COMPANION GUIDE TO ONLINE TRAINING

Use alongside the online lessons at fortunefavorsthepreprepared.com/med-03-landing/

MED-03: DCAP-BTLS SECONDARY ASSESSMENT STUDENT COMPANION GUIDE

The Responder's Field Reference

Deformities, Contusions, Abrasions, Punctures / Penetrations,
Burns, Tenderness, Lacerations, Swelling

D | C | A | P | B | T | L | S

Edition v1.0 | 2026

Semper Paratus, Semper Gumby

https://fortunefavorsthepreprepared.com/
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MED-03: DCAP-BTLS SECONDARY ASSESSMENT — STUDENT COMPANION GUIDE

Companion Guide to Online Training

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WARNING

This companion guide is designed to be used alongside the MED-03 DCAP-BTLS Secondary Assessment online training series at fortunefavorstheprepared.com/med-03-landing/. The online lessons are the instruction. This guide contains quick-reference tables, field checklists, and decision frameworks only — it does not contain the full instructional content. It cannot be used as a standalone document.

ONLINE TRAINING ACCESS

The eight online lessons are available online. Support the development and availability of these courses by subscribing to my Patreon:

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HOW TO USE THIS COMPANION GUIDE

BOTTOM LINE UP FRONT

This companion guide is designed to be used alongside the MED-03 DCAP-BTLS Secondary Assessment online training series — the online lessons are the instruction. This guide contains quick-reference tables, field checklists, and decision frameworks only. It is not a standalone document.

Support the development and availability of these courses by subscribing to my Patreon: patreon.com/fortunefavorstheprepared

Online curriculum: fortunefavorstheprepared.com/med-03-landing/

What this guide contains

For each of the eight online lessons: a condensed reference summary (key concepts only, not instruction), quick-lookup tables, decision checklists, field reference cards, and advanced skill notices. The instruction is delivered online — this guide is what you carry during practical exercises and training scenarios.

FIELD NOTE

Do not open any section of this guide until the corresponding online lesson has been completed. The condensed summaries here are reference material, not instruction.

Guide Map — What to Reference When

When you need…	Turn to…
The DCAP-BTLS sequence at a glance	Part I — Sequence Reference
Secondary survey decision framework	Part I — Care Sequence
Deformity and fracture field guide	Part II — D: Deformities
Contusion pattern reference (Battle's, raccoon eyes, etc.)	Part II — C: Contusions
Abrasion irrigation protocol	Part II — A: Abrasions
Puncture and impalement management	Part II — P: Punctures
Burn classification and Rule of Nines	Part II — B: Burns
Tenderness patterns and compartment syndrome	Part II — T: Tenderness
Wound closure decision table	Part II — L: Lacerations
Swelling monitoring and compression protocol	Part II — S: Swelling
Head, neck, and chest region reference	Part III — Regional Assessment
Abdomen, pelvis, and extremity reference	Part III — Regional Assessment
Reassessment intervals and documentation	Part IV — Quick Reference
Blank patient assessment worksheet	Part IV — Worksheets

PART I — SEQUENCE REFERENCE

The DCAP-BTLS Framework

DCAP-BTLS is a systematic checklist used by emergency medical providers and trained civilians to find injuries that were not found during the initial life-threat check (the primary survey). The letters stand for the eight categories of physical signs you look for: Deformities, Contusions (bruises), Abrasions (scrapes), Punctures or Penetrations, Burns, Tenderness (pain on pressing), Lacerations (cuts), and Swelling. You apply the same eight-point check to every region of the body, working head to toe. See: emttrainingstation.com/dcap-btls/ and responsereadymedical.com/trauma-assessment-dcap-btls-acronym/

Letter	Finding	What to Look For	Clinical Significance
D	Deformities	Bone or body part bent, shortened, rotated, or out of line compared to the other side; depressions in the skull	Indicates a broken or dislocated bone — immobilize and watch for signs of compartment syndrome (dangerously raised pressure inside a limb)
C	Contusions	Bruising, discoloration, patterned marks from an object	The pattern of bruising reveals the force and the likely underlying injury — certain patterns (bruising behind the ear, around both eyes, or across the abdomen) point to specific serious injuries
A	Abrasions	Scraped or raw skin, embedded dirt or debris, surface oozing	All abrasions are contaminated — they must be irrigated (flushed with clean water) immediately; infection risk is high
P	Punctures / Penetrations	Entry or exit wounds, wound bubbling with breathing, impaled objects still in place	A small hole on the outside can mean major damage inside; a chest wound that bubbles or hisses when the patient breathes (sucking chest wound) requires immediate sealing to prevent lung collapse
B	Burns	Reddened, blistered, or charred skin; singed hair; hoarse voice or difficulty breathing	Severity depends on both how deep the burn goes and how much of the body is affected; burns to the face or throat that cause hoarseness signal airway swelling — the highest priority
T	Tenderness	Pain when you press on an area; the patient flinches, stiffens, or pulls away; a rigid abdomen	Pain from pressing is often your only indicator of a hidden injury; pain that seems far worse than the visible injury suggests compartment syndrome (dangerously high pressure in a limb) or internal bleeding
L	Lacerations	Cuts: assess the length, how deep it goes, whether deeper tissue (fat, muscle, bone) is visible, and whether dirt or debris is present	Whether and how to close a wound depends on how old it is, how contaminated it is, and what caused it — the wrong closure method can trap infection inside
S	Swelling	Visible or palpable puffiness, increase in limb circumference, skin that appears tight or shiny	Rapid swelling after injury suggests a broken bone or a damaged blood vessel; always check the pulse below the swelling to confirm blood is still moving through

