

# Combat Ready Clamp (CRoC™)

CMS PART 31-200 | NSN 6515-01-589-9135

## Instructions for Use

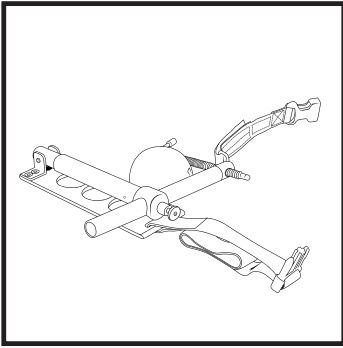


**COMBAT MEDICAL**  
SIMPLIFY TACTICAL MEDICINE

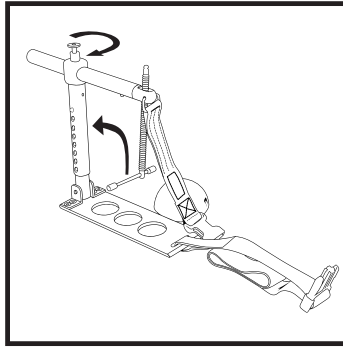
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The CRoC is indicated for use in the battlefield to control difficult bleeds in the inguinal and axilla areas. The CRoC is also indicated for use in the battlefield as a last resort for life threatening bleeds of the carotid artery. The CRoC should be applied by a trained medical provider.

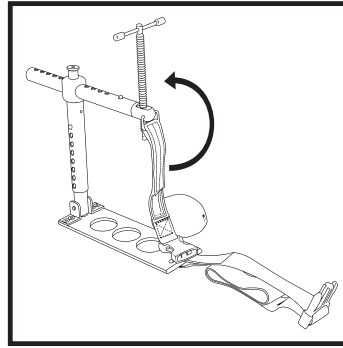
### Assembly



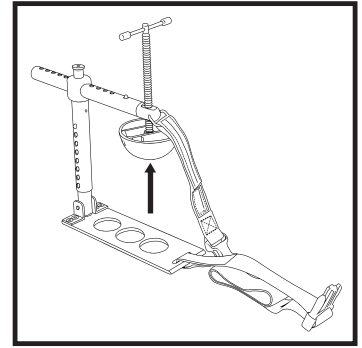
Remove the CRoC from the package.



Raise the vertical arm up until it locks into place while simultaneously rotating it 90 degrees until the locking pin engages.

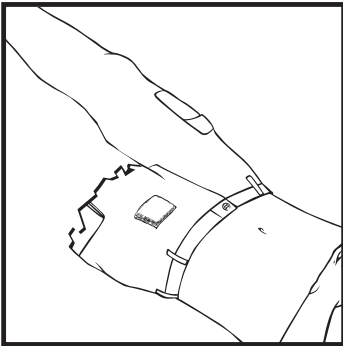


Rotate the horizontal arm 180 degrees until the locking pin engages.

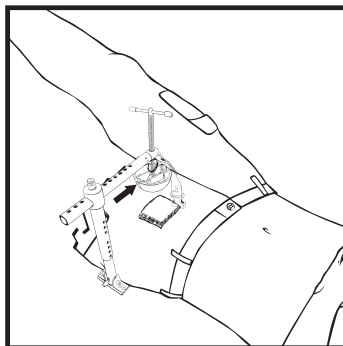


Firmly press the pressure disk onto the "T" handle until the disk clicks into place.

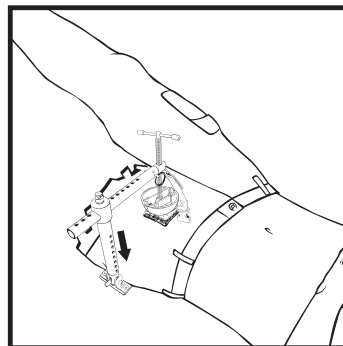
### Inguinal area usage



Locate the pubic tubercle.  
Locate anterior superior iliac spine.  
Find the midpoint and mark it.  
If available, place standard gauze dressing over the desired pressure point.



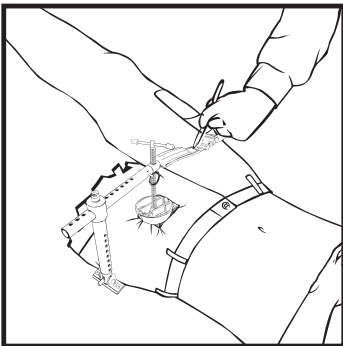
Position the baseplate under the patient, beneath the desired pressure point. Ensure the vertical arm is in contact with the patient on the wounded side in close proximity to the wound location. Adjust the horizontal arm to position the disc over the desired pressure point.



Adjust the vertical arm downward to ensure the disc head contacts the patient.

