	Initial/CUF MARCH
	Secure?
	MOI
	#Pts
	Time
M	Direct Pressure
M	Apply/Direct Tourn.
M	Bleeding Check
M	Remember to talk and work. Talk to pt, have them help if able, ID other inj., mentation and gen impression
A	Open Airway
A	Clear Airway
A	Position & Assess
A	Adjunct if needed; Reassess
A	Consider Cric if compromise (i.e., Facial/Neck Burns or ~ =/>40%BSA, maxofacial trauma
R	Assess Resp
R	Expose
R	Inspect (Chin to genitals, armpit to armpit)
R	Occlude Chin to umbilicus all the way around barrel
R	ND prn
R	Reassess cx & resp
C	Carotid and Radial pulses
C	Direct Pressure confirmed transition to pressure dressing or tourn.
C	Consider emergent pain control (oral, IM, junkie stick) (as permits)
C	Pelvis and femur splint prn
C	Consider other serious bleeding/wounds or open/long bone fx/joint deformity tx prior to movement(as permits)
H	Pelvis and sternum stability confirmed
H	Log roll prn/back side check
H	Hair to anus, armpit to armpit (pay attention to detail)
H	Litter and blanket in position
H	Log roll back onto blanket and litter
H	Reassess
H	Pt fully covered (like a burrito)
	Begin Movement/Extraction/Secondary
	9 Line, MIST, Resupply request

	Secondary/TFC
	Secure?
	Time Hack
	Reassess
M	Tourn and HEMCON in place, working, needed, and/or adequate. Miss anything?
A	Open Airway
A	Clear Airway
A	Position & Assess
A	Adjunct if needed; Reassess
A	Consider Cric if compromise (i.e., Facial/Neck Burns or ~ =/>40%BSA, maxofacial trauma
R	I-Inspect cx
R	A- Auscultate x7 (upper, middle, lower bilat., heart)
R	P-Palpate cx
R	P-Percuss cx x6
R	ND prn and reassess after
R	Posterior cx prn and reassess if done
R	Abd while here, note Inspect and palpate x4 quadrants, inspect genitals and pay particular attention to distension, masses; bruising-flanks, umbilicus, perineum
C	Mod to severe wounds tx
C	V/S (Time, LOC, P,R,BP, temp [LOC and GCS before pain control prn] min)(SPO2, ETCO2, Cardiac Monitor as available)
C	IV/IO, no radial pulse consider straight to IO
C	TXA (2gm SIVP) prn
C	Pain Control (e.g. Ket, Benzo, Fent) prn
C	Antiemetic prn
C	Abx prn
C	Appropriate Fluid Resus.
C	Reassess
C	Splinting and other moderate wounds not tx
C	Reassess
H	Head Injury: Elevate head of litter ~30degrees, ETCO2 35-40; with sx (i.e., seizure-ETCO2 30-35 for 20min or sx improve; then 20 min within norm limits. Must give 20 min norm limits after period of 30-35 ETCO2 to prevent further harm.)
H	Head: Consider 250ml slow bolus 3% NaCL (after resus., during maintenance period). Attempt to avoid more than 500ml without labs or teleconsult.
H	Aggressive hypothermia mx
H	Reassess
H	9-line status & MIST update

Reassessment	
After every movement, gross manipulation, major intervention, or VS check	
LOC	LOC/A&O mentation
M	Tx in place, working
A	Placement check
	Tx in place, working
	DOPE prn (any adjunt)
	Suction prn
	*not breathing/check pulses
R	Inspect breathing, cx movement
	Tx in place, working
C	Carotid & Radial Pulses
	Tx in place, working
	Drugs: Maint. or need?
	VS prn
H	Fix Hypothermia (always needs it!)
	Head Injury: s/s and/or tx cont.

Simple EVAC/Detailed
Reassess and fix
2nd IV/IO access
Resus. status and continued need or maintenance
HEENT exam, tx, & improve
Cx/IAPP exam, tx, & improve
Abd/IAPP exam, tx, & improve
Pelvis/GU exam, tx, & improve
MS & NV exam, tx, & improve
Reassess
Ins & Outs (DECM) needs and mx (COCA) (resus vs maint vs hypertonic need)
Foley/or urine collection & NG/able to drink prn
Adult diaper prn
Reassess
Document mx and teleconsult prep
EVAC status
Teleconsult
Tx, nursing, mx plan and guard roster with medical wake-up criteria
Reassess