RECRUIT SUSTAINMENT PROGRAM
SOLDIER TRAINING READINESS MODULES
First Aid (Evaluate a Casualty & Practice Individual Preventive Medicine Countermeasures)
1 September 2012

SECTION I. ADMINISTRATIVE DATA

Lesson Plan Series
First Aid (1 of 6)

Task(s) Taught
<table>
<thead>
<tr>
<th>Task Number</th>
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<tr>
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<td>Evaluate a Casualty</td>
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<tr>
<td>081-831-1053</td>
<td>Practice Individual Preventive Medicine Countermeasures</td>
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Academic Hours
The academic hours required to teach this lesson are as follows:

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<thead>
<tr>
<th>Resident Hours/Methods</th>
<th>0 hrs 50 mins / Conference / Discussion</th>
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<tr>
<td>Test Review</td>
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References

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<tbody>
<tr>
<td>TRADOC Pam 600-4</td>
<td>The Soldier's Blue Book</td>
<td>09 Jun 2010</td>
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Student Study Assignments
None

Instructor Requirements
a. 1 Instructor per 35 Soldiers
b. Be familiar with this Training Support Package (TSP)

Equipment Required

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### Materials Required

**Instructor Materials:**
- a. This Training Support Package (TSP)
- b. TR Pam 600-4, Soldier’s Blue Book

**Student Materials:**
- a. TR Pam 600-4, Soldier’s Blue Book
- b. SPT 21-1-SMCT, Soldier’s Manual of Common Tasks, Warrior Skills Level 1
- c. Other materials as directed by RSP Unit SOP

### Classroom, Training Area, and Range Requirements

Organizational Classroom

### Instructional Guidance

**NOTE:** Before presenting this lesson, instructors must thoroughly prepare by studying this lesson and identified reference material.

**NOTE:** Instructors, throughout this lesson plan statements are made about treating the injury (i.e. control the bleeding, splint the fracture). At those areas you may want to inform the student additional lesson plans will give instruction on how to perform these steps.
SECTION II. INTRODUCTION

NOTE: SHOW Slide 1 (STRM)

Method of Instruction: Conference / Discussion
Instructor to Student Ratio is: 1:35
Time of Instruction: 5 mins
Media: Slide Presentation

Motivator
Throughout history, Soldiers have learned what to do in case their buddies were injured. You will be no exception. If you see a wounded Soldier your first action is to help that Soldier. All of you have the desire to help, but the question is do you know how? This presentation will help you appreciate the significance of prompt, effective lifesaving measures and teach you how to apply critical lifesaving skills.

Terminal Learning Objective
NOTE: SHOW Slide 2 (Terminal Learning Objective)
NOTE: Inform the students of the following Terminal Learning Objective requirements.

At the completion of this lesson, you [the student] will:

<table>
<thead>
<tr>
<th>Action</th>
<th>Evaluate a Casualty and Practice Individual Preventive Medicine Countermeasures</th>
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</thead>
<tbody>
<tr>
<td>Conditions</td>
<td>Given a Soldier who has signs and/or symptoms of an injury</td>
</tr>
<tr>
<td>Standards</td>
<td>Identify all injuries and/or conditions that require immediate first aid in the correct sequence and applied preventive medicine countermeasures to protect, as appropriate</td>
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Safety Requirements
Conduct a safety brief prior to training as needed and IAW unit and installation policies.

Risk Assessment Level
Low - Risk Assessment to be produced locally IAW FM 5-19, August 2006.

Evaluation
None

Instructional Lead-In
It would be difficult to find a Soldier who, at one time or another, has not personally used or explained medical procedures he or she learned in BCT. Also, more than a few can honestly say that the lessons and procedures were used in a life saving situation in either their civilian and or military endeavors. The importance of this lesson is such that more advanced classes will be presented as you continue your military career.
SECTION III. PRESENTATION

1. Learning Step / Activity 1. Provide Field Care to the Casualty
   Method of Instruction: Conference / Discussion
   Instructor to Student Ratio: 1:35
   Time of Instruction: 20 mins
   Media: Slide Presentation

NOTE: SHOW Slide 3 (Provide Field Care to the Casualty)

a. Take the following actions before approaching the casualty on the battlefield:

   (1) Scan the area for potential danger.