Care Sequence Decision Framework

Phase	Framework	Goal
Primary Survey	MARCH-PAWS (MED-01)	Stop the bleed, open the airway, treat the conditions that will kill in minutes
Secondary Survey	DCAP-BTLS (MED-03)	Identify injuries that will worsen over time
Patient History	SAMPLE + OPQRST (MED-02)	Understand mechanism, symptoms, baseline
Ongoing Care	Reassessment every 5–15 min	Recheck all findings regularly — patients can improve or worsen quickly; document every change
Documentation	TCCC Card / PCR (MED-06)	Write down all findings and treatments with times — the handoff note that travels with your patient (TCCC Card = Tactical Combat Casualty Care Card; PCR = Patient Care Report)

PART II — DCAP-BTLS ELEMENT REFERENCE

D — Deformities: Field Reference

Deformity Type	Signs	Field Action
Closed fracture (skin unbroken)	Deformity, swelling, tenderness; skin is intact over the break	Immobilize the limb in the position found; check and recheck pulse, sensation, and movement below the injury every 15 minutes
Open fracture (bone through skin)	Bone is visible or a wound sits directly over a break	Cover with a sterile dressing; immobilize without pushing bone back in; give antibiotics if available; evacuate — infection risk is very high
Femur fracture (thigh bone)	Leg appears shorter than the other side and rotated outward; significant thigh swelling	Apply traction splint if you are trained to do so; establish IV (intravenous) access if possible — a femur fracture can cause 1–2 litres of hidden blood loss into the thigh alone
Pelvic fracture	Pelvis moves or causes pain when gently pressed side to side (do this ONCE only)	Apply a pelvic binder (or improvised sheet binder); establish IV access if trained; evacuate urgently — a broken pelvis can bleed massively into the abdomen without visible signs
Spinal fracture	A step or gap you can feel along the centre of the spine; pain when pressing the spine; weakness, numbness, or tingling below the injury level	Do not bend or rotate the spine; use a log-roll (rolling the patient as a single rigid unit) only when absolutely necessary for assessment
Skull depression	A dent or indentation you can feel in the skull; may have a cut overlying it	Do not apply direct pressure over the depression; keep the head and neck still (cervical spine protection); evacuate
Compartment syndrome	Pain that seems far worse than the injury warrants; swelling that feels hard and wooden rather than soft; tingling or numbness in fingers/toes below the injury	This is a surgical emergency — dangerously high pressure is building inside the limb and cutting off blood supply. Remove all wrappings and bandages; evacuate immediately. There is no field fix.

WARNING

Perform the pelvic rock test ONCE ONLY. Repeated testing disrupts forming clots and worsens retroperitoneal hemorrhage.

C — Contusions: Diagnostic Patterns

Pattern	Location	Significance
Battle's sign	Bruising appearing behind the ear	Indicates a fracture at the base of the skull — this bruise typically does not appear until 6–12 hours after injury, so its absence early on does not rule out the fracture
Raccoon eyes	Black eyes appearing around both eyes with no direct blow to the face	Indicates a fracture at the base of the skull — blood has tracked forward through tissue planes from the fracture site
Seat-belt sign	Bruising in a diagonal stripe across the chest or abdomen matching the seatbelt line	Indicates serious internal injury: bowel damage, a tear in the main blood vessel (aorta), or a specific spinal fracture pattern (Chance fracture) from the compression force
Flank bruising	Bruising on the side or back of the abdomen	Indicates bleeding deep inside the abdomen behind the intestines (retroperitoneal space) — often from a kidney or the major blood vessels running down the back. This bruising typically appears hours after injury.
Sternal contusion	Bruising over the breastbone (centre of the chest)	The force required to bruise the breastbone can also bruise the heart muscle behind it (myocardial contusion) — this can cause irregular heartbeat even with no outward sign of heart injury

A — Abrasions: Irrigation Protocol

- Step 1: Use 50–200mL of clean/saline water per wound
- Step 2: Deliver at 5–12 psi (20mL syringe + 18g catheter, or plastic bag with pinhole)
- Step 3: Remove visible debris with gloved fingers or tweezers under irrigation
- Step 4: Apply antibiotic ointment (bacitracin or triple antibiotic)
- Step 5: Cover with non-adherent dressing (Telfa); change daily

> **FIELD NOTE**
> Animal bite abrasions require antibiotic treatment throughout the body (not just a topical cream). Document what bit the patient and how. Amoxicillin-clavulanate is the standard oral antibiotic for most bite wounds and covers the bacteria that commonly infect them.

P — Punctures / Penetrations: Assessment Protocol

- Identify entry wound: size, shape, margins
- Search for exit wound: assume through-and-through until proven otherwise; check posterior, axilla, groin
- Check for a chest wound that hisses or bubbles when the patient breathes — this is called a sucking chest wound (open pneumothorax: air entering the chest through the wound is collapsing the lung). Seal it with a vented chest seal or a three-sided occlusive dressing (taped on three sides, open on the fourth to let air escape but not enter).
- Note the type of bleeding: bright red blood that pulses with the heartbeat = arterial (from an artery, life-threatening); dark red steady flow = venous (from a vein, serious but slower). Arterial bleeding requires immediate direct pressure or tourniquet.
- Stabilize impaled objects in place; never remove in field
- Abdominal evisceration (organs protruding through a wound): cover immediately with moist sterile gauze or a clean damp cloth — do not attempt to push organs back in; keep them covered and moist; evacuate immediately.

