

TCCC QUIZ MASSIVE HEMORRHAGE

1. What is MARCH?
2. What does M mean in MARCH? What actions are taken during this phase?
3. What are indicators of a source of bleeding?
4. What are common TQ mistakes you should avoid?
5. What is the procedure for applying a pressure dressing?
6. What are the steps for applying combat gauze?
7. What does it mean to compress the wound?
8. What is the hemostatic dressing of choice for a compressible/external hemorrhage not amenable to limb tourniquet use or as an adjunct to tourniquet removal?
9. What 3 types of combat gauze are approved for use?

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1. What is MARCH?
 - a. Massive Hemorrhage-Control life threatening bleeding
 - b. Airway - Establish and maintain a patient airway
 - c. Respiration - Decompress tension pneumothorax if suspected, seal sucking chest wounds, and support ventilation / oxygenation as required.
 - d. Circulation - Establish IV access and administer blood products as required to treat shock
 - e. Head injury / Hypothermia - Prevent hypothermia.
2. What does M mean in MARCH?
 - a. Assess for massive hemorrhage and control bleeding.
 - b. Obvious external sources of bleeding should be controlled with tourniquets, hemostatic agents and pressure dressings.
 - c. Initial tourniquets are to be placed "high and tight". Double check TQs placed during CUF. Set a new TQ directly next to the 1st TQ if it is not holding.
 - d. Check the armpit, neck, and groin for bleeding using your hands. Conduct a visual sweep of the body for any other sources of bleeding.
 - e. Pack wounds with hemostatic agents. Hemostatic gauze should be packed into wound cavity with at least 3 minutes of direct pressure.
 - f. During this phase talking to the casualty allows you to assess for responsiveness and airway obstructions. If the patient is incoherent, remove weapons, ammo, and equipment.
 - g. When time and situation permit, a distal pulse should be checked. If pulse is present on wounded extremity, apply another TQ or tighten current TQ until pulse is not present.
3. What are indicators of a source of bleeding?
 - a. Continuous bleeding
 - b. Large-volume bleeding
 - c. Pooling of blood
4. What are common TQ mistakes you should avoid?
 - a. Not using the tourniquet when you should
 - b. Not pulling the slack out of the tourniquet
 - c. Removing tourniquets when casualty is in shock
 - d. Not tightening the TQ enough
 - e. Not using a 2nd tourniquet if needed
 - f. Periodically loosening a TQ
5. What is the procedure for applying a pressure dressing?
 - a. MAINTAIN PRESSURE USING ANY DIGIT
 - b. EXPOSE STERILE PORTION OF DRESSING
 - c. PLACE OVER COMBAT GAUZE
 - d. MAINTAIN PRESSURE WHILE DRESSING

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- e. LOCK IN STERILE FIELD OVER GAUZE
 - f. ONCE AT VELCOR PORTION OF DRESSING, APPLY LOCK MECHANISM
 - g. PULL UP PORTION OF WRAP AND SECURE WITH TEETH
6. What are the steps for applying combat gauze?
- a. IDENTIFY WOUND AREA
 - b. PUT PRESSURE ON WOUND
 - c. EXPOSE WOUND
 - d. ID MAJOR BLEED SITE
 - e. OPEN UP DRESSING
 - f. MAKE A SMALL BALL WITH GAUZE
 - g. 1 FOR 1 REPLACE FINGER HOLDING PRESSURE AGAINST THE BLEED UNTIL ENTIRE WOUND IS PACKED
 - h. MAINTAIN PRESSURE WHILE PACKING ENTIRE WOUND
 - i. ENSURE BLOOD NOT SEEPING THROUGH OR AROUND GAUZE AS WOUND IS PACKED
 - j. AFTER WOUND IS PACKED
 - k. HOLD PRESSURE FOR 3 MINUTES
7. What does it mean to compress the wound?
- a. Apply direct pressure to the wound
 - b. Focus in location of the bleeding
 - c. Use enough gauze or cloth to cover injury
 - d. If pressure stops bleeding, keep pressure on wound until help arrives
8. What is the hemostatic dressing of choice for a compressible/external hemorrhage not amenable to limb tourniquet use or as an adjunct to tourniquet removal?
- a. combat gauze
9. What 3 types of combat gauze are approved for use?
- a. COMBAT GAUZE
 - b. CELOX GAUZE
 - c. CHITO GAUZE