   (a) Survey the area for small arms fire.

   (b) Detect area for fire or explosive devices.

   (c) Determine threat for chemical or biological agents.

   (d) Survey buildings, if any, for structural stability.

   (2) Determine the best route of access to the casualty and the best route of egress. Plan your evacuation route prior to exposing yourself to hostile fire.

   (3) Request covering fire to reduce the risk to yourself and the casualty.

   (4) Anticipate the type of injuries the casualty may have received. Anticipate what care may be needed. Did the casualty fall from a wall (fractures)? Was there an explosion (blast effects)? Was there small arms fire (open chest wound)?

   (5) Anticipate how your actions will affect the enemy's fire.

   (6) Plan what you will do to help the casualty before you go to the casualty's aid.

b. Approach the casualty.

   (1) Remember, if you and the casualty are still under effective hostile fire, return fire as directed or required. Do not expose yourself to enemy fire in order to provide care.

   (2) If possible determine if casualty is alive or dead. Provide tactical care to the live casualty.

   (a) Suppress enemy fire. Reducing enemy fire may be more important to the casualty's survival than the treatment you can provide.

   (b) If the casualty can function, direct him/her to return fire, move to cover, and administer self-aid.

   (c) If the casualty is unable to return fire or move to safety and you cannot assist him/her, tell the casualty to “play dead.”

   (3) When the combat situation allows you to safely assist the casualty:

   (a) Approach the casualty by the safest route.
(b) Form a general impression as you approach the casualty (extent of injuries, chance of survival, and so forth).

(c) If you decide to move the casualty (and yourself) to a safer location, take the casualty's weapon and other mission-essential equipment with you.

NOTE: SHOW Slide 4 (Evaluate the Casualty)

c. Check for responsiveness.

(1) Ask in a loud, but calm, voice: “Are you okay?” Gently shake or tap the casualty on the shoulder.

NOTE: SHOW Slide 5 (AVPU)

(2) Determine level of consciousness by using AVPU: A= Alert; V= responds to Voice; P= responds to Pain; U= Unresponsive.

NOTE: To check a casualty’s response to pain, rub the breastbone briskly with a knuckle, or squeeze the first or second toe over the toenail.

(3) If the casualty is conscious, ask where his/her body feels different than usual, or where it hurts.

(4) If the casualty is unconscious, position the casualty on his/her back and open the airway. If the casualty’s tongue is blocking his/her airway, opening his/her airway and move his/her tongue forward, thus unblocking the airway and let the casualty resume breathing on their own.

d. Position the casualty onto his/her back.

NOTE: If the casualty is lying on his/her chest (prone position), cautiously roll the casualty as a unit so that the body does not twist (which may further complicate a back, neck, or spinal injury).

(1) Kneel beside the casualty with your knees near his/her shoulders (leave space to roll the body).

(2) Take the casualty’s arm that is nearest to you. Move it so that it is straight and above his/her head.

(3) Straighten the casualty’s legs.

(4) Place one of your hands behind the casualty's head or neck for support.

(5) With your other hand grasp the casualty under the far arm (armpit area).

(6) Roll the casualty towards you using a steady and even pull. The head and neck should stay in line.

(7) Once the casualty is rolled onto his/her back, place the arms at the sides.

e. Check the casualty for breathing.
NOTE: It is assumed that the casualty is in a protected area. If still exposed to enemy fire, apply a tourniquet to control any severe bleeding and move the casualty to a safe location.

NOTE: If the casualty is conscious and talking, his/her breathing is satisfactory for now. However, continue to monitor the casualty's breathing since swelling throat tissue, bleeding into the throat, or other injuries could require establishing an airway and performing rescue breathing.

1) Perform the head-tilt/chin-lift.

(a) Kneel at the level of the casualty's shoulders.

(b) Place one of your hands on the casualty's forehead and apply firm, backward pressure with the palm of your hand to tilt the head back.

(c) Place the fingertips of your other hand under the tip of the bony part of the casualty's lower jaw and bring the chin forward.

