSE

In emergency situations, every second counts, and having the right supplies readily available can mean the difference between a positive outcome and a tragedy. In many cases, emergency responders and medical professionals may not be immediately available, and individuals may need to rely on themselves or those around them to provide life-saving care. In such situations, having a trauma kit and knowing how to properly use its contents can be the difference between life and death.

The purpose of this manual is to provide readers with a comprehensive guide to treating severe trauma using the items included in a trauma kit. While having the necessary medical supplies is critical for treating trauma, it is equally important to have the knowledge and skills to use these supplies effectively. This manual will provide detailed information on each item included in a trauma kit, including its purpose, how to properly use it, and when it should be used. By understanding the function of each item, readers will be better equipped to make informed decisions and provide the most effective care possible in high-stress situations.

My hope is that this book will serve as a valuable resource for emergency responders, military personnel, law enforcement officers, and anyone interested in being prepared for emergencies. **By understanding the role of trauma kits and having the necessary knowledge and supplies, individuals can play a critical role in saving lives and minimizing the impact of severe trauma on those affected.**



TACTICAL COMBAT CASUALTY CARE TCCC GUIDELINE

TCCC GUIDELINE

TACTICAL COMBAT CASUALTY CARE

DEFINITION: TCCC is a set of guidelines for providing medical care to casualties in a tactical environment, such as in combat. The TCCC procedure is *a comprehensive, standardized approach to treating battlefield injuries and consists of three phases:*

1. Care Under Fire: This phase occurs when medical care is provided to the casualty while still under fire. The main goal is to stop any life-threatening bleeding by using tourniquets, hemostatic agents, and other techniques.

2. Tactical Field Care: This phase occurs when the casualty is no longer under direct fire. The main goal is to continue treating life-threatening injuries and initiate care for other injuries. This may involve further use of tourniquets and hemostatic agents, as well as other interventions such as airway management, chest seals, and pain management.

3. Tactical Evacuation Care: This phase occurs during the evacuation of the casualty to a higher level of care. The main goal is to provide continued care for any ongoing injuries or conditions, as well as prepare the casualty for transport.

Training in TCCC is critical for all military personnel and other individuals who may be involved in providing medical care in a combat or tactical environment. Proper training can help ensure that the TCCC procedure is implemented effectively, potentially saving lives in the process.



MARCH ALGORITHM

DEFINITION: a framework for treating combat casualties developed by the United States military as part of Tactical Combat Casualty Care (TCCC). **MARCH is an acronym for the five main priorities in treating casualties based on the severity of their injuries:**

(1) Massive Hemorrhage: This refers to controlling any life-threatening bleeding. The first step in treating a casualty is to stop the bleeding, which can be done with tourniquets, pressure dressings, and other hemostatic agents.

(2) Airway: This refers to ensuring that the casualty's airway is open and unobstructed. If necessary, airway adjuncts such as nasal airways or endotracheal intubation may be used to maintain an open airway.

(3) Respiration: This refers to ensuring that the casualty is breathing adequately. Chest seals or needle decompression may be used to treat chest injuries that are causing breathing problems.

(4) Circulation: This refers to ensuring that the casualty has adequate circulation. If necessary, fluid resuscitation or the administration of blood products may be used to treat hypovolemic shock.

(5) Hypothermia: This refers to preventing and treating hypothermia, which can occur in the combat environment due to exposure to cold weather or other factors. Treatment may include the use of warming blankets or other measures to maintain the casualty's body temperature.

A top-down view of various military-style medical supplies and gear arranged on a dark wooden surface. The items include a large olive green bag with multiple straps, a roll of green splints labeled 'EVERLETT SURVIVAL 36 INCH SPLINT WATERPROOF', a green splint box, a black bag of 'EMERGENCY COMPRESSION BANDAGE', a black chest seal labeled 'CHEST SEAL', a Swiss cross first aid kit, a red cross first aid kit, a pair of scissors, a utility knife, a flashlight, a small metal container, and several smaller pouches and bags. The text 'KNOW YOUR SUPPLIES' is written in white, bold, sans-serif font above the word 'TRAUMA' in a much larger, white, bold, sans-serif font, with 'SUPPLY 101' below it in a similar font size.

