TACTICAL MEDICINE

MED-06 Patient Care Documentation

If you didn't write it down, it didn't happen — the skill that makes every other skill count.

BOTTOM LINE UP FRONT

Documentation is the skill that makes every other medical skill count. If you don't write down what you found and what you did, the next provider — paramedic, physician, or medic — has nothing to work with. For most preppers and group members, day-to-day documentation is minimal: a TCCC card filled out at the point of injury, handed to EMS with a verbal MIST report. This course builds from that baseline to the full patient encounter form for scenarios where EMS is an hour out or help isn't coming.

WHY THIS MATTERS

A tourniquet without a time written on the card is a tourniquet on its way to a wrong decision in the OR.

The surgeon who removes a tourniquet six hours after application is making a limb viability decision based on a number that doesn't exist if you didn't write it. The same is true for medications given, vital sign trends, and mechanism of injury. Documentation isn't paperwork — it's the bridge between your care and every provider who treats your patient after you.

► **MED-06 is the documentation layer for the entire MED series. The assessment skills from MED-01 through MED-03, the triage decisions from MED-04, and the evacuation requests from MED-05 all produce data that goes on a PCR. This course teaches you where it goes and why.**

THE FIVE LESSONS

1	**Why Documentation Matters** The three reasons every provider documents. The TCCC card as the baseline tool for urban and tactical scenarios. When to reach for the full patient encounter form.
2	**The TCCC Card — Urban & Tactical** DD Form 1380 front and back, field by field. TQ time as the most critical data point. EVAC categories. Injury diagram. Medication documentation standard. Scenarios: pedestrian trauma, GSW.
3	**The Patient Encounter Form** Page 1 demographics and serial vitals grid. HPI/Subjective — SAMPLE and OPQRST on paper. Physical Exam (Trauma) — DCAP-BTLS applied region by region. Explicit negative findings. Scenarios: cardiac event, diabetic emergency.
4	**Reference Scales & Clinical Decision Tools** GCS component scoring. AVPU vs. GCS: when to use each. Revised Trauma Score calculation and interpretation. Normal vital signs by age. Peripheral pulse and pitting edema scales.
5	**Handoff, MIST Report & Extended Care** MIST format and read-back rule. Verbal vs. written handoff. Serial vital sign trending. Getting help in the field: realistic options for civilian responders. Cross-reference to MED-09 for extended and wilderness care. Scenarios: deteriorating rural trauma, penetrating abdominal trauma in extended care.

HOW EACH LESSON WORKS

Right form, right situation	TCCC card for urban and tactical scenarios where EMS arrives in minutes. Patient encounter form for rural and extended care where serial documentation matters. MED-06 teaches you which tool to reach for and when.
Applied to real scenarios	Six PCR writing exercises built around realistic incidents: trauma, medical, urban, rural, and extended care. Each scenario requires completing the appropriate documentation form and answering clinical significance questions.
Knowledge checks	Questions test whether you understand what goes in each field and why, not recall of definitions. Reveal-on-demand answer keys explain the clinical reasoning so you know why precision matters.
Prerequisites	MED-01 (MARCH-PAWS), MED-02 (Medical History), and MED-03 (DCAP-BTLS) should be completed before this course. Those courses generate the assessment data that this course teaches you to document. Prerequisite for MED-09 Wilderness & Extended Care.