

Civilian Trauma — One-Pocket Card

Read once. Carry always. Use under stress when seconds count.

1. MARCH-PAWS — the order you work the casualty

- M** Massive bleeding — tourniquet first if life-threatening limb hemorrhage.
- A** Airway — chin lift, jaw thrust, or NPA if unconscious.
- R** Respiration — chest seal for penetrating chest wound; check both sides.
- C** Circulation — palpate radial; check capillary refill.
- H** Hypothermia / Head — blanket; reassess GCS.
- P** Pain — manage if you have meds; otherwise comfort.
- A** Antibiotics — if penetrating + > 1 hr from definitive care.
- W** Wounds — re-evaluate dressings; check for missed injuries.
- S** Splinting — fractures stabilized before transport.

2. TOURNIQUET — limb hemorrhage that won't stop with pressure

- Place 2-3 in. ABOVE wound, never on a joint.
- Tighten until bleeding STOPS — not until it slows.
- Mark time of application on the limb or tape.
- If wound is on joint or near junction, use a second TQ proximal.
- DO NOT release once applied. Get to definitive care.

3. HEMOSTATIC GAUZE — when TQ can't work (junctional, abdominal)

- Pack INTO the wound. Keep packing until cavity is filled and pressure is direct on the bleed.
- Hold firm pressure 3 minutes minimum (5 for QuikClot).
- Apply pressure dressing OVER the packed wound. Do NOT remove gauze.
- Note: regular gauze works in a pinch — hemostatic is faster, not magic.

4. CHEST SEAL — penetrating thoracic wound

- Vented seal (Hyfin, Halo) preferred — relieves tension as it builds.
- Apply on a CLEAN, DRY area. Wipe blood/sweat first.
- Check for EXIT WOUND on the opposite side; seal both.
- Monitor for tension pneumothorax: rising respiratory distress, tracheal deviation, JVD.
- If symptoms worsen — 'burp' the seal (lift one edge for 2 sec). Repeat as needed.

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