KNOW YOUR SUPPLIES
TRAUMA
SUPPLY 101

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MASSIVE HEMORRHAGE

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MASSIVE HEMORRHAGE: INSTRUCTION COMBAT TOURNIQUET

COMBAT TOURNIQUET

MASSIVE HEMORRHAGE

COMBAT TOURNIQUET

PURPOSE: *Quickly stop severe bleeding from an injured limb*, providing critical time for further medical treatment and potentially saving a life. Combat tourniquets work by compressing the blood vessels in the limb, which stops the flow of blood and prevents further bleeding. This can be critical in preventing the loss of a limb or even death due to severe blood loss.

USE: Combat tourniquet can be used in following situations, where there is significant bleeding from a limb (1) Combat or military situations. (2) Accidents. (3) Natural disasters. (4) Violent incidents.

LIMITATIONS: (1) *Time limit:* Combat tourniquets should only be used as a last resort and for a short duration of time. *Leaving a tourniquet in place for too long can cause tissue damage or even limb loss.* (2) *Injury location:* Tourniquets should only be used on extremities such as arms and legs. *They should not be used on the neck or torso as it can cause serious injury or death.* (3) *Incorrect placement:* Tourniquets must be applied correctly and in the appropriate location to effectively control bleeding. (4) *Risk of infection:* If the tourniquet is not applied in a sterile environment or *if it is left on for too long, it can increase the risk of infection in the affected limb.* (5) *Pre-existing conditions:* Certain medical conditions such as sickle cell anemia or peripheral artery disease may make it difficult to effectively use a tourniquet. In these cases, other methods of bleeding control should be used.

MASSIVE HEMORRHAGE: INSTRUCTION COMBAT TOURNIQUET



INSTRUCTION:

1. Assess the situation: Find the source of the bleeding and assess the severity of the injury. If the wound is not severe enough to require a tourniquet, use other methods of bleeding control such as direct pressure or elevation.

2. Apply the tourniquet: Place the tourniquet around the affected limb, between the wound and the heart. The tourniquet should be placed at least 2 inches above the wound and not directly over any joint or wound.

3. Tighten the tourniquet: Pull the tourniquet strap as tight as possible using the windlass. The tourniquet should be tightened until the bleeding has stopped.

4. Secure the tourniquet: Lock the windlass or tightening rod in place to prevent the tourniquet from loosening.

5. Monitor the wound: Check the wound regularly for signs of bleeding. If bleeding persists, re-tighten the tourniquet.

Tourniquets should only be used as a temporary measure until medical help arrives. As soon as possible, seek medical attention for the injured person.

6. Document the use of the tourniquet: Record the time the tourniquet was applied and inform medical professionals of its use when they arrive.





MASSIVE HEMORRHAGE: INSTRUCTION ISRAELI STYLED COMPRESSION BANDAGE

ISRAELI STYLED COMPRESSION BANDAGE

ISRAELI STYLED COMPRESSION BANDAGE

PURPOSE: Designed to control bleeding and provide pressure to a wound, which helps to limit blood loss and promote clotting.

USE: Commonly used in military and emergency medical settings to control bleeding and to treat a variety of injuries, including lacerations, puncture wounds and amputations. It can also be used to secure dressing material in place and provide compression to reduce swelling and prevent hematoma formation.

LIMITATIONS: (1) Proper training is necessary to ensure that the Israeli bandage is used correctly and effectively. (2) For large or deep wounds, additional measures, such as direct pressure or a tourniquet, may be required to control bleeding. (3) If not applied properly or changed regularly, Israeli bandage can increase the risk of infection (4) Not be suitable for certain types of wounds, such as burns, where a different type of dressing may be required.



MASSIVE HEMORRHAGE: INSTRUCTION ISRAELI STYLED COMPRESSION BANDAGE



INSTRUCTION:

1. Remove the bandage from its packaging and place the pad over the wound.
2. Wrap the bandage around the wound and pull the end of the bandage tight.
3. Secure the end of the bandage to the hook on the bandage, making sure that the bandage is snug but not too tight. **Use the pressure bar to provide additional compression if necessary.** Place the pressure bar directly over the wound and twist the bandage to tighten.
4. Monitor the patient's condition and seek additional medical attention if necessary.