B — Burns: Classification and Rule of Nines

Degree	Depth	Appearance	Pain
Superficial (1st)	Epidermis	Red, dry, no blisters	Yes
Partial thickness (2nd)	Epidermis + dermis	Blistered, moist, red	Yes, severe
Full thickness (3rd)	Through dermis	White/brown/charred; leathery	Often absent
4th degree	Muscle/bone	Black, hard	Absent

Body Region	% BSA
Head and neck	9%
Each arm	9% each
Anterior trunk (chest)	18%
Posterior trunk	18%
Each leg	18% each
Genitalia/perineum	1%
Patient's own palm (including fingers)	≈1%

WARNING

Absence of pain in a burn indicates full-thickness injury with nerve destruction. Do not use pain level to assess burn severity.

T — Tenderness: Clinical Significance by Location

Location	Possible Injury	Action
Right upper abdomen (under the right ribs)	Liver laceration (tear in the liver)	Establish IV access if trained; monitor closely; evacuate urgently — the liver is highly vascular and can bleed heavily
Left upper abdomen (under the left ribs)	Splenic laceration (tear in the spleen — can rupture and bleed massively 1–2 weeks after the original injury with no warning)	Monitor closely; restrict all physical activity; evacuate even if the patient feels fine
Along the centre of the spine (pressing on each vertebra)	Spinal fracture	Immobilize immediately; do not allow any further bending or twisting of the neck or back
Rib point tenderness	Rib fracture(s)	Multiple: pneumothorax risk; analgesia
Entire abdomen rigid and board-like	Peritonitis — infection or blood inside the abdominal cavity causing the belly muscles to lock up defensively (surgical emergency)	Give nothing by mouth (no food, water, or medications by mouth); evacuate immediately
Pain that seems far worse than the injury warrants	Compartment syndrome (dangerous pressure building inside a limb) or internal bleeding	Loosen or remove all bandages and wrappings over the painful area; evacuate immediately

L — Lacerations: Wound Closure Decision Table

Condition	Approach
Clean, <6h old, low contamination	Primary closure (steri-strips, sutures, staples)
Contaminated or >6h old	Irrigate; delayed primary closure at 48–72 hours
Bite wounds (non-face)	Do not close primarily; irrigate; antibiotics
Over joint (knee, elbow, etc.)	Cover; specialist evaluation; possible joint violation
Tendon or bone exposed	Cover; antibiotics; urgent evacuation
Scalp laceration	Staples or sutures; bleeds profusely; low infection risk

S — Swelling: Monitoring Protocol

- Measure circumference before and after intervention; document change
- Compression wrap: two fingers should slide comfortably under wrap
- Reassess neurovascular status every 15–30 minutes after wrapping
- Increasing pain after compression = loosen immediately and reassess
- If a clear, thick, slippery fluid leaks from a wound near a joint, this is synovial fluid — the lubricating fluid inside the joint capsule. This means the wound has penetrated into the joint space itself. Cover the wound, start antibiotics if available, and evacuate urgently — joint infections are extremely serious.

PART III — REGIONAL ASSESSMENT REFERENCE

Head — DCAP-BTLS Checklist

Finding	Significance	Action
Skull depression	A section of skull has been pushed inward by force	Do not apply direct pressure; keep head and neck still; evacuate
Battle's sign (bruising behind the ear)	Fracture at the base of the skull — appears 6–12h after injury, not immediately	Monitor for changes in consciousness, confusion, unequal pupils; evacuate
Raccoon eyes (black eyes with no face blow)	Fracture at the base of the skull — blood has tracked forward	Monitor consciousness and pupils; evacuate
Blood from ear canal	Ruptured eardrum or fracture at base of skull	Cover loosely with a clean dressing; do not pack the ear canal; evacuate
Halo sign — fluid from ear or nose leaves a pink ring with a clear outer ring on a cloth	Indicates cerebrospinal fluid (CSF) leaking from a skull base fracture — high risk of meningitis (infection of the brain lining)	Do not pack nose or ears; do not insert anything into the nose (no nasogastric tube); urgent evacuation
Unequal pupils (one larger than the other)	Raised pressure inside the skull (increased intracranial pressure, ICP) — the brain is being compressed and pushed downward (herniation)	Elevate the head and shoulders to about 30 degrees if no spinal injury suspected; evacuate immediately — this is a rapidly fatal condition
Both pupils fixed and fully dilated, no reaction to light	Catastrophic brain injury — loss of brainstem function	Critical: immediate evacuation; continue all other care

Neck — DCAP-BTLS Checklist

Finding	Significance	Action
Tracheal deviation — the windpipe (visible notch at base of throat) has shifted left or right of centre	Tension pneumothorax — a collapsed lung that has built up so much trapped air that it is pushing the heart and windpipe toward the unaffected side. Fatal if untreated.	Needle decompression (releasing the trapped air with a needle) if you are trained to do so; urgent evacuation
Jugular venous distension (JVD) — the veins on the sides of the neck are visibly bulging even with the patient upright	Indicates blood is not moving forward properly — caused by a collapsed lung with trapped air (tension pneumothorax) or blood filling the sac around the heart (cardiac tamponade), both of which compress the heart	Combined with other signs (low blood pressure, muffled pulse): this is a circulatory emergency — evacuate immediately
Subcutaneous emphysema — a crackling sensation like bubble wrap felt under the skin of the neck or chest	Air has escaped from a damaged lung or airway into the tissue under the skin — indicates a lung injury (pneumothorax) or a tear in the windpipe or major airway	Listen to breath sounds on both sides; monitor closely for worsening
Tenderness directly on the centre of the neck when pressing on the spine	Fracture of the cervical spine (neck vertebrae) — until proven otherwise by imaging	Immobilize the neck; do not allow any further head or neck movement
Expanding hematoma — a swelling on the neck that is visibly growing	An artery in the neck is bleeding into the surrounding tissue; as it grows, it can compress and block the airway	Airway is the immediate priority — be prepared to manage it; rapid evacuation