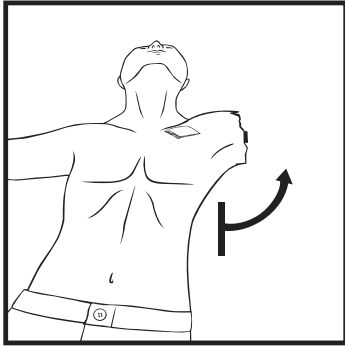


Apply pressure to the dressing by turning the "T" handle clockwise. Apply pressure until the bleeding stops. If hemostasis is not achieved in 20 full turns of the device consider releasing and repositioning the disc head.

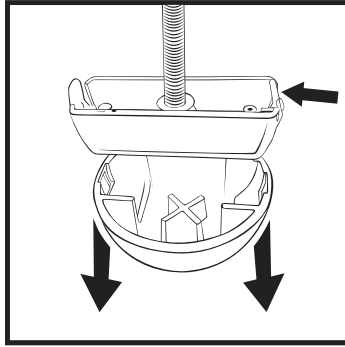


Attach the securing strap.  
Write the time of application on the label.

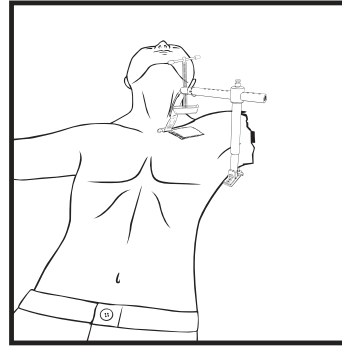
## Axilla area usage



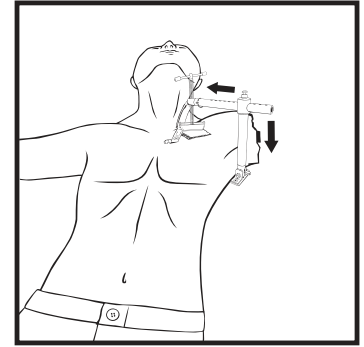
Move the arm on the injured side in an abducted position (if possible). Locate the delto-pectoral groove on the injured side.  
If available, place standard gauze dressing over the desired pressure point.



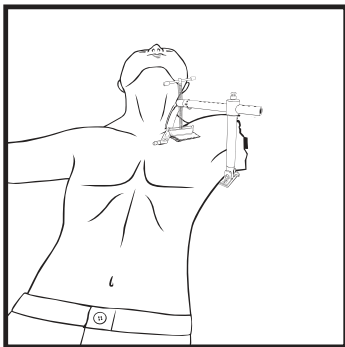
Press in one release tab to remove the large disc head to reveal the square pressure disc.



Position the baseplate under the patient, beneath the desired pressure point.  
Ensure the vertical arm is in contact with the patient on the wounded side in close proximity to the wound location.



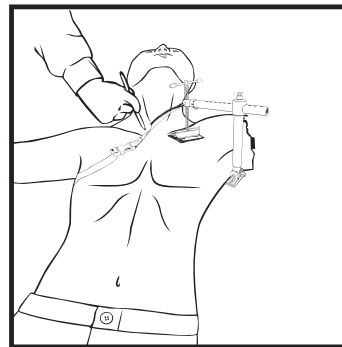
Adjust the horizontal arm to position the square pressure disc over the desired pressure point.  
Adjust the vertical arm downward to ensure the disc head contacts the patient.



Ensure the disc head parallels the clavicle at the proper angle.  
The disc head should not contact the clavicle.



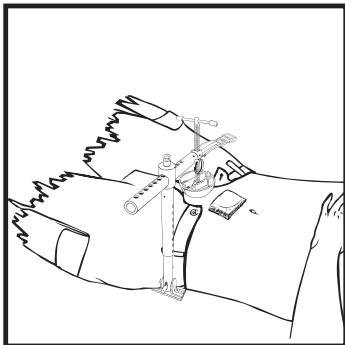
Apply pressure to the dressing by turning the 'T' handle clockwise.  
Apply pressure until the bleeding stops.



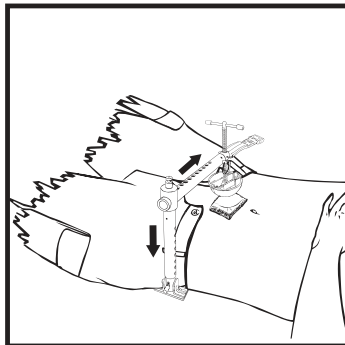
If hemostasis is not achieved in 20 full turns of the device consider releasing and repositioning the disc head.  
Route the securing strap underneath the uninjured arm and attach the clasp.  
Write the time of application on the label.

## Proximal Iliac area usage

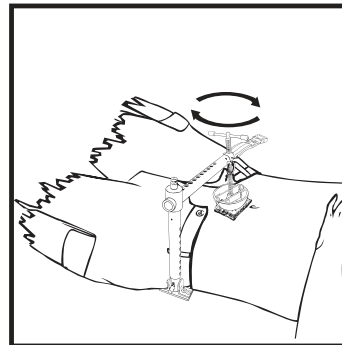
For bilateral inguinal bleeds or bleeds not controlled by distal pressure method, as a **last resort**, pressure may be placed at the proximal iliac artery bifurcation.