(d) Lift the chin forward until the upper and lower teeth are almost brought together. The mouth should not be closed as this could interfere with breathing if the nasal passages are blocked or damaged. If needed, the thumb may be used to depress the casualty's lower lip slightly to keep his/her mouth open.

(e) Look, listen and feel for at least 5 seconds. If the casualty is breathing, determine if the breathing rate is normal, rapid, or slow.

(f) Place your ear about one inch above the casualty's mouth and nose.

(g) Listen for breathing. Look at the casualty's chest to see if it is rising and falling.

(h) Feel for breathing by placing your hand or cheek about 1 inch above the casualty's mouth and nose. Feel for air being exhaled.

NOTE: If the casualty is not breathing, stop the evaluation to restore the airway. In a combat situation, if you find a casualty with no signs of life—no pulse, no breathing—do not attempt to restore the airway. Do not continue lifesaving measures.

(i) Count the casualty's respirations (one inhalation and one expiration together is one respiration) for 15 seconds. If the casualty has less than two respirations during the 15 seconds, a nasopharyngeal airway may be required. (This is a flexible tube that is inserted down a nostril to assist in breathing.)

(j) Expose the casualty's chest to look for equal rise and fall of the chest and for wounds.

(k) If the casualty's chest is not rising and falling evenly, make a mental note and proceed with the evaluation.

(l) If the casualty has a penetrating chest wound, and is breathing or making an effort to breathe, stop the evaluation to apply an occlusive dressing (a dressing that is intended to stop the flow of air from the wound).

NOTE: Check for entrance and exit wounds to the chest. If an entrance wound and an exit wound are present, both must be sealed.
(m) If the casualty has a penetrating chest wound and is not breathing, or making no effort to breathe, do not attempt to treat the injury.

f. Check the casualty for bleeding.

**NOTE:** Especially note severe bleeding from the arms and legs; the chest and upper back; the head; and the abdomen.

(1) Look for blood-soaked clothes.

(2) Look for entry and exit wounds.

(3) Place your hands behind the casualty’s neck and pass them upward toward the top of the head. Note whether there is blood or brain tissue on your hands from the casualty’s wounds.

(4) Place your hands behind the casualty’s shoulders and pass them downward behind the back, the thighs, and the legs. Note whether there is blood on your hands from the casualty’s wounds.

(5) If life-threatening bleeding is present, stop the evaluation and control the bleeding.

g. Check for fractures.

(1) Check for open fractures by looking for bleeding or bone sticking through the skin.

(2) Check for closed fractures by looking for swelling, discoloration, deformity, or unusual body position.

(3) If a suspected fracture is present, stop the evaluation and apply a splint.

h. Check for burns.

(1) Look carefully for reddened, blistered, or charred skin. Also check for singed clothes.

(2) If burns are found, stop the evaluation and begin treatment.

**NOTE:** SHOW Slide 6 (Additional Field Care to the Casualty)

i. Administer pain medications and antibiotics (the casualty’s combat pill pack) to any soldier wounded in combat. Each soldier will be issued a combat pill pack prior to deployment on tactical missions.

j. Transport the casualty to the site where evacuation is anticipated, if necessary.

k. Provide additional care.

(1) After any needed immediate life-saving aid has been administered, move the casualty to an area where additional aid can be given.

(2) If possible, send another person to find medical aid.
(3) Administer additional care until the combat medic arrives or until you are told to resume your combat duties. Now that you are in a safe area, you can render care that you could not administer while under fire.

NOTE: When the combat medic arrives, he/she may require your assistance, especially if several soldiers require treatment.

(4) Reassure the casualty. Show confidence in your actions.

(5) If you have administered the needed care and a combat medic has not arrived, initiate a Field Medical Card for the casualty.

(6) If needed, request aero medical evacuation and/or evacuate the casualty.

NOTE: Check on Learning

**QUESTION:** What are the three preventable causes of death (life-threatening injuries) on the battlefield?

**ANSWER:**
1. Severe bleeding from an arm or leg wound.
2. Collapsed lung.
3. Blockage of the nose and throat from an injury to the face.