Chest — DCAP-BTLS Checklist

Finding	Significance	Action
Paradoxical chest motion — a section of the chest wall moves inward when the patient breathes in (opposite to normal)	Flail chest: three or more ribs have each been broken in two places, freeing a segment of chest wall that now moves independently — this severely impairs breathing	Apply a bulky padded dressing to stabilize the segment; provide assisted breathing (positive pressure ventilation) if available and trained; evacuate
Breath sounds absent or reduced on one side when listening with a stethoscope	Pneumothorax (a collapsed lung with air in the chest cavity) or hemothorax (blood pooling in the chest cavity compressing the lung)	If the patient is deteriorating rapidly with other signs of tension pneumothorax, needle decompression if trained; evacuate
Sucking chest wound — a hole in the chest wall that bubbles or hisses with breathing	Open pneumothorax: air is moving in and out through the wound instead of only through the airway, causing the lung to collapse	Seal immediately with a vented chest seal (preferred) or three-sided occlusive dressing — taped on three sides with one edge open to prevent air entering but allow any trapped air to escape
Crepitus — a grating or crunching feeling when pressing on the ribs	Rib fracture(s) — the broken ends are grinding against each other	Multiple rib fractures significantly raise the risk of a collapsed lung (pneumothorax); provide pain relief (analgesia) as available; evacuate
Deformity or pain over the breastbone	Sternal fracture; possible bruising of the heart muscle (myocardial contusion) — the force needed to break the breastbone can also bruise the heart behind it, causing irregular heartbeat	Monitor pulse rhythm for irregularities; evacuate

Abdomen — DCAP-BTLS Checklist

Finding	Significance	Action
Board rigidity — abdomen feels rock-hard, muscles locked, patient guards against any touch	Peritonitis: the lining of the abdominal cavity (peritoneum) is severely irritated by blood or bowel contents that have spilled in — this is a surgical emergency	Give nothing by mouth (no food, water, or oral medications); evacuate immediately
Increasing distension — the abdomen is visibly bloating and growing larger	Internal hemorrhage (bleeding into the abdominal cavity) or bowel obstruction	Establish IV access if trained; monitor vital signs closely; evacuate
Evisceration — abdominal organs (usually bowel) protruding through a wound	Full-thickness wound through the abdominal wall	Cover immediately with moist sterile gauze or a clean damp cloth; do not attempt to push organs back in; evacuate immediately
Seat-belt bruising across the abdomen	Chance fracture (a specific type of spinal fracture caused by the seatbelt folding the spine forward) and/or bowel injury from the compression force	Treat spine as fractured; minimize movement; evacuate
Bruising appearing on the side or back of the abdomen (may appear hours later)	Retroperitoneal hemorrhage — bleeding deep in the abdomen behind the intestines, often from the kidneys or major blood vessels along the spine	Establish IV access if trained; monitor blood pressure and pulse; evacuate

Pelvis — DCAP-BTLS Checklist

- Pelvic stability test: place your hands on the hip bones and apply gentle inward and downward pressure — perform ONCE only. If the pelvis moves, shifts, or causes pain, treat as a pelvic fracture. Repeated testing disrupts blood clots that are forming and worsens bleeding.
- Apply a pelvic binder at the level of the hip joints (the bony bump on the outer upper thigh — the greater trochanters), NOT across the hip bones at the waist (iliac crests). If using an improvised sheet: fold it to 6–8 inches wide before wrapping. Correct placement compresses the pelvis like closing a book to slow bleeding.
- Priapism (a persistent, unintended erection not related to arousal) in a male trauma patient indicates spinal cord injury until proven otherwise — the injury has disrupted the nerve signals that normally control blood flow.
- Blood visible at the urethral opening (the end of the penis, or the urethral meatus) indicates a urethral injury — do not insert a urinary catheter; catheterization can convert a partial tear into a complete one.
- Bruising or blood pooling in the perineum (the area between the genitals and anus) or scrotum indicates pelvic fracture or urethral injury — these findings together suggest significant internal trauma.

Extremities — Neurovascular Check (Pulse, Motor Function, and Sensation)

Check	Method	Abnormal Finding
Pulse	Feel for pulse at the wrist (arms) or on top of the foot or behind the ankle (legs)	Absent or weak pulse below an injury = blood flow is impaired. Treat as a vascular emergency.
Sensation	Lightly touch the fingers or toes; ask the patient if it feels the same on both sides	Decreased or absent feeling below an injury = nerve damage or compression. Document exactly where feeling is absent.
Motor function (movement)	Ask patient to squeeze your fingers (arms) or push their foot against your hand (legs)	Weakness or inability to move = nerve damage or spinal cord injury at or above that level
Capillary refill	Press on the fingernail until it turns white, then release — colour should return within 2 seconds	Refill taking more than 2 seconds = poor blood flow to the extremity. Compare both sides.
Skin colour and temperature	Look at and feel both limbs side by side	A limb that is pale, blue-tinged, or noticeably cooler than the other side has impaired circulation

PART IV — QUICK REFERENCE

Reassessment Intervals

Patient Status	Reassessment Interval
Unstable or deteriorating	Every 5 minutes
Stable	Every 15 minutes
After any intervention or movement	Immediately after
New complaint from patient	Immediately
After transport segment	On arrival at new location

