

TCCC CASUALTY CLASSIFICATION

1. What is triage?
2. What are considered immediate casualties?
3. What are considered delayed casualties?
4. What are considered minimal casualties?
5. What are considered expectant casualties?
6. What are considered Urgent, or category A casualties?
7. What are considered Priority, or category B casualties?
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1. What is triage?
 - a. Triage is the process for sorting casualties into groups based on their need or benefit from immediate medical treatment. All casualties need treatment, but accurate triage aids the provider in deciding which casualties have the greatest likelihood of survival if immediate care is rendered.
 - b. Triage ensures the greatest care for the largest number of casualties with the most efficient use of medical personnel and resources.
 - c. Triage is a dynamic and continuous process that must continue as the casualty's status changes
2. What are considered immediate casualties?
 - a. This category includes those casualties who require an immediate LSI and/or surgery. Put simply, if medical attention is not provided they will die. The key to successful triage is to locate these individuals as quickly as possible. Casualties do not remain in this category for an extended period of time. They are either found, triaged and treated, or they die! Hemodynamically unstable casualties with airway obstruction, chest or abdominal injuries, massive external bleeding, or shock deserve this classification.
3. What are considered delayed casualties?
 - a. This category includes those wounded who are likely to need surgery, but whose general condition permits delay in surgical treatment without unduly endangering the life, limb, or eyesight of the casualty. Sustaining treatment will be required (e.g., oral or IV fluids, splinting, administration of antibiotics and pain control), but can possibly wait. Examples of casualties in this category include those with no evidence of shock who have; large soft tissue wounds, fractures of major bones, intra-abdominal and/or thoracic wounds, and burns to less than 20% of total body surface area (TBSA).
4. What are considered minimal casualties?
 - a. Casualties in this category are often referred as the "walking wounded." Although these patients may appear to be in bad shape at first, it is their physiologic state that tells the true story. These casualties have minor injuries (e.g., small burns, lacerations, abrasions, or small fractures) that can usually be treated with self- or buddy-aid. These casualties should be utilized for mission requirements (e.g., scene security), to help treat and/or transport the more seriously wounded, or put back into the fight.
5. What are considered expectant casualties?
 - a. Casualties in this category have wounds that are so extensive, that even if they were the sole casualty and had the benefit of optimal medical resources, their survival would be highly unlikely. Even so, expectant casualties should not be neglected. They should receive comfort measures and pain medication if possible, and they deserve re-triage as appropriate. Examples of expectant casualties are the

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unresponsive with injuries such as penetrating head trauma with obvious massive damage to the brain.

6. What are considered Urgent, or category A casualties?
 - a. This category includes casualties that require immediate life-saving intervention.
 - b. Significant injuries from a dismounted IED attack
 - c. · Gunshot wound or penetrating shrapnel to chest, abdomen, or pelvis
 - d. · Any casualty with ongoing airway difficulty
 - e. · Any casualty with ongoing respiratory difficulty
 - f. · Unconscious casualty
 - g. · Casualty with known or suspected spinal injury
 - h. · Casualty in shock
 - i. · Casualty with bleeding that is difficult to control
 - j. · Moderate/Severe TBI
 - k. · Burns greater than 20% Total Body Surface Area
 - l. These casualties typically require evacuation within 2 hours.
7. What are considered Priority, or category B casualties?
 - a. Casualties that may need surgery, but their condition permits delay in treatment without unduly endangering life, limb, or eyesight. Isolated, open extremity fracture with bleeding controlled
 - b. · Any casualty with a tourniquet in place
 - c. · Penetrating or other serious eye injury
 - d. · Significant soft-tissue injury without major bleeding
 - e. · Extremity injury with absent distal pulses
 - f. · Burns over 10-20% of Total Body Surface Area
 - g. No evidence of shock
 - h. Evacuation is required within 4 hours
8. What are considered Routine, or Category C casualties?
 - a. Often referred to as walking wounded.
 - b. Concussion (mild traumatic brain injury)
 - c. · Gunshot wound to extremity - bleeding controlled without tourniquet
 - d. · Minor soft-tissue shrapnel injury
 - e. · Closed fracture with intact distal pulses
 - f. · Burns over < 10% Total Body Surface Area
 - g. Evacuation required within 12 hours.