NOTE:

There are certain types of wound you should avoid applying pressure or using compression bandage:

- (1) **Burns:** Compression bandages can cause further damage to burned skin, which is fragile and prone to blistering.
- (2) **Infected wounds:** Applying pressure or a compression bandage to an infected wound can cause the infection to spread or worsen.
- (3) **Insect bites and stings:** Applying pressure or a compression bandage to an insect bite or sting can spread the venom or poison further into the body.
- (4) **Deep puncture wounds:** Applying pressure to deep puncture wounds can drive bacteria deeper into the wound and cause infection.
- (5) **Fractures or dislocations:** Applying pressure or a compression bandage can cause further damage.



MASSIVE HEMORRHAGE: INSTRUCTION HEMOSTATIC COMPRESSED GAUZE

HEMOSTATIC COMPRESSED GAUZE

HEMOSTATIC COMPRESSED GAUZE

PURPOSE: Quickly control severe bleeding and prevent further blood loss in emergency situations. The gauze contains a hemostatic agent that promotes blood clotting and helps to seal the wound.

USE: Typically used in emergency situations where there is significant bleeding, such as in trauma, accidents, or other injuries. It is also used in military or combat settings where immediate and effective bleeding control is essential.

LIMITATION

(1) Time limit: The hemostatic agents used in the gauze can generate heat as they promote clotting, which can lead to burns or tissue damage if the gauze is not removed in a timely manner. **(2) Size of wound:** Not be suitable for wounds that are too small or too large to be effectively packed. **(3) Type of wound:** May not be appropriate for certain types of wounds, such as those that require specialized dressings or treatments.



MASSIVE HEMORRHAGE: INSTRUCTION HEMOSTATIC COMPRESSED GAUZE



INSTRUCTION

****Please note that these are general instructions and may need to be modified based on the specific situation and individual needs. Always seek proper medical training and supervision before using hemostatic gauze or any other medical device.****

1. Open the package and remove the sterile gauze.
2. Apply direct pressure to the wound with a gloved hand to control bleeding.
3. Remove the gauze from the package and unfold it.
4. Pack into the wound with the hemostatic gauze, applying firm pressure to create direct pressure on the bleeding site.
5. Continue to pack the wound with additional gauze.
6. Apply firm pressure over the packed wound for at least 1 minute until the bleeding is controlled.
7. Secure the gauze in place with a bandage or other appropriate means.
8. Monitor the wound and the patient for any signs of bleeding or other complications.



MASSIVE HEMORRHAGE: INSTRUCTION NON-HEMOSTATIC COMPRESSED GAUZE

NON-HEMOSTATIC COMPRESSED GAUZE

NON-HEMOSTATIC COMPRESSED GAUZE

PURPOSE: Help to control bleeding and manage wounds for packing or wrapping. It is designed to be highly absorbent and is used to pack deep or penetrating wounds to help promote clotting and stem bleeding.

USE: Primarily used as a sterile covering for wounds and to absorb blood in emergency situations such as in pre-hospital care, emergency rooms, and intensive care units. It is also used in military settings where rapid treatment of traumatic injuries is necessary.

LIMITATION

(1) Ineffective in controlling severe bleeding: Non-hemostatic gauze is not designed to control severe bleeding, and may not be effective in situations where there is significant bleeding. **(2) Risk of infection:** Non-hemostatic gauze does not contain any hemostatic agents and may not prevent infection. It should not be used on wounds that are at risk of infection. **(3) Limited use in certain situations:** Non-hemostatic gauze may not be effective in situations where there is deep or large wound. **(4) Not suitable for burns:** Non-hemostatic gauze may cause further damage to burns as it can stick to the wound and cause further injury. **(5) May not provide adequate pressure:** Non-hemostatic gauze may not provide adequate pressure to the wound, particularly if the wound is on a joint or other area where it is difficult to apply pressure.