Common Failure Modes by Region

Region	Most Commonly Missed
Head	Lacerations hidden in the hair at the back of the skull; Battle's sign (bruising behind the ear) which only appears 6–12h after injury; one pupil becoming larger than the other
Neck	Crackling under the skin (air from a lung or airway injury); neck veins beginning to bulge (early sign of a collapsing lung or blood around the heart); a swelling that is visibly growing
Chest	Rib fractures on the back of the chest (only found if you roll the patient); a small section of chest wall moving the wrong way with breathing; exit wounds from penetrating trauma (check the back)
Abdomen	Increasing abdominal rigidity (belly locking up) that develops over time rather than immediately; bruising on the flank or back that appears hours after the injury
Pelvis	Back surface of pelvis; perineal hematoma
Extremities	Pulse, sensation, and movement check skipped or not repeated; compartment syndrome (severe limb pressure buildup) — early signs are easy to miss if the limb is not re-examined regularly
Back	Entire region skipped — log-roll required

MED Series Cross-Reference

Course	Title	URL
MED-01	MARCH-PAWS Tactical Trauma	fortunefavorstheprepared.com/med-01-landing/
MED-02	Know Your Patient (SAMPLE+OPQRST)	fortunefavorstheprepared.com/med-02-landing/
MED-03	DCAP-BTLS Secondary Assessment	fortunefavorstheprepared.com/med-03-landing/
MED-04	START Triage	fortunefavorstheprepared.com/med-04-landing/
MED-05	MEDEVAC Request	fortunefavorstheprepared.com/med-05-landing/
MED-06	Patient Care Documentation	fortunefavorstheprepared.com/med-06-landing/

Doctrinal Sources

- TCCC (Tactical Combat Casualty Care) Guidelines — Joint Trauma System, Defense Health Agency
- CONTOMS Medic Handbook — Counter Narcotics and Terrorism Operational Medical Support
- DHS Austere EMS Field Guide
- Wilderness Medical Society Clinical Practice Guidelines
- Red Cross Wilderness and Remote First Aid Manual
- Layperson's Guide to Prolonged Casualty Care
- EMT Training Station — emttrainingstation.com/dcap-btls/
- Response Ready Medical — responsereadymedical.com/trauma-assessment-dcap-btls-acronym/

PART IV — PATIENT ASSESSMENT WORKSHEET

Complete one worksheet per casualty assessment. Document time of each assessment iteration.

Field	Notes
Date/Time	
Assessor	
Mechanism of Injury	
AVPU (consciousness level)	A = Alert (talking, aware) / V = responds to Voice / P = responds to Pain only / U = Unresponsive
Chief Complaint	
MARCH-PAWS Status (primary survey)	M=Massive Hemorrhage □ A=Airway □ R=Respiration □ C=Circulation □ H=Hypothermia □ P=Pain □ A=Antibiotics □ W=Wounds □ S=Splinting □
HEAD — DCAP-BTLS	D C A P B T L S — Findings:
NECK — DCAP-BTLS	D C A P B T L S — Neck veins bulging (JVD): Y/N Windpipe shifted off-centre: Y/N Crackling under skin (air in tissue): Y/N
CHEST — DCAP-BTLS	D C A P B T L S — Left breath sounds: □ Normal / □ Reduced / □ Absent Right breath sounds: □ Normal / □ Reduced / □ Absent
ABDOMEN — DCAP-BTLS	D C A P B T L S — Rigid: Y/N Distension: Y/N
PELVIS — DCAP-BTLS	D C A P B T L S — Stability test: Stable / Unstable Unintended erection (priapism): Y/N Blood at urethral opening: Y/N
ARMS — DCAP-BTLS	L: D C A P B T L S | R: D C A P B T L S
LEGS — DCAP-BTLS	L: D C A P B T L S | R: D C A P B T L S
BACK — DCAP-BTLS	D C A P B T L S — Assessed: Y/N
Interventions This Cycle	
Next Reassessment Time	

WARNING

This worksheet is a field reference tool. It does not replace the TCCC Card (DD Form 1380 — the official Tactical Combat Casualty Care treatment record) or a formal Patient Care Report (PCR). See MED-06: Patient Care Documentation for the full documentation protocol at fortunefavorstheprepared.com/med-06-landing/

Patient Encounter Documentation Cards formatted like the table above are available in the store -. These are 4¼ x 5½ cards with space to record the medical history as well as the physical examination.

https://fortunefavorstheprepared.com/product/cards-4x6-patient-encounter-documentation-cards

https://fortunefavorstheprepared.com/product/cards-4x6-patient-encounter-documentation-cards-patreon/

PART V — PRACTICAL SKILLS DRILLS

Reading and understanding DCAP-BTLS builds knowledge. Drilling it under progressively harder conditions builds the skill you will actually use under stress. This section provides the voiced callout script and four-drill progression used in MED-03 Lesson 9.

Why Voiced Callouts Matter

Every action in every drill is spoken aloud. Voicing forces conscious processing: if you cannot say what you are checking, you are not actually checking it. It also communicates findings in real time to any second person who is documenting or acting on your assessment.

The format for every region:

"I am assessing the [region]. I am looking and feeling for deformities, contusions, abrasions, punctures, burns, tenderness, lacerations, and swelling. [State each finding or state: no findings.]"

The Four-Drill Progression

Drill	Condition	Goal	Move On When…
1	Eyes open, no distractions	Learn the sequence. Script allowed.	Two complete runs, no prompting, no skips
2	Eyes open, loud audio running throughout	Prove the skill survives noise and interruption	Full sequence, no script, callouts audible over the noise
3	Blindfolded, no distractions — safety observer required	Remove vision. Discover what your hands actually know.	Full sequence, no skips, no prompting
4	Blindfolded + loud audio — safety observer required	Full stress inoculation. This is the trained standard.	Full sequence, under 8 minutes, achieved twice consecutively

WARNING

Safety rules: establish a stop word (STOP ends all activity immediately). A dedicated safety observer must be present for all blindfold evolutions. Clear all sharp objects from the workspace before the blindfold goes on. Pre-screen for claustrophobia before blindfold drills. No student should feel pressured to continue any evolution.

