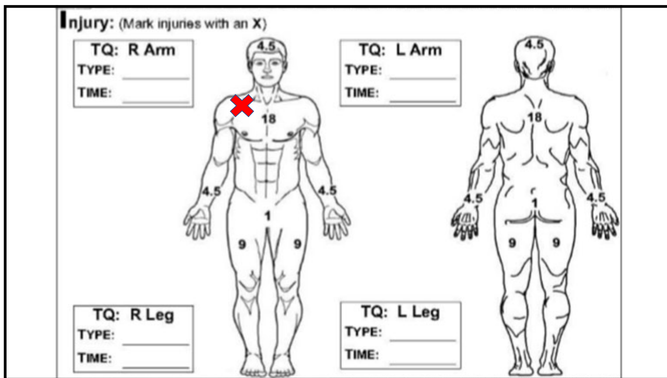
Scenario

- The assault force was engaged by an enemy hiding in a wood line
- After receiving an initial burst from an automatic weapon one casualty was assessed
- The casualty was moved back from the wood line where an initial assessment was done
- A second enemy hiding deeper in the wood line then engaged the assault force again with an automatic weapon
- The casualty was moved further back from the wood line and behind hard cover



Treatment

- Casualty Presentation: unresponsive, shallow, slow breaths, and a weak carotid pulse
- Treatment: TXA, CWB, ketamine, wound packing, 10g NCD, litter & HPMK
- Casualty Response: GCS of 3, 2, 2, increased respirations, stronger carotid pulse, weak radial pulse

Evacuation

- Initially a "S.I.T." report was passed up to the GFC/JTAC over the inter team net
- The RTO prepared a 9-line medevac request and I gave him lines 3, 4, and 5
- An additional casualty update was passed to the JTAC and GFC
- I was unable to pass casualty updates directly to the flight medics
- After four attempts the medevac helicopter went wheels down and the casualty was loaded for a roughly 10 minute flight to the nearest Role II

Lessons Learned

- Risk mitigation on target
- Failed equipment
- Treating a subclavian artery injury
- Communication with your medevac/casevac asset(s)