MASSIVE HEMORRHAGE: INSTRUCTION NON-HEMOSTATIC COMPRESSED GAUZE



NON-HEMOSTATIC COMPRESSED GAUZE

INSTRUCTION

****Please note that these are general instructions and may need to be modified based on the specific situation and individual needs. Always seek proper medical training and supervision before using hemostatic gauze or any other medical device.****

1. Open the package and remove the sterile gauze.
2. Apply direct pressure to the wound with a gloved hand to control bleeding.
3. Remove the gauze from the package and unfold it.
4. Pack into the wound with the hemostatic gauze, applying firm pressure to create direct pressure on the bleeding site.
5. Continue to pack the wound with additional gauze.
6. Apply firm pressure over the packed wound for at least 1 minute until the bleeding is controlled.
7. Secure the gauze in place with a bandage or other appropriate means.
8. Monitor the wound and the patient for any signs of bleeding or other complications.



AIRWAY: SUPPLY INSTRUCTION

NASAL AIRWAY (NPA)

NASOL AIRWAY (NPA)

AIRWAY

NASAL AIRWAY (NPA)

PURPOSE: *Used to maintain an open airway* in unconscious or semi-conscious patients who cannot maintain a clear airway on their own. The primary purpose of a nasopharyngeal airway is inserted through the nose and into the back of the throat, allowing air to flow freely into the lungs.

USE: Commonly used in emergency situations, such as in pre-hospital care, emergency rooms, and intensive care units. It is also used during surgical procedures or other medical interventions where general anesthesia is used.

LIMITATIONS: (1) *Nasal injury:* Inserting a nasal airway tube can cause trauma to the nasal passages and surrounding tissue. It should not be used in patients with severe nasal injuries or deformities. (2) *Bleeding:* Nasal airway tubes can cause bleeding in the nasal passages, particularly in patients with blood clotting disorders or those taking blood thinning medications. (3) *Nasal obstruction:* The nasal airway tube may not be effective in patients with severe nasal obstruction or blockages, such as those with nasal polyps or tumors. (4) *Discomfort:* Patients may experience discomfort or pain when the nasal airway tube is inserted, particularly if it is not done correctly or if it is left in place for too long. (5) *Airway obstruction:* If the nasal airway tube is not inserted correctly or if it moves out of place, it may cause airway obstruction and compromise the patient's breathing. Therefore, proper placement and monitoring are necessary.

AIRWAY: SUPPLY INSTRUCTION

NASOL AIRWAY (NPA)



INSTRUCTION:

****Please note that these are general instructions and may need to be modified based on the specific situation and individual needs. Always seek proper medical training and supervision before using a nasopharyngeal airway or any other medical device.****

1. Choose the appropriate size of nasopharyngeal airway for the patient based on their age and size, and lubricate the tip of the airway with a water-based lubricant.
2. Tilt the patient's head back slightly and gently insert the airway into one nostril, following the natural curve of the nasal passage.
3. Advance the airway slowly and carefully until it reaches the back of the throat.
4. If resistance is encountered, withdraw the airway slightly and try inserting it into the other nostril.
5. Once the airway is in place, check to ensure that it is not obstructed and that air can flow freely through it.
6. Secure the airway in place with medical tape or other appropriate means.





RESPIRATION: INSTRUCTION NON-VENTED CHEST SEAL

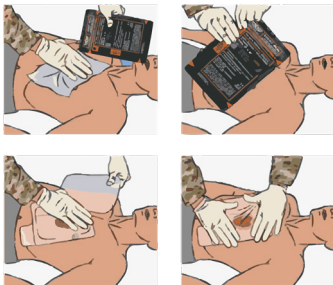
NON-VENTED CHEST SEAL

RESPIRATION

NON-VENTED CHEST SEAL

PURPOSE: Designed to prevent air from entering the *pleural space (the space between the lungs and chest wall)* in cases of traumatic chest injuries, to help relieve the pressure and prevent further damage to the organs.