Voiced Callout Script — Full DCAP-BTLS Assessment

Use this script during Drills 1 and 2. By Drill 3 you should not need it.

#	Region	Say This Aloud
1	Skull	"I am assessing the skull. Both hands in the hair, pressing firmly across the entire skull surface. I am feeling for deformities, contusions, abrasions, lacerations. I am removing my hands and checking my gloves for blood. Skull: [clear / finding at location]."
2	Face and pupils	"I am assessing the face. Looking for asymmetry, bruising, abrasions, lacerations, burns. Checking ears for blood or fluid. Checking nose for blood, fluid, or soot. Assessing pupils — Left: [size and reaction]. Right: [size and reaction]. Pupils are [equal and reactive / unequal]."
3	Neck	"I am assessing the neck. Windpipe is [central / deviated left / deviated right]. Neck veins are [flat / bulging]. Pressing each vertebra individually — [no midline tenderness / tenderness at location]. Feeling for crackling under the skin — [none / subcutaneous emphysema at location]. Looking for any growing swelling."
4	Chest — front	"I am assessing the front of the chest. Both sides rising [equally / left less than right / paradoxical motion on left/right]. Palpating ribs 1–12 — [clear / tender at rib number on side]. Breastbone [clear / tender]. Feeling for air under the skin — [none / emphysema present]. Looking for chest wounds."
5	Chest — back	"I am assessing the back of the chest. Feeling ribs 1–12 posteriorly — [clear / tender at location]. Thoracic spine for step-offs — [clear / tenderness at level]. Looking for exit wounds or wounds not visible from front — [none / wound at location]. Listening: left breath sounds [present / reduced / absent]. Right breath sounds [present / reduced / absent]."
6	Abdomen	"I am assessing the abdomen. It is [flat / distended / growing]. Bruising — [none / location]. Palpating all four quadrants starting furthest from pain. Right upper [soft/tender]. Left upper [soft/tender]. Right lower [soft/tender]. Left lower [soft/tender]. Abdomen is [soft / guarding / rigid throughout]."
7	Pelvis	"I am assessing the pelvis. Applying gentle inward pressure once only. Pelvis is [stable and non-tender / unstable / tender]. Checking perineum for bruising — [none / present]. Checking for urethral blood — [none visible]. Checking for priapism — [not present / present — treat as spinal cord injury]."
8	Left arm	"I am assessing the left arm, shoulder to fingertips. DCAP-BTLS: [findings or clear]. Neurovascular check: radial pulse [present/weak/absent]. Sensation at fingertips [normal/reduced/absent]. Grip strength [normal/reduced/absent]. Capillary refill [under 2s / over 2s]. Skin colour and temperature [normal / pale / cool compared to right]."
9	Right arm	Repeat full sequence as for left arm, comparing side to side throughout.
10	Left leg	"I am assessing the left leg, hip to toes. DCAP-BTLS: [findings or clear]. Comparing leg length and rotation to right — [equal / shorter / rotated outward]. Neurovascular check: dorsalis pedis pulse [present/weak/absent]. Posterior tibial pulse [present/weak/absent]. Sensation at toes [normal/reduced/absent]. Foot push strength [normal/reduced/absent]. Capillary refill [under 2s / over 2s]."
11	Right leg	Repeat full sequence as for left leg, comparing side to side throughout.
12	Close	"Secondary survey complete. Findings summary: [list all positive findings by region]. Patient reassessment in [5/15] minutes. Time now: [state the time]."

Drill Progression Log

Record each drill run. A skill that is not maintained decays. Schedule a minimum of one full Drill 1-standard assessment per month after achieving Drill 4 to standard.

Date	Drill	Partner	Time	Steps Missed / Notes	Pass / Repeat

APPENDIX — MEDICAL TERMS USED IN THIS GUIDE

This glossary defines every clinical term used in MED-03. If you encounter a word in a lesson or in this guide that is not defined here, bring it to the course Q&A.