**QUESTION:** What are the situations and types of injuries where you should avoid treating an injury?

**ANSWER:**
1. Your own life is in imminent danger.
2. There are other Soldiers in your area who require treatment more urgently.
3. The casualty does not have vital (life) signs; that is, the casualty is not breathing, does not have a pulse, and is not moving.
4. The injury is not survivable if the casualty cannot be evacuated within a reasonable period of time.

2. Learning Step / Activity 2. Practice Individual Preventive Medicine Countermeasures

Method of Instruction: Conference / Discussion

Instructor to Student Ratio: 1:35

Time of Instruction: 20 minutes

Media: Slide Presentation

NOTE: SHOW Slide 7 (Practice Individual Preventive Medicine Countermeasures)

a. Apply proper Preventive Medicine Measures (PMMs) for protection against cold injuries.

(1) Wear layers of loose clothing.

NOTE: Minimize sweating. When clothing becomes wet or dirty, it loses its ability to provide warmth.

(a) Remove layers of clothing before doing strenuous work.

(b) Replace layers of clothing when your strenuous work is completed.

(c) Launder clothing regularly.

(2) Exercise to increase blood circulation.
(a) Tighten and relax arm and leg muscles, fingers, and toes.

(b) Use hands to massage and warm the face.

(c) Refrain from smoking because it restricts blood flow to the skin.

**NOTE:** Physical and mental weariness contribute to inactivity, reduced heat, and increased chance for cold injury.

(3) Change socks.

(a) Put on dry socks during rest breaks to reduce the risk of frostbite and trench foot.

**NOTE:** Severe frostbite and trench foot can result in the loss of hands or feet.

(b) Put damp socks inside the shirt to dry.

(4) Prevent dehydration.

(a) Drink sufficient fluids (potable water, juices, and warm nonalcoholic beverages.

**NOTE:** Drinking a sufficient amount of potable water in cold weather is as important as it is in hot weather. In cold weather, you may not realize that your body is losing fluids and salt. Sweat evaporates rapidly or is absorbed so completely by the layers of clothing that it is seldom visible on the skin.

(b) Rest when possible.

(5) Pair with a buddy.

(a) Remind each other to do warming exercises often.

(b) Watch for signs of cold injury such as frostbite, trench foot, and hypothermia.

**NOTE:** SHOW Slide 8 (Practice Individual Preventive Medicine Countermeasures Cont.)

(6) To keep warm, remember the word C-O-L-D.

(a) Cleanliness and Care. Socks and clothing work more effectively when clean. This is why you carry extra pairs with you to the field.

(b) Avoid Overheating. Wearing too much clothing can cause overheating and excessive sweating, which makes clothes wet and decreases insulation. You will be instructed when to remove clothing.

(c) Layers and Looseness. Clothing in loose layers assures air spaces to prevent heat loss. You will be instructed when to add clothing. If you notice your clothing is too tight, let your leadership know.

(d) Dry. A wet garment is a cold garment. You will be instructed to wear your water repellent items, such as wet weather ensemble or poncho, when appropriate.

b. Apply proper PMMs for protection against heat injuries.
(1) Drink sufficient amounts of water.

**NOTE:** Your body needs a minimum amount of water for cooling, waste elimination, and metabolism. Any attempt to train the body to use less water can be harmful and may lead to heat injuries.

(a) Hourly fluid intake should not exceed 1 ½ quarts of water every hour. Daily fluid intake should not exceed 12 quarts. If your urine is dark yellow, you are not drinking enough water.

(b) Fluid intake needs will vary depending on type of work and temperature.

(c) Drink extra water before combat operations.

(d) Maintain excess water in your system for strength and alertness.

(e) Protect yourself from dehydration and heat injuries associated with wearing full chemical protective gear.

(2) Rest whenever possible.

(a) Take rest breaks in accordance with the heat condition table as the tactical situation permits.

(b) Use rest breaks to drink water and to cool off.

(3) Eat meals.

(a) Eat regular meals daily to replace salt lost through heavy sweating.

(b) Eat something at each meal, even if you are not hungry.