USE: (1) *Tension Pneumothorax:* When air leaks into the pleural space and cannot escape, it creates pressure that can cause the lung to collapse. Non-vented chest seals can be used to create a one-way valve that allows air and fluid to escape while preventing air from re-entering the chest cavity. (2) *Open Chest Wounds:* cover and seal an open chest wound, preventing air from entering the pleural space. (3) **Flail Chest:* stabilize the chest wall and prevent further injury. *Flail Chest is a chest in which sections of broken ribs are isolated from, and interfering with, normal chest movements. That means the chest cannot expand properly and cannot properly draw air into the lungs.



RESPIRATION: INSTRUCTION

NON-VENTED CHEST SEAL



NON-VENTED CHEST SEAL

INSTRUCTION

1. Assess the situation: Determine if the person has a chest injury with a sucking chest wound that requires the use of a chest seal.

2. Prepare the wound: Clean the wound area and remove any clothing or debris around the wound.

3. Apply the chest seal: Remove the backing from the adhesive side of the chest seal and apply it firmly over the wound. The chest seal should be placed in the center of the wound, covering the entire area of the injury.

4. Press the seal: Press down on the chest seal with your hand to ensure a tight seal. The chest seal should be applied with enough pressure to prevent air from entering the chest cavity.

5. Monitor the wound: Check the wound regularly for signs of air entering the chest cavity, such as the chest seal lifting or the person experiencing difficulty breathing.

6. Seek medical attention: Chest seals should only be used as a temporary measure until medical help arrives. As soon as possible, seek medical attention for the injured person.

7. Document the use of the chest seal: Record the time the chest seal was applied and inform medical professionals of its use when they arrive.



RESPIRATION: INSTRUCTION NEEDLE DECOMPRESSION

NEEDLE DECOMPRESSION

NEEDLE DECOMPRESSION

PURPOSE: A temporary measure to provide rapid relief of symptoms and prevent further deterioration while more definitive treatment, such as chest tube insertion, can be arranged. The purpose of needle decompression is to quickly and temporarily relieve pressure and restore breathing by creating a pathway for air to escape from the pleural space.

USE: (1) **Tension pneumothorax:** can occur as a complication of medical procedures, such as central line placement, mechanical ventilation, or cardiopulmonary resuscitation. (2) **Lung Disease:** Tension pneumothorax can occur spontaneously in patients with underlying lung disease, such as chronic obstructive pulmonary disease (COPD) or emphysema. (3) **Traumatic Chest Injuries.**

Limitation:

****Needle decompression should only be performed by trained medical personnel who have been properly trained and certified in the procedure.****

(1) Needle decompression should **only be used for suspected or confirmed tension pneumothorax**; it may not be effective in treating other types of chest injuries or respiratory distress and should not be used as a diagnostic tool.

(2) Needle decompression should be used with caution in patients with underlying lung conditions, such as **emphysema or chronic obstructive pulmonary disease (COPD), as it may worsen their condition.**

(3) Needle decompression may cause harm to the fetus or the mother when used on pregnant women.

(4) Needle decompression may cause complications such as bleeding, infection, or damage to surrounding tissues if not performed correctly.

RESPIRATION: INSTRUCTION

NEEDLE DECOMPRESSION



(5) Needle decompression should not be used as a substitute for definitive medical care and should only be considered a temporary measure until the patient can receive advanced medical treatment.

INSTRUCTION

- 1. Assess the situation:** confirm the presence of tension pneumothorax. *Signs and symptoms may include respiratory distress, chest pain, decreased breath sounds on the affected side, tracheal deviation, and hypotension.*
- 2. Gather equipment:** Necessary equipment typically includes a large-bore needle (14-16 gauge), a syringe, sterile gloves, an antiseptic solution, and a sterile drape.
- 3. Position the patient:** Position the patient in a supine position with the affected side facing up.
- 4. Identify the insertion site:** Locate the second intercostal space in the midclavicular line on the affected side. Mark the insertion site with a sterile marker or pen.
- 5. Prepare the site:** Cleanse the insertion site with an antiseptic solution and drape the area with sterile drapes.
- 6. Insert the needle:** Using sterile technique, insert the needle through the skin and into the pleural space at a 90-degree angle. Advance the needle until a rush of air is heard. Withdraw the needle slightly to avoid injuring the lung.
- 7. Confirm placement:** Attach the syringe to the needle and withdraw a small amount of air to confirm placement. The syringe should fill with air, indicating that the needle is in the pleural space.
- 8. Secure the needle:** Secure needle in place with a suture or sterile adhesive.