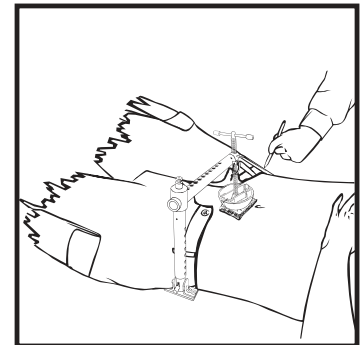
Locate the umbilicus.  
If available, place standard gauze dressing over the desired pressure point.  
Position the baseplate under the patient, beneath the desired pressure point.



Ensure the vertical arm is in contact with the patient on either side.  
Adjust the horizontal arm to position the disc over the desired pressure point.  
Adjust the vertical arm downward to ensure the disc head contacts the patient.



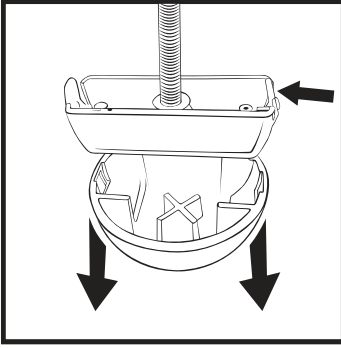
Apply pressure to the dressing by turning the 'T' handle clockwise.  
Apply pressure until the bleeding stops.



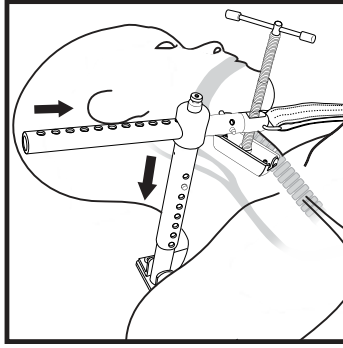
Attach the securing strap.  
Write the time of application on the label.

## Neck

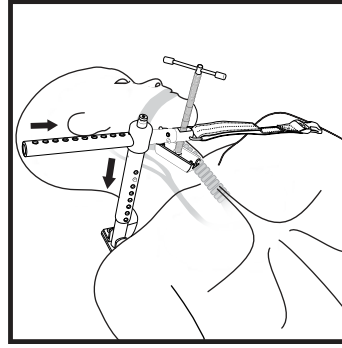
The CRoC is also indicated for use in the battlefield as a **last resort** for life threatening bleeds of the carotid artery.



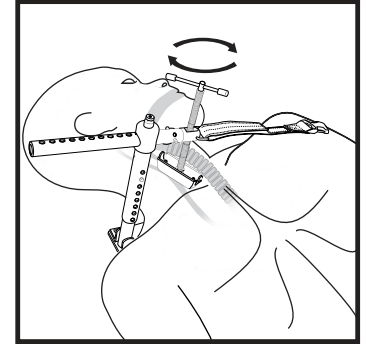
Press in on release tab to remove the large disc head to reveal the square pressure disc.



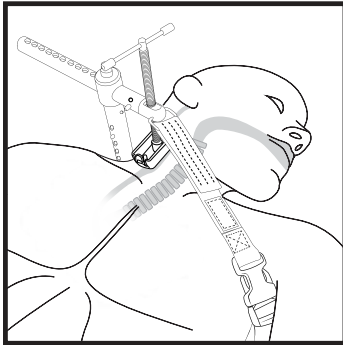
Position the baseplate under the patient, beneath the desired pressure point. Ensure the vertical arm is in contact with the patient on the wounded side in close proximity to the wound location. Adjust the horizontal arm to position the square pressure disc over the desired pressure point. Adjust the vertical arm downward to ensure the disc head contacts the patient.



Ensure the disc head is placed above the clavical and parallels the sternocleidomastoid muscle along the carotid groove above the clavical. The disc head should not contact the clavicle.



Apply pressure until the bleeding stops. If hemostasis is not achieved in 10 full turns of the device consider releasing and repositioning the disc head. Exceeding 10 turns on the Carotid area may apply undue pressure to critical structures in the neck.



Route the securing strap under the opposite side arm and attach the clasp. Write the time of application on the label. Assess airway patency.

### To remove the Combat Ready Clamp:

The CRoC should only be removed by a trained medical provider at a definitive care facility.

Unsnap the strap.

Rotate the 'T' handle counter clockwise until the disc head is clear of the patient.

Roll patient slightly onto the uninjured side.

Slide the device off.

Dispose of device using standard biohazardous waste guidelines.



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The Netherlands



#### CAUTIONS:

This device should be applied by a trained medical provider. This device is intended to be left on for up to 4 hours. This device is intended for single use. Proper placement of disc head along the carotid groove is critical to ensure airway impedance does not occur.

#### WARNINGS:

This device is not to be used for wounds to the head. The CRoC should only be applied to the neck region as a last resort to control life threatening bleeds, as damage to critical structures such as the facial nerve, parotid duct, thyroid gland and parathyroid gland could occur. A definitive airway may be needed when the CRoC is applied to the neck region. The patient's airway should be monitored for patency.