Term	Plain-Language Definition
Abrasion	A scrape. The top layer of skin has been rubbed or ground off. All abrasions are contaminated and must be irrigated (flushed clean).
Airway	The passage from the mouth and nose down through the throat and into the lungs. If this is blocked, the patient cannot breathe.
Analgesia	Pain relief. In the field this can range from oral ibuprofen to prescription medications, depending on scope of practice and available supplies.
Artery / Arterial bleeding	An artery carries oxygenated blood away from the heart under high pressure. Arterial bleeding is bright red and pulses in rhythm with the heartbeat. It is life-threatening and requires immediate control.
AVPU	A rapid consciousness scale: Alert (awake and talking), responds to Voice, responds to Pain only, Unresponsive. Used to track brain function over time.
Basilar skull fracture	A fracture at the base (bottom) of the skull. Signs include Battle's sign (bruising behind the ear), raccoon eyes (bruising around both eyes), and fluid leaking from the ear or nose. These signs often appear hours after the injury.
Battle's sign	Bruising that appears behind the ear (over the mastoid bone) 6–12 hours after a head injury. Indicates a fracture at the base of the skull.
Capillary refill	A test of blood flow to the extremities. Press firmly on a fingernail until it turns white, release, and count how quickly the pink colour returns. Normal is under 2 seconds. Longer than 2 seconds suggests poor circulation.
Cardiac tamponade	Blood accumulating inside the sac (pericardium) that surrounds the heart. As blood fills the sac, it compresses the heart and prevents it from filling properly. Signs include neck veins bulging, low blood pressure, and muffled heart sounds.
Cervical spine	The seven vertebrae (bones) in the neck portion of the spinal column. A cervical spine fracture can injure the spinal cord.
Compartment syndrome	A surgical emergency in which pressure builds up inside a muscle compartment (enclosed space within a limb) to dangerous levels, cutting off blood supply to the muscle and nerves. Signs: pain far worse than expected, swelling that feels hard and wooden, tingling or numbness in the fingers or toes. There is no field fix — evacuate immediately.
Contusion	A bruise. Blood from damaged small vessels has leaked into the surrounding tissue. The pattern and location of bruising is diagnostically important in trauma.
Crepitus	A grating, crackling, or crunching sensation felt or heard when broken bone ends grind against each other, or when air has escaped into tissue (subcutaneous emphysema).
CSF (Cerebrospinal fluid)	The clear fluid that surrounds and cushions the brain and spinal cord. If it leaks from the ear or nose after a head injury, a skull fracture has breached the membrane protecting the brain. Identified by the 'halo sign' on an absorbent cloth: clear fluid with a pink blood ring in the centre.
DCAP-BTLS	The systematic eight-point physical assessment checklist: Deformities, Contusions, Abrasions, Punctures/Penetrations, Burns, Tenderness, Lacerations, Swelling. Applied to every region of the body during the secondary survey.

Term	Plain-Language Definition
Deformity	Any structural abnormality — a bone that appears bent, shortened, or rotated; a joint that is out of position; an indentation in the skull. Indicates underlying structural injury.
Distension	Bloating or abnormal enlargement, most commonly referring to the abdomen. A distended abdomen after trauma suggests internal bleeding or bowel injury.
Edema	Swelling caused by fluid accumulating in tissue. Can be a sign of inflammation, vascular injury, or systemic conditions.
Evacuation (EVAC)	Moving a patient to a higher level of medical care. In tactical or wilderness settings this may involve transport to a vehicle, helicopter landing zone, or hospital.
Evisceration	A condition in which abdominal organs (most commonly bowel) protrude through a wound in the abdominal wall. Cover with moist sterile material; do not push back in; evacuate immediately.
Flail chest	A segment of the chest wall that moves independently because three or more adjacent ribs have each been broken in two places. The freed segment moves in when the patient breathes in (paradoxical motion), severely impairing breathing.
Fracture	A break in a bone. Can be closed (skin intact) or open (bone visible through the skin). Open fractures carry very high infection risk.
Guarding	Involuntary tensing of abdominal muscles when the abdomen is touched or pressed. The body is protecting an injured or irritated area. Indicates significant abdominal injury.
Hematoma	A collection of blood outside a blood vessel, pooled within tissue. Can be small and superficial or large and life-threatening depending on location and the vessel involved.
Hemothorax	Blood accumulating in the chest cavity between the lung and the chest wall. Compresses the lung and reduces breathing capacity. Distinguished from pneumothorax (air) by the dullness heard when percussing (tapping) the chest.
Hemorrhage	Significant, potentially life-threatening bleeding. Massive hemorrhage is the leading preventable cause of death in trauma.
ICP (Intracranial Pressure)	The pressure inside the skull. Raised ICP occurs when the brain swells or blood accumulates inside the skull, compressing brain tissue. Signs include unequal pupils, altered consciousness, and posturing. Fatal if untreated.
Immobilize	To prevent movement of an injured body part, usually by splinting. Immobilization reduces pain, prevents further injury to surrounding tissue, and controls bleeding from a fracture site.
Impaled object	An object that has entered the body and remains in place. Never remove an impaled object in the field — it may be the only thing tamponading (plugging) a serious bleed.
Irrigation	Flushing a wound with clean water or saline under pressure to remove contaminants and reduce infection risk. The standard method is 20mL syringe with an 18g catheter, delivering water at 5–12 psi.
IV access	Intravenous access — insertion of a catheter (small hollow needle) into a vein, allowing fluids or medications to be delivered directly into the bloodstream.
JVD (Jugular Venous Distension)	Visible bulging of the neck veins even when the patient is sitting or semi-upright. Indicates that blood is not moving forward through the circulatory system properly. In trauma, this points to tension pneumothorax or cardiac tamponade.