HYPOTHERMIA: INSTRUCTION THERMAL BLANKET

THERMAL BLANKET

THERMAL BLANKET: *typically made of a thin, reflective mylar material that reflects back the body's own heat, helping to retain warmth and prevent heat loss.*

PURPOSE: Help regulate body temperature and prevent hypothermia in emergency situations.

USE: Commonly used in emergency situations, such as natural disasters, wilderness survival, or accidents where people may be exposed to cold temperatures or inclement weather. They are also used by emergency responders and medical professionals to provide warmth and protection to patients during transportation or in field hospitals.

LIMITATIONS: (1) Not effective in very cold or extreme conditions. (2) **May not be suitable for patients with a fever or elevated body temperature:** A thermal blanket may cause a patient's body temperature to rise even higher if they already have a fever or elevated body temperature. (3) **Limited durability.** (4) **Limited insulation:** may not provide enough insulation in wet or damp conditions, which can increase the risk of hypothermia. (5) **May not be suitable for patients with certain medical conditions:** Patients with circulatory or respiratory problems may not be able to tolerate the added warmth from a thermal blanket.

INSTRUCTION:

1. Unfold the thermal blanket completely. Wrap the blanket around the body, making sure to cover as much skin as possible.
2. Tuck the edges of the blanket under the body to help trap heat. Use additional clothing to help insulate the body.
3. Monitor the individual's body temperature and condition, and seek medical attention if necessary.

HYPOTHERMIA: INSTRUCTION RAIN PONCHO



RAIN PONCHO

RAIN PONCHO: *typically made of a lightweight and waterproof plastic material called polyethylene, a synthetic polymer that is made by polymerizing ethylene gas under high pressure and temperature.*

PURPOSE & USE: Help prevent hypothermia and keep the wearer dry during wet weather conditions. Disposable rain ponchos are often small and compact, making them easy to carry in a bag or pocket. They are also lightweight and can be quickly and easily put on or taken off, which makes them a popular choice for outdoor events such as concerts, sporting events, and festivals.

LIMITATIONS: Not as durable or long-lasting as other types of rain gear, and they may not provide as much insulation or protection in very cold or windy conditions.

Q: *What is hypothermia?*

A: Hypothermia is a medical emergency that occurs when the body's core temperature drops below the normal range of 95-99°F (35-37°C). This can be caused by prolonged exposure to cold temperatures or wet conditions, and can lead to serious complications if not treated promptly.

Q: *How can hypothermia be prevented?*

A: Hypothermia can be prevented by taking steps to stay warm and dry in cold or wet conditions. This may include wearing warm and layered clothing, staying hydrated, avoiding exposure to wind and moisture, and seeking shelter in extreme weather conditions.



BONE FRACTURE: INSTRUCTION UNIVERSAL COMBAT SPLINT

UNIVERSAL COMBAT SPLINT

UNIVERSAL COMBAT SPLINT

PURPOSE: Designed to immobilize and stabilize fractures or dislocations, which helps to reduce pain, prevent further injury, and promote healing. The splint can be used to treat a variety of injuries, including fractures of the limbs and spine, dislocated joints, and sprains.

USE: (1) In a combat or tactical setting, the Combat Splint can be used to stabilize and immobilize fractures or dislocations that occur in the field. The splint can be applied quickly and easily, allowing injured individuals to be transported to a medical facility for further treatment.

(2) In a wilderness or outdoor setting, the Combat Splint can be used to stabilize fractures or dislocations that occur while hiking, camping, or engaging in other outdoor activities. The splint can be applied using materials found in the natural environment, such as sticks or branches, making it a useful tool for emergency survival situations.

(3) The Combat Splint is a versatile medical device that can be used in a variety of situations where quick and effective immobilization of a limb or joint is necessary.

LIMITATIONS: Adhesive wound dressings are generally safe and effective, however, in some cases, here are things you should consider: (1) **Allergic reaction-** If any redness, swelling, or itching occurs around the wound, remove the dressing and contact healthcare provider (2) **Wound drainage-** certain wound dressings are not recommended for wounds that are heavily exuding or draining (3) **Fragile**

BONE FRACTURE: INSTRUCTION UNIVERSAL COMBAT SPLINT



NON-ADHERENT PAD: *wound pads made of a soft, absorbent, breathable material, usually non-woven fabric, that does not stick to the wound.*

PURPOSE: Prevent the dressing from sticking to the wound, protect wound and promote healing while minimizing pain and trauma during dressing changes.

USE: Treatment of burns, abrasions, and other types of wounds that require gentle, non-invasive care.

LIMITATIONS: Not be suitable for all types of wounds, such as heavily exuding wounds, non-adherent pad may not be able to provide sufficient compression or absorption.

INSTRUCTION:

1. Clean the wound with saline solution and dry the surrounding skin.
2. Place the non-adherent pad gently onto the wound, ensuring that it covers the entire wound.
3. Cover the non-adherent pad with a secondary dressing, such as a gauze bandage or adhesive bandage. Or, use adhesive tape or a bandage to secure the non-adherent pad in place.
4. Check the wound and dressing regularly for signs of infection or other complications.
5. Change non-adherent pad at least 1 to 3 days, or as directed by your healthcare provider. Dispose of used dressings and any other materials used to clean the wound in a proper biohazard container.



STAY CALM, ACT FAST

TRAUMA

INJURY 101



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Open Chest Wound



TRAUMA INJURIES: HOW TO TREAT HYPOTHERMIA

HYPOTHERMIA

I. HYPOTHERMIA

CONDITION: Hypothermia is a condition where the body's core temperature drops below normal levels (below 95°F or 35°C) due to prolonged exposure to cold temperatures.

SYMPTOM: Symptoms of hypothermia include (1) Shivering or shaking. (2) Cold, pale skin. (3) Slurred speech or mumbling. (4) Slow, shallow breathing. (5) Weak pulse. (6) Lack of coordination. (7) Confusion or memory loss. (8) Drowsiness or exhaustion. (9) Unconsciousness (in severe cases only)

TREATMENT* *Hypothermia can be life-threatening and requires prompt treatment. Early recognition of symptoms and appropriate intervention can help prevent complications and potentially save lives.*

1. Remove the person from the cold environment and into a warm, dry area as soon as possible.
2. Remove any wet clothing and replace with dry clothing or thermal blanket, make sure to cover the person's head and neck to help retain body heat.
3. If possible, provide warm, non-alcoholic beverages if the person is conscious and able to swallow.
4. Use warm compresses on the chest, neck, armpits, and groin.



II. BONE FRACTURE

CONDITION: Bone fracture is a condition when a bone in the body is broken or cracked due to an external force that is stronger than the bone itself.

SYMPTOM: (1) Pain, swelling, and tenderness around the affected area. (2) Difficulty moving the affected limb or joint. (3) Bruising or discoloration. (4) Deformity, such as a visible bend or break in the bone. (5) Numbness or tingling in the affected area.

TREATMENT* *Treatment for bone fractures can depend on the severity and location of the fracture. It's important to seek medical attention for suspected bone fractures.*

1. Immobilization: The affected area may be immobilized using a cast, brace, or splint to prevent further injury and promote healing.

2. Pain management: Pain relief medication, such as over-the-counter pain relievers or stronger prescription medications, may be used to manage pain.

3. Rest: Rest and limited activity may be required to allow the bone to heal properly.

4. Surgery: In severe cases, surgery may be necessary to repair the bone and restore function.

5. Rehabilitation: Physical therapy or other rehabilitation measures may be recommended to restore range of motion and strength to the affected area.



TRAUMA INJURIES: HOW TO TREAT SEVERE BLEEDING

SEVERE BLEEDING

III. SEVERE BLEEDING ON LIMBS

CONDITION: Wound is bleeding heavily and the blood is bright red and/or spurting out. Or, if the bleeding has not stopped or slowed down after several minutes of applying pressure, it may be considered a severe bleed.

SYMPTOM: Symptoms of severe bleeding include (1) Visible bleeding from a wound on the limb. (2) Swelling and discoloration around the wound. (3) Pain or tenderness in the affected area. (4) Weakness, numbness, or tingling in the limb, depending on the severity of the injury

TREATMENT* *Hemorrhage on limbs can be life-threatening if not treated promptly and properly. It's important to seek medical attention immediately.*

1. Apply direct pressure to the wound using a clean cloth or bandage. If possible, elevate the affected limb above the level of the heart to help reduce blood flow to the area.
2. If bleeding continues, apply a tourniquet to the limb. A tourniquet is a device that compresses the limb and stops the flow of blood. Tourniquets should be used as a last resort and only for life-threatening bleeding that cannot be controlled with direct pressure.
3. Once the bleeding is under control, assess the wound and clean it as necessary. Apply a sterile dressing or bandage to protect the wound and prevent infection.

TRAUMA INJURIES: HOW TO TREAT MAJOR DEEP ARTERIAL BLEEDING



IV. MAJOR DEEP ARTERIAL BLEEDING

SYMPTOM: (1) Persistent or increasing bleeding from a wound. (2) Signs of shock, such as rapid heartbeat, low blood pressure, and pale, cool skin. (3) Difficulty breathing or shortness of breath. (4) Loss of consciousness.

TREATMENT* *Seek professional medical assistance as soon as possible if a hemorrhage cannot be controlled with a tourniquet or other basic first aid techniques.*

1. Direct pressure: Apply direct pressure to the wound with a sterile dressing, using both hands if possible. *Maintain pressure for at least 5-10 minutes*, or until bleeding stops.

2. Hemostatic agents: If direct pressure alone is not enough, hemostatic agents, such as gauze impregnated with clotting factors, may be applied to the wound. These agents promote clotting and can help control bleeding.

3. Wound packing: If bleeding continues, wound packing may be necessary: pack the wound with gauze or other materials to apply pressure and promote clotting.

4. Compression bandages: Once bleeding has been controlled, apply compression bandage over the wound to maintain pressure and prevent bleeding from starting again.

5. Surgical intervention: In some cases, surgical intervention may be necessary to control bleeding. This may involve the use of sutures, staples, or other techniques to repair the damaged blood vessels and tissues.



TRAUMA INJURIES: HOW TO TREAT OPEN CHEST WOUND

OPEN CHEST WOUND

V. OPEN CHEST WOUND

CONDITION: An open chest wound, also known as an open pneumothorax, is a serious injury that can be life-threatening if not treated promptly.

SYMPTOM: (1) Difficulty breathing. (2) Chest pain. (3) Rapid heartbeat. (4) Hypotension or low blood pressure

TREATMENT* *If you suspect that someone has an open chest wound, it's important to call for emergency medical services immediately and initiate first aid measures as soon as possible.*

1. Call for emergency medical services (EMS) immediately.
2. Cover the wound with a sterile, occlusive dressing. This can be a commercial chest seal, vaseline / xeroform wound dressing, or improvised with a non-permeable material (e.g., plastic wrap) that is large enough to cover the wound.
3. Secure the occlusive dressing on three sides, leaving one side open to allow air to escape the chest cavity.
4. Monitor the casualty's breathing, pulse, and level of consciousness.
5. If the casualty's condition worsens or they go into shock, begin first aid for shock by elevating the legs, maintaining normal body temperature, and ensuring the casualty has enough fluid.
6. Continually monitor the casualty's vital signs and condition until EMS arrives.

STAY PREPARED:
EMERGENCY CONTACT INFO



EMERGENCY CONTACT

NAME _____

AGE _____ BLOOD TYPE _____

ADDRESS _____

KNOWN ALLERGY

MEDICAL CONDITION

DOCTOR INFORMATION

NAME

PHONE NUMBER

EMERGENCY CONTACT #1

NAME

PHONE NUMBER

EMERGENCY CONTACT #2

NAME

PHONE NUMBER