**NOTE:** Usually, eating field rations or liberal salting of the garrison diet will provide enough salt. Excess intake of salt should be avoided.

(4) Protect yourself from exposure.

(a) Wear uniform properly.

(b) Utilize shade whenever possible.

(c) Use barrier creams and lotions.

c. Apply proper PMMs for protection against insect bites and insect-borne diseases.

(1) Apply extended-duration insect repellent lotion.

**NOTE:** Extended-duration insect repellent lotion can be used on the skin.

(a) Apply lotion on exposed skin except the eyes, lips, and sensitive skin.

(b) Apply insect repellent to your uniform.

(c) Keep sleeves down and trouser legs tucked into boots to protect from biting insects.
(d) Wipe hands after application.

**NOTE:** Do not wear after-shave lotion or cologne in the field; they attract biting or stinging insects.

(2) Check yourself and your buddy for ticks twice a day.

(3) Deodorants will also attract insects.

**NOTE:** SHOW Slide 9 (Practice Individual Preventive Medicine Countermeasures Cont.)

d. Apply proper PMMs for protection against poisonous plants and animals.

(1) Look inside sleeping bag before getting in.

(2) Look inside boots before putting them on.

(3) Keep sleeves down and trouser legs tucked into boots to protect from poisonous plants.

(4) Don’t play with snakes.

e. Apply proper PMMs for protection against disease from contaminated food and water.

(1) Drink water from approved sources only.

(2) Eat from approved sources only.

**NOTE:** Street vendors are never approved food sources as they are not inspected by U.S. military preventive medicine or veterinary personnel. Foods consumed from street vendors can cause severe illness in U.S. troops.

**NOTE:** SHOW Slide 10 (Practice Individual Preventive Medicine Countermeasures Cont.)

f. Apply proper PMMs for protection against diseases from human waste.

(1) A cat-hole is dug to use for excreting waste if your unit is on the move. Cover it sufficiently to prevent flies from spreading germs from the waste to your food and to keep unwanted animals out of your bivouac area.

(2) The straddle trench latrine is used on short bivouacs and field training exercises – 1 to 3 day duration.

(3) Deep pit latrines are constructed for temporary camps that are more than 3 days.

(4) Individual waste collection bags may be used on the march, on convoys, or for small groups in isolated areas. It is important to seal and transport the waste with you until it can be burned or buried safely.

g. Apply proper PMMs to protect against disease from soil and common objects.

(1) Wash your hands regularly to defend against germs from the soil and from objects handled by other people. Wash your hands:
(a) After using the latrine.

(b) Before touching eating utensils or food.

(c) After eating.

(d) After handling any item that can potentially transfer germs.

(e) Frequently during the work day to keep your hands free of germs.

(2) Cleaning your hands with hand-sanitizer gel is an effective way to disinfect them from nearly all germs that cause illness. You should use soap and water to wash your face and to bathe the rest of your body.

h. Maintain personal hygiene on the move.

(1) While in the field or deployed, you will not always have ready access to your rucksack. Always carry these items with you:

(a) A bar of soap and a washcloth or baby wipes.

(b) Your own supply of toilet paper or baby wipes.

(c) Your toothbrush and toothpaste.

(d) Shampoo.

(2) If shower or laundry facilities are not available, use plastic wash bins or other containers to bathe or wash clothing, if you have an adequate water supply.

(3) Sprinkle foot powder in your socks to help absorb the moisture.

(4) Remove the inserts from your boots to prevent fungus from growing.

(5) If you get athlete’s foot, you will need an antifungal solution or cream to treat it.

(6) Wear one pair of boots one day and change to your other pair the next day.

(7) Use boot/sock liners for road marches greater that 5 km (3.1 mi) to prevent blisters.

NOTE: Boot/socks liners are your military issued black dress socks worn underneath your military boot socks.

i. Maintain your level of nutrition.

NOTE: Soldiers typically do not eat enough when they are in the field or deployed; they lose weight, and they lose their edge on physical and mental performance.

(1) Your meal ready to eat (MRE) is the standard individual ration for operations.

NOTE: There are 24 different menus. The MRE contains cooked entrees and other food items that require no preparation. It will sustain the Soldier engaged in heavy activity, such as field training and deployed missions, when normal food service facilities are
not available. One MRE provides an average of 1,300 calories, consisting of 13% protein, 36% fat, and 51% carbohydrates.

(2) It is important to eat at least some of each item in the MRE, even if you are not hungry.

NOTE: **SHOW Slide 11 (Practice Individual Preventive Medicine Countermeasures Cont.)**

j. Take measures to resist stress.

(1) Fear and physical signs for symptoms of stress are normal reactions before and during combat or other dangerous/life-threatening situations. You should not let fear or stress keep you from doing your job.

(2) Talk about what is happening with your buddies, especially during after-action debriefings.

(3) Learn ways to relax quickly.

(4) Integrate new replacements into your unit and get to know them quickly.

(5) If you must join a new unit, be active in establishing friendships.

k. Protect against sexually transmitted diseases (STDS).

(1) Use a condom (rubber).

(2) Avoid high-risk sexual behaviors. Such behaviors include:

(a) Having more than one sexual partner.

(b) Changing sex partners frequently.

(c) Having sex with casual partners, prostitutes, or their clients.

(d) Having anal sex.

l. Protect against human immunodeficiency virus (HIV), the virus that causes AIDS.

NOTE: HIV is contagious in the same way STDs are contagious. Infection can result from a sexual relationship with an infected person. Sexual contact is not the only way to contract HIV, but is a major contributor.

(1) Prevent sexual transmission, know your partner. Avoid sex with persons who might be infected with HIV. At highest risk are those who have more than one sex partner or who have unprotected sex with casual partners, prostitutes, or their clients; partners who are HIV infected or who share needles.

(2) Prevent transmission through shared needles or syringes – do not use injected, non-prescribed drugs.

m. Avoid adverse effects of tobacco products.

(1) Using tobacco affects your ability to function when you are in the field or deployed.
(2) Smoking has tactical hazards:

(a) Cigarette smoke can be detected up to 300 meters downwind by the enemy.
(b) The flame can be detected by enemy snipers.
(c) There are possibilities of starting a fire.

(3) Smoking can be hazardous to a Soldier’s health, even if it is a buddy who is smoking.

(4) Short-term effects can cut into your effectiveness in performing your mission. Such effects include:

(a) Watering eyes.
(b) Runny nose.
(c) Coughing.
(d) Loss of smell and taste.
(e) Increased heart rate. (up to 30%)
(f) More easily fatigued.
(g) Elevation in blood pressure. (up to 15%)
(h) Decreased appetite.
(i) Diarrhea, constipation, or both.
(j) Reduces stamina.
(k) Decreased ability to recover from illness and injury.
(l) Decreased blood circulation to the brain.
(m) Decreased night vision. (20-25%)

NOTE: SHOW Slide 12 (Terminal Learning Objective)

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<tr>
<td>ACTION: Evaluate a Casualty and Practice Individual Preventive Medicine Countermeasures</td>
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<tr>
<td>CONDITIONS: Given a Soldier who has signs and/or symptoms of an injury</td>
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<tr>
<td>STANDARDS: Identify all injuries and/or conditions that require immediate first aid in the correct sequence and applied preventive medicine countermeasures to protect, as appropriate</td>
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SECTION IV. ASK FOR QUESTIONS AND SUMMARY

Method of Instruction: Discussion
Instructor to Student Ratio: 1:35
Time of Instruction: 5 mins
Media: None

a. Ask students if they have any questions.

b. Answer all questions or agree to get back to students with a complete or appropriate answer.

NOTE: SUMMARY

Transition to the next Lesson plan by reviewing major points of this lesson plan and introducing the following LP, "Perform First Aid for Bleeding Extremity, and Perform First Aid for Splinting Fracture".
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<td>Feedback Requirements</td>
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<td>Provide Field Care to the Casualty</td>
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<td>Evaluate the Casualty</td>
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<td>Terminal Learning Objective</td>
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Appendix B - Test(s) and Test Solution(s) (N/A)
Appendix C - Practical Exercises and Solutions

Built into Lesson Plan