Term	Plain-Language Definition
Laceration	A cut. Lacerations vary in length, depth, and contamination level. Treatment depends on how old the wound is, how contaminated it is, and what structures are involved.
Log-roll	A technique for moving or repositioning a patient while keeping the spine in alignment — the patient is rolled as a single rigid unit with multiple rescuers controlling head, torso, and legs simultaneously.
MARCH-PAWS	The primary survey framework taught in MED-01: Massive Hemorrhage, Airway, Respiration, Circulation, Hypothermia, Pain, Antibiotics, Wounds, Splinting. Addresses conditions that kill in minutes.
Meningitis	Infection of the membranes (meninges) surrounding the brain and spinal cord. A risk after basilar skull fracture, because bacteria can enter through the breach in the skull base.
Mechanism of injury (MOI)	What happened to cause the injury — e.g. fall from height, motor vehicle collision, blast, gunshot. MOI helps predict what injuries are likely, even before physical examination.
Myocardial contusion	A bruise of the heart muscle, caused by blunt force to the chest. Can cause irregular heartbeat even when outward chest injuries appear minor.
Needle decompression	A procedure in which a large-bore needle is inserted into the chest (typically at the second intercostal space, mid-clavicular line) to release trapped air from a tension pneumothorax. Only performed by trained providers.
Neurovascular status	Assessment of both nerve function (sensation and movement) and blood vessel function (pulse and capillary refill) below an injury. Always checked and rechecked after any limb injury or intervention.
NPO	Nothing by mouth (nil per os). No food, fluids, or oral medications. Applied when surgery is anticipated or when the patient cannot safely swallow.
Occlusive dressing	An airtight dressing that seals a wound and prevents air movement through it. Used for chest wounds to prevent a sucking chest wound from developing or worsening. Vented chest seals are preferred in trauma; a three-sided dressing is an improvised alternative.
Open pneumothorax	A chest wall wound that allows air to move in and out of the chest cavity through the wound rather than through the airway, causing lung collapse. Also called a sucking chest wound.
OPQRST	A framework for characterising pain, taught in MED-02: Onset, Provocation/Palliation, Quality, Radiation, Severity, Time.
Paradoxical motion	Movement that is the opposite of normal. In chest trauma, a section of the chest wall moves inward when the patient breathes in (when it should move outward) — the defining sign of a flail chest.
PCR (Patient Care Report)	The formal written documentation of patient assessment and treatment, completed by the treating provider. The standard handoff document for EMS and prolonged care scenarios.
Pelvic binder	A device (commercial or improvised with a sheet) applied around the pelvis at the level of the hip joints to compress a fractured pelvis and reduce internal bleeding. Applied ONCE.
Peritoneum	The membrane lining the inside of the abdominal cavity and covering most abdominal organs. When blood or bowel contents spill into the peritoneal space, severe pain and abdominal rigidity (peritonitis) result.
Peritonitis	Inflammation and infection of the peritoneum (abdominal lining), caused by blood or bowel contents spilling into the abdominal cavity. Signs include board-like rigidity, severe tenderness, and the patient being very still. A surgical emergency.

Term	Plain-Language Definition
Pneumothorax (PTX)	Air in the chest cavity outside the lung, causing the lung to partially or fully collapse. Tension pneumothorax occurs when a one-way valve effect causes air to continuously accumulate, progressively compressing the heart and great vessels.
Primary survey	The initial rapid assessment focused on immediately life-threatening conditions. In TCCC doctrine this is MARCH-PAWS (MED-01). Completed before the secondary survey.
Priapism	A persistent, unintended erection not related to sexual arousal. In a trauma patient, this indicates spinal cord injury disrupting normal autonomic nerve function.
Raccoon eyes	Black eyes (periorbital bruising around both eyes) that appear after a head injury without a direct blow to the face. Indicates bleeding tracking forward from a basilar skull fracture.
Retroperitoneal space	The space behind the peritoneum (abdominal lining), containing the kidneys, adrenal glands, pancreas, and major blood vessels (aorta, vena cava). Bleeding here can be massive but causes no outward signs until bruising appears on the flank hours later.
Rigidity (abdominal)	A board-like stiffening of the abdominal muscles that occurs when the peritoneum is irritated by blood or bowel contents. The muscles contract defensively and remain contracted even when you remove your hand.
Rule of Nines	A method for estimating what percentage of the body surface area (BSA) is burned. The body is divided into sections each representing 9% or multiples of 9%: head/neck 9%, each arm 9%, chest 18%, back 18%, each leg 18%, genitalia 1%.
SAMPLE	A framework for taking a patient history, taught in MED-02: Signs and Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading up to the injury.
Secondary survey	The systematic head-to-toe physical examination performed after immediate life threats (primary survey) have been addressed. Uses the DCAP-BTLS framework.
Spinal cord injury (SCI)	Damage to the spinal cord that can cause permanent loss of movement and sensation below the level of injury. Immobilization and careful movement are critical to prevent worsening.
Subcutaneous emphysema	Air trapped under the skin. Feels like crackling bubble wrap when you press on it. In trauma, indicates a tear in a lung or major airway that has allowed air to escape into surrounding tissue.
Sucking chest wound	See Open pneumothorax.
Synovial fluid	The thick, clear, slippery fluid inside a joint capsule that lubricates the joint. If this fluid leaks from a wound near a joint, the wound has penetrated the joint space — a serious injury requiring antibiotics and evacuation.
TCCC (Tactical Combat Casualty Care)	The evidence-based trauma care doctrine developed for military combat environments. Forms the doctrinal basis for MED-01 through MED-06.
TCCC Card (DD Form 1380)	The official Tactical Combat Casualty Care treatment record. A standardised card used to document all treatments applied to a patient in the field, which travels with the patient to the next level of care.
Tension pneumothorax	A life-threatening emergency in which air continuously enters the chest cavity and cannot escape, causing the lung to collapse and then pushing the heart and major blood vessels toward the other side. Signs include worsening breathing difficulty, tracheal deviation (windpipe shifted off-centre), and neck veins bulging.

Term	Plain-Language Definition
Tracheal deviation	The windpipe (trachea) has been pushed left or right from its normal central position in the throat. This is a late sign of tension pneumothorax and indicates a critical emergency.
Tourniquet	A constricting device applied to a limb above a wound to stop life-threatening bleeding by preventing blood flow below the tourniquet. First taught in MED-01.
Vascular compromise	Impaired blood flow to or from a body part, usually a limb. Signs include absent or weak pulse, pale or blue skin, coolness compared to the other side, and delayed capillary refill.
Vein / Venous bleeding	A vein carries deoxygenated blood back toward the heart under lower pressure. Venous bleeding is dark red and flows steadily rather than pulsing. Still serious and requires control.
Windpipe	The trachea — the tube that carries air from the throat into the lungs. Can be assessed for central position by feeling the notch at the